

Covenant School of Nursing Reflective



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the incident, with relevant details. Remember to <u>maintain patient confidentiality</u>. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personnel / patients / colleagues?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice? about yourself? • How will you use this experience to further improve your practice in the future?

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Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

<p>Step 1 Description In this situation I was the nurse for an elderly male patient who came into the hospital with vomiting, confusion, and lots of urine output. The patient was diagnosed with urosepsis. I read on the patient's charts, and then looked at his medications that were scheduled. I then assessed the patient and gave him his morning medications.</p>	<p>Step 4 Analysis I can say that learning the lab values helped me figure out what medications were safe to give. Also learning what your blood pressure systolic rate had to be at to give the hypertension medication. Learning about morphine or hydrocodone could cause respiratory depression or constipation was also very helpful for assessment and teaching for the patient. Now this patient was diagnosed with urosepsis, and in the patients report it said he was confused. This makes since as well because sepsis is a serious infection in the blood stream that could have a neurological effect one people. Another reason the patient might confused is because he is an elderly patient and is very dehydrated.</p>
<p>Step 2 Feelings Since this was a graded CPE I was feeling very nervous. I was mainly nervous about missing a lab and giving the patient a medication they should not have taken. The patient just had so many medications that had to do with their labs, vital signs, and their pain. I also was nervous not to perform an assessment. It seemed strange to me to skip that, just because the assessment of a patient is a very important part of some medications that were on the patients EMAR.</p>	<p>Step 5 Conclusion One thing I could have done differently was clamp the tubing for when I was priming the IVPB. I forgot to do this and so some air bubbles got in the tubing and by trying to get them out I wasted some of the medication. Another thing I noticed is that when I was hanging the IVPB I was rushing because I was nervous and forgot to unclamp the bag. I realized this because it was not dripping, but if I had slowed down I would have read the part that tells me to unclamp the bag. Last thing I closed the computer before I was done in the patients room. I documented the medications but signed out before I was even finished giving the last medication. It just made me realize that as long as I am in the room I should stat signed in.</p>
<p>Step 3 Evaluation Overall, I felt like the whole scenario was not as bad as I had expected it to be. It was nice to get the patients SBAR before and their medication list. This gives us an idea of the situation and a way to prepare more for the CPE. Once I got the packet of information about the patient and their labs it seemed easy to distribute what medications were safe to administer. One thing I did almost miss were the new set of vital signs for the patient. I had been looking for them on the packet but could not find them. I finally found them and had to hurry and look what medications I had to hold from their vital signs. Lastly one thing that was hard for me was the pyxis. The drawers and the slot in the drawers were just very confusing to me and it was very stressful looking for the right medication in those slots.</p>	<p>Step 6 Action Plan Overall this CPE taught me that I need to slow down and think about things a little longer. I do not need to feel like I am in a rush, because then I will just miss simple things. Like for example unclamping the IVPB so the medication can be infused. It also taught me that I need to take time and teach the patient on why they are not receiving certain medications. That is another thing I had forgotten to do while I was with the patient, but I was trying to finish the CPE before time ran out. Lastly CPE taught me that even the smallest things are important in keeping the patient safe. Such as the making sure they have their call light, or that they are wearing their nonskid socks, even hand hygiene. Everything we do is important in maintaining care and keeping the patient safe.</p>