

Covenant School of Nursing Reflective Practice



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. <u>Remember to 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. personal / patients / colleagues' perspectives?
<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 I walked into my patient's room in the morning. I saw Dr. Nesbitt and another instructor from module five. I first performed hand hygiene, introduced myself to my patient and explained what I was going to do. I asked my patient questions relative to what I was going to perform such as allergies to medications and how they were feeling. I also assessed the fluid running from the alaris pump as well as the patient's IV site. Before I left the room, I asked my patient if they were in any pain, if they needed to use the restroom. I then moved their table/call light closer to my patient and said I'd be back in five minutes and if they need anything to use their call light. I then performed hand hygiene and stepped out of the room to prepare my meds. Dr. Nesbitt followed me out to observe. I prepared my meds and re-entered my patient's room. I reintroduced myself, explained what I was going to do and asked about allergies to medications. I opened my patient's EMAR. I asked my patient to give me their full name and date of birth then compared it to their armband and scanned it. I then scanned each med and documented/verbalized "save" after each med. I administered a PO med and an IVPB. Upon administering the second medication, my time was up.</p>	<p>Step 4 Analysis Knowing your fall bundle is vital in patient safety especially in this case because the patient was a fall risk. My patient wasn't oriented to place and originally thought they were in a prison and not a hospital. If they were a real patient and I left the room with that rail down, they could have easily injured themselves. I mentioned that time was one of my biggest downfalls. In clinical, we learned the value of time management. We have a set of tasks that need to be done while at clinical. For instance, our physical assessment needs to be done before we administer medications to our patients. The vitals also need to be logged before we administer medications. The beginning of our morning is focused on following our nurses and taking advantage of learning opportunities. The afternoon is spent pulling up our patient's medical records and completing paperwork. These tasks are all expected to be completed in a timely manner even if a problem arises outside of these tasks. In the real world, time management is key to providing the best patient care.</p>
<p>Step 2 Feelings At first, I was nervous. That being said, I came prepared. We were told in preparation that the biggest thing people miss when taking the CPE is universal competencies. I made sure to remember things like hand hygiene, allergies, four P's, three patient identifiers, vocalizing my 3 checks, labeling my tubing, scrubbing my hub/vocalizing the 15 seconds before connecting the IVPB, etc. I made sure to inspect my patient's room. I immediately noticed the call light hung over the suction system, so I made note to fix that. However, one of the patient's bedrails at the head of the bed wasn't up and I didn't fix it. When preparing for the CPE, I had some ideas of how the room might be laid out. As far as bedrails I figured maybe I walk in, and all 4 rails are up in hopes that I fix it. Or maybe 3 are up in hopes that I put one of the bottom rails down when I placed the table closer to the patient to prevent an accidental full restraint. When I inspected the bed, I only saw 2 up; my alarms didn't go off. I looked at the quantity rather than the placement of them. I also ran out of time. My alarm went off right before I could press start on my pump. So not only did I get counted off for safety, but also the med administration because the IVPB wasn't completed. So after my CPE, I felt very upset.</p>	<p>Step 5 Conclusion I had a good experience during the CPE. Dr. Nesbitt really helped ease any little anxiety I had about the process. If I could change the way I prepared for the CPE, it would be time management. Time wasn't my best friend that day. That being said, in the real world, the amount of time a nurse might spend in a room to administer medications is most likely identical or less than the time allotted. In the future, I plan to work on using my time more efficiently. Also, having another instructor present allowed for another perspective. The instructor that accompanied Dr. Nesbitt was from module 5 and she really gave great insight. For instance, during my examination I taught my patient about urosepsis. In that education I included the pathology of how it occurs and how we typically treat it. The instructor mentioned that my terminology could have been a little more simplified considering I had a confused patient. She also emphasized the importance of simplifying education especially in pediatrics.</p>
<p>Step 3 Evaluation I thought overall I did well. I felt like those twenty minutes flew by quick. I didn't pay attention to the time during the process. I was trying to make sure I dotted all my I's and crossed my T's. I just didn't do so in an efficient way. Was the outcome what I expected? No. I was given the knowledge and tools to be successful. I came in prepared but didn't use my time wisely.</p>	<p>Step 6 Action Plan I liked what I did well, but in the future, I will plan to use my time more wisely and I will triple check those bed rails. I think perfecting time management skills can be beneficial not only in nursing but in my daily life. Overall, I learned a lot from this experience, and I plan to improve for the future.</p>