

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 on page 2, document each step in the cycle. The suggestions in each of the boxes may be used for guidance but you are not required to answer every question. 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 experience, 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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Instructional Module: **IM 6**

Date submitted: **1/31/24**

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

<p>Step 1 Description</p> <p>My clinical experience with Ocean’s Behavioral hospital was one that I will not forget. I have never had such an in depth experience with patients that are suffering from psychiatric illnesses, all of my previous experience with a patient with a mental disorder came from the Covenant hospital, and those were more considered their “other” or “additional” health problem, not the priority. But this experience was very different in the way that these patients psychiatric diagnosis was the MAIN concern in their treatment, and all other ailments came secondary.</p>	<p>Step 4 Analysis</p> <p>Although we had a basic layout for how the day would go, it was still very interesting. To our surprise, we were tipped off that there was going to be a Mock Code. At this point, when they mentioned there would be a Mock Code, I automatically thought “Blue”. It wasn’t until I heard over the loud speakers “Green”, that I realized that a dying patient isn’t going to be the code that is called most often and likely. As we sat back and watched the Nurses and Techs spring into action, I quickly realized that I would have no clue what to do in the situation. We witnessed the mock of a psychiatric patient barricading the door, and how the team was to go about safely de-escalating the situation. As they made their way into the barricaded room to the potentially harmful patient, I watched as one of the techs ran the opposite direction. As I watched her, she went to the equipment room and rolled out a restraint chair that I had never seen before. Everyone was doing their part during this mock code, and I sat back and almost felt frozen, and in awe.</p>
<p>Step 2 Feelings</p> <p>In the beginning, I was a little nervous. I honestly wasn’t sure what to expect. I will say that I went in with a split-stereotype mindset. Was I going to be walking into a scene from the movie “One Flew Over the Cuckoo’s Nest”? Chaos happening as soon as I walk through the door? Or was I going to walk into a room full of sedated patients that are all half asleep the whole time? To my surprise, it was neither. Everything was calm, there were a handful of early risers sipping their coffee as I arrived at the early hour of 0630. Many others were still fast asleep.</p>	<p>Step 5 Conclusion</p> <p>I am completely blown away at how the team responded to this code. It went smoothly, and every one knew what they needed to do like a well-oiled machine. I learned that during this situation, you have to use your judgement on a chemical restraint OR a physical restraint, and it is absolutely one or the other. The nurses made the call to restrain this patient in the chair and address his needs and concerns. And although they chose the chair, they had the medication ready to go by the time the chair had arrived so they were ready in either scenario. They then restrained this patient safely, and calmed them down. I sat back and soaked in all that had happened in this short time frame. And it really made me think of how I would have responded in this situation.</p> <p>I am so glad that we were able to be there for this impromptu training, because up until this point, I would not had known what was happening in the case that I ever hear “Code Green” called over a loud speaker.</p>
<p>Step 3 Evaluation</p> <p>As we settled in for the morning, uncertain what was expected of us or how the clinical day would go, we were greeted by the most delightful nurses and given a schedule along with a warm welcome and smile.</p> <p>Our expectations were slim compared to past clinical days. We were to listen to the charge nurse report from 0645-0715, then we would receive our two patient assignments. From 0715-0945 we were to hang out in the dayroom and interact with our patients, and after they have their breakfast we were to do a small assessment on them and document it. From 0945-1030 was the Morning Group session, which consisted of therapy which we attended. From 1030-1100 was outside break time for the patients, and then we had our lunch. The remainder of the day from 1200-1430 was the Treatment Team session.</p>	<p>Step 6 Action Plan</p> <p>I am grateful for our time at Ocean’s Hospital. I feel that now that I have had exposure to the more psychiatric focus of nursing, that I will be able to take this with me in the future of my career, and be able to give better and more well rounded care to my patients, especially those who may have an additional diagnosis or mental illness.</p> <p>Another thing I really appreciate from this experience is being able to sit in on the Treatment Team session. To be able to be there with the whole care team and discuss what this patient wants, needs, and how we can better treat them, as well as hearing from them personally was a great experience in how to care for the patient as a whole. Like Dr. Harrison says, “attaching the head to the body.” I will absolutely take this experience with me and do my best to implement it into the care that I give each and every one of my future patients.</p>