

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: **IM6**

Date submitted: **04/17/2024 Wednesday**

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>I was given the opportunity to observe and follow staff at Oceans Behavioral Facility. I met the charge nurse of the West side of the facility. She gave a general overview of the facility and which staff was most appropriate to follow for a good experience of the psychiatric hospital. Tuesday and Wednesday of the week provided two separate shifts of staff. I was instructed the MHT's and CNA's were the most involved in patient care and would provide the best overall experience. As a student, I felt the role I played was to assist in any way I could. Since it was my first experience in the psychiatric facility, I was open to help and expressed this vocally while I was there. The MHT's and CNA's were more task oriented with the daily routine of the patient care. Assessments of daily patient behavior and milieu was maintained in partnership between the MHT's, CNA's, and charge nurses. We also attended group therapy for the patients both days of the clinical experience. We also attended the treatment team session for each of the patients on the west wing.</p>	<p>Step 4 Analysis</p> <p>I could apply some of the signs and symptoms of different disorders we lectured over in class. I was able to differentiate between dementia and delusions. I found it interesting how the mind is powerful in directing even the most basic needs of human behavior. In the particular redirection of a demented patient, I found the communication barrier created a gap in care of needs of a patient who was confused and delusional. Her schizophrenia was evident and harder to manage for those that did not speak her language. Some of the patients seemed to be goal oriented and knew what steps needed to be taken in order to have a safe discharge. Others seemed distracted by their own thoughts and emotions to be able to see why or how a safe discharge was possible. Depression was a common issue in the room. It was important that others in group were sharing their experiences based on general prompts to promote positivity. The interactions were fruitful enough to incite other conversations outside of the group interaction. I could see the interaction helping some share the load of their depressive burdens, just by spending time talking about what their experiences.</p>
<p>Step 2 Feelings</p> <p>In the beginning I was feeling excited to see what the experience was going to involve. I was thinking, "how do they run the place?... is the door locked to keep people out... in... or both?... what will the energy be in the nurse's station?" Easing into the experience quietly gave me an opportunity to soak all of the environment in as a whole. Some of the language used by the nurse's made me feel bad for the patients in the facility as stigma and bias was clearly vocalized and accepted. Some of the staff was kinder than others. Some were rude. It seemed the task oriented staff was more fatigued than the nurses of the facility. All of the feelings directly affected the patients. Everyone in the same room attempting to maintain a moving day in a closed facility is not an easy task to accomplish. The team did well bouncing supportive behaviors to help keep the day moving. This action reassured me patients were seeing good mixed in with the moods. Overall, I felt there is room for improvement. From communication and language barrier, to rooming assignments and disability considerations. I could see this work happening and I was relieved it was being discussed.</p>	<p>Step 5 Conclusion</p> <p>My involvement in grew in the second day of clinical. I was more comfortable talking with the patients. I was more engaged with the facility even though the staff had changed. I could see how different the treatment was from each of the staff from one day to the next. The patients knew who their favorites were and voiced who their preferences were as well. Ultimately, I wished I could have stepped out of my shell a little more on the first clinical day. I can see how patient interaction with staff and nursing team affected their moods and behavior. If they had needs that were not being met some would get moody or upset. However, the conversations were strong and reliable. There was not a decision made without considering the needs and safety of the patients as a whole or individually. I saw a lot of consideration throughout the two days and felt satisfied the patients were receiving care they felt was beneficial to their specific conditions. I learned attitude can really change a person's day. Some behaviors received well and some were not beneficial to both staff and patients.</p>
<p>Step 3 Evaluation</p> <p>The day was pretty calm and steady throughout the day on the west wing of the hospital. The day started with vital sign check for each of the patients. Wednesday was a weight check day. I was able to complete 3 assessments between the two clinical days. It was a little difficult to get past my own thoughts of asking someone if they had thoughts of killing themselves. Otherwise, helping to clean up after meals, or helping patients in wheelchairs maneuver and manage some of their own needs was a good experience. Talking with some of the patients about their experiences in life that got them to the facility and how they felt about the treatment plans and day to day activity of the facility was enlightening. This made me feel accomplished with the two days of clinical. I was able to interact with the staff to help keep the mood in a positive note while allowing some of the patients to observe us playing a game together and just enjoying the competition as a way to keep the mood light and off of some of the conditions that were on the patient's minds. Seeing some of the patients discharge and how they were ready to try life again outside of the facility was hopeful. I kept in mind praying for all those I had met and talked with and those I did not get to.</p>	<p>Step 6 Action Plan</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px; padding: 10px;"> <p>Going forward, I intend to be more open minded with the experie</p> </div>