



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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Andrea Johnson

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.

Step 1 Description

In CPE I had a pt. who needed pain meds. I had to follow my orders based on his vitals and lab results to give him the right meds. Following Universal Competencies while doing patient teaching and care. I only had 20 minutes for this CPE assessment. I was his acting nurse, giving meds to my pt, and by the end of my 2nd try I had passed. With a total of 4 different instructors grading me.

Step 4 Analysis

I can apply doing a IVPB med because I've seen multiple be done and have now done a few myself (clinical). I was even able to do 1 med completely by myself (tube prep to setting up my meds on the brain). The 7 rights of administration would go w/ this scenario the most. Along w/ UC, 4 ps, pain scale. Listening to what type of teaching my instructors wanted for me to teach will help me w/ future med sheets. Having to repeat my CPE for anything I missed help me do my 2nd CPE better because I knew what to expect and what they wanted from me.

Step 2 Feelings

I was anxious and worried that I was going to fail CPE. I think that was just anxiety because I usually do very well on CPE, even better at clinicals. I was happy w/ the final outcome. It was 1/3 barriers to me passing IM 4. It was a good feeling, but dangerous if I passed just 1 it might get my ego up and I may not feel the need to try on the other 2/3 barriers needed to pass. 3rd barrier (Exam 4) arguably the most important behind CPE.

Step 5 Conclusion

I could've made this situation better by getting it right on the 1st try. (Maybe on 80 instead of a 75 for 2nd CPE passers.) If I had asked for a clarification on med expectations. I don't even know where I got only 1 med delivery, I have never only given 1 med (its unrealistically unreal). I've learned to read and reread CPE instructions, not just a terms and agreement glance and swipe it type of read.

Step 3 Evaluation

I liked being able to get this practice done in an environment that's controlled. Very different from Clinicals w/ real life pts. Lot more talkative pts as well which helps. When 1st going in I thought I could only give 1 med, which is why my 1st attempt was an unmet otherwise I would've met (hopefully). I think handling fall risks are easy to do (declutter, socks, rails, no trash or objects in the way). It was slightly harder to see what meds to give at first, but then I turned coughed, and deep breathed my way into relaxing and understanding what I had to do.

Step 6 Action Plan

In hindsight, same as above. I can apply these lessons learned from CPE to future CPEs and IM 5, 4, 7, 8, 9. I will use this experience to improve myself as a CNA and future nurse. I won't hide the call light behind the bed, nor will I hang a folley bag at chest level. From CPEs I get more certain that I'll be one of the good nurses. I refuse to be a KIM, I'll make sure hospitals want to extend my contracts, not want it to end faster.