

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 as a primary caregiver was assigned to take care of 84-year-old male patient, who was admitted to the ER from the nursing home with preliminary diagnosis of altered mental status. After the series of lab work and tests done, dx was changed to urosepsis. Patient was exhibiting signs and symptoms of altered mental status: confusion to the place and situation but could recall his own name and date of birth. The CBC and CMP result in WBC being significantly elevated, HGB and HCT slightly low, and elevated temperature. Blood pressure was elevated to 140/96 as well. Respiration rate and heart rate are within normal limits. I needed to conduct focus assessments and administered prescribed medications depending on the vital signs, data provided and specific patient's answers, look for signs of dehydration, considering the elevated WBC and systemic infection, monitor for any changes in urinary output, presence of dysuria, or alterations in urine characteristics, as these can indicate change in status. I expected to see gradual cognitive recovery as the infection is treated, stabilization of vital signs, normalization of temperature, with stable blood pressure and heart rate, anticipated a reduction in white blood cell count as the infection resolved.</p>	<p>Step 4 Analysis This simulation was pertaining to upper urinary tract infections and urosepsis. Urosepsis often arises from a urinary tract infection that progresses to systemic infection. Understanding the pathophysiology helps in identifying patients at risk, such as the elderly, those with diabetes, or individuals with urinary tract abnormalities. Early identification of urosepsis is crucial for effective management. Symptoms like altered mental status, fever, and elevated heart rate can be early indicators. Studies highlight timely initiation of broad-spectrum antibiotics is critical, with guidelines recommending treatment within the first hour of recognition. Research underscores the need for careful antibiotic selection to combat resistance. De-escalation strategies, where broad-spectrum therapy is narrowed based on culture results, are encouraged to preserve antibiotic efficacy. Evidence supports aggressive fluid resuscitation in the early management of sepsis, emphasizing the need for personalized approaches based on individual patient needs. Investigations into the role of adjunctive therapies, such as corticosteroids, are ongoing. Some studies suggest that they may be beneficial in certain patient populations.</p>
<p>Step 2 Feelings I was extremely anxious at the beginning, given the responsibility of caring for the patient with a serious condition. I wasn't sure what to expect from the event. In my head I was trying to plan all the proper assessments I needed to do, interventions, medications administrations, keep the patient safe and secure. This CPE event stirred a mix of emotions. I have experienced uncertainty about how to proceed, which was a little overwhelming. As the situation progressed, I have felt a sense of purpose as I focused on the necessary assessments and interventions. There have been moments of relief or empowerment when I successfully managed aspects of the patient's care. The final outcome made feel uneasy due to the time management issue. In high-pressure situations, it can be challenging to balance thorough assessments and timely interventions. I have felt the weight of needing to act quickly while ensuring that every aspect of care was addressed.</p>	<p>Step 5 Conclusion Having a clear plan could have helped reduce my anxiety. Concentrating on the patient's needs could have shifted my focus away from anxiety and helped me remain present in the moment. Remembering to breathe deeply could have helped calm the nerves. Each simulation can provide valuable lessons that can help me feel more confident in future events. As I gain experience, my anxiety would likely decrease, and I'd feel more prepared to handle similar situations. Periodic time checks from instructors could significantly enhance the effectiveness of simulations, allowing me to prioritize tasks effectively. Knowing how much time remains would alleviate stress, enabling me to focus more on patient care rather than worrying about the clock. With better awareness of time, I could make necessary adjustments to ensure all essential assessments and interventions are completed.</p>
<p>Step 3 Evaluation The scenario was realistic and engaging, and I enjoyed participating in such event. The realistic nature of the scenario helped me apply my knowledge and skills in a way that felt relevant and practical. Engaging in a live event allowed me to practice critical thinking and decision-making under pressure, which is essential in healthcare. The most difficult aspect of the CPE in my personal experience was the time constrain of the event. I wish the instructors would remind us of when we have at least 5 mins left so we would have been able to ensure all necessary tasks are completed. If I knew how much time I have left, I would've considered prioritizing tasks at the beginning of the scenario, allowing me to focus on the most critical assessments and interventions first. I believe I did the necessary interventions and patient teaching exceptionally well. Providing clear and effective patient education helps empower individuals to understand their condition and participate in their own care. I expected a different outcome from this CPE. In future simulations, I would appreciate that instructors provide periodic time checks. This could help me stay on track and make adjustments as needed.</p>	<p>Step 6 Action Plan The simulation provided a realistic context to apply theoretical knowledge, allowing for hands-on practice in a safe environment. I believe this experiential learning is crucial for developing critical thinking and decision-making skills. Early recognition and prompt treatment of urosepsis are critical for improving patient outcomes. This situation illustrates how timely interventions can prevent serious complications and enhance recovery. Applying the lessons learned from the experience with urosepsis in future situations can significantly enhance my decision-making skills: continuously practice recognizing early signs of urosepsis and other similar conditions; in future simulations or real-life scenarios, quickly assess which interventions are most critical and prioritize those; use timers or reminders to keep me aware of time constraints during patient assessments and interventions; teaching patients about recognizing symptoms and seeking help early.</p>