

## 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><b>Step 1 Description</b> 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"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• Where were you?</li> <li>• Who was involved?</li> <li>• What were you doing?</li> <li>• What role did you play?</li> <li>• What roles did others play?</li> <li>• What was the result?</li> </ul>	<p><b>Step 4 Analysis</b></p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge, studies or research?</li> <li>• What recent evidence is in the literature surrounding this situation, if any?</li> <li>• Which theories or bodies of knowledge are relevant to the situation – and in what ways?</li> <li>• What broader issues arise from this event?</li> <li>• What sense can you make of the situation?</li> <li>• What was really going on?</li> <li>• Were other people's experiences similar or different in important ways?</li> <li>• What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?</li> </ul>
<p><b>Step 2 Feelings</b> Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the final outcome?</li> <li>• What is the most important emotion or feeling you have about the incident?</li> <li>• Why is this the most important feeling?</li> </ul>	<p><b>Step 5 Conclusion</b></p> <ul style="list-style-type: none"> <li>• How could you have made the situation better?</li> <li>• How could others have made the situation better?</li> <li>• What could you have done differently?</li> <li>• What have you learned from this event?</li> </ul>
<p><b>Step 3 Evaluation</b></p> <ul style="list-style-type: none"> <li>• What was good about the event?</li> <li>• What was bad?</li> <li>• What was easy?</li> <li>• What was difficult?</li> <li>• What went well?</li> <li>• What did you do well?</li> <li>• What did others do well?</li> <li>• Did you expect a different outcome? If so, why?</li> <li>• What went wrong, or not as expected? Why?</li> <li>• How did you contribute?</li> </ul>	<p><b>Step 6 Action Plan</b></p> <ul style="list-style-type: none"> <li>• What do you think overall about this situation?</li> <li>• What conclusions can you draw? How do you justify these?</li> <li>• With hindsight, would you do something differently next time and why?</li> <li>• How can you use the lessons learned from this event in future?</li> <li>• Can you apply these learnings to other events?</li> <li>• What has this taught you about professional practice? about yourself?</li> <li>• How will you use this experience to further improve your practice in the future?</li> </ul>

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## Covenant School of Nursing Reflective Practice

Name:

Instructional Module:

Date submitted:

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

<p><b>Step 1 Description</b></p> <p>My pt had a spontaneous rupture of membranes early in the morning, however when she came to OB ED, she was only dilated to a 1 but they admitted her. I helped prep her room for delivery and for baby. I primed her tubing so it was ready to go when needed and encouraged her to walk around and squat periodically to promote dilation.</p>	<p><b>Step 4 Analysis</b></p> <p>I was able to assess the monitors and look for any abnormalities. I also was able to use my knowledge and place a TOCO monitor on mom with the help of my nurse. I feel that we could have better managed our time with our patient. We delayed starting her Pitocin due to another incoming patient that we helped on.</p>
<p><b>Step 2 Feelings</b></p> <p>I was disappointed at first as the day seemed to be slow start, however I was able to watch a c-section and after that the day picked up. Majority of the staff was kind and educated me on different things. I felt really good after leaving for the day.</p>	<p><b>Step 5 Conclusion</b></p> <p>I feel I could have made the situation better by checking on my main pt more. I was only able to break away from the new pt once to go update my main pt on why there was a delay in starting her medicine. Other than that, I would not have done anything differently.</p>
<p><b>Step 3 Evaluation</b></p> <p>I got to draw labs on a patient, witness an epidural being placed, and helped a nurse with evaluating baby and doing baby's assessment. The only downside was that I did not get to see a vaginal delivery but other than that I experienced quite a bit. The whole experience was better than I expected it be.</p>	<p><b>Step 6 Action Plan</b></p> <p>Overall this was a valuable clinical experience. I loved all of it. I would attempt to time manage a little bit better, but I feel that comes as you gain more experience. I can apply this to my future experiences to always show your patient empathy and not let others affect your attitude.</p>

# Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	<p><b>Urgent &amp; Important</b> DO</p> <p>Starting my pts pitocin and lasted ringers asap.</p>	<p><b>Not Urgent but Important</b> PLAN</p> <p>To get pt ready for an epidural.</p>
NOT IMPORTANT	<p><b>Urgent but Not Important</b> DELEGATE</p> <p>To teach pt different exercises to help promote the cervix dilation.</p>	<p><b>Not Urgent and Not Important</b> ELIMINATE</p> <p>Taking pt down to cafeteria to show her where it is.</p>

Education Topics & Patient Response:

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We did our best to educate pt to get up and walk around as much as possible and to squat 3-5 times every ten minutes to help her cervix dilate. She was frustrated that two hours went by and she was still dilated to a 1. Even after teaching her this the pt expressed that she understood but then she slept for two hours after that. My nurse and I decided to offer her jello and apple juice and tried to reencourage ambulation. After that time, our pt began to walk around and bounce on the ball.

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Complete this during your labor and delivery experience and turn it in with your paperwork. Ask your instructor or TPC nurse to check over your findings

**Situation:**

Date/Time 11/6 1030 Age: 22yrs  
 Cervix: Dilatation: 1.5cm/2cm Effacement: 70% Station: -2  
 Membranes: Intact:     AROM:     SROM: X Color: clear  
 Medications (type, dose, route, time):  
Cytotec, PO Q4 given at 1030 200mcg  
 Epidural (time placed):    

**Background:**

Maternal HX: G1 P0  
 Gest. Wks: 38 Gravida: 1 Para: 0 Living: 0 Induction / Spontaneous  
 GBS status: + 1-

**Assessment (Interpret the FHR strip-pick any moment in time):**

Maternal VS: T: 98.3 P:     R: 16 BP: 121/62  
 Contractions: Frequency: every 10-15min Duration: 1min  
 Fetal Heart Rate: Baseline: 145  
 Variable Decels:     Early Decels:     Accelerations:     Late Decels:    

Pattern	Example	Cause	Interventions	Desired Outcome
Variable Decelerations		Cord Compression	Discontinue oxytocin Change maternal position Administer oxygen at 10 L/min by nonrebreather face mask. Notify provider Vaginal or speculum examination to assess for cord prolapse. Amnioinfusion Assist with birth if pattern cannot be corrected.	Relieve Cord Compression
Early Decelerations		Head Compression	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Accelerations		These are OK!	Continue to monitor labor progress.	Maintain Oxygenation Healthy fetus at delivery
Late Decelerations		Poor Placental Perfusion	Discontinue oxytocin Assist woman to lateral (side-lying) position. Administer oxygen Correct maternal hypotension Increase rate of intravenous solution. Palpate uterus to assess for tachysystole. Notify provider Consider internal monitoring Assist with birth if pattern cannot be corrected.	Maximize Oxygenation Increased Perfusion to Placenta

**Recommendation/Nursing Plan:**

Describe the labor process and nursing care given as well as any complications you witnessed:

Mom had a spontaneous rupture of membranes and when she came in to OB ED she was only dilated to a 1. She started cytotoc to help ripen her cervix. Pitocin was recommended to start at 1030 by her phy. We monitored her temp every 4 hours and provided her with snacks. We educated her about all meds available to her and went over the epidural procedure with her.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

Mom had not delivered baby by the time I left and she was barely to a 1.5/2cm when she was checked at 1030.

**Delivery:**

Method of Delivery: be vaginal Operative Assist:     Infant Apgar:     /     QBL:      
 Infant weight: