

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: **IM8**

Date submitted:

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>November 25, 2024 was my tenth and final shift of my capstone for CSON. I have been doing my preceptorship on HOPE 2 neuroscience's unit at Covenant Medical Center. Reflecting on my clinical experience as a whole is a bitter-sweet feeling. Everyone from the nursing staff, to the nurse aids, to the nurse manager has made me feel so welcomed to their unit. On my last day, I felt so much more confident in my ability and skills as a nurse. On my last two shifts, I was being the TPCN for all four of the patients assigned to my preceptor. I was able to figure out my own flow of how I wanted to assess then administer the morning medications.</p>	<p>Step 4 Analysis</p> <p>I will use everything that was taught to me as a new graduate nurse, and will have CSON and HOPE 2 to thank for that. I never had a better clinical experience than in IM8. One lesson I learned would be to always trust your gut when assessing and interpreting the patient. We had a patient transferred from SICU 4 who came in for an infarct. In report the nurse noted that the client was lethargic so they administer a 500cc bolus to hopefully perk up the patient. Upon arrival the patient was very lethargic with deficits on every extremity. The pt was on Q2 neuro checks but even after 4 hours the patient was still at a GCS of 12. We decided to call the rapid response team to just notify them of the patients condition and to ensure that this was an appropriate transfer.</p>
<p>Step 2 Feelings</p> <p>I can say that I have definitely become more confident, however I still have so much more growing and learning to do and I know that feeling will never fully go away. My preceptor has given me very valuable feedback when it comes to my care for patients. The other nurses on HOPE 2 have also been very valuable to me during my experience. Never once did any of them make me feel incompetent or unworthy of being on the floor with them. They collectively helped me grow each clinical shift and taught me something different when it comes to caring for patients.</p>	<p>Step 5 Conclusion</p> <p>The rapid nurse said that it is always best to be extra safe than sorry, as this is our patient and our license. We all agreed to just monitor the patients condition thoroughly and attentively for the Q2 checks and if there is any neuro changes to inform the doctor or call the rapid team. After this interaction I felt much better about the care I was providing to the patient because I knew 2 other set of eyes had been placed on the patient. Eventually towards the end of the shift the patient was arousable to touch and was oriented to their name, so it simply could have just been the fact of lack of sleep from being in the hospital, so he was just very lethargic but I learned it is always best to just go with you gut to ensure the safest care for the patient.</p>
<p>Step 3 Evaluation</p> <p>I would say the thing that stood out to me the most about the culture on HOPE 2 would be the teamwork and positive atmosphere. On my last clinical shift there was a patient who was extremely altered mentally and was continuously trying to get out of the bed or chair due to confusion. Regardless of re-orientation, the patient wanted to ambulate in the hallway every 30 minutes. The primary nurse was busy with 3 other patients, so I took the initiative to attend to this patient so that the other nurse could get their stuff done. At the end of the shift the nurse expressed how much they appreciated what had been done for the patient. Nursing is working as a team in order to provide the safest and best care for the patient, throughout my time on HOPE 2 this was always exhibited.</p>	<p>Step 6 Action Plan</p> <p>Overall, I am grateful to have been able to have had this experience. I learned something everyday, and will use all that was taught to me. If there was anything I would change it would be my feelings in the beginning, because there was no reason for me to feel as anxious as I did. I now feel like I am capable of using my knowledge and confidence to safely care for patients on my own as a new graduate nurse. I look forward to continuing growing my knowledge, and skills.</p>