

## 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." (Tringos 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. Remember to maintain patient confidentiality. 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

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Instructional Module: U

Date submitted: 12/03/2024

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> Patient is a 17 y/o female, G1, 33<sup>3/7</sup> gest. Admitted for chronic HTN, preeclampsia, and induction of labor. Dilated 1.5cm, 100% effaced, and -2 station. We started her on Oxytocin at 2 mu/min increased it to 4 mu/min and then to 6 mu/min. Since receiving the Oxytocin the patient has experienced increase in intensity of contractions, and frequency. I performed medication administration, input and output and observed a cervical exam</p>	<p><b>Step 4 Analysis</b> I was able to apply my knowledge about pre-eclampsia and GBS positive to this patient. For GBS + it is important to administer antibiotics on time, as well as blood pressure medication for preeclampsia. GBS can possibly pass to the baby and cause severe illness. Preeclampsia can cause premature birth; organ damage, HELLP Syndrome, seizures, etc. My patient is very young which can cause her to be more susceptible to a higher risk pregnancy. I also know that she previously didn't understand what GBS and preeclampsia were. My patient had a very supportive family and the father of the baby was very supportive. The support helped relieve her stress during the time I was in clinical.</p>
<p><b>Step 2 Feelings</b> At the beginning of the clinical I felt nervous but also excited about potentially seeing a birth. I was constantly thinking about what we have learned in class and trying to apply it. I was a little sad that I wasn't going to see an actual birth but very thankful for what I was observing, learning and helping with. There was great encouragement and education from the nurses which I was so happy to hear. I was very pleased with my experience on labor and delivery and loved being able to expand my knowledge. The most important feeling I had was encouragement and satisfaction that I knew a lot of information. These feelings push me to keep going to be the best nurse I can be.</p>	<p><b>Step 5 Conclusion</b> I really enjoyed my time on the labor and delivery unit. However, I could have been less nervous at first. The people around me were very supportive and welcoming and didn't do anything that needed changing. I could have been less nervous to do things and more energetic, but once I had met everyone I felt much better. I have learned that I do know stuff and to be more confident. I also learned how to better read the monitors.</p>
<p><b>Step 3 Evaluation</b> I was able to practice and gain more experience with my skills and what I have learned in lecture. Nothing was bad during this clinical, I just wanted to be able to observe a birth. However, it isn't a bad thing that I didn't just a little sad. Talking with my patient was really easy. In the beginning reading the FHR monitor was difficult. Prioritization of patient care and timing of care went really well, I did well on education and medication administration. My nurse did a really good job at teaching and interventions with the patient's blood pressure. I thought that I was going to see a birth because many students have. The only thing that happened that wasn't expected was the FHR monitor detecting moms HB but I let my nurse know and adjusted it.</p>	<p><b>Step 6 Action Plan</b> This situation taught me a lot about what it is like on the labor and delivery unit and I really enjoyed it. I'm sure that the patient will be more dilated by the next cervical exam based on the rate of the Oxytocin and her contraction characteristics. I would try to be more relaxed so that I could possibly gain more experience. I can use my experiences from this clinical in the future for sure if I choose to work in labor and delivery but also just anywhere because I am more knowledgeable about pregnancy and how to respond in a high stress environment. This experience has taught me how to react and respond to coworkers and patients. I also learned more about certain medications I will use this experience to improve my practice by not getting so nervous, for certain medication administration and education, as well as, time efficiency.</p>

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## Prioritization Tool

	URGENT	NOT URGENT
IMPO RTAN T	Urgent & Important DO	Not Urgent but Important PLAN
NOT IMPO RTAN T	Urgent but Not Important DELEGATE	Not Urgent and Not Important ELIMINATE

Education Topics & Patient Response:

**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 \_\_\_\_\_ Age: \_\_\_\_\_  
Cervix: Dilatation: \_\_\_\_\_ Effacement: \_\_\_\_\_ Station: \_\_\_\_\_  
\_\_\_\_\_ Membranes: Intact: \_\_\_\_\_ AROM: \_\_\_\_\_ SROM: \_\_\_\_\_ Color: \_\_\_\_\_

Medications (type, dose, route, time): \_\_\_\_\_

Epidural (time placed): \_\_\_\_\_

**Background:**

Maternal HX: \_\_\_\_\_  
Gest. Wks: \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ Living: \_\_\_\_\_ Induction / Spontaneous  
GBS status: + / -

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

Maternal VS: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_  
Contractions: Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_  
Fetal Heart Rate: Baseline: \_\_\_\_\_  
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 non-rebreather 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 tachystole. 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:

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:

**Delivery:**

Method of Delivery: \_\_\_\_\_ Operative Assist: \_\_\_\_\_ Infant Apgar: \_\_\_\_\_ / \_\_\_\_\_ QBL: \_\_\_\_\_  
\_\_\_\_\_ Infant weight: \_\_\_\_\_