

Clinical Boot Camp

**Instructional Module 4
AY24-25**



Attendance

- Review Attendance Policy in Student Handbook
- Notify your clinical instructor by **text 60-30 min. prior to designated start time.**
- Notify Miss Starch via **text & email** the day you are absent
- **Students can miss 1 clinical day/module w/o makeup.**
 - A 2nd clinical absence must be made up during Week 8
 - Any more clinical absences will result in course failure even if total absences do not exceed 3
 - Clinical absences will be counted for module 8 capstone clinical unit placement.

Dress Code

- Scrunchies, headbands, or head coverings (scrub caps) may be worn in any colors or patterns as long as it is clean, not wrinkled and with no offensive or inappropriate designs on it.
- Uniforms: Ceil Blue Top with Navy pants and a Ceil Blue Scrub Jacket
- Black, white, navy, or gray short sleeve or long sleeve T-shirts may be worn under uniforms
- Facial piercings must be limited to one small, unobtrusive stud piercing.
- Students may wear 2 earring studs per ear.
- Ear gauges are required to be filled. No ear bars may be worn.
- Body art (tattoos) should be covered if possibly offensive.
- Nail polish may be worn if it is not chipped
- Students **failing to comply with the dress code** while on campus or in the clinical setting will be subject to disciplinary action that may result in a tardy and/or an absence as outlined in the school attendance policy.

Competency Performance Examination (CPE)

- CPE will be in a high-fidelity simulation environment at Covenant Simulation Center
 - CPE prep will take place before CPE.
 - CPE will take place in Week 7. This is a graded CPE and is 10% of your module grade. You are allowed 2 attempts.
 - A reflection on the CPE experience is due by **1700 Friday to ADVISOR's Dropbox.**



Reflective Practice

- Students will use the form provided in LMS to reflect on their **CPE Simulation experience**.
- Follow the directions on page 1, using the examples as a guide.
- **You may not refer to any individual by name** (patients, students, instructors, or staff)
- Submit the completed Reflective Practice form to your **Advisor's DropBox in LMS no later than 1700 Friday after the CPE.**



Reflections for CPE

Reflections are due by 1700 on Friday following the experience

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, <u>studies</u> 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 <u>eg.</u> 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 <u>final outcome</u>? • 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 would you do differently next time? 	<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?

Covenant School of Nursing Reflective Practice

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	Step 4 Analysis
Step 2 Feelings	Step 5 Conclusion
Step 3 Evaluation	Step 6 Action Plan

Simulation

- All students will have a simulation experience during clinical rotations. **Hours 0830-1200 on Tues. & 0830-1200 Wed.**
- Mrs. Webster or Mrs. Burnett will email you information before Tuesday.
 - You & a partner will be assigned scenarios in advance
 - Each student will complete a Medication sheet & Simulation Patient Worksheet for your scenario
 - **Worksheet pages 1 & 2 and Medication Sheet are DUE at beginning of Day 1**
 - Contact Mrs. Webster and Mrs. Burnett with any questions

Hospital Clinical Expectations

Clinical on hospital units

- Tues. 0630-1330
- Wed. 0630-1200



Weekly Clinical Expectations

- **Clinical Assignment = Two Patients**

- You will choose **2 patients**, with the assistance/approval of the instructor & will provide supervised nursing care for those patients.

- **Assume Primary Nurse Role**

- Obtain report and follow on all TPCN's patients

- Use a tool that works for you to get your day organized

- Bathing and vital signs to be done primarily by aide, *however*, if RN is doing baths and vitals, you are to do these skills also

- Limit documentation in EHR to items an aide charts – VS, rounding, I&O, etc.

- All other student documentation will be on paper, to be submitted to instructor.

Weekly Clinical Expectations

■ Medications

- Administer medications to **PRIMARY** patient, unless other arrangements are made with instructor. *You may also administer medications to other patients with the TPCN.*
- Discuss medication's classification, indication for use, and route of administration. Assessment data for administration decisions should be *readily available*. Teach your patient about all medications you are administering & explain side effects or adverse reactions monitoring.
- ALL medication administration MUST BE SUPERVISED by instructor or licensed nurse. This includes NS flushes.***
- Graduate nurses & orientees cannot give medications with students.***
- Do not give any medication you did not draw up yourself or observe being drawn up/reconstituted.***

Hospital Clinical forms

- **You will need the following forms printed each week:**
 - Daily Physical Assessment flowsheet (4) – primary and secondary patients, 2 for each day of clinical – to be *completed before lunch*
 - Diagnostic Worksheet (1) – primary patient only
 - Medication Worksheet (1) – primary patient only.
Limit to 10 medications and your IVF
 - Physical Assessment Narrative (1) – primary patient
The **Physical Assessment Narrative** should be completed at the conclusion of the first clinical day, **NOT** during the shift.

Clinical forms

Place all completed forms **in the clinical folder** provided to you and submit to your instructor by **0630 on second day of clinical.**

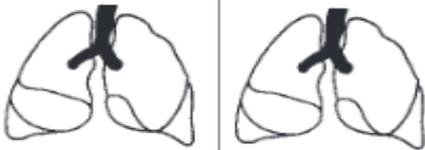
- Daily Physical Assessment Flowsheet – complete on **primary & secondary patients each day before lunch**
- Physical Assessment Narrative – **primary pt**
- Diagnostic Worksheet - **primary pt**
- Medication Worksheet – **primary pt**



Clinical Forms

Forms are in LMS in the
Clinical folder.



PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hoses <input type="checkbox"/> Y <input type="checkbox"/> N SCDs <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Flexipulses <input type="checkbox"/> Capillary Refill: _____ Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input type="checkbox"/> N Pulses: Radial R _____ L _____ Pedal R _____ L _____ Post. Tib. R _____ L _____ Comments: _____	Family at bedside <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy <input type="checkbox"/> Cough Reflex <input type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input type="checkbox"/> Y <input type="checkbox"/> N Gag <input type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grip: Rt. _____ Lt. _____ Pushes: Rt. _____ Lt. _____ Comments: _____ Response to Questions: <input type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input type="checkbox"/> Friendly <input type="checkbox"/> Restless <input type="checkbox"/> Approp. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: _____	Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input type="checkbox"/> N Murmur <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PPM Site: _____ Rhythm: _____
GASTROINTESTINAL	SKELETAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color _____ Consistency _____ Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X _____ Quadrants Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: _____	Moves Extremities: <input type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: _____	<input type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine: <input type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: _____	Sclera: <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input type="checkbox"/> N Comments: _____	<input type="checkbox"/> None #1 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____ #2 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____ #3 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments: _____
ARTERIAL AND VENOUS SITES	PULMONARY	CHEST TUBES
A-Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> RA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit	Respirations: <input type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input type="checkbox"/> RA O2: _____ <input type="checkbox"/> NC <input type="checkbox"/> Vent Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____	<input type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____
SKIN ASSESSMENT	LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub	
<input type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitus 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: _____ Skin Color normal for patient <input type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: _____		

**Complete
for
BOTH
primary &
secondary
patients
BEFORE
lunch
EVERY
clinical
day**

Initial Assessment See Narrative for Additional information Signature _____ Date: _____ Time: _____
 No Changes to initial assessment See Narrative for Signature _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for Signature _____ Date: _____ Time: _____

Physical Assessment Narrative

Write about PRIMARY patient only. DUE at 0630 on second day

Student Name: _____ Date: _____

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Comfort level: Pain rates at _____ **(0-10 scale) Location:** _____

Psychological/Social (affect, interaction with family, friends, staff)

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) _____

Last BM _____

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) _____

Urine output (last 24 hrs) _____ **LMP** (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)

Skin (skin color, temp, texture, turgor, integrity)

Wounds/Dressings

Other

Medication Sheet

Limit 10 drugs & IVF for PRIMARY pt. DUE at 0630 on second day

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Student Name:

Date:

Patient Allergies:

Primary IV fluid and rate:

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):

Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning

Time Frame: noon Monday until noon Tuesday.
Ask instructor before finalizing the 10 meds for your list

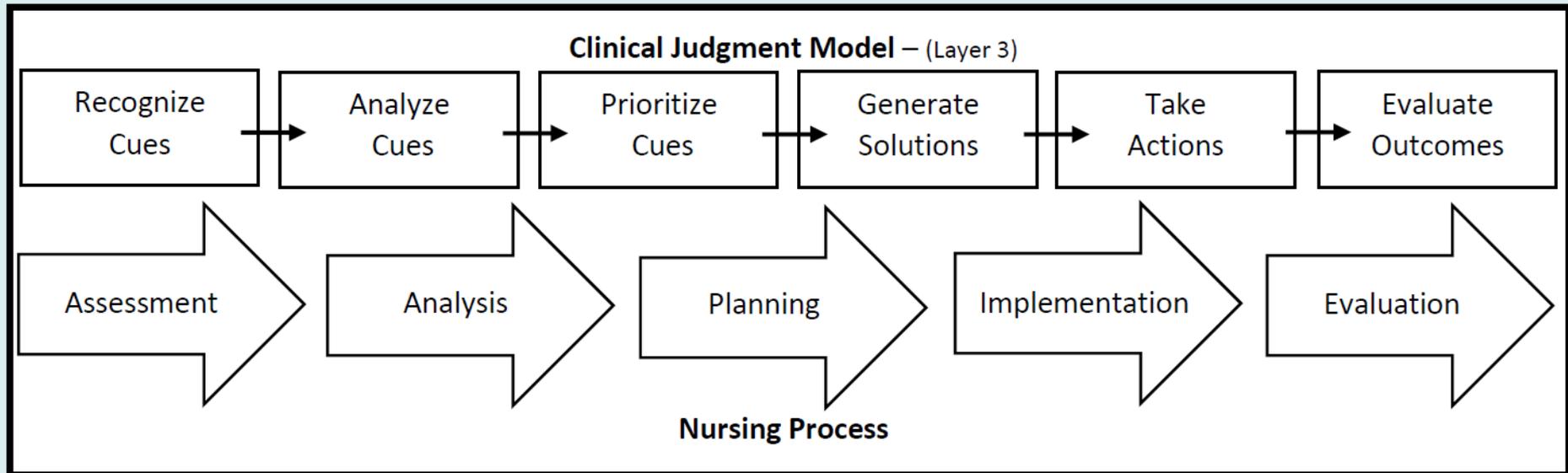
Post Conference

- Post conference will be on Tuesday and Wednesday of clinical
- The focus will be a detailed assessment of your patients.
- The expectations will be given for your specific unit by the clinical instructor.

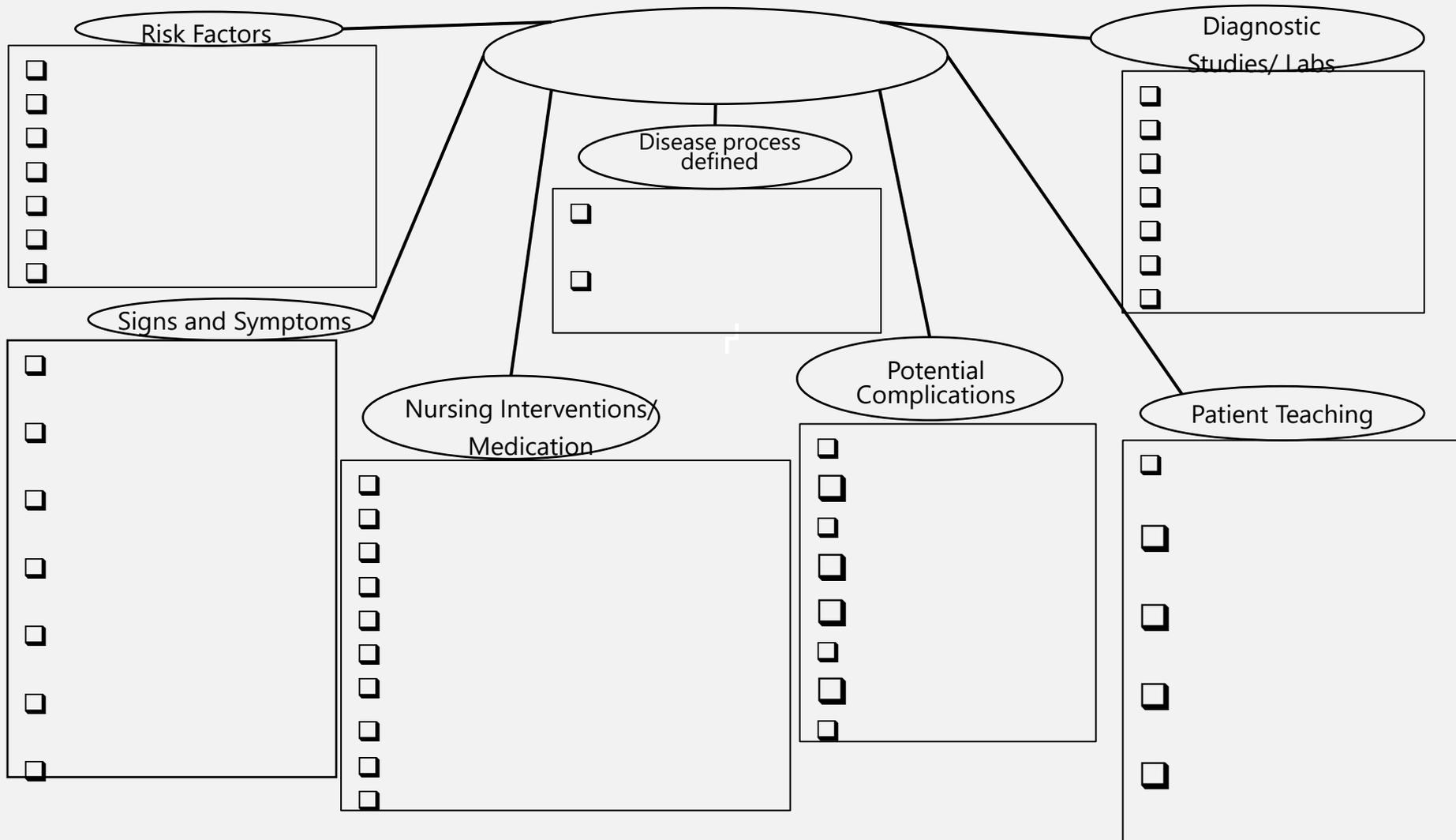


Clinical Judgement Model

Be able to discuss your clinical patient on Wednesday in detail and describe how you utilized your clinical judgement in caring for the patient.



Suggestions for Organizing your thoughts



Care Map located in Reference Tools folder under Lessons

Critical Thinking

Student Name: _____ Date: _____

Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology-	2. Factors for the Development of the Disease/Acute Illness-	3. Signs and Symptoms-
4. Diagnostic Tests pertinent or confirming of diagnosis-	5. Lab Values that may be affected-	6. Current Treatment-

Adopted: August 2016, revised October 2018

**Form is found in Clinical
folder under lessons**

Critical Thinking

Student Name: _____ Date: _____

<p>7. Focused Nursing Diagnosis:</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1.</p>	<p>12. Patient Teaching:</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>8. Related to (r/t):</p>	<p>Evidenced Based Practice:</p> <p>2.</p>	
<p>9. As evidenced by (aeb):</p>	<p>Evidenced Based Practice:</p> <p>3.</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>10. Desired patient outcome:</p>	<p>Evidenced Based Practice:</p>	

Adopted: August 2016, revised October 2018

Form is found in Clinical folder under lessons

Critical Thinking

Student Name: _____ Date: _____

Please complete for each patient you care for during your clinical rotations.

1. Do you have concerns about your patient today? (Why or why not?)
2. What will you be closely monitoring today with this patient?
3. What important assessments will you need to make?
4. What potential complications could develop today with this patient?
5. How will you identify these complications, and how will you prevent this from occurring?

**Form is found in Clinical
folder under lessons**

Student Clinical Evaluations



Student Clinical Evaluations

- Evaluations will be based on clinical performance and documentation.
- Documentation is expected to be complete and accurate, with evidence of critical thinking.
- Your module advisor will email a link to you, and you will be able to view your evaluation through this link for the entirety of the module.

Trustpoint clinical expectations

Time: Tuesday 06:30- 1330 and
Wednesday 0630-1200

Paperwork: Reflection Form



Trustpoint clinical paperwork

Covenant School of Nursing Reflective Practice



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<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 was...? 	<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?

Covenant School of Nursing Reflective Practice

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Step 1 Description	Step 4 Analysis
Step 2 Feelings	Step 5 Conclusion
Step 3 Evaluation	Step 6 Action Plan

You are going
to be GREAT.
KEEP GOING.

