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.

Step 1 Description

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

- 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?

Step 2 Feelings

Don't move on to analyzing these yet, simply describe them.

- 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?

Step 3 Evaluation

- 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?

Step 4 Analysis

- 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?

Step 5 Conclusion

- 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?

Step 6 Action Plan

- 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?

Adopted: August 2016

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.

Step 1 Description

My Patient went into labor the night before. When I got onto the unit my patient was at dilated at 6cm, 60% effacement. Around 0750 she was at 9cm, 90% effacement. At 0950 we hung oxytocin as well as rotating position every 30 minutes. My nurse, the charge nurse and I were all there for her last cervical exam. At 1030 she was at 10cm, 100%. We positioned the patient and set up for the physician to arrive. Once he arrived, my patient had already pushed four times. The physician used a vacuum to help the baby come out. The baby came with the umbilical cord wrapped around his neck three times, and he was meconium stained! The NICU team quickly arrived and helped with the baby's O2 sat. He was on blow-by air for 2 minutes, and the cpap for 7 minutes, after that it was a smooth transition for both mom and baby!

Step 2 Feelings

I was extremely nervous about this clinical rotation! I quickly shook It off once in the presence of the patient and her family. They were AMAZING! So welcoming and patient with my nurse and I. Once the mom delivered I had a conversation with the grandma. She was overwhelmed with emotion, and I can't lie I was too. I offered her a hug, and we hugged for a while. I cannot describe the feeling, but it surely was a great one!

Step 3 Evaluation

As stated before, my patient and her family were extremely welcoming! Mom was a great patient, and so strong for delivering with such ease! I will say the baby's complications was the most difficult part. I truly did not know what was happening when the NICU team arrived! But they came in and worked together so smoothly!

Step 4 Analysis

It is one thing to learn in lecture, and another to act on what was thought. I knew what the function of all the medications were, dilation and effacement, and I got to massage the fundus! Reading the contractions and fetal heart rate was still a challenge for me, but my nurse taught me so much! So grateful to have had Mariah as my nurse!

Step 5 Conclusion

I honestly would not change my experience with my patient, her family, and my nurse. They were great, which put all my nerves to the side!

Step 6 Action Plan

Although I had an amazing experience, I do not think the world of labor and delivery is for me. These nurses do a lot, and they are amazing. I applaud them and their hard work! Also, I cannot imagine being a woman and going through all that! Women deserve more respect for all they go through!

Adopted: August 2016

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	Urgent & Important DO • Provide emotional support • Assist with set up for delivery • Education for medication, massaging the fundus, and why the baby needed the CPAP	Not Urgent but Important PLAN • Providing comfort with things such as blankets • Clean up process
NOT IMPORTANT	Urgent but Not Important DELEGATE • Providing comfort with things such as blankets	Not Urgent and Not Important ELIMINATE • Taking pictures for the family

Education Topics & Patient Response:

Education for medication, massaging the fundus, and why the baby needed the CPAP. My patients were great about asking what anything and everything was for. They were appreciative for all our efforts! I got to tell them that the oxytocin was to help the uterus contract, the importance of massaging the fundus to prevent hemorrhage, and how the babies O2 sat was low due to the meconium and the umbilical cord was wrapped around his neck. We got to educate them on watching the O2 sat, and that it was emergent if it were to decrease.

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

<u>Situation</u>: