

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.” (Tingos 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, 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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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.

<p>Step 1 Description</p> <p>My patient was admitted to the ER with signs and symptoms of an infection. They presented with fever, chills, nausea and vomiting. An aid from an assisted living facility noticed a change in the patient's LOC and decided to bring him into the ER. I took on the role as the nurse once he was released from the ER and admitted to my floor. I over took care of him to manage his infection and pain.</p>	<p>Step 4 Analysis</p> <p>I think I could have applied a lot of previous information and content learned from my clinical floor and lecture to this scenario. I think knowing the pathophysiology and S/S of urosepsis gave me the ability to picture what my patient would look like ahead of time and how they would be acting. It also gave me a general outline as to how to properly treat this patient. What medications we would likely be giving them and what precautions or steps we would likely take in order to get them healed and cleared up. This patient was confused because of his urosepsis, which is normal. His platelets were low and his blood pressure was low. He was in a moderate amount of pain, which was to be expected. He was taking medications at home that were made to lower his chances of his body creating blood clots and to help lower his preexisting HTN. In this case, I feel as though holding those meds was the right decision in order to not exacerbate or cause more harm to the patient. I think that getting to care for a patient like this first hand solidified my knowledge and gave me more information to take with me to treat any future patient's with similar issues/diagnoses.</p>
<p>Step 2 Feelings</p> <p>I was nervous to take on the role of nurse over this patient, after he was dx'd with urosepsis, because I know how serious and fatal this infection can be. I knew it was important for this patient to get the correct and timely care he needed in order to prevent a catastrophic event. My patient was still disoriented when I first saw him. He said he was in moderate pain. I knew that with the right medication and evaluation he would recovery and I wanted to be sure I took the correct and safe steps needed in order to make that possible. I think the most important emotion I was feeling was determination to power through my nervousness. I was not put in a position that I could not handle. This patient's care was in my hands and I wanted to do all I could to ensure his safety and healing. This feeling was most important because it pushed me to focus on taking the right steps in order to achieve the optimum goal for myself and my patient.</p>	<p>Step 5 Conclusion</p> <p>I think I could have made the situation better by understanding that I knew everything that I needed to know about my patient before I walked in the door. He had an infection that needed to be treated. That was the priority. I could have made the situation better for myself for not getting in my head. I think other could have made the situation better by calming me down and reassuring me (colleges, charge nurse, etc.). I could have walked in with more confidence in the beginning. I could have faked it until I walked out of the room. I hate feeling like I walk in the room with little such little confidence or noticeable nervousness that the patient may start to be concerned with the quality of care that they will be receiving from me. I have learned to prepare myself for as much as possible before hand. I will have most of the information by simply doing my side of the prep. Any additional information I can find or get from my patient. I have learned that I know I can correctly care for my patient's even with my brain working overtime in the background.</p>
<p>Step 3 Evaluation</p> <p>The controlled and calm environment was good. Everything was in the place it was supposed to be. It felt organized. It was easy to find all of the necessary equipment and navigate the EMAR. It was difficult for myself to think through the correct steps and processes without knowing how much time I had left for the interaction. I think I managed the safety aspect for my patient well. I ensured the correct precautions and safety checks were taken. I was so nervous about taking the correct safety steps that I felt like I rushed administering the oral medications and accidentally said the wrong medication type. I was giving the correct medication, I just called it something different out loud. I think I expected the outcome I was given. I had all the information I needed, I just let my nerves get the best of me and cloud my mind. I think I contributed well. I think I was able to push through my cloudiness and absolutely say that I did all the steps correctly.</p>	<p>Step 6 Adion Plan</p> <p>I think this situation shouldn't have been as stressful as I made it out in my head to be. I can come to the conclusion that I took the right steps, ensured my patient's safety while they were under my care, and got them on tract to recovery. I can use the lessons I learned about staying calm and remaining tasks oriented in this situation in the my future care of other patients. I can apply this knowledge to patient's how have urosepsis, but also any other diagnosis. The outline and the structure will be the same. They have an issue and I know what I have to do. I have the knowledge I need to be successful. I don't need to second guess myself or think that I am incapable. I have resources and other's who can help me if I am ever unsure. I will use this experience to improve my future practices by learning all the information I can. If i have the necessary knowledge from the start, I can confidently take care of any patient with more confidence.</p>