

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. (Tsingas 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.

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| <p>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</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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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.

| | |
|---|--|
| <p>Step 1 Description</p> <p>My patient went in for a c/s at approximately 1200 due to the fetus being in breech presentation. I was with my nurse shadowing her and meeting the patient. There was a team of people in the OR including my nurse, me, the anesthesiologist, several sx techs, nursery staff, and surgeons. I was a silent observer and helped any way that I could, whether it be helping gown up for the procedure or grabbing the father. The nurse played the role of ensuring instruments/sponges were counted correctly, placing the foley catheter, and helping out with any tasks the surgery team needed. The surgeons performed the c/s and the sx techs helped provide equipment, hold surgical openings, and helped the surgeons any way they could. The nursery staff helped with baby as soon as it was delivered. The result was a successful c/s delivery.</p> | <p>Step 4 Analysis</p> <p>What I can apply to this situation from my previous lectures is that it can get complicated very fast with breech presentation for vaginal delivery. The baby could get stuck and it quickly could have become an emergent situation. Not only that, but the fact that mother had T2DM could have also been a risk factor in performing vaginal birth. In lecture, I remember being taught that some mothers can have a feeling of failure when having to perform c/s over vaginal delivery. Even though the patient did not say this verbatim prior to delivery, you could tell it clearly bothered her. The other thing that I noted is that hemorrhage is a very likely complication that can result from c/s, which the mother was borderline with a QBL of 966 mL.</p> |
| <p>Step 2 Feelings</p> <p>At this point, I had already seen a c/s so I felt like I was prepared for it. However, once the surgeons ruptured the membranes and I only saw the feet being presented first, it shocked me. It shocked me even further when they safely but quickly were trying to get the baby out. The motions of pulling made me very nervous and worried that the baby was not okay. After they got the baby out, I was relieved and noticed nobody else reacted so this must have been the normal breech c/s method. The most important feeling I think was the awe of birth by c/s. This is important to me because I had never in my life seen a birth up until this point. I also feel like if I ever have children I will be know what to expect.</p> | <p>Step 5 Conclusion</p> <p>I think the situation could have been better if someone explained to her why the c/s was necessary. Maybe I did not witness it since we quickly grabbed the mother for surgery, but she did seem a little discouraged. I could have made the situation better by stating to the mother to tell me how she feels about the c/s and investigate her feelings. I learned the importance that as nurses we get so wrapped up in getting stuff done especially in a highly-intense floor like L&D. Thankfully the mother seemed fine after the delivery, but maybe it could have made it a more positive experience for her if the nurse and/or I could have investigated these feelings with the mother.</p> |
| <p>Step 3 Evaluation</p> <p>The event was good because if the mother was adamant about doing vaginal delivery it may may have been much more complicated than the c/s. The difficult part for me was seeing the mother's disappointment in having to do a c/s instead of a vaginal delivery. She was not excited at first about having to do a c/s. However, once she delivered and was able to hold the baby skin to skin, you could see in her eyes and face that she was ecstatic that the baby was okay. I contributed by getting the VS pre/post op, help transfer the patient from OR table to stretcher and transport to recovery.</p> | <p>Step 6 Action Plan</p> <p>Overall, I enjoyed working the L&D floor more than I thought I would. It was an experience I will not ever forget. I am going to use these lessons in taking more time in the future to not get so caught up in the busyness and ensure my patient feels confident in their care. I feel that this can be applied to any nursing intervention. If a patient is not sure or disheartened by anything that is going on, we should take the time to just listen to them.</p> |

Prioritization Tool

| | URGENT | NOT URGENT |
|---------------|--|---|
| IMPORTANT | Urgent & Important DO <ul style="list-style-type: none"> Gathered pt VS pre/post-sx Help assess EFM Strip prior to sx | Not Urgent but Important PLAN <ul style="list-style-type: none"> Handed Father OR scrubs prior to c/s Assisted with QBL during sx Bringing the Father in for c/s |
| NOT IMPORTANT | Urgent but Not Important DELEGATE <ul style="list-style-type: none"> Safely transported pt to recovery | Not Urgent and Not Important ELIMINATE <ul style="list-style-type: none"> Helped Father find restroom Restocked empty gloves in pt's recovery room |

Education Topics & Patient Response:

Scrub Change: I explained to Father the importance of not wearing street clothes in the OR setting, even under the scrubs to maintain a sterile environment in the OR setting.

Response: Father understood and quickly changed into scrubs prior to delivery.

Father Needing the Restroom: Father explained that he needed to use the restroom right before the sx was about to start. I had to explain to the father that the procedure will be starting soon and that the doctor's need to get started shortly.

Response: Father understood and quickly followed me into the OR room to be with the mother.

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 **10/22/25 @ 1226** Age: **36 y/o**

Cervix: Dilatation: **N/A** Effacement: **N/A** Station: **N/A**

Membranes: **Intact prior to AROM, AROM performed at 1225**

Medications (type, dose, route, time):

No meds were given by nurse, anesthesiologist gave Decadron, Zofran, Toradol, Tylenol and 30 unit of Pitocin.

Spinal was placed at 1156 at 5th attempt.

Breech Presentation

Background:

Maternal HX: **T2DM, hx of infertility at 3rd Trimester, morbid obesity** Induction / Spontaneous **N/A**

Gest. Wks: **38 wk** Gravida: **1** Para: **0** Living: **0 (GPL prior to delivery)**

GBS status: **Positive**

Assessment (Interpret the FHR strip-pick any moment in time): 1100

Maternal VS: T: **97.4°F** P: **73 bpm** R: **18 resps./min** BP: **127/86**

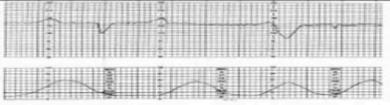
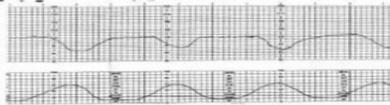
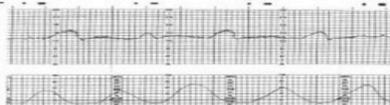
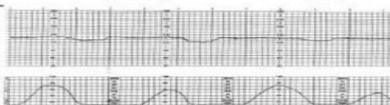
Contractions: **2 mild contractions over the span of 20 min prior to c/s**

Fetal Heart Rate: Baseline: **150 bpm**

Variability: **Moderate Variability**

Type of Variables: **Accelerations present, no decelerations present**

Category: **Category I**

| Pattern | Example | Cause | Interventions | Desired Outcome |
|------------------------|---|--------------------------|---|---|
| Variable Decelerations |  | Cord Compression | Discontinue oxytocin Change maternal position Administer oxygen at 10 L/min by nonrebreather 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 tachysystole. 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: **No labor process, however mother was borderline PPH with QBL of 966. Pt had to get a PICO dressing to mitigate bleeding/hemorrhage**

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason: **N/A**

Delivery:

Method of Delivery: **Primary Routine c/s** Operative Assist: **N/A** Infant Apgar: **7 @ 1 min, 8 @ 5 min**

QBL: **966 mL** Infant weight: **7 lb. 9 oz.**

IM6 Student Learning Outcomes

| Safety & Quality | Clinical Judgment | Patient Centered Care | Professionalism | Communication & Collaboration |
|---|---|---|---|--|
| <p><i>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</i></p> | <p><i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i></p> | <p><i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i></p> | <p><i>Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.</i></p> | <p><i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i></p> |

Safety & Quality:

Clinical Judgment:

Patient Centered Care: 10/21/25: I witnessed my nurse on Mom & Baby help my patient DC quickly. The reasoning behind this was that she could get home to watch her other kids since the babysitter was about to leave and the father was working. This is patient-centered care because the nurse got the patient out as fast as she could within her power to help out the childbearing family. The patient was very appreciative of this.

Professionalism:

Communication & Collaboration: 10/22/25: I witnessed my nurse effectively demonstrate Communication and Collaboration during a c/s when doing her surgical item count. One of the surgery techs seemed to be relatively new and did not know the names of each instrument. The other staff that have been there longer were either helping the doctor or not paying attention. My nurse professionally yet adamantly insisted that they need to do the equipment count prior to surgical closure of c/s. The team worked together to ensure that everything was accounted for and able to proceed with surgery completion.