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.

Gibbs Reflective Cycle (Description → Feelings → Evaluation → Analysis → Conclusion → Action Plan)

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?

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Covenant School of Nursing Reflective Practice

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Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description

When I came in at 0640 my patient was 5 cm dilated 90% effaced. After an hour, she progressed quickly and was at 10 cm and 100% effaced. My nurse showed me how to prepare the room for delivery. After we began "practice pushing" for one hour consistently until Dr. Zavala arrived. When she arrived the patient pushed for about 10 minutes and delivered a healthy baby girl.

Step 4 Analysis

I was able to apply my education about EFM to my patient strips and interpret what was happening with mom and baby. For example, when we were not in the room, the baby was having early decels and the father was worried. When we came back into the room, he asked about what was going on and I was able to explain that what he was seeing on the monitor was head compression, which meant his baby was working her way down the birth canal.

Step 2 Feelings

At first, I was nervous about how the patient would feel having a SN. I was mostly excited about getting to watch the birth and the nurse and family I was with made me feel so welcome! Seeing the birth of a healthy baby was so rewarding!! The most important emotion I felt was joy because it is why I pursue this career path!

Step 5 Conclusion

I learned so much experience. I feel so much more confident working with the maternal fetal population. I learned so much about the birth experience that Mom's go through which I was previously unaware of. I also didn't realize how much labor and delivery nurses did and how involved they were in the process. I was surprised to see that the doctor was there for only a short amount of time and that the babies head was visible before the doctor even entered the room.

Step 3 Evaluation

I thought the whole day went pretty well. I think it was easy to communicate with the patient because she was so kind, but it was difficult in the way that I had no prior experience in L&D. I thought my nurse did a very good job teaching me the way they do things on the floor. I hope I contributed in a positive way to my patients experience by being someone to talk to and helping with counter pressure while pushing.

Step 6 Action Plan

Overall, I really enjoyed this clinical and I think I could see myself in this field one day. I was so excited for mom when she got to hold her baby and the joy I felt being just a small part of her experience was the best. In the future, I'll think about this clinical and how excited I felt and remember what this is all about. I'll use this experience of patient care to better myself for the next one because the more interactions you have the better and more comfortable you get.

Prioritization Tool

	URGENT	NOT URGENT
IMPORTANT	**Urgent & Important** **DO** -reposition mom frequently to relieve pressure on the umbilical cord - fundal massage	**Not Urgent but Important** **PLAN** • check temps & vop hourly d/t the possibility of chorioamnionitis.
NOT IMPORTANT	**Urgent but Not Important** **DELEGATE** - water, ice chips, & crackers - picture taking - holding pts leg - turn help	**Not Urgent and Not Important** **ELIMINATE** - pulse ox rotation during pushing

Education Topics & Patient Response:

colostrum already present: pt inquired about milk supply & was educated by RN that collagen should already be present, pt verbalized understanding & latched baby to feed.

repositioning: pt was told trying multiple positions may help baby turn from ROP → ROA for a more comfortable birth. pt verbalized understanding & tried multiple techniques like "flying cowgirl".

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 10/21 0700 Age: 29
Cervix: Dilation: ___5cm___ Effacement: __90%__ Station: __-1__
Membranes: Intact: ____ AROM: ____ SROM: _✓_ Color: Clear
Medications (type, dose, route, time):
Pitocin 4u IV cont. / 1x dose gentamycin 300-4g 10/20 / Ampicillin 2g IV
Epidural (time placed): __0635__

Background:
Maternal HX: IVF
Gest. Wks: 38 Gravida: 1 Para: 0 Living: ____ Induction /(Spontaneous)
GBS status: + /⊖

Assessment (Interpret the FHR strip-pick any moment in time):
Maternal VS: T: 97.8 P: 89 R: 18 BP: 96/54
Contractions: Frequency: __3min__ Duration: __60 sec__
Fetal Heart Rate: Baseline: __130__
Variability: Absent:____ Minimal:____ Moderate:_✓_ Marked:____
Type of Variables: Early Decels:_✓_ Variable Decels:___ Accels:___ Late Decels:___
Category: __1__ (I, II, III)

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: This was such an intimate process and the nurse did alot of the work. The nurse was not only there for the physical health of mom & baby but she was there emotionally for the mom.

Describe any Intrauterine Fetal Resuscitation measures utilized and the reason:
We had a smooth birth & only required maternal repositioning to relieve pressure from the cord.

Delivery:
Method of Delivery: __Vaginal__ Operative Assist: ___—___ Infant Apgar: _8_/_9_ QBL: __432__
Infant weight: __7.8__