**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Student Number: Date:

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back****(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences.
* Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred.
* Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience.
 | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity.
* Does not provide own feelings related to the clinical experience.
* Identified event, experience, or learning opportunity is not relevant to clinical practice.
 | When talking to my patient about her psychosocial history she brought up she had 4 sons but one passed away. My reaction to her was “im so sorry” and I didn’t really know what else to say. I felt as thought my response wasn’t maybe the best one and afterwards, I was overthinking and feeling anxiety that I may have offended her or not said that right thing. This made me feel like I should research better communication techniques and best ways to communicate with someone about a touchy subject such as grief.  |
| **Examine Experience****(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article).
* Briefly summarizes key ideas/findings of the article.
* Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation.
 | * Does not incorporate a scholarly article.
* Summary of the key ideas/findings of the article are not included.

 * No explanation of the author’s ideas/thoughts compared/contrasted with own.
 | This scholarly article focused on the experience of grieving widows and what they found to be helping and not helpful in their grieving process. It also touched on the importance of nurses in educating families and others on what can help someone who is grieving. The key points were that unsolicited advice was a major event that made widows feel upset or offended, avoidance from friends and family towards the widow was an often occurrence that negatively impacted the grief process, as well as avoidance of mentioning their deceased husbands which made the widows feel uneasy, as though “it never even happened, like they didn’t exist”. (Scannell-Desch E, 2005) I feel that this article relates to my journal entry because even though the findings are based on widows, the information can still be applied to people who have had a loss in their life. The article made me realize that maybe trying to change the subject and not discuss further into that aspect of someone’s life can actually do harm and make them feel like that experience isn’t something that should be talked about.  |
| **Appraise** **and** **Analyse** **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).

**\*\***A reflection graded as ***excellent would also include the following:**** Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians).
* Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things).
* Poses questions that should be considered due to their significance to nursing practice.
 | * No other perspectives are discussed.
* Only one other perspective is discussed
 | I think as the client I would want My nurse to be open, and trustworthy and someone who comes across as easy to talk to. I also feel that social work would hope the nurse can gain that sense of comfortability with a patient so that they do have someone on their healthcare team that they can feel comfortable enough to talk with.  |
| **Research** **and** **Revision****(R)** | * Provides summary of learning from this clinical experience and from the article findings.
* Identifies what they could have done differently in this clinical experience.
 | * Summary not provided
* Does not identify what they could have changed about their own role/actions/performance in this clinical experience.
 | I think I learned that the best thing to do is discuss someone’s openness to talk about their loss because it could be something someone wants to talk about, and I think just saying sorry is in a way ending that conversation. What I took from the article is that its important to keep that line of communication open because they could feel very alone with their grief, but we would never know. However, its important not to give unsolicited advice or assume they want to talk about it. I think a better way I could have responded would be acknowledging that that must have been difficult for them and giving them the reassurance that if they ever need to talk to someone about that experience and how they are coping that you are there to support them.  |
| **New Perspective****(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse.
* Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.).
 | * No specific examples for implementation into future practice are incorporated.
* Does not identify a nursing resource to assist with learning
 | This new knowledge will definitely be implemented when treating a patient who may has had a recent loss in their life but also the family of a patient who is grieving. Weather its being an open ear for them or connecting them with support groups or social work. I think some nursing resources that will help me develop this knowledge will be veteran nurses. People who have been their and dealt with patients who are grieving. As well as just people in my life who im comfortable with and getting their opinions and ideas on how they would have wanted to be treated or talked to when they were going through a significant loss.  |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)

(critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection.
 | Know-based practice influenced this experience because I felt the therapeutic communication I was using wasn’t know-based practice and felt I needed to a refresher in that area and this experience made me realize that. Person family centered care influenced this experience because I felt like I could have given better person family centered care and that’s what geared me to look further into therapeutic communication with pts who have had a loss in their life, and the best way to talk to them and their families.  |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format.
* Title page in correct APA format
* Reference in correct APA format
 | * Incorrect APA format throughout reflection
* Incorrect APA format on title page
* Incorrect APA format for article(s) and/or other sources.
 | **Student Reference(s) in APA Format:** Scannell-Desch E. (2005). Mid-life widows’ narratives of support and non-support. Journal of Psychosocial Nursing & Mental Health Services, 43(4), 40–49. https://doi-org.ledproxy2.uwindsor.ca/10.3928/02793695-20050401-06 |
| **Grade:** | **□ Satisfactory □ Excellent**  |  **□ Unsatisfactory**  |  |
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