Covenant School of Nursing Reflective

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Step 1 Description I met a patient with pancreatitis patient yesterday. While I was performing assessments, she was very friendly and responsive to questions. After completing the assessment, I was surprised that she said, “I fully don’t know what pancreatitis is, but this surgery will help me.” She signed the waivers and understood her procedure, but her acute condition was new to her. She was also scared of air bubbles in syringes because of that news of nurse in Texas that injected air to her patients. I did my best as a student nurse, with the knowledge from past modules, to teach her what pancreatitis is and the prevention of air embolism, in layman’s terms.	Step 4 Analysis In this situation, I quickly remembered one of the times I created a critical thinking sheet and my instructor writing “utilize pamphlets”. This would have been the best time for that. She was quickly rushed from New Mexico because there was not a good hospital to do a procedure. When she got admitted, she said she was told her condition, given her some medication, and said that a surgery must be performed. She was also admitted early morning, the day before her procedure. Deficient knowledge about her disease was a clear problem in this situation. If pamphlets were given, or better yet, have a professional explain her condition in a way she could understand, an explanation from a nursing student wouldn’t be necessary.
Step 2 Feelings Initially, I was surprised. How did she sign those papers and not know what her condition was? At that moment, I tried my best to explain, in my understanding, what pancreatitis is. I told her that gallstones most likely blocked the path of her pancreas, which occurs because of too much fatty food intake and alcohol. I did not ask her if she smoked or ate too much, I just told her that the removal of those stones will relieve the pain she’s experiencing. She was happy that I explained to her in a way she understands it and it made me feel good as a future nurse that I provided patient education.	Step 5 Conclusion In conclusion, I’m happy to share some knowledge on one of my patients. In hindsight, I would’ve just printed a pamphlet from the nurses’ station as a better guide for her in understanding. As a new nursing student, I had this impression that we need to focus on “more” important things such as giving medication and comfort measures and not so much on disease processes. I quickly dismissed disease processes as jobs for doctors and not so much for nurses. This is one of the instances where I was proven wrong. I now have a more profound appreciation of learning disease processes.
Step 3 Evaluation The good on the event is that she fully understood her condition. It was also nice to make her feel relief about her fears of air bubbles in her system. The only difficult part of the process was me explaining the best I could. There were instances that I rolled my tongue when explaining, since English isn’t my native language. The best part about it was that we had a good laugh, and she was very attentive when I talked about pancreatitis. I expected her to just quickly dismiss me and I’m happy I was wrong.	Step 6 Action Plan This situation made me more excited as a nurse. It reminded me that nursing is a holistic process. We just don’t want to heal their condition physically. Boosting their confidence, their knowledge, their skills, should also be the goal. As much as I love the patients I’ve met, I really do not want to see them again in the hospital. As a student, I’ve come to the idea that patients need the basic knowledge of their disease and their disease process. It should be given to them fully through a professional or through a pamphlet that they can fully digest. This experience has made me appreciate nursing and gave me a better mindset: I’m doing these for my future patients, not just for myself.

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Thanks for being the best advisor, Ms. Starch!

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