**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.
 | During my OR day I got the opportunity to follow my patient through pre op to surgery then to recovery. This experience gave me back a lot of the drive for nursing I once had. Of course, I still had so much drive before this experience but those feeling definitely got lost in the mists of midterms and classes. Being able to follow my patient through the different hospital settings allowed me to get a better understanding of what the patients on 6 east go through to get there but also allowed me the opportunity to talk to nurses in different areas of the hospital and gain an understanding of their job and role. The doctors that were apart of my patient’s surgery were super friendly to me and taught me a lot about what was happening with my patient. This made me feel really welcomed in the OR and made me wish I could be there everyday. That experience made me feel so proud of the career I’m in, and so privileged to be apart of my patients experience and the surgeons OR for that day. I should have brought the scrub cap I got for my 12th birthday. The experience was definitely surreal.  |
| **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.
 | The main findings of the article are that with more modernized medicine you have much more day surgeries and patient turnover. This fast paste system doesn’t give patients much time to get situated and calm their nerves. On top of this nurses are giving many essential tasks leaving them less time to care for their patients’ psychological needs and anxieties. The article states that studies have shown improvements in anxiety when the patient is given verbal affirmations such as “the surgeon is great” or “we will be watching you very closely. Other strategies include promoting self efficacy and providing the patient with a therapeutic nurse patient relationship. The article talked about how having the presence or a nurse or family member during the whole process can lead to improved satisfaction in the experience and less pre op anxiety. I agree with everything the article had said. I felt that in the pre op setting there wasn’t really any nurses around. It was cold and very sterile. I think leaving a patient to wait for surgery in this environment can cause more anxiety. Seeing that the article had said having the same nurse from start to finish can help with the patient’s experience made me feel very good about the experience and the care and comfort I provided that patient. I also see how it can be difficult for nurses to find time to give that one-on-one care to comfort their patients but I’m unsure of a way to fix that issue. |
| **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 for the patient, having me be there through the pre op and post op stage of his surgery was very comforting. He expressed to me in pre op that he had a lot of anxiety going into the surgery. He explained to me why he was getting the surgery and that when the doctor told him it would allow him to ride his bike again, he knew he needed to do it. The patient and I waited probably 25 minutes in pre op area, we were the first ones there and I felt very happy I was able to be there to distract him and talk to him because if I wasn’t there he would have probably felt very alone. Finally, when the doctors came to take him I could see him getting very anxious and he said “Oh gosh, its really happening” I reminded him that it will all be worth it when he is riding his bike again in a year or so. Id like to think that made him less anxious.I also think that when the family knew Id be a constant person with him it gave them some comfort. I can imagine having a loved one go to surgery is definitely nerve racking and you probably feel very helpless. There wasn’t even a waiting room for his family to stay in and get updates. I think getting this experience definitely helped me to understand the point of view of the patient and the family going through this experience.  |
| **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 learned a lot from this clinical experience. I learned about the process of coming in for surgery, going to surgery and then being in recovery. I also learned about the different nursing roles in all these settings. Seeing the scrub nurses in the OR was also very cool from a nursing students’ perspective. The anesthesiologist talked to me lots about how the epidural works, why they are giving the patient certain meds and what to do if there’s adverse effects. I also learned a lot from my experience and the article about the patients experience and the nurses role in providing that therapeutic relationship such as anxiety reduction techniques and the importance of making sure the patient is calm and comfortable before surgery. I think in this clinical experience I could have asked the surgeon more questions. I did ask a few questions, but I was quite nervous to ask the surgeon questions because I didn’t want to interrupt or distract him. Oh, and I could have also gotten the better fitting scrubs.  |
| **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
 | I know this new knowledge will help me to have a better understanding of what my patients on 6 east have been through to get there. It helps me to understand their anxieties and ways to build relationships with them. I will definitely implement giving patients affirmations about their care to help ease their anxieties. Resources that can help me develop this is my professional nursing class, and therefore the textbook that goes with that class. I can also talk to seasoned nurses about what they feel works for them in gaining and maintaining therapeutic relationships with patients.  |
| **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.
 | I think my experience was definitely influenced by patient family centered care. Getting to be with patient for the whole process really made me feel for him and his family. I wanted to provide him with the best care I could possibly give. I also felt that even after leaving the hospital I found myself hoping he was doing alright and having to deal with the fact that Ill never know what happened to him. I also think I was influenced by professional practice. Being in all the different hospital settings I had to be very professional and represent myself well. Being in the OR especially I had to be very professional and make sure I didn’t get in the way of what the nurses and doctors were doing.  |
| **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:** Mitchell, M. (2000). Nursing intervention for pre-operative anxiety. Nursing Standard (through 2013), 14(37), 40-3. https://ledproxy2.uwindsor.ca/login?url=https://www-proquest-com.ledproxy2.uwindsor.ca/scholarly-journals/nursing-intervention-pre-operative-anxiety/docview/219816385/se-2 |
| **Grade:** | **□ Satisfactory □ Excellent**  |  **□ Unsatisfactory**  |  |
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