**Aortic Dissections**

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NURS 3632-32

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**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: Reem Boudali Student Number: 110007510 Date: April 29, 2022

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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. | On April 27, I cared for a patient with a diagnosed Type B Aortic Dissection. It was my first time caring for a patient with this diagnosis so I was unsure about anything I should be particularly careful about with respect to his condition. |
| **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 article I found focused on Type B aortic dissections and discussed some of the important information for healthcare providers to know. Aortic dissections are tears in the wall of the heart’s aorta that compromise its integrity (Harris et al., 2014). Type A dissections are located just off the branch of the heart, while Type B is on the descending portion. Age and hypertension are the biggest risk factors for the condition as it puts stress on the vessel. Other risks include atherosclerosis, smoking, aneurysms, and aortic-related defects. The most common symptom is onset, severe tearing pain in the back (which is what my patient presented with. If the aorta has not ruptured, treatment is geared towards medications that lower blood pressure and heart rate. If there has been a rupture surgery is required; a stent can be inserted to redirect blood away from the dissected wall or the aorta can be reconstructed (Harris et al., 2014). |
| **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 | The article mentions that a tricky thing about aortic dissections is that the clinical presentation is very similar to that of a heart attack (Harris et al., 2014). This is concerning because the two conditions are different and thus require different treatment. This can be stressful for the provider because they need to order the correct tests in a time-sensitive manner. Either case is serious so getting a definitive diagnosis as soon as possible decreases the risks of complications.  From a patient perspective, this can be very scary. Many patients may not be familiar with aortic dissections and assume their symptoms are from a heart attack. This may stress out a patient which will not help out the situation (increased heart and respiratory rate, and blood pressure).  Learning about the treatment for Type B dissection really surprised me. I assumed surgery was always the treatment of chose given the severity of the condition; however, it seems surgery is only performed when complications arise. This challenged my way of thinking because I assumed we would want to prevent such harm to a patient, but upon re-evaluation, I believe the rationale for such a decision may be because surgery itself may cause trauma/complications. |
| **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. | Overall, I learned that aortic dissections are serious conditions that may present similarly to heart attacks. The goal of treatment is geared at hypertension management. Reflecting on my patient’s situation, a lot of things now make sense. The patient’s story and his medications (digoxin, B-Blockers, CCBs, ACE Inhibitors) all match Type B aortic dissection presentation and treatment. |
| **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 | In the future, I will use knowledge on aortic dissections to connect my patient’s diagnosis to their plan of care. Before researching dissections, I assumed all the ordered antihypertensives were only for his hypertension. While this is partially true, the more accurate explanation is that the history of hypertension is likely the cause for his Type B dissection and the medication ordered will reduce his blood pressure and heart rate to reduce the strain on the aorta. This aspect of practice is critical thinking and can be developed by practicing with each patient and trying to identify the relationships with information in the patient’s history. While there is lots of information about critical thinking in nursing resources, it is something learned through experience and practice rather than simply research. |
| **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 – understanding aortic dissections and applying it in practice  Critical thinking – connecting the S/S of dissections to my patient’s meds and history  Safety – preventing complications and discomfort for the patient |
| **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:**  Harris, C. G., Croce, B., & Tian, D. H. (2014). Type B aortic dissection. *Annals of cardiothoracic surgery*, *3*(3), 339. https://doi.org/10.3978/j.issn.2225-319X.2014.05.10 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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