**Abdominal Aortic Aneurysms (AAA)**

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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.

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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 one of my first shifts in the ED, we had a patient come into one of the trauma bays after collapsing. He had history of an abdominal aortic aneurysm (AAA) that was 7cm large and had been recommended surgery yet had refused. When the physician came into the room to assess he palpated rather firmly on the site, despite verbally acknowledging the presence of the AAA. In the moment, I was quite honestly shocked and confused because my logic told me that any aneurysm should not be palpated because the vessel is already super fragile, and it could lead to a rupture easily. However, I did not say anything because I thought as a nursing student in the presence of a senior physician, me commenting on this would be rude or a dumb question on my part. The AAA did rupture (whether a result of the palpating or other case remains unknown) as proven by the physician’s subsequent ultrasound of the abdomen. I was unable to observe the following process as I was pulled to another obligation. When discussing the situation with my preceptor afterwards, she told me it was handled very messily because it was the first time the team had dealt with such a situation. |
| **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 discusses AAAs. Carino et al. (2018) explain that an AAA “is defined as a permanent dilatation of the abdominal aorta that exceeds 3 cm” (p.1.). Until rupture, most remain symptomless. Key risk factors include age (>65 years), gender (men), hypertension, family history, and smoking. It is recommended that individuals in these risk groups get screening (ultrasound). Surgery is determined based on the aneurysm diameter, though the specific number warranting it is debated upon. The method of surgery is also debated on as open surgery has higher mortality rates but is more fruitful long-term if successful compared to endovascular. |
| **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 | From a patient’s perspective, this information can seem daunting. If a patient does receive an AAA diagnosis, it is an emergent situation, and the patient has to make a quick decision on a dangerous matter. There are high risks with waiting and with surgery which can be stressful for the patient.  This may also be intimidating to the care team as they have to present this information to the patient knowing that there is no “best option” to offer. Oftentimes, we have a safe option for patients and others that may be more risky but provide alternative benefits to the patient that may meet their interest. With AAA ruptures and their subsequent repair, the matter is more so about survival.  Although this is complete and up-to-date information, it may not appear this way when presented which can cause an issue with obtained informed consent. It is hard to present all options to a patient when the topic is highly debated upon within the medical community. The team must be careful to select objective information that is not bias to one surgical approach over another.  More research needs to be done on prevention and screening of AAAs to reduce the issues that arise with rupture. Agencies also need to know how to navigate these difficult situations to ensure patients remain safe, but also get enough time to objectively explore all their options. |
| **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 AAAs and ruptures are a very serious matter. Oftentimes, they are not caught until it is too late. It is important to encourage patients who fall under the risk categories to get screened to catch aneurysms early and receive proper treatment/explore all their options with ample time.  I should’ve spoken up at the time to question the palpation. There were options to phrase it politely, but in the moment, I didn’t think about that. In the future, I should try and be more proactive about such thoughts and feelings and voice them even if they aren’t correct because it may cause someone else to think and evaluate the action before doing it. |
| **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 share the information I have learned about AAAs and ruptures with my colleagues. If ever faced with the same situation, I would try my best to speak up and advocate for my patient, advising the physician to not palpate the site in question.  The care of any aneurysm can be further learned through the Medical-Surgical Nursing in Canada textbook. Other resources that may assist screening resources from Heart & Stroke foundation and other organizations with similar focuses. |
| **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 AAAs and their care  Teaching & Learning – sharing knowledge with other members of the team who don’t know about or haven’t encountered AAAs  Safety – prevent rupture and ADEs for patients with AAAs  Communication – communicating with power figures in a respectful but firm manner |
| **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:**  Carino, D., Sarac, T. P., Ziganshin, B. A., & Elefteriades, J. A. (2018). Abdominal Aortic Aneurysm: Evolving controversies and uncertainties. *The International journal of angiology: Official publication of the International College of Angiology, Inc*, *27*(2), 58–80. https://doi.org/10.1055/s-0038-1657771 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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