

Critical Reflection III

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Critical Reflection III

Description of Experience

While at clinical, I will often interact with one of my assigned patient's roommates, a man who I will call J. I'll answer J's call bell frequently and help him with whatever he may need. On Tuesday, October 7th, towards the end of my shift, J mentioned that he was having some acid reflux and asked if he could have something for it. I passed that along to his nurse who said she would look into it. The following day, after having attended to my assigned patient, I once again checked in on J, and he said that he was experiencing acid reflux again and that he hadn't had anything for it last night after I left. I went to talk to his nurse for that day (a different nurse), and she said that the patient didn't have a PRN for acid reflux, and that she would have to talk to the NP about ordering him something. I offered to talk to the NP for her, and she said that would be very helpful. I tracked down the NP and found out that J had a daily order for pantoprazole for acid reflux, but that it was a once daily medication. She said that she could only add a second dose if his acid reflux remained an ongoing issue, and the single dose was not enough. She also suggested J try drinking ginger ale with ice. I explained this to J's nurse, and then to him, apologizing to him that we couldn't give him anything and encouraging him to keep his nurses informed of the problem if it persists. He said he would try the ginger ale and I brought him some. Afterwards, I looked up pantoprazole on a computer, saw that it was indeed for issues involving an excess amount of stomach acid (Mayo Clinic, n.d.). I decided to document the whole scenario and reassess J in an hour or so. About an hour and a half later, I did reassess and, unfortunately, he was not feeling much better at that time.

Reflection

What I was trying to achieve was to relay the patient's needs to the appropriate team member and hopefully get some help for his issue. Once it looked like a speedy resolution wasn't going to happen, my goal became trying to explain the situation to him as best I could and provide what little help I was able (in the form of the ginger ale). Another goal was to document the whole situation and follow up to see if the intervention had helped at all.

Influencing factors

Internal factors that influenced my actions were my desire to help J with an issue he was having, especially since it was something seemingly simple that I assumed could be easily resolved... ask the nurse for some Pepto, she brings it, bada-boom, bada-bing, Ben is a hero! I think that optimism helped me forget about any trepidations I may have otherwise had and made it easier for me to communicate with the 'real' healthcare providers. An external factor that influenced my actions was J's nurse being thankful to me for offering to talk to the NP. It made me feel like I was being useful in that situation.

Could I have dealt with it Better?

Yes, once I finished documentation, I realized that I could have asked J more useful questions about his pain, e.g. pain scale, radiating, has he had this pain in the past, if so, what had helped. I could have asked general pain assessment questions like that, often referred to as the OPQRSTUV questions (Jarvis & Eckhardt, 2024).

Learning

This experience reenforced the idea that even seemingly innocuous treatments, like something for acid reflux, may require an order, and for good reason. Whilst looking up the medication pantoprazole, not only did I see what it was used for but also a surprisingly long list of possible drug interactions (mainly with *rilpivirine*, which is apparently used as a treatment for

HIV). Also listed were possible side effects including nausea, vomiting, stomach pain, etc. The page I was looking on also cautioned against taking more than what was recommended by your doctor (Mayo Clinic, n.d.). This was a good reminder that all medications or treatments need to be taken into consideration for possible interactions or adverse effects. On a side note, some other possible side effects included weight loss, frequent urination, increased thirst, and "fruit-like breath odor", which makes me think some kind of ketosis might be occurring in that case, but after two Google searches nothing was readily apparent, so I quickly abandoned exploring that particular rabbit hole. This situation was also a good confidence boost for me, as I had the opportunity to speak with a nurse, an NP, and even explain a little to the patient, and I did so with more ease than I normally would. Additionally, my clinical instructor impressed upon me the importance of following up with a patient after documenting that I plan to do so.

References:

Jarvis, C. & Eckhardt, A. (2024). *Physical examination & health assessment*. (4th ed., pp. 192-193). Elsevier Inc.

Mayo Clinic (n.d.). *Pantoprazole (oral route)*. <https://www.mayoclinic.org/drugs-supplements/pantoprazole-oral-route/description/drg-20071434>

Critical Reflection Rubric

	Critical Reflection	Reflection	Understanding	Habitual Action/ Non-Reflection
	Exceeding expectations	Meeting expectations	Approaching expectations	Below expectations
Reflection on Existing Knowledge	Critically reviews existing knowledge, questions assumptions, and articulates new perspectives as a result of experience	Active and careful consideration of existing knowledge and articulates new understanding of knowledge as a result of experience	Makes use of existing knowledge without an attempt to evaluate/appraise knowledge; demonstrates understanding but does not relate to other experiences or personal reaction	Automatic/superficial responses with little conscious/deliberate thought or reference to existing knowledge; responses are offered without attempting to understand them
Connection to Academic Concepts	Demonstrates superior connection between experience and class content (concepts/theories) and literature; evidence of application of theory and reconstruction of perspective	Demonstrates clear connections between experience and class content (concepts/theories); evidence of application of theory	Connects experience with class content (concepts/theories) but remains superficial or abstract	Connections are not drawn between experience and class content (concepts/theories) or literature
Evidence of Development	Articulates transformation of their perspective of themselves or about a particular issue/concept/problem as a result of experience	Articulates new understanding/insights about self or particular issue/concept/problem as a result of experience	Limited/superficial insight about self or particular issue/concept/problem as a result of experience	No evidence of insights about self or particular issue/concept/problem as a result of experience