

NAME: _____

Jordan Colley

DATE: _____

11/20/2024

POST-CLINICAL REFLECTION **OB Simulation Reflection - due on Thursday by 2359**

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
What feelings did you experience in clinical? Why?	I felt excited but a little overwhelmed during clinical because I haven't really had the chance to practice OB skills. I also feel like there is always just a sense of not knowing what to expect when it comes to simulations.
What did you already know and do well as you provided patient care?	I knew how to respond if the baby was having late decelerations. I also knew about GBS, so I was able to provide education.
What areas do you need to develop/improve?	I could improve on timeliness and communicating with doctors and/or pharmacy.
What did you learn today?	I learned how to care for a GBS + patient and for a patient who wants a natural labor. There was some confusion on the partners part about GBS and pain management when it came to labor and delivery that I learned how to address.
How will you apply what was learned to improve patient care?	I can apply what was learned from simulation to patient care by providing adequate and timely administration of antibiotics and intervening when there are alterations in the fetal heart rate. Lastly, I can use my calmness when dealing with nervous or confused families/ visitors.
Please reflect on how your OB simulation learning experience assisted in meeting 2-3 of the Student Learning Outcomes .	<p>1. Safety and Quality: I demonstrated safety and quality by ensuring that my patients fall risk bundle was in place. I also made sure to have a plan of care if the baby developed late decelerations. Lastly, due to the patients SROM I made it a point to not overly expose her to infection by performing excessive vaginal exams.</p> <p>2. Patient Centered Care: I demonstrated patient centered care by advocating for the patient and her partner. They wanted the father to be very involved and assist with delivery, so I made sure that he was right there and got to help assist the baby out of vagina. I also allowed the father to cut the umbilical cord. The family also did not want any pain medication but, the mother changed her mind when her contractions became more intense. We assisted her in breathing techniques and accommodated her choice to have the lights off and</p>

music playing. I also made it a point to reassure the family and walk them through everything that I was doing when they became nervous.

3. Communication and Collaboration: I communicated and collaborated with the mother as well as the father when discussing alternatives to an epidural. We discussed meperidine and breathing techniques. Clear and concise communication came into play when the father was nervous about contracting GBS from the mother due to his thinking that it was an STI. Lastly, I collaborated with the doctor on getting the right pain medication and alerting him when the patient began delivery of the baby.