

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

INNA PURSER

01/29/2025

**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
<p>What feelings did you experience in clinical?</p> <p>Why?</p>	<p>It was safe and non-nerve wrecking experience. I enjoy the assigned scenario. It was a fantastic opportunity of getting insight into labor and delivery, especially without the pressure of being in the center of everything right away, been both fascinating and eye-opening</p>
<p>What did you already know and do well as you provided patient care?</p>	<p>I already knew how to perform Leopold's maneuvers and how to properly place US and Tocos to monitor fetal contractions and heart rate. I believe I knew how to interpreter FHR strip for abnormalities like early decelerations, late decels, variable decels, variability.</p>
<p>What areas do you need to develop/improve?</p>	<p>I need to be more confident in speaking to a physician and questioning some of orders that can be harmful to a patient and a fetus</p>
<p>What did you learn today?</p>	<p>I have learned today that rapid increase in oxytocin rate would put a fetus in respiratory distress with prolonged late deceleration pretty quickly and would require IUR and emergency delivery either vaginally or through CEsarian section</p>
<p>How will you apply what was learned to improve patient care?</p>	<p>This OB simulation deepened my understanding of the complexities of managing patients with multiple health issues. I will apply this knowledge to develop more holistic and coordinated care plans, reducing the risk of adverse drug interactions and improving overall patient safety</p>
<p>Please <b>reflect</b> on how your OB simulation learning experience assisted in meeting 2-3 of the <b>Student Learning Outcomes</b>.</p>	<ol style="list-style-type: none"> <li>1. Patient centered care: Patients support system and culture was assessed, and/or birthing preferences considered by incorporating the birthing plan that patient wanted. We provided reassurance regarding concerns related to pregnancy/neonatal complication due to mom being CBS positive; we utilized therapeutic communication techniques while speaking to the patient and concerned family member in regard to complications and previous neonatal loss</li> <li>2. Clinical Judgement: I recognized and implemented appropriate interventions for fetal heart rate patterns after oxytocin rate was abruptly increased and fetus exhibited signed and symptoms of respiratory distress. Intrauterine resuscitation was implemented promptly, and physician was called to come in to assess the fetus and assist with the delivery of the baby.</li> </ol>

### 3. Professionalism:

Managing a pregnant patient's care while also navigating the concerns of an overbearing family member is often challenging. Patient's family member didn't want the mom to receive any pharmacological intervention for pain. It is sometimes difficult to approach the conversation with the family member to ensure both the mom's and the baby's needs are met while respecting their wishes. This information was passed to the oncoming nurse to investigate further into possible IPV situation.