

**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 enjoyed clinical. I got scared when my patient's family member ran out of the room with my patient and was confused on how to handle that scenario.
What did you already know and do well as you provided patient care?	I knew about heel sticks for blood glucose and how to check temperature, I did these in a timely manner. I also identified ID band on my patient to confirm name, DOB, and allergies before doing any assessments. I provided teaching on situation and bottle feeding well.
What areas do you need to develop/improve?	I forgot to confirm with mom and I was unaware that family members also had ID bands, next time I would confirm against the mother's band and if family was holding my patient, I would confirm their ID band.
What did you learn today?	I learned proper procedure of newborn care, and how to efficiently intervene with mothers when a number of pregnancy risks occur. I learned how to better my communication, task delegation, and patient education techniques.
How will you apply what was learned to improve patient care?	I will be more observant in my clinical aspects and look at all points of the situation to give my best judgment on the patient. I will take my communication techniques and work to apply them next week in the clinical setting and continue using them throughout school and my career.
Please <b>reflect</b> on how your OB simulation learning experience assisted in meeting 2-3 of the <b>Student Learning Outcomes</b> .	<p>1. Safety and Quality. Having baby be placed next to radiant warmer while being held and requested skin-to-skin feeding once mother was awake. Clinical judgment provided that the patient was warmer while being held by family next to radiant warmer versus just being held or just being placed in warmer. Once mother was awake, I requested skin to skin while feeding with mom to give the best quality of care to correct both hypoglycemia and temperature instability while allowing time for family bonding.</p> <p>2. Communication and Collaboration. Teaching family member how to bottle feed infant. Providing education on why temperature instability and hypoglycemia are correlated. I explained proper feeding and burping procedure to the patient's family member and explained why the feed was needed in correlation to hypoglycemia and how it can affect temperature instability, and the risk for seizure without prompt treatment.</p>

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