

Reflection Journal Directions:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document and must be at least 750 words in length. Submit your journal to the Edvance360 Dropbox for the appropriate simulation scenario (Scenario #1, Scenario #2) by the Saturday following the simulation experience, no later than 2200.

Responding:

- Discuss one thing you noticed, how you interpreted it, and how you responded. Do you feel your response was appropriate? Explain.

One thing that I noticed was her pain in her chest and sudden cough. The patient said that it hurt to breathe after I started noticing their shortness of breath and asked them to take some deep breaths for me. Then, their pulse went to 130 and their oxygen continued to drop down around the 80s. I realized I should call the provider after I recorded the relevant vital signs for the suspected pulmonary embolism. The did had stated that there was pain in their both legs, but more in their right leg. I was instantly confused because the fracture occurred in their left leg. I expected the pain to be all in the left. One of my biggest mistakes of this simulation was that I failed to assess that right leg, especially before calling the provider. The provider agreed with the signs and symptoms I did have was a pulmonary embolism. But they asked what their legs looked like, and I did not know because I failed to check. If I had checked before the call, I would have seen the very obvious deep vein thrombosis (DVT) or blood clot. As soon as they mentioned it, I should not have brushed it off. That was a very abnormal circumstance that should have immediately been assessed. Especially with this particular patient being immobile and refusing to take her medications. One medication being Aspirin, which would help thin the blood and prevent blood clots. As soon as I seen that leg later in the scenario, I knew I had made a big mistake.

[Ex. I noticed that my patient only produced 325 mL of urine in the last 24 hours, weight increased 1.5 kg since yesterday, BP is decreased at 90/58, and their lower extremities have 2+ pitting edema. Additionally, the urine analysis showed proteinuria, serum sodium 132, potassium 5.6, BUN 47, creatinine 2.9. This coupled with the admitting diagnosis of severe dehydration due to vomiting, limited oral intake, the patient's age (75) and a history of diabetes mellitus type 2, I interpret this to mean that the patient is likely experiencing an acute kidney injury (AKI). I would respond by initiating strict I&Os, performing daily weights, elevating the lower extremities and notifying the healthcare provider with requests for the following orders: telemetry, a potassium reducing agent, low sodium and potassium diet, and IV fluids.]

- Provide an example of collaborative communication you utilized within the scenario (consider interactions with your student nurse partner as well as members of the interdisciplinary team such as lab, the healthcare provider, surgery, PT/OT, radiology, etc.). When I communicated with the medication nurse about their pain level, she prepared morphine for the patient. Then, I witnessed her waste a portion of the medication in order to administer the correct dose to the patient. We went into the patient's room together and

talked with the patient and the medication nurse gave the necessary medication to help with the pain.

- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.

A big part of my communication that I should work on is communicating confidently in front of the patient during Sim. It is still really hard to feel like I am in a clinical setting when the patient's room is a duct tape line and the patient isn't real. In real clinical, I never panic or seem not confident in my communication to anyone, especially the patient. But for some reason, I forget what is considered in the room and what is not. I panic and look to my partner who is outside the room yet I am technically panicking inside the room in front of the patient. If I was to panic at all, I should not be doing it in front of the patient. It's unprofessional and instills fear in the patient and any loved one's present. Also, to reword the provided statement I would say "Could you repeat the information again please?" or "Do you mind repeating that?"

Reflecting:

- How did you evaluate an intervention you performed? Was the intervention effective and what would you do differently in the future if it was ineffective?

An intervention I performed was calling the provider during the patient having signs of pulmonary embolism and making a mistake when prioritizing whether I call for the tests needed or implement the new supplemental oxygen via nasal cannula ordered. As soon as the provider gave me those new orders, I should have immediately went back to the patient and put on the 2 L/min of oxygen via nasal cannula. Instead, I continued to call to lab and radiology for all the tests the provider wanted me to order. But using nursing ABCs and Maslow's, both would clearly go for putting the oxygen on as soon as possible. Especially, in this case where the patient's active issue negatively impacted respiratory, and their oxygen was plummeting.

- Write a detailed narrative nurse's note based on your role in the scenario.

Patient verbalized sudden pain when breathing. Signs of pulmonary embolism were present. Provider has been contacted and new orders have been placed. Continuing to monitor closely.

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

I think I would highly benefit from standing out of the simulated room (the blue duct tape square around the sim bed) and taking a few deep breaths because the little time wasted rather than making big mistakes would be a lot better of a situation, I would say. Also, I am going to have to take up on open lab days to review skills I have not done yet. For some reason, I am realizing that these scenarios are based on skills instructors believe we have not gotten a chance to do in clinical, which is understandable. But I want to be prepared and I want to stop feeling so unprepared. I want to be able to have time to prepare for Simulation and knowing I had two days off beforehand was great until ATI gave me issues and I had to retest one of those days. Then, I only had one day to prepare and I spent that figuring out

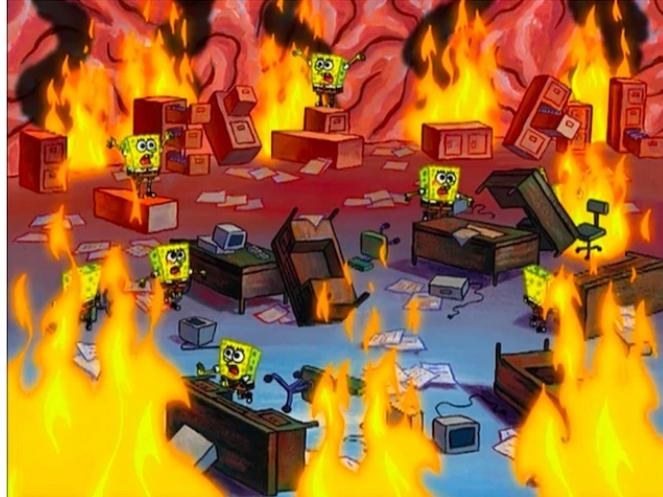
everything due before simulation and doing those assignments as best as I could. The goal will be to do those assignments faster somehow and prepare for simulation skills better. Also, I need to improve with prioritizing during an emergency situation. I usually am very good under pressure but it seems as though it's thrown out the window when it comes to Sim and at times, clinical. I do really know how to improve on this besides reviewing prioritization which I have already been doing. I can't make a situation where I am under pressure like that.

- Use a meme or a word to describe how you felt before, during, and after the simulation scenario (one meme or word for each phase). Why did you choose these pictures or words?



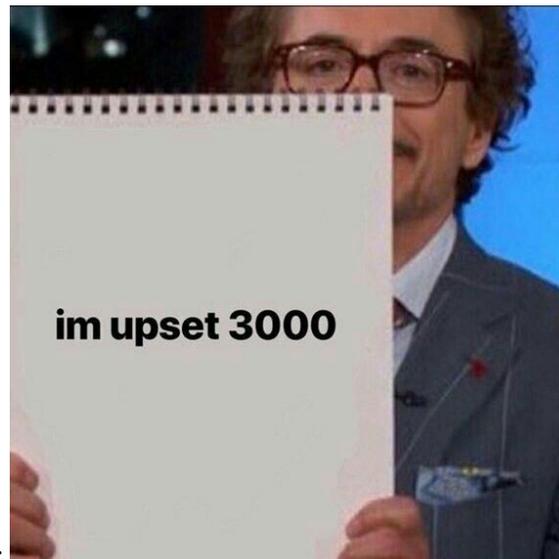
- BEFORE:

I chose this meme because I felt like I had to jam loads of information that I was more unfamiliar with a day before the Simulation. I felt like my head was going to explode and I was trying so hard to not panic. But, I was not shocked that I felt this way because I have the entire nursing field experience so far and I am also sleep deprived.



- DURING:

I feel like this one is very self-explanatory and relatable for about anyone in Simulation. But this is exactly how I felt during the entirety of Sim. I felt very stretched thin on where I should be and what I should do first out of the dozen things I could be doing. I imagine this is exactly what is made, so we feel what the real life of a nurse always feels like. I feel this way in clinical but not as badly as when there's several eyes watching me from behind a mirror.



- AFTER:

As soon as I heard Kelly say the Sim is off, I knew I'd be getting lectured hard and/or I would have to redo. I felt terrible and as though every single instructor had now saw me mess up big time multiple times and have a worse opinion about me. I'm sure the anxiety and being a woman both play a huge role in that thought process. But I do see the faculty as human beings outside of their jobs and everyone has judgements. I care about some of the opinions because I felt like I got accepted to the program at a vulnerable time with no self-esteem. Some of the faculty helped me find my confidence and remind me still how capable I am. I hate to disappoint them, but I most importantly hate to disappoint myself knowing I was capable of succeeding in this scenario.