MSN 2026
Reflection Journal Directions:

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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 (Sim #1 Reflection Journal, Sim #2 Reflection Journal) by the Saturday following the simulation experience, no later than 2200.

Responding:

- Summarize your clinical judgment utilized in this scenario by discussing all relevant data you noticed, how you interpreted this data, and how you responded. Do you feel your response was appropriate? Explain.
- -Before entering the room, I made a mental note that the patient was post operation, had been refusing SCD's and ambulation, had not been given their anticoagulant, and had a history of atrial fibrillation, hypertension, and hypercholesterolemia which all can put the patient at risk for deep vein thrombosis and pulmonary embolisms. After assessing the patient initially my partner and I noticed the patient's right leg had some erythema and edema, as well as the patient reporting a 6/10 on the pain scale with radiating pain up the back calf. These findings were starting to set off mental alarms in my head to watch for further complications. Once medications were reviewed, I provided the patient with 6mg of Percocet and continued to monitor the patient for any adverse reactions or further complications from the right leg pain. The patient suddenly became short of breath, complained of right sided chest pain, and had an elevated heart rate, blood pressure, and heart rate as well as a slowly dropping oxygen saturation. With the leg pain and previously listed risk factors, I interpreted this patient presentation as a likely pulmonary embolism and responded as such. My partner and I raised the head of the bed, applied oxygen, and prompted the patient to deep breathe while I called the provider. After speaking with the provider, lab and imaging were called to carry out orders (D-diner, triponin, BNP, Spiral CT scan) and 4mg of morphine was administered for the chest pain. The patient reported some improvement after pain medication and was continued to be monitored until labs were received. Once labs were received and CT scan showed evidence of a right sided pulmonary embolism, the provider was called and gave an order for an enoxaparin injection which was administered immediately following the call with the provider. The patient was educated on all medications and understood their use. Once the patient had stabilized, my partner and I educated the patient on continued mobility, SCD use, and medication adherence to prevent future thrombotic episodes. I believe all of the responses both I and my partner carried out were appropriate as we communicated with the patient effectively while utilizing best nursing practice to determine the most effective interventions.

  [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.).
- -Once the patient began to complain of chest pain and had increasingly abnormal vitals, I made a call to the healthcare provider and provided accurate patient information in order to ensure timely and appropriate patient care. We worked collaboratively through my discussion of the patient situation combined with the providers initiation of orders and my application of them. Specifically, I communicated the patient's situation and was given orders to provide pain medications and initiate blood work.
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
- -After the patient was fairly stabilized following the pulmonary embolism episode, she asked if it was entirely her fault. While I did not say that it was entirely, I did state that some of it was. Afterwards I stated things the patient could have done to prevent the issue. I believe I should have re worded the first part of the interaction by stating “no it was not your fault, but in the future, here are things we can do to help prevent the issue from occurring in the future”. This statement is more empathetic and helpful in reassuring the patient. Additionally, I should have also talked about things going forward the patient could do once she leaves the hospital such as smoking cessation or diet management.

- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
- -While the first group had an issue with the off-going nurse, there was not much that my partner did to initiate any conflict. One small area may be her lack of a thorough respiratory assessment before I called the provider by not auscultating lung sounds. “I am concerned that we contacted the provider before completing a thorough respiratory assessment, notably auscultation of lung sounds and work of breathing. I feel uncomfortable because this likely limited the accuracy of the information we provided. This is a safety issue because incomplete assessment data can delay proper interventions or lead to incorrect treatment and further complications”

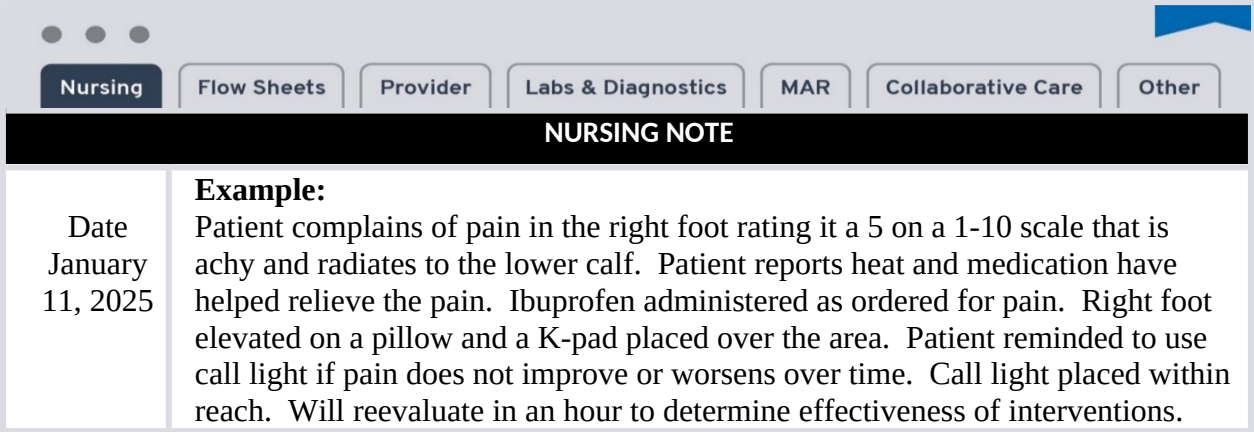
[Ex: “I am concerned about the way you spoke to the patient during care. I feel uncomfortable because the tone came across as dismissive, and the patient appeared distressed. This is a safety issue because it may affect the patient’s trust and willingness to communicate symptoms to other nurses and staff members.”]

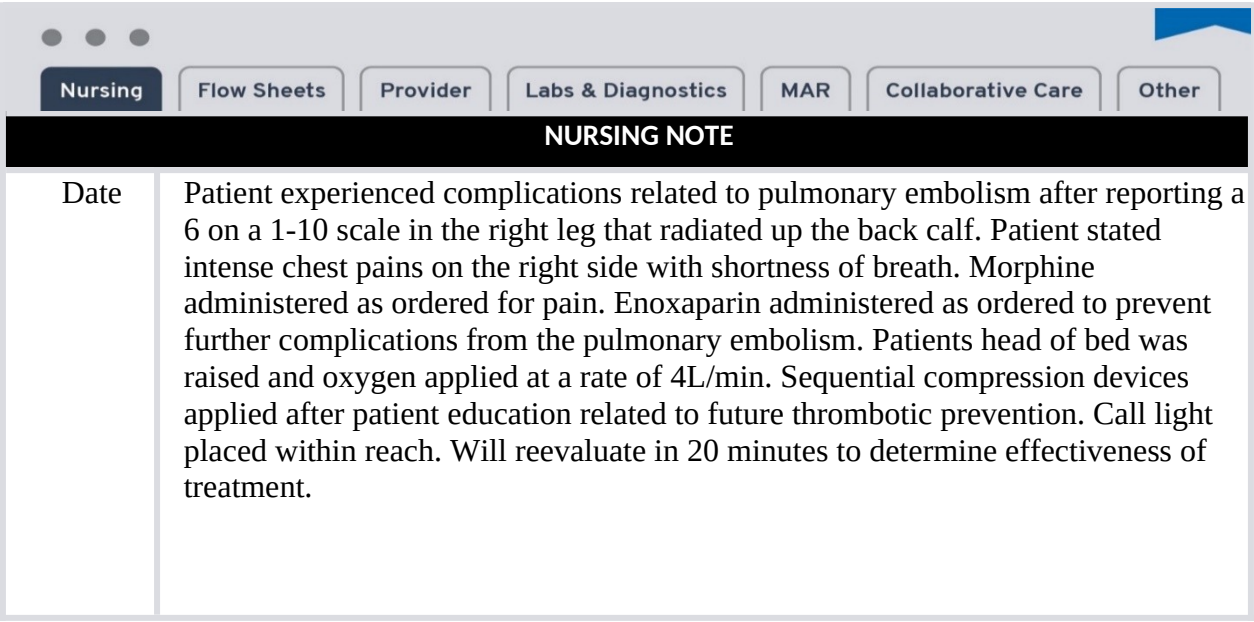
Reflecting:

- 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?
- -Once the patient complained of having the chest pains, my partner and I immediately sat the patient up higher in the bed and applied oxygen. While not immediately effective, it did help the patients' vitals to improve (increased O2) slowly and seemed to ease some anxiety when

we prompted the patient to deep breath in through the nose and out of the mouth. In the future, I would change would be my approach to the patient as I did not feel like I did not comfort them as soon as I should of.

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





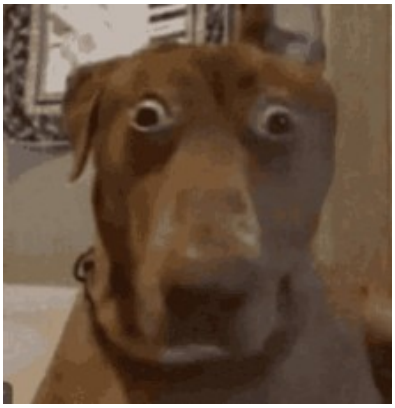
- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?
- One area I need to improve on is the verification of medications with the provider. During the scenario, I did not repeat the medications back to the provider after getting orders, which could cause medication errors if I misheard or if a wrong order was given by mistake. I will continue to study medications in to have the knowledge needed when interpreting ordered medications. Additionally, I believe my nurse-to-nurse communication (with my partner in this example) could be improved as well. While I was descriptive on some orders, I did not communicate fully what the provider recommended which could cause issues with proper

treatment. Also, I did not talk through the complications with my partner enough but rather just acted on what I thought was best practice without corroborating. I will improve my communication by utilizing it effectively during clinical as well as reflecting on how I can better communicate for the next sim experience.

- 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 was quite anxious leading up to the simulation, even though I had done them previously I have always been anxious about completely shutting down and forgetting everything.



- During:

- -During the simulation I had many different thoughts racing from proper medication administration to identifying proper responses to a PE. There was a level of controlled chaos in my head throughout the simulation.

- After:

- After hearing Kelly say the next thing we had to do is walk out of the room because we were done, all of the feelings of relief were felt.