MSN 2026
Reflection Journal Directions:

Name: Jenna Bauman

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.

    [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.]

    - I noticed that my patient had hypertension and tachycardia upon entering the room pre-op. I also noticed that they had numbness and tingling in their left foot and a 10/10 radiating up and down the leg. She also had no feeling when the foot was touched, and the leg was also pale. I immediately noticed that there was a high chance of the patient having compartment syndrome, and the provider was notified immediately, and the surgery was moved up so they could assess the leg sooner. The sock should have been removed from the leg, and the ice pack should have been taken off to help relieve the pressure that was building in the leg. The lab values that stood out to me were WBC 11.10, BUN of 40, and creatinine of 2.1. These are all important values indicating that there may be an underlying case of an acute kidney injury or chronic kidney disease. The patient had a history of smoking 2 packs a day, COPD, and atrial fibrillation. These were all important during assessment and when monitoring vital signs. After the patient came back from surgery and was having trouble breathing, I responded by putting them on 2 L of oxygen, and the provider was notified again about the change in status and that the patient reported chest pain. Lab values that came back indicated a present pulmonary embolism, and the patient was educated on the importance of medication adherence and smoking cessation. They were also educated on the need for movement after surgery, the need for SCDs, and the need for physical therapy. I feel like my response was appropriate because it is important for the patient do be educated on what is happening to them and the physician was notified in the patient's change in status.

- 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.).
  - I felt like I was very good at communicating with different members of the healthcare team during this SIM lab scenario. I felt very comfortable when communicating with Sean, who was the medication nurse while I was assessing. For example, he was having trouble setting up the IV pump, and we figured it out together. I also, when assessing the patient post-op, I noticed that the patient was in respiratory distress, and I didn't hesitate to put a nasal cannula on the patient and notify the provider of a change in the patient's status. The lab ran tests, and the patient ended up having a PE from lack of movement after surgery. The patient also agreed after being educated on the importance of movement to meet with a physical therapist.
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
  - Upon entering the client's room, I did not ask about preferred pronouns. I feel like I could have done a better job with communication with the client by asking this when entering the room, so there would be no room for confusion. A question I would ask would be, "What are your preferred pronouns and what name or nickname do you go by?"
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.

  [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."]
  - A conflict I noticed during the simulation was the patient being in respiratory distress post-op. I noticed that the respiratory rate was increasing. The patient also reported a new and sudden onset of chest pain. This was a safety issue, and the provider needed to be notified immediately before I could proceed with the patient's assessment. A CUS statement would be that I was concerned about the patient's respiratory status, I was uncomfortable continuing my assessment, and continuing it at that given time would have been a safety issue.

Reflecting:
- How did you evaluate an intervention you performed? Was the intervention effective, and what would you do differently in the future if it were ineffective?
  - I put the patient on 2L of oxygen when they were experiencing respiratory distress, and the medication nurse gave them pain medication after I noticed it post-op during my assessment. This intervention did help the patient, and I could tell because they were breathing easier. They were also given enoxaparin for the PE and were educated on the importance of medication adherence when they return home, and the importance of smoking cessation and movement. The teach-back method was utilized to show that the learning was effective. If these interventions were ineffective, I would have asked further questions about what would work best in the patient's routine to continue taking medications. For example, making up a box of meds to take daily or setting a timer on their phone to remind them to take their pills.
- Write a detailed narrative nurse's note based on your role in the scenario.

- Date: February 25, 2026: Patient complains of pain in the left leg, rating is at a 10 on a 0-10 scale that feels like pins and needles and radiates up and down the leg. Patient reports pain medicine is not working, and nothing is relieving the pain. The leg is pale in color. Morphine was administered for pain. The sock was taken off the client's foot, and the ice pack was taken off the leg in case of compartment syndrome. Physician notified. Surgery rescheduled for within the next half hour.

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Nursing	Flow Sheets	Provider	Labs & Diagnostics	MAR	Collaborative Care	Other
NURSING NOTE	
Date January 11, 2025	**Example:** Patient complains of pain in the right foot rating it a 5 on a 1-10 scale that is achy and radiates to the lower calf. Patient reports heat and medication have helped relieve the pain. Ibuprofen administered as ordered for pain. Right foot elevated on a pillow and a K-pad placed over the area. Patient reminded to use call light if pain does not improve or worsens over time. Call light placed within reach. Will reevaluate in an hour to determine effectiveness of interventions.

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NURSING NOTE	
Date	

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?
  - I feel like this SIM experience helped me use my clinical judgement and thinking skills and trust my instinct. For example, calling the provider when the patient had a change in status, I feel like I did a good job on. However, when I call the provider, I learned that I need to write down exactly what I am going to say so my mind doesn't go blank and I don't accidentally leave out any critical information. I also should have immediately stopped my assessment when I noticed these changes instead of going back to my head-to-toe assessment and just focused on the priority problem. In the future, I will keep this in mind and write down what I would say to the physician and focus more on the priority problem if one comes up during my assessments.

- 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?

A sigh of relief after the simulation was done.