

N321 Adult Health I

Clinical Reflection Form

Name: Samjhana Rai

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End of clinical Journal

**1. Briefly write about your experience(s)**

This semester, my Adult Health I clinical experience took place on a medical-surgical unit, where I cared for adult patients with a variety of acute and chronic health conditions. At the beginning, I felt nervous and unsure of myself, but as the weeks went on, I became more confident performing assessments, communicating with patients, and assisting with care. I was able to provide hands-on care to patients experiencing heart failure, diabetes complications, post-operative pain, respiratory problems, and kidney issues. I learned how fast patient conditions can change and how important it is to stay alert and think ahead. Overall, this clinical gave me a strong foundation in bedside nursing and showed me how to apply what we learn in class to real-life situations.

## **2. What are the things you learned?**

I learned how important a thorough head-to-toe assessment is for catching early changes in a patient's condition. I also strengthened my skills in vital signs, pain assessment, medication administration, and documentation. I learned how to use clinical judgment to decide what needs to be done first, such as addressing abnormal vital signs or pain before completing less urgent tasks. I gained experience in prioritizing care when I had more than one patient, managing my time during the shift, and using SBAR when reporting to my instructor or nurse. I also learned how to provide emotional support, ask open-ended questions, and listen carefully to patients and families.

## **3. What are things you would do differently?**

If I could start over, I would speak up sooner when something did not look right instead of double-guessing myself. I would also try to review my patients' charts in more detail before going into the room so I could ask more focused questions. Another thing I would do differently is plan my time better by grouping tasks, such as assessments, meds, and education, to reduce extra trips in and out of the room. I would also ask my instructor and nurses for more feedback during the shift instead of waiting until the end of the day.

## **4. What is your major "take home" from clinical experience(s)?**

My major take-home from this clinical experience is that safe, effective nursing care depends on strong assessment skills, good communication, and teamwork. I realized how much my presence, reassurance, and small actions—like adjusting pillows, explaining procedures, or simply listening—make a difference for patients. I also learned that it is okay not to know everything, but it is not okay to stay silent; asking questions and using my resources is part of being a safe student nurse. This clinical helped me feel more confident that I am growing into the role of a professional nurse.

#### **5. Explain how you meet the course outcomes**

**Utilize clinical judgment to begin prioritizing nursing actions that promote positive patient outcomes.**

During clinical, I used clinical judgment to decide which nursing actions needed to be done first. For example, if a patient reported increased shortness of breath or a higher pain level, I stopped other tasks to assess them, check vital signs, and notify my instructor or nurse. I learned to look at trends in vital signs, lab values, and patient appearance instead of focusing on a single number. I also prioritized safety measures such as fall precautions, bed alarms, call light within reach, and

ensuring that patients ambulated with assistance when needed. These decisions helped me begin to think like a nurse and promote better outcomes for my patients.

**Apply pathophysiology to provide safe, evidence-based nursing care to patients with common acute and common health conditions.**

I applied pathophysiology by connecting disease processes to the patient's signs, symptoms, and treatments. For example, with heart failure patients, I understood how fluid overload affects breathing and edema, so I closely monitored lung sounds, daily weights, oxygen saturation, and urine output. With diabetic patients, I related high or low blood glucose levels to symptoms like confusion, sweating, or increased thirst, and I checked blood sugars before insulin or meals. Understanding the underlying pathophysiology helped me recognize why certain interventions, such as diuretics, oxygen therapy, or dietary restrictions, were important and how to monitor for side effects or complications.

**Describe culturally competent care to adults by discussing care and empathy during interactions with all patients, families, and significant others.**

I provided culturally competent care by being respectful, nonjudgmental, and open-minded with every patient and family. I asked patients how they preferred to be addressed, listened to their beliefs and preferences, and adjusted my care when possible, such as offering privacy for prayer, being aware of dietary restrictions, or involving family in decision-making when appropriate. I used simple language, avoided medical jargon, and checked for understanding, especially if English was not a patient's first language. I showed empathy by acknowledging their feelings, offering emotional support, and being present during difficult moments, such as pain, anxiety, or uncertainty about their health.

**Differentiate appropriate communication skills and professional behaviors in interactions with patients, nursing team members, and the interdisciplinary healthcare team.**

In clinical, I practiced therapeutic communication with patients by using open-ended questions, active listening, silence, and reflection. I avoided giving false reassurance and instead focused on support and honest information. With nurses and other healthcare team members, I used professional communication such as SBAR when giving or receiving reports. I learned the importance of being punctual, prepared, and respectful, as well as accepting feedback without becoming defensive. I maintained patient confidentiality by not discussing patients in public areas and by following HIPAA guidelines. These experiences helped me understand the difference between casual conversation and professional, therapeutic communication.

**Provide patient education to promote health and prevent illness.**

I provided patient education focused on both **fall prevention during hospitalization and safety at home**, because my patient lived alone and had a history of falls. In the hospital, I reinforced the importance of using the call light before standing, asking for assistance with mobility, and keeping the bed in a locked low position with personal items within reach. I encouraged her to wear non-skid footwear and explained why alarms and side rails were used to prevent injury.

For home safety, I discussed removing loose rugs and clutter, improving lighting—especially at night—and using assistive devices such as a cane or walker as recommended. I also encouraged her to keep frequently used items at waist level to avoid reaching or bending that could cause an imbalance. I used a teach-back method to ensure she understood the safety instructions and could apply them independently once discharged.

**Perform intermediate nursing psychomotor skills for safe, quality patient care.**

Throughout the clinical rotation, I practiced and improved my psychomotor skills, including performing full head-to-toe assessments, taking manual blood pressures, administering oral and subcutaneous medications under supervision, assisting with hygiene and mobility, using gait belts, and helping with repositioning and transfers. I also helped with tasks like catheter care,

wound care, and checking IV sites. I followed medication administration rights, used proper hand hygiene, and verified patient identity every time. Each skill was completed under my instructor's or nurse's supervision, which helped me perform them more safely and confidently while maintaining quality care for my patients.