

# Practicum objective evaluation report



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Practicum Objectives Evaluation Report Practicum: The main area of focus for my practicum was to learn the clinical role of a mastered prepared nurse in the obstetrics department of a Level 3 perinatal center. Under the guidance of my preceptor, I did a drill with the nursing staff on the unit by using a training simulation scenario and an evaluation tool to help assess the skill and retention of the drill material and the information intended for the OB staff to learn from the drill. The goal of the drill training is to provide a safe environment for staff to practice the emergency care of a patient experiencing a perinatal hemorrhage. Hemorrhage in obstetrics is considered a high risk, low volume occurrence. According to IDPH, many people die from OB hemorrhage due to poor recognition of the risk and signs and symptoms. As it is a fact that hemorrhage remains a greatest cause of obstetric morbidity and mortality (Thomas), 93% of the morbidity and mortality of OB hemorrhage are preventable. The major aim of this paper is to analyze my practicum objectives in an effort to reduce the high rate of maternal mortality caused by obstetric hemorrhage when I finally get into my nursing practice (Main). The following three objectives came out so evident during my practicum: 1. To acquire practical experience and expertise in the care of a patient experiencing a perinatal hemorrhage. To achieve this objective, I needed to conduct a literature review on the most recent evidences in the care of the OB patient experiencing a perinatal hemorrhage including research from IDPH. I had to follow a mastered prepared nurse in the level 3 perinatal center and review information's on own OB hemorrhage case that had took place on the floor previously. I carried out an OB drill with the nurses on the floor to practically engage in this exercise so that I gain the experience that is highly important in my line

of practice. 2. To develop the skills required of an MSN nurse in simulation scenario creation and evaluation. In my tireless efforts to achieve this objective, I developed a training simulation to educate the OB staff enhancing the knowledge and skills required to treat this kind of emergency. With the support of my preceptor, I was able to create a simulation scenario using IDPH guidelines of educational requirement recommended to facilitate the knowledge and skills of care providers to help reduce injuries to mothers caused due to OB hemorrhage. I learnt to create the scenario with the specific information needed to help educate my audience, the nursing staff, of what I needed them to learn from the drill. This really worked successfully.

3. To learn the role of the MSN nurse in the clinical setting as she communicates with other providers and the department staff in a collaborative manner to affect quality and safe patient care. The realization of this objective came about due to the meetings my preceptor and I organized with the managers, doctors and the charge nurses on a daily basis to discuss on the kind of special attention that patients with specific significant issues needed to be given. At the beginning of our shifts at every morning, we would check with the charge nurses on L&D and Postpartum to find and sort out the arising issues of staffing and if there was anything special on the floor patient that would require the attention of the leaders. We would then proceed to the MFM to see if they might have anybody coming to their office so as to prepare the L&D to get ready in case of emergency (Ranasinghe, Lacerenza and Garcia). We also needed to take a night and go through a patient's list of admissions/discharge/transfer to investigate if there were any emergency cases, how it was handled and what the reason for the emergency and outcome was. I still remember vividly one

specific incident in which I saw my preceptor communicating with other members of the leading care provider to create a care plan for patients with complicated pregnancy that would be coming in to deliver in the near future. In a nutshell, all the above objectives could not be possibly achieved without the right practice and the involvement of my preceptor as well as the charge nurses. One needs to be personally on the ground to perform the basic assistance to the floor patients so as to achieve these practicum objectives. .

Works Cited Main, Elliot. " Obstetric Hemorrhage." California Pregnancy Associated Mortality Review (2009): 2. Ranasinghe, Sudharma, et al. Obstetric Haemorrhage. Miami, Florida, USA: Jackson Memorial Medical Centre, 2002. Thomas, T. Maternal Mortality: A Textbook of Obstetric anaesthesia . Binbach DJ: GATT SP, Datta S Publishers, 2000.