

## **Practicum Journal Entries**

Rachel Edwards

Norwich University

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Dr. Joyce Gentry

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## Week 1 Journal Entry

This week was the first face-to-face meeting with my preceptor along with the class I'll be observing. Today's class included introductions for the instructor, the other master's student observer and me, and the lab instructor who will be sitting in on the classes as well. Later, after the review of the syllabus and the first lecture, there was a class discussion of the note-taking requirement and the remediation process for students who may fall below the required grade expectations during the semester, and general expectations of conduct and timely arrival to class.

As I saw it at the time, my only role consisted of being a student of the professor teaching the class. I know at some point during the semester I will be responsible for a lecture, and at that point my role in the class will be changed to student instructor/lecturer. For the time being, my nursing judgment leads me to the understanding that my initial role is to remain a student and use my observation skills to develop the insight needed to become a classroom teacher. My strategies will be keen observation of the lectures, the associated lecture materials, how the students respond, and the general demeanor of authority the professor uses to maintain control of the classroom and the attention of the students.

The culture of Norwich University is based on its identity as the birthplace of the Reserve Officers Training Corps (ROTC), and it continues today as the only private Senior Military College in the country. Nursing students have a dress code (Norwich scrubs in maroon) and a code of conduct they must uphold. In my role I am expected to dress either in business casual or, if I choose to wear scrubs, I can wear navy blue as the faculty does.

The technology used in class was PowerPoint presentation, but there was also general discussion around the questions the students had about the technology platform the students will use to complete their required class preparation and exams. Since will be a simulation class held in the simulation lab, there are IV pumps, hospital beds, and mannequins available for simulation activities after the lecture portion of each class is over for the day. The students have all been issued a nursing bag with the supplies they will need to complete their assignments.

After the class, I met with the professor and discussed the Central Line Care and Maintenance lecture that will be my responsibility. I was also asked about my willingness to prepare a series of four mini workshops for the senior students about IV catheter insertion. I am very willing to serve in this capacity, as I am Vascular Access board certified and it is a skill I love to teach. Legal, ethical, and moral issues will be explored throughout the semester at least partially in the form of patient stories told in a manner that maintains patient privacy.

## Week 2 Journal Entry

The classroom this week was about Infection Control & Isolation, Safety, and Surgical Asepsis including handwashing. The discussion was lively as many of the students have some experience in health care. My strategies to increase my effectiveness as an educator include listening carefully as the professor relates stories from her personal experiences with patients and colleagues. These stories are very relatable for me and for the students, and increase student interest in the topic at hand along with inspiring other stories from the students' experiences. I will remember these ideas and methods as I prepare for my upcoming lecture experience.

Of course, these stories are a wonderful way for students to begin to understand nursing in general and how it affects both patients and providers of care. It is important to craft these stories in a way that protects patient privacy as is legally required. I have many stories I can relate but need to be careful about patient information. I also think relating stories about interactions with nursing colleagues can be useful for students. As they begin to build an identity as a nursing professional, hopefully some of the stories they hear will come back to them and be encouraging.

The lab activity this week was about donning and doffing sterile gloves and personal protective equipment (PPE). During this activity my role as a student changed into a role as a nursing expert in donning and doffing sterile gloves, as the other master's student and I were asked to be available as observers and helpers while the 18 students were given a pair of sterile gloves to don and then doff. It was an interesting shift for me, as the role change allowed me to offer suggestions and corrections as a subject matter expert. I was happy to be of service and to be able to see this activity in person, as I was unable to stay for the lab activity this week.

### Week 3 Journal Entry

The lecture topic this week was Hygiene, Pain, and Sensory Perception. It was very interesting to hear these fundamental issues in nursing explained again after many years of nursing practice. My role as student during the lecture was challenging, as I listened with the ears of a nursing professional with many years of practice and experiences of my own. Again, it was helpful to watch and learn as the professor seamlessly wove stories about patient care into the lecture which makes the information more accessible to the students. Hearing stories also allows the students to begin to imagine what nursing is like, what their own nursing practice may look like in the future, and what types of relationships they might develop with their patients.

My self-selected area of nursing specialty is vascular access, and I am looking forward to sharing my knowledge and expertise with the students as I present a lecture on central lines during week 8 of the practicum. This will affect the students and their future patients in a direct way, as correctly caring for a patient with a central line is integral to that patient's safety. I do not remember having a lecture in nursing school specifically about central lines, and I feel it is such an important topic. Until I became a vascular access nurse, I did not know many of the specifics about central lines that I will include in the lecture!

This week's lab portion of the class was a Room of Horrors. I arrived early for class and got to see the room as it was being set up. I have never participated in this activity either as a student or educator. During the lab, the students went into the closed Room of Horrors in small groups and noted what they saw was wrong in this simulated patient room. When all the groups had had a chance to go into the room, the students all gathered around the bed to discuss the activity. It was a learning moment for me about how teachers can use errors to teach correct practice!

The other part of the lab this week was bed bath skills. These were demonstrated by the lab teacher, and then the students were paired up to practice these skills. My role changed to subject matter expert and teacher, as the students began to practice bathing a mannequin and changing the bed with the patient in it. It is gratifying to know how to perform these skills and help students, but it also struck me just how vulnerable students are. They seemed to hang on to every word of instruction and were worried about making mistakes. I tried to be encouraging and helpful, maintaining excellence as the goal of the assignment, while providing tips and tricks I have learned about how to speak to patients and explain procedures.

### **Week 4 Journal Entry**

Both myself and the other student observer for this practicum class were called off for this week. We didn't need to attend since the class was abbreviated due to the first nursing exam for the semester. In addition, the students did not have a lab this week because the university held the White Coat Ceremony for the nursing students.

My time this week was spent on journaling, preparing my lecture materials for my teaching project, and other practicum assignments.

### **Week 5 Journal Entry**

The lecture this week was on Mobility and Comfort. The lecture addressed the properties of muscles, classes of bones, and types of movement. Positioning, alignment, and the risk of pressure injuries were explored while addressing mobility issues nurses need to understand. I pay particular attention to the ease with which the lectures are delivered by the professor while remaining open to questions and occasionally stopping to deliver a story or ask for information from the students. This strategy keeps the lecture environment stress-free and interesting for the students. I look forward to developing those skills as an educator.

Today the technology used for teaching included the main PowerPoint presentation but also the use of YouTube so that the students could see a presentation on the RegisteredNurseRN channel about mobility. The professor also referred to the Level Up RN YouTube channel and the Dynamic Quizzing website associated with the ATI platform the students already use. This led to the students sharing other resources that they use with their classmates.

Since in the previous class the students had taken their first exam, the professor addressed the process for remediation with the students in a professional way that kept each student's performance on the exam private. She then led the class in a group discussion about study habits and encouraged the students to share their study tips and tricks with each other. I appreciate this for the students very much, and I will try to make this part of my eventual practice as a nursing educator.

The lab portion of the day involved practicing with mobility equipment such as canes, walker, and crutches. During this portion of the day my role switched to a subject matter expert and nursing educator. In the final portion of the lab, the students each took their Foley catheter

kit and teamed up with another student to practice placing a Foley catheter in a mannequin. My role as an educator allowed me to give feedback and encourage the students. They will be demonstrating this skill in a mini-OSCE soon which will be a formative, graded experience. They were told there will be more time available to practice this skill before the graded episode takes place.

### **Week 6 Journal Entry**

The beginning of the class this week was a lecture given by Dr. Bennett on ostomies, ostomy devices, stomas, and medication administration. I continue to be impressed with the style and cadence of Dr. Bennet's lectures. She builds time in for breaks, time for questions, and time for stories she tells and for stories the students are eager to relate from their experiences.

Many of these students have some medical background, as they have been nursing assistants, emergency medical technicians, or phlebotomists. During the beginning of this semester on the first day of class, after each of the students introduced themselves and spoke briefly about their work and life experience, Dr. Bennett talked a bit about the fundamental differences between these nursing-adjacent jobs and nursing. She suggested that their experiences might become a burden for them as they learn about nursing, the nursing process, and how nurses make decisions.

I could see at the time that she was alluding to the difference between how nurses approach patient interactions and decision-making and how other medical professionals do their jobs. There was an uncomfortable silence for a few moments while this information was processed, and some of the students seemed perplexed because they clearly thought that their prior experience would be a boost for them. I believe Dr. Bennett was trying to help the students avoid becoming the kind of nurse who refuses to do nursing jobs that assistants typically do, and they no longer feel obligated to do so.

I understood at that moment that being effective as a nurse-educator sometimes involves dispossessing someone of assumptions they may hold that could interfere with their future practice. She was quite specific with the information while remaining adamant that nurses do

whatever jobs need to be done in any given scenario as that is what is best for patients.

Witnessing this interaction between instructor and students will increase my effectiveness as a nurse educator.

The last part of the class today was the second exam of the semester. The other practicum student and I spent this time in our preceptor's office reading over test questions for a subsequent exam while the students took their exam. We critically read 65 test questions, their rationales, and answers with the task assigned to choose 40 of the questions. It was an interesting task which afforded the opportunity to discuss and collaborate on which questions to reject and why. The experience was interesting as it allowed us to experience the current use of technology in support of the teaching-learning process by using test bank questions in addition to developing a better understanding of how the technology can affect student exams. There were many questions that we both felt were not appropriately worded or were either too convoluted or too simple; we highlighted that in our notes.

Lastly, when the exam was over and after Dr. Bennett left for another appointment, a student from the class approached us for help as we were working on the test questions for the next exam. She explained that she had now failed the second exam this semester, and she was distraught about how it might affect her ability to pass the class. We were able to give her some testing tips (e.g. don't change your answers once you've chosen what you think is best) and offered some strategies for studying. We were careful to cover the questions we were working on for the next exam while she was present for ethical reasons.

### **Week 7 Journal Entry**

This week was completely different format in that the students had each been pre-scheduled for individual periods of time so they could participate in their first mini-OSCE which was a Foley catheter insertion. They had had ample time to practice in the lab since this activity was introduced in week four. I believe they all passed, but it was a very interesting and instructive activity for me personally. Dr. Bennett and Molly Little, the other instructor who teaches the lab portion of the class, divided up the students, and I worked with Molly on observing and grading the students' OSCE experiences.

Becoming an instructor or even being seen as a subject matter expert by students is a new experience for me which I find somewhat stressful. Not having done any type of formal teaching or grading before now, I was finding it difficult watching some of them flounder a bit due to nerves. Molly was a great example for me of how to gauge nervousness versus lack of practice on the part of the student. She told me that she had seen many of the students take advantage of open lab time to practice their skills, and that she was sure it would be obvious to me as well as the OSCE proceeded. I observed how careful Molly was to allow for slight alterations in style, and gave ample opportunity for the students to succeed, but she also knew when to step in with a cue or a correction. After the first two students, I was allowed to take over the grading with Molly close by.

By having an actual hospital bed, a realistic mannequin, and an unopened Foley catheter kit, the OSCE was very representative of the actual task of placing a Foley catheter. I feel that the use of technology like a hospital bed and a mannequin helped the students with their OSCE, as it allowed for a more natural back and forth between the student nurse and their "patient." As I got

more comfortable in the instructor role, I was able to use my expertise as a PICC nurse and my experience with sterile fields to help the students who struggled with maintaining sterility.

I observed some normal beginner mistakes such as reaching across the field as well as other inadvertent breaks in sterility. I feel that morally it is important to have realistic expectations of students and to allow them to benefit from kind instruction. I wanted to let them know that while the standards are high, I understood that these are their first efforts at a difficult task. I offered assistance when I addressed one student by asking her to mentally pretend the sterile field was an infant who needed constant vigilance and attention and then explaining other ways to accomplish the task of opening and using a sterile field.

### Week 8 Journal Entry

This week was my teaching project, as I was assigned to deliver the class lecture. I had expected to be uncomfortable in that role even though my lecture topic was Central Lines, and vascular access is my area of nursing specialty. However, I understand it one thing to do a job, and it is quite another thing to teach others about what you do. Vascular access is multifaceted, so it took me several tries to decide what the best approach should be to deliver a lot of information in a relatively short amount of time to a group of students with relatively little nursing knowledge.

Dr. Bennett was very helpful as I went through the process. She reminded me that even though these are accelerated BSN students, this is their first semester, so I should stay very basic with the lecture. I decided to aim big with the topic in terms of the why, what, and when of vascular access, but I also made a list of definitions for the terms they would not be familiar with and handed the lists out to the students along with the evaluation form. I also made the lecture interactive by bringing in flushes, needleless connectors, and lots of different types of central and peripheral IV devices, so the students could handle them. We did an activity where they practiced connecting the flushes to a needleless connector during the part of the lecture where I introduced the concept of the valves necessary to make IV access safer for patients.

Before I assumed the role of lecturer, Dr. Bennett and I spoke this morning before class. I asked her to please chime in with any comments, additions, or clarifications she thought were necessary. That worked well, and she did speak up a few times in a collegial way that furthered the topic but did not stop the flow of the lecture. My fellow student Gabbi did the same, and I believe the students benefitted from all the input.

In terms of the objectives for this course, I believe I met the objective of preparing both classroom and clinical experiences today, as in addition to providing the lecture experience which included hands on practice with IV devices, I stayed for the afternoon simulation lab as well. During that time, I was able to assist the students with drawing up IV medication, reconstituting IV medication, and giving subcutaneous injections. I was reminded of my time in nursing school and as a new nurse, and I was able to encourage students who were struggling a bit with these tasks.

### **Week 9 Journal Entry**

This week's lecture included nutrition, and oxygenation along with medication administration. I was taken back to my own nursing school days and remembered how overwhelming the responsibility for administering medications to patients felt. The juxtaposition I felt between my roles as a practicing vascular access nurse, a master's student nurse, and a nurse about to become a teacher was interesting.

These different roles cause me to feel a bit like a shape-shifter. On my way to class, there is a huge construction project in the town where Norwich University is, and I am keenly aware of the need to leave early since traffic is often stopped for several minutes in two different areas of the town. During those times when I'm waiting to be allowed to proceed, I am a student nurse who desperately wants to arrive early, as I well understand the responsibility to do so. However, when I arrive and enter the classroom where the students have started to gather, I am stuck between my role as a student and my role as an experienced nurse in the eyes of the students. Later in the day, during the simulation lab part of the school day, I function in the role of teacher as there are so many students that it would be difficult for the lab teacher to attend to all of them adequately.

During the simulation lab this week the students learned and practiced setting up an IV pump. They were taught the procedure for spiking a bag of medication, priming both the primary and secondary tubing, and setting up the lines correctly in the IV pump. Some of these tasks are already somewhat familiar to some of the students who are advanced EMTs, but in emergent situations only. I made a point to talk about the overriding concept of patient safety and taking adequate time to think through medication administration tasks to make sure they are done correctly to maintain patient safety including setting up IV medications.

I noticed one of the EMT students was moving very quickly when she pushed the buttons on the IV pump while she was trying to key in the medication details. She made lots of errors because of the speed at which she moved. We went over the details of the job at hand, and I pointed out that we can make errors and waste time by moving too fast. I pointed out that as a nurse using an IV pump, she would not be highly likely to be caring for patients emergently as she has in her current job. In addition, nurses move through their day completing a series of tasks that must be done correctly to deliver safe patient care, so it's important to minimize errors that can cost time and affect patient safety.

### **Week 10 Journal Entry**

This week the lecture portion of the class continued with more information about nutrition. The students learned about the physiology of digestion and the nutritional value of food including what foods promote healing, and ways to control diseases through foods. The lecture included digestive-related disease processes and the health care interventions that help manage them. These processes and intervention included nasogastric tube indications, the process of placement, confirmation of placement, and care and management of patients with nasogastric tubes.

This week the students took their third exam during the remaining class time, so during that time I was working on my Exxat assignments, journaling, and other practicum assignments.

After the exam, the simulation portion of the class addressed nasogastric tube care and management with an introduction to the suction systems in the simulation lab. Students learned to check orders carefully to make sure the wall suction is turned on as ordered in the electronic health record including continuous or intermittent options. I had expected that nasogastric tube placement would be covered with these students at this point during the simulation lab, but as a student observing at this time I did not interrupt to ask why.

The rest of the time in the simulation lab was offered to the students to practice any skills they chose. My role during the practice portion was to assist the students with whatever skills they wanted to practice. Most of them were eager to revisit IV tubing and pumps, as this will be covered in an upcoming OSCE. I assisted a group of students with these skills. I found it interesting to watch the students develop their thinking process around the organization of their supplies and the order in which they chose to do the tasks. At some points, I was able to direct

them with simple prompts. At other times I used questioning them about their choices with curiosity as my teaching tool. For example, “I am curious about your choice to\_\_\_\_\_, can you tell me about your thought processes around that?” In this way, I am able to discern what their thinking process was based on, and either agree now that I understand, or suggest another way to approach the task. This is an example of using clinical experience to further student understanding of the nursing process.