

## Clinical Midterm

My clinical preceptorship is at Covenant Medical Center in the Emergency Department. As of right now, I have completed three shifts. So far, the preceptorship has gone really well. I think there are some internal factors that make me feel some way about it all but overall my preceptor is fantastic and I get to learn anything that I want to learn. Having some knowledge of how the ER runs has been an advantage for me and having already worked alongside these people prior to my preceptorship helps me to feel welcome in. The ER is definitely different than other floors when it comes to documentation, this has been a struggle for me. My preceptor has made a pact with me to get me to do all the documentation myself while she watches to help me learn the system because every patient that comes in gets documented differently. I love this opportunity even though it is frustrating at times. Another barrier that has come between me and documentation is the system has not worked for us for two of the three nights, so we are staying hopeful for these next few shifts. In the ER there is a lot of triaging and admit/discharges that go on. I am pretty familiar with the triaging process; it is a little different in hospital rather than out of hospital but the admit and discharge part is new to me. I have only had one patient admitted in clinical prior.

A big aspect in the ER, as well as everywhere else, is communication. I've noticed that the doctor calls out a lot of verbal orders during critical patients. It is important I think to reiterate what was called out to ensure that it is correct, I can see a lot of medication errors occurring this way or unnecessary procedures. I have also noticed that the doctor will call for an order and the nurse is the one who puts the order in. There is also a lot of team work on pretty much every patient that comes in. It is important to listen to the doctor but also inform the leading nurse of what you are going to perform to help out with and then follow up with the completed intervention and tell them important details like what measurement tubes are at, or what size catheter was used.

Overall, these first few shifts have been a good learning experience and I do love the ER. The only downside I can say is as of right now I'm realizing that my current job is still where my heart is. I knew this was going to happen but there are a lot of factors for why I chose nursing and I need to keep my head high as I transition through this change. I do love the ER and out of anywhere in nursing I think this is the area I fit right in.