

Sara Lopez
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Midterm Clinical Reflection

For my preceptorship I received my first choice of working in the adult ED and I couldn't have been happier. I did the internship and worked in the critical care rotation and really enjoyed my experience in all units, but I liked the fast pace setting of the ED. My first shift on the preceptorship felt different from previous clinical experience and I felt a little overwhelmed. We were in B Pod, and I felt like I couldn't keep up with what my preceptor was trying to teach me and the tasks we needed to complete. I think it's safe to say I felt discouraged by the end of my shift on whether this unit was the right fit for me.

On my third day we got a call from EMS that they had an 83-year-old male who was in cardiac arrest, and they were 10 minutes out. The nursing staff started getting trauma room four ready for the patient's arrival. My preceptor Joann and the nurse receiving the patient discussed how myself and the two EMS students he had, had never done compressions on an actual person before and how the three of us would rotate between each set. I was so nervous because not only would this be my first-time doing compressions, but it would also be my first time not seeing someone alive. Joann told me that she would take over compression from EMS and after about 5 pushes she would want me to switch out and begin. When EMS arrived, there was a worker on top of the stretcher doing compressions and she didn't stop or get off until Joann took over for her. When it was my turn, I hopped on the stool and started compressions while everyone around me was places the AED pads and communicating with each other. It felt really similar to the CPE code we did at the beginning of the module. After the first two minutes I switched out with one of the EMS students and Joann let me push EPI and saline flush. It was nice that I got to do two separate jobs during the code. Unfortunately, after five rounds of CPR

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the patient did not make it, which we kind of knew going into the code since when he had arrived to us, he had already been down for 40 minutes. The doctor went to notify the family while we did postmortem care, and the medical examiner came by to get more information. This patient was a lot of firsts for me because he was also my first loss. I felt very sad for the family, but I was glad that my first experience was someone who I had no nurse-patient relationship with. I hope that doesn't sound too emotionless, because I was affected by it, I think I was just able to handle it better because of how quickly the event occurred.

My next shifts would change my perspective on how well of a fit the ED has been for me. I feel like I'm finally getting into a flow of how things work and I'm gaining more confidence in my skills. I've been successful my last couple of days with IV sticks. I've also have gotten to do multiple foley insertions, an OG tube insertion, and a lot of medication administration. Somethings I feel like I personally need to work on are my body mechanics, giving and receiving report, as well as charting and just getting more comfortable with EPIC. I feel confident that in my next five shifts these are reachable goals and I see myself getting more comfortable with receiving patients on my own.