

Final Clinical Reflection

CSON IM 8 Preceptorship

When I first found out that I was going to get to do my preceptorship in the SICU, I got emotional. As crazy as it sounds, I got emotional because of how proud I felt to have gotten to go somewhere that I didn't necessarily feel smart enough to be. Nursing school for me has never gone as planned, especially with my life paired alongside it. I've struggled more than I can even begin to describe, both academically and personally. So, to have gotten placed into a critical care setting for my preceptorship, when I knew there were others talking about wanting to be in the same spot that I had found myself in, I couldn't believe it. With all that being said, I went into this preceptorship with extremely high hopes. I was excited to learn and eager to get started in such a sought-after environment.

After I began my preceptorship, things didn't feel as I thought they would. My first shift, I was hit on by a male nurse when all I wanted to do was learn and focus on the task at hand. That shift I also didn't get to do a whole lot because my nurse was preoccupied with other, more personal, issues. Shifts after my first one were a bit up and down, just as with anything. I had moments where I felt as though I was making great strides in my education and other moments where I just didn't even feel wanted on the unit. This made it extremely difficult to feel as though I was making consistent improvements as a novice nurse.

Despite all the struggles I faced throughout my preceptorship however, I did get to learn and experience a great deal of things. I had the opportunity to learn and get comfortable with the management of ART lines and chest tubes. I got fairly good at putting in urinary catheters and drawing blood from an ART line and from a straight stick. I got to start IVs, and help admit and transfer patients. I also found myself explaining the patient and the family members point of view to the caregivers on multiple different occasions. Helping them better understand why the patient and or family members were acting a certain way.

On top of that, one of the more prevalent things I got to do involved attempting to stabilize a patient that got brought to the floor after a Whipple procedure. The surgical team closed the patient and got ready to bring them to the floor and realized the patient was bleeding internally, so they had to open them back up. After opening them back up, it was decided that the patient was bleeding too much. They were struggling to find the location of the bleed, so instead of trying anything further, they packed the patient, closed, and brought them to the floor in hopes that we could stabilize them enough to withstand another surgery to find the bleed. As a team, we slow coded the patient from around 10:30 that night until around 4 the next morning. From surgery, to us attempting to stabilize the patient, they received around a total of thirty blood products. We pushed epi, gave PRBCs, platelets, and fluids. The nurse practitioner on the floor placed two femoral lines in attempt to provide extra access. Then ultimately around four in the morning, the family decided to call it and allow the patient to pass. The respiratory therapist came in to extubate the patient, then we began to turn off levo and all the other things running. Once the patient passed, we gave the family time and then I went in with the main nurse on the case and help with postmortem care.

A big lesson I've taken away from my time spent in the SICU is that unfortunately, many healthcare professionals have lost their sense of compassion. There were several instances where I found myself getting frustrated by the way certain people were acting and talking, primarily around patient rooms and or even in patient rooms. As someone who has had an immediate family member in and out of surgical procedures, especially more recently, I know all too well how frustrating it can be to hear certain things from your loved one's medical team. There's a time and a place for certain things and I found that often times, people needed to be reminded of that. Overall, after everything I saw and got to take part in, I'm walking away from this experience knowing what kind of nurse I want to be and what kind of nurse I definitely don't want to be.