

## Midterm Clinical Reflection

During my first half of clinicals this module, I found myself nervous to meet my preceptor. First, I did not know if the preceptor was male or female, if he was seasoned or a new grad himself, or how to even say his name. When I arrived at clinical the first day, the unit was welcoming. I got there before my preceptor, so I continued with the questions in my head until I met him. It is a male preceptor. One of my questions was answered. As the first day went by, I found myself with almost nothing to say. I simply soaked up all the teaching he gave. I felt determined to find my own method to this madness of total patient care he had already mastered. By the time I arrived for my second clinical day I found myself familiar with the setting and coming out of my comfort zone to explore the floor a little more than the first day. I failed to mention the first day the first patient I assessed recognized me. A former coworker from one of the clinics I was a clinical assistant for. I was taken back by her current admission. As I read her condition updates and the plan of care for her, I started to think of how all of these markers were only keeping her consistent. I put the puzzle together of what her presentation was noted as, and how she actually was presenting. Some matched in my opinion, some did not. By the end of the second shift, I was asking questions that made sense to my preceptor. He reassured me that some of the interventions of her care were valid, and he was happy I was thinking about the patient critically and progressively. The third shift came around and I was eager to see what I would encounter since there had been some time in between the last two shifts and number three. I was assigned to two different patients with my preceptor, but I overheard of the previous patient I was helping with. I learned about discharge with the two patients I was given for the day. This seemed like a whole different world from admission. Sometimes you could not assess how the patient felt about being admitted to the intensive care unit due to the interventions placed just to keep them alive. Upon discharge these two had very different outlooks on what was waiting for them. Still, I could not help but overhear about the lady I was able to care for from my first two shifts. She was on the other side of the unit in the room she was in before. However, I did hear one of the interventions initiated was one I was asking if it would be considered as a nutritional intervention to promote healing. This made me feel confident. Confident in knowing I have learned something, not just in the first half of these shifts required by school, but over the last couple of years in addition to the experience of clinical care. Just when I thought I might be unsure or lost in what I was seeing or doing trying to keep up with my preceptor, I realized letting go of what I felt in apprehension, gave room for my confidence and knowledge to break through. I am catching up to him as far as practice goes. Incidentally in textbook findings, I found myself remembering what I have learned about pathophysiology and using evidence-based practice to implement nursing interventions without thinking twice. I felt better altogether. For the patients coming in, or the ones going home, I feel a little more confident in what I am providing in the knowledge and care for the patients in my charge for the shift. I can only keep my prayer going up and being thankful for the blessing of compassion and integrity. I love what I do, and I am good at listening to my patient, preceptor, and peers. I feel like I am still going in the right direction for this profession. I only pray to continue to keep God's guidance close, as the alarms go off, as the patient's needs are expressed, as my peers express their achievements and grievances. I am learning I help make the picture better by offering my ideas and interventions based on what I have experienced thus far.