

C. Smith

Preceptorship Midterm

Coming into module eight, I was extremely anxious and felt a significant loss of confidence in my nursing abilities. During modules one through four, I had developed a strong routine and clear expectations for my assigned units. Spending all eight weeks on a single floor allowed me to learn the ins and outs of each unit, build autonomy, and refine my skills. However, as we progressed through modules five to seven, that stability was disrupted. We were constantly rotating through different units, which made it difficult to fully grasp concepts and focus on hands-on learning. Instead, much of our time was spent on paperwork, which left me feeling unprepared and questioning my abilities. Imposter syndrome began to set in as I struggled with the feeling that I had lost much of the confidence and skill I had built earlier in the program.

One of my greatest weaknesses has always been my slow adjustment to new environments. As an introvert, I thrive on routine and predictability, which nursing often challenges. Throughout school, I've had to push myself to grow in this area because effective communication with patients, staff, and coworkers is crucial in this field. Despite these challenges, I know I am a strong nursing student. I am nearing the finish line of a journey I have poured my life into for the past two years, and I have successfully met all the program's requirements. Through this process, I have developed resilience—I've learned to maintain a confident demeanor, trust my instincts, and not let self-doubt hold me back.

Walking onto the unit on day one, I wasn't sure what to expect. At first, I felt a sense of guilt for choosing a medical-surgical unit instead of striving for a more critical care placement. But deep down, I knew where my heart was. I want to be the person who provides comfort and dignity at the end of life. I've had firsthand experience on the other side—fighting to save lives—and I've realized that I am not emotionally or mentally suited for the critical care setting. My experiences have guided me toward a field that aligns with my true calling in nursing. Now, every day I step onto the unit, I feel fulfilled knowing that I am providing patients and their families with the best and most compassionate care possible.

I have had a wonderful five shifts, filled with invaluable learning experiences and skill development. I've had the opportunity to perform a variety of hands-on tasks, including pulling staples and sutures, removing central lines and drains, inserting catheters, performing wound care, and administering hundreds of medications through various routes. While I've enjoyed refining my technical skills, what I've loved the most is building relationships and establishing rapport with my patients.

The part of my experience that has surprised me the most is how deeply I've come to care for my palliative patients. Initially, I expected to feel an overwhelming sense of sadness knowing that these individuals were actively dying and that their families were witnessing their loved ones slowly slip away. But instead, I feel a sense of purpose. I find comfort in knowing that I can provide exceptional medical care to ensure these patients remain comfortable in their final moments. Equally important, I have the privilege of educating and consoling families as they navigate one of the most difficult times in their lives.

On Friday morning, I experienced my first assigned patient passing away during my shift. The memory is still vivid. That morning, we entered the room to check in with the family and continue building a relationship with them. As I assessed the patient, I noticed the telltale signs: the distinct smell of neuro breath, faint pulses, cooler skin, and pupils that no longer reacted to light. From my limited but growing experience in palliative care, I knew it was time to administer Ativan to ease their tachypnea and keep them comfortable.

After completing rounds on the other patients, we were walking back to the nurse's station when the patient's daughter approached us, tears streaming down her face. "They're gone," she said. Without hesitation, I wrapped my arm around her and gently guided her back to the room. We listened for any signs of life, but there were none. We informed the family that the charge nurse would be in soon to officially pronounce the death and explained the next steps.

Before leaving the room, I shook the patient's son's hand and gave him a gentle side hug, offering my condolences. He responded with heartfelt gratitude, thanking us for the care and comfort we had provided. After the family left the unit, we entered the room to perform post-mortem care. In that moment, I felt a deep sense of honor—it was a final act of dignity, ensuring that their body was cared for with the same compassion and respect as in life. Being one of the last people entrusted with their care was a meaningful and humbling experience.

This experience reaffirmed that palliative care is where I belong. It's not just about easing physical pain; it's about creating a space of dignity, peace, and support for both patients and their loved ones. And I am honored to be a part of that, and I will forever keep this experience in my front pocket and develop stronger skills to be a more proficient nurse. I pray that the patients I have cared for and helped transition to the afterlife will guide me in my journey, shaping me into a better nurse for those I have yet to serve.