

Midterm Reflection

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- What feelings did you experience in clinical today?
 - During my recent clinical experience I've felt nervous and excited. The reason for being nervous is that I lack a bit of confidence in what I'm doing. I also don't know what to expect walking onto the floor so I do get anxious. But as the day continues my anxiety decreases and I feel excited. I feel like my preceptor also does a wonderful job helping boost my confidence. She is able to explain things and makes me feel comfortable when approaching the patients. Second, I also feel so much joy seeing parents bond with their newborns. It's amazing seeing how each family is different and how they adjust to becoming first time parents or having another child.
- What did you already know and do well as you provided patient care today
 - I already knew how to do a patient focused assessment. I also knew how to insert a foley catheter on my patient. I felt like I did need a little help with the guiding and finding the urethral opening, but it was a success. I also felt confident with entering Epic and scanning the patient and medication in the MAR. I also felt confident with doing admissions and documenting assessments.
- What areas do you need to develop or improve?
 - The areas that I need to improve on is having patient communication. I feel like I have moments where I don't know how to carry a conversation. I also feel that I lack motivation for mothers that are in active labor. At times the mother is in so much pain and I freeze and don't know what to say to help ease or make her comfortable. I also need to improve on talking to Drs and giving my recommendation with patient care. Another thing I need to improve on is placing the Toco monitors. I still have a hard time trying to figure out how the baby is stationed.
- What did you learn today?
 - I learned new positions to help the baby's head descend into the mothers pelvis. One of the positions I learned is Walcher's position. When a laboring mother is in this position they lay on their back with their legs hanging off the edge of the bed. With this position it creates an arch in the patients back and opens the pelvic brim and allows the baby to rotate for birth. When in this position it is important that if the patient has an epidural we have a great support system as the patient cannot support the bottom half of their bodies and can fall. It is also very important to monitor the baby's heart rate as this can cause the baby to have late decelerations in which we'd quickly reposition the patient. Another thing I have learned is that when a patient is going through labor dystocia and has received the maximum amount of pitocin and is still making little to no progress the patient can have a "pit break" and can also be prescribed Tums and this will help the

patients body remove the pitocin receptors and so that when the patient begins the pitocin again it will help the patient progress with labor.

- How will you apply what you learned to improve your patient care?
 - I'll apply what I have learned to help keep my patients and their families safe. Being in the Labor and Delivery floor has made me understand that things can happen quickly. It is important to always be prepared. For example, one of the days I worked a patient's husband fainted. I understood that fathers may faint at the sight of the epidural being inserted or seeing blood. But this father fainted because his wife was being repositioned by the nurse and the Doula. When the patient stated, "I'm going to faint" I understood that as nurses we should always be prepared for anything. My preceptor ran toward the patient and helped bring him down to the floor gently which kept him safe.