

N321 Adult Health I

Clinical Reflection Form

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End of clinical Journal

1. Briefly write about your experience(s)

My clinical experience involved four rotations in the ER, working on the floor and helping at the Covid clinic. I have had patients who were confused, agitated, intoxicated, bedbound and some with a feeding tube. My patients ranged from 19 years old to 98 years old. I had a stroke patient who was not able to speak, which made it difficult to know if he was in pain, comfortable or uncomfortable.

I have given insulin, and heparin/ lovenox injections, passed meds, crushed meds and put them in the feeding tube. I have taken vitals, given bed baths, changed linens, assisted patients with ADL's, and fed a few patients. At the Covid clinic, I administered many covid vaccines and learned what works best for me since I am left-handed.

2. What are things you learned?

The things I learned during the second half of the semester are mostly the same as what I learned in the first half. Throughout the semester I learned more therapeutic communication skills, when and how to implement them to be most effective in my care with my patients. I have learned quite throughout the semester. Some of the things I learned is that it helps to be able to start the day with a plan in mind so I can make sure I get everything done that I need to get done. I learned that oftentimes, things do not go as planned and I must adjust the best I can, then get back to what I was doing. I learned that I need to have time to think for myself and try to think like a nurse, to priority set and implement. I learned that I get more anxious and overwhelmed when I am not given the chance to think and process my care, things I need to do or how to do them. I learned that I really appreciate when I have a nurse who is eager and willing to teach me what she is doing, why and how and not only shows me but gives me the opportunity to try myself. I learned that it is good to ask questions and seek out all the opportunities to see new things and learn new things. I learned that there are different ways of doing things and different opinions and it is best to have an open mind.

3. What are things you would do differently?

I am still working on being more proactive when caring for my patient and not wait for the nurse to tell me I can do something, instead I will ask her if I can do all the things and if she will observe and help me when I need help. I think hands on is how I am going to learn more and help get over some of my fears. I am still working on having confidence and being comfortable accepting that it is ok to not know everything, and to ask a lot of questions.

4. What is your major “take home” from clinical experience(s)?

Nurses have a lot of responsibilities and sometimes need to be in more than one place at the same time. At times there is very little downtime, and the day is very rushed and other times there is more downtime, and it seems a little less stressful. I realized before I even started, that the entire patient care is ultimately the nurse’s responsibility, but I expected with second semester, we would be doing less “tech” stuff and transition more into hands on nursing skills, and duties since we did the bed baths, linen changes, cleaning up the rooms, delivering trays and stocking the first semester. My thinking going into this clinical experience was that we were going to do the assessments, pass the meds, do the charting, and learn more critical thinking skills, how to do more of the duties and care that only the nurses do, and the nurse was going to go with us to help, instruct, observe, and help us get more comfortable in the nursing role.

I still feel this way at the end of the semester. I think it would be more beneficial especially by the second half of the semester if we were able to completely shadow a nurse, do all of the things that we are not allowed to do as techs, so we have more of a chance to learn nursing duties that are outside of the scope of practice of a tech. I felt a lot of times like we were there more to help the nurses and did a lot of the techs jobs which left less time to really follow our nurses and I know that I missed out on some things because of that. With that said, I do understand that the entire care of the patient is the nurse’s responsibility and that sometimes there will not be a tech available, so we need to know how to do everything and do it on our own.

5. Is there anything else you would like to mention?

My experience at OSF-Urbana was good overall. The nurses I have worked with have all been kind and helpful.