Kati Davis
Clinic Observation
10.24.2022 Carle Clinic Danville IL

Monday, October 24, I had the opportunity to shadow the nurses at the Carle Clinic in Danville, IL. I was in the OB-GYN department and mainly followed nurse Katie and CMA Ryce who was wonderful. The nurse's role was not limited, and she was very interactive with each patient. The nurse greets each patient, takes the patient's weight, collects a urine sample if necessary, and takes vital signs. I was pleased to see that the nurses in this department did not have a stationary role. Each nurse (and CMA) was highly involved and hands-on with each patient who entered the door. Nurse Katie empathized with one patient whose baby's father had just passed away. She expressed that she is a strong mother and ensures she will have the needed support during delivery from her mother.

I experienced many vaginal exams on this observation day. Being a woman, and a mother of two, I am familiar with a vaginal swab and PAP screening but it was incredibly interesting to be on the other side of the speculum. With each exam, I stood directly behind the physician and was able to visualize the vagina and cervix. One of the most interesting moments of the day was watching an IUD be placed. I have always used oral contraceptives and have minimal familiarity with the IUD implantation. In this instance, the physician was the one who placed the IUD. The patient was in stirrups, like in a routine pelvic exam. The physician first visualized and inspected the vagina and cervix after inserting the speculum. Betadine was then swept along the vaginal canal and opening of the cervix as an antiseptic solution. Then, the physician measured the length of the uterine cavity. The patient's cervix needed to be dilated a bit so the physician used dilating rods. The IUD was then pushed into place with what looks like a mini plunger. The strings were cut to an appropriate length and then the speculum was removed. This intense procedure was done in just a few minutes but seems extremely complex from an outsider looking in. Since the physician completed this procedure the nurse's role was

to talk to the patient during and keep her relaxed. This role may not seem like much but for the woman in acute pain on the bed, this role probably meant everything. I was impressed with the quickness of the procedure and the calm demeanor of everyone involved.

The insertion technique can cause anxiety and pain, which prevents using intrauterine devices (IUDs) as a contraceptive strategy (Nguyen, 2020). During my observation, no pharmacological pain remedies were used for the IUD insertion. The nurse ultimately was the pain remedy by using the “distraction” method and talking with the client during the procedure to keep her mind off what was happening under the drape. The use of several different pharmaceutical therapies, including tramadol, naproxen, and lidocaine, is supported by some evidence (Nguyen, 2020). Further high-quality research is required to evaluate non-pharmacological therapies and interventions for anxiety management during the process, as anxiety carries its morbidity and may affect insertional discomfort (Nguyen, 2020). Regardless of the medication opportunities out there, (good) nurses actively listen, demonstrate compassion and empathy, and use calm voices, which, when these skills are done with passion and care, can never be replaced by pharmaceutical methods.

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References:

Nguyen, L., Lamarche, L., Lennox, R., Ramdyal, A., Patel, T., Black, M., & Mangin, D. (2020). Strategies to mitigate anxiety and pain in intrauterine device insertion: A systematic review. *Journal of Obstetrics and Gynaecology Canada*, *42*(9), 1138-1146.