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NUR391 Maternity

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### Journal 1

Above a lot of knowledge was given by the professor; one of the best parts of the first clinical was seeing the infants and physically touching them for the first time. Regarding knowledge and educational experience, I loved hearing and seeing how hospital maternity and labor are processed. Each care team member at a specific distributed place and time to perform their best techniques possible to make the labor and delivery process fluent. The nursing staffs were less than expected as the unit, but each worker was still kind and willing to teach us. With a mother's consent, we could assess a newborn baby. We learned how to perform a head-to-toe assessment, swaddle the baby, and exchange diapers. A lot of information was given verbally and witnessed throughout the day. With the professor's effort, my colleagues and I could assess a Spanish-speaking mother who had a vaginal delivery a day ago. The patient cooperated despite her language barrier and allowed us to perform her postpartum assessment. I wasn't sure of her fundal assessment until the professor led my fingers to feel the organ. We also assessed her vagina and perineum, and the professor educated her about hygiene care after the delivery. I have learned that postpartum mothers have more activity ability, which was my presumption without assessing them. When the professor asked the mother to turn on her side, I hurried myself raising the side rails, which was necessary to med-surg patients. And the professor corrected me that the mother's mobility was fine as she is a healthy patient. Even though our professor's Spanish was sufficient to educate the patient, she let a Spanish-speaking colleague translate so that we could

have a chance to learn. The first post-conference was nervous because of a lot of information, but it went fluently with the professor's passion and management.

The greatest challenge I experienced was losing lots of information. This can be improved by studying the material beforehand and focusing on the conference rather than writing everything down. My self-reflection on personal, spiritual, and professional growth areas is that I feel more confident and less frightened than at the last med-surg clinic. I understood the workflow in the unit. My anxiety blocks me from looking around and experiencing the environment when I am nervous. Understanding the work environment is the first step to becoming a professional. The most significant accomplishment was my emotions were overwhelmed by a new stressful environment. I thanked God for allowing me to learn and enjoy the time. This enabled me to communicate with nursing staff with appreciation and cooperate with other students. I did not find any bioethical concerns. Areas that need to be improved are being prepared for book materials and sleeping well before the clinical day so that I can be more involved in clinical experience.

“Why am I discouraged? Why is my heart so sad? I will put my hope in God! I will praise him again-my Savior and my God. (Psalm 42:5)”

This scripture references the clinical experience that even though my worries come from insufficient preparation, I will not stop being thankful to God or praising him. As the scripture says, without putting my hope in God, it is impossible to solve the root of the anxiety. The clinic has been an excellent place to see how God works in my life. Thus, the more I feel negative, the more I will praise the Lord in the clinic.