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My previous clinical experience was in the SICU, where I could watch and learn the special features of the SICU compared to other units. With three different nurses, I observed three patients and one new admission. Soon after I was assigned to the unit, there was a miscommunication about having a patient's bed for transporting. I was surprised to learn that it was not just a unit assistant's concern but an issue for all nurses. The first patient had an MVA 2 months ago. The hospital performed no tests during the examination, including a CAT scan. He came to the ER for nausea and dizziness during work, and the test revealed a hematoma on the left anterior side. The nurse said the patient would be discharged today after being cleared by a physical therapist's assessment. The patient was very kind, polite, and gentle. When the nurse and the patient found something in common related to their culture, they were happy about it. I did not appreciate these common findings before, but seeing their happy conversations made me feel more comfortable talking about my story in the future. It was also surprising to see how nurses cared for each other. When a nurse is busy with her patient, another nurse will automatically come to the colleague's patient's room and care for them. Total cooperative teamwork in the unit amazed me at each nurse's high capacity to help each other. There were lots of IV bags hanging in poles that I'd never seen before. Some patients could walk and were alert and oriented, she was waiting for another CAT scan after MVA, but after a neuro doctor's

examination, he said that the patient didn't need one and may go home early. The nurse also told me that under any circumstance, SICU leaves one room for emergency surgery.

At 1030, there was a round a doctor with his team arranged with a dietitian, NPs, residents, and pharmacists. Every nurse reported each of their patients in front of the rooms. It was an eye-opening experience to see how the nurses report their findings and care and express their concerns and advice for their opinions. What most impressed me was that if a family was there, the care team let them be involved in discussing treatments as well. That was when my stereotyping of patriarchy-dominated, stiffened atmosphere rounds was breaking.

I was initially assigned to two nurses. However, the first nurse I had was willing to teach me everything, and the other nurse was busy and had to leave the floor. I was with one nurse most of the time. When I returned from a short break, I missed hygiene care for our second patient, who had a tracheostomy operation that morning. It was a pity, but watching how many care teams work together to make the patient comfortable and clean was a good experience. A new patient was admitted, and another nurse had to ask the patients everything because they needed more information about the patient. The patient was still sedated from surgery and slightly agitated, but he followed the nurses' directions and answered. I still am afraid of touching a patient with my bare hand because I will transmit any infection to the patient, but when I saw the nurse petting the patient's face and hair with her empty hand to comfort him, I was moved. She did not violate hygiene. All she did was show care and affection to her patient.

The third patient seemed critically ill when I saw him outside the room. He came to ER for a fall in his house, then his liver cirrhosis ascites became an issue, and a paracentesis was done after hospitalization. On the second day night, his RN notified his tremors and anxiety, and she put a seizure precaution. On the third day, the patient kept refusing to stop drinking alcohol,

and he had a seizure that day. Rapid response was activated, Ativan was given, he was intubated, and an OGT tube and a foley were placed. Yesterday, a doctor noticed crackles in his lungs and extremities edema. The patient's principal problem is now aspiration pneumonia of both lower lobes.

Because most SICU nurses were from the same culture, they spoke in their language very freely, which was a shock to me. In my culture, speaking in different tongues will make others uncomfortable; thus, we either speak in short English to let them understand what we're talking about or choose not to speak at all. At first, I was afraid of not understanding their language and would miss any information I needed, but my concern disappeared because of their kindness and passion for their work.

I missed performing hygiene care for the trach patient, but helping the nurse abled me to experience postoperative care (VS, IV flush, meds, head-to-toe AS, tracheostomy installation, wound/stoma AS) and the new admission care (VS, IV, head-to-toe AS, wound AS, past history assessment). I communicated with the nurses, charge nurses, CPAs, and patients without miscommunication. Areas that need to be identified are more courage and activeness to ask for other patients in the unit. I spent most of my time with the assigned nurse, but I could have talked to the charge nurse at the beginning of the shift for her patients. Because the two compelling cases were the charge nurse's patients, I am also wondering what patients the charge nurse would be assigned when she has to focus on the floor. Also, more study needs to be done, and I keep thinking if my clinic hours would have been more interesting if I had more knowledge.

According to the professor, I missed the most compelling cases in the unit, but I am satisfied with what I learned that day. This experience taught me how a patient's status could go

unpredictably and how an RN's assessment could save a patient's life. Clinical experiences and learning from our school awakened me that I have more choices than I thought. Education and experience broaden my perspective and gives me more freedom and courage that being myself does not always hurt other people. But instead, just being myself can give someone the courage and inspiration to overcome adversity, just like the RN's performance during my clinical days. I am blessed to recognize what I was given and can give back to the Lord and others.

My greatest challenge was unable to understand during rounds. I no longer judge myself for not understanding. Instead, I choose to have hope that one day I will understand and participate in that professional activity. Compared to the first clinic, I know myself more, which made me believe that relaxation will not be an obstacle but an essential in my life to prepare for the continuous fight. I am very grateful for this accomplishment because this reflection was made by the Holy Spirit, who gave me the belief in God's love for me.

“And I will give unto thee the keys of the kingdom of heaven: and whatsoever thou shalt bind on earth shall be bound in heaven: and whatsoever thou shalt loose on earth shall be loosed in heaven.[Matthew 16:19, KJV]” God continuously told me about his love and said that Jesus is the only path to reach our heavenly father. If I'm bounded to this earth, I should be concerned about what it is instead of being in agony in my situations. It's hard to walk out of old habits, but trust in God's unconditional love and mighty authority and power will save me from anything I was bound with. Just praise and gratefulness sustain the relationship with God and me, and I won't lose it until the end.