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Clinical Leader: Amy Miedema

Clinical Reflection #2

 My time on A6 and my day in the NICU and POP Clinic have been a great learning experience. I have enjoyed every day of being at placement and look forward to what the day has to offer, as it is different each time. During my shift in the NICU, I was able to observe a Sick Kids transfer. I found it beneficial to be able to watch the procedure and see the exchange of information from the nurses and what documentation had to be done, as I had never seen that before. The nurses were very helpful when I would ask questions about what was going on and they would answer with very informative and clear answers that I found helpful in understanding the process. I also felt very sympathetic for the parents of the children in the NICU as well because they were all worried and concerned. Throughout the day in the NICU, I observed that parents who knew exactly what was going on and had a good understanding of their child’s treatment and condition, felt a lot more comfortable with them being in the NICU excellent insight here- very important when navigating family nursing and providing relational nursing care. When I was first holding or doing vital signs on the babies in the NICU, I was very nervous, similar to my first shift on the floor. I was afraid of hurting them or doing something wrong, as I have never dealt with newborns a lot before this placement, let alone babies that were in the NICU. After the first few feedings, doing vitals on different babies and shadowing the other NICU nurses I felt a lot more comfortable caring and performing assessments on the infants by the end of the day. I feel comfortable with my set of skills on the floor, as that is where the majority of my time has been spent so far. I feel satisfied with my skills in baby baths, vital signs and assessments, changings and also post-partum assessments on mothers through my experiences working on the floor. During being on the floor I have noticed a lot of judgments and comments from other nurses about the patients during report this is inevitable, but it is also very important to keep an awareness of the bias that these reports can have on patient care. I was surprised by the amount of comments from the nurses based on the patient’s history when they may not even be their patients although it may not be their patient, they are still often part of the circle of care as they cover shifts, answer bells etc. If they were talking to housekeeping about this, there would certainly be bigger issues pertaining to confidentiality. This surprised me because I did not know that it happened as often as it does. I have found it to be easier to talk to patients throughout placement by gaining more confidence in what I am doing and myself and also through observing other nurses and how they perform their care to patients. I hope to take my new skills and knowledge from this placement and incorporate it throughout the rest of my clinical and schooling.