**Clinical Write-up**

1. **OVERVIEW:**

My clinical experience was the best I could ever have. From learning new information from week to week and from meeting new and interesting nurses that love their job. From the first week one to the last I have had some great experiences.

The week of 3/3/11-3/4/11- all the nurses were friendly on the 5S TELE at Banner Thunderbird and they taught loads of information that didn’t even know about. When I got there I was rushed to go see a procedure called an angiogram. When looking at the computer and while the doctor is talking and explaining what is going on, I saw the ink being ejected and saw how rigid the hear looks. Without the ink being ejected, it would be hard to spot where the blockage is or if it’s not a blockage then what else is causing the issues. After this surgery I was rushed to go see a patient in room 31, and this gentleman got into a MVA accident. He was fairly young and the doctors had to do a flap repair on an ulcer on his butt. Due to his heart rhythm changes he was sent to the cardiac floor. After this patient, my preceptor and I moved from room to room to discover that this patient had a port on her chest. A port is where you can draw blood from instead of poking the patient. It saves the patient from pain and you can use it to get any blood sample. It also can be removed when the patient is ready or deactivated when they leave the hospital. As lots of the patients are in pain, the nurses try their best to make them feel better and the hospital a better atmosphere. My preceptor Megan Jackson has a good heart and made me feel welcomed, I am really glad she was my preceptor.

As the next week came (3/10/11-3/11/11) I was really nervous. I was going into the ot/pt department at Banner Thunderbird. This part of the hospital was somewhere that I’ve never been to and didn’t want to. But, my mind changed when I walked in. All the physical therapists meet in this small room in the hospital where they all hang out. This is where they eat lunch write their reports on all their patients. When I first walked in my preceptor Vic was busy so I was assigned to someone else and she was writing a report on the computer about how a patient bit her on the arm. Like we learned in class you have to report it in 24 hours. After my preceptor was busy we left the room to go to Med Surg on 3C. The whole day we walked patients that just had knee surgery. While being a physical therapist you should try to see your patient two times a day. Sometimes the physical therapists cannot walk, the patients, so the patients stay in bed with a machine to move and rotate there leg. This machine is a good help because the doctors want to try to get the patient out three days after surgery and have them be able to walk. But, before the physical therapist has to take the patient on a walk they have to ask the nurse if it’s okay. After walking the patient and charting them, my preceptor sent me to the joint club. The joint club isn’t the same as Banner Boswell. At Banner Thunderbird it is where the patient and family and friends go to learn about the procedure and what the steps after surgery. All the patients are asking questions and it’s a nice way to have the patients ready for surgery.

As my third week approached (3/17/11-3/18/11), I thought it would be the best ever but it turned out to the worst. I was on the ortho floor at Banner Thunder and as the day started all the nurses were rude and not willing to help me or even the patients. As it turned out my preceptor Jeannette was in charge of the whole joint club and had to set up the slideshow while trying to talk and communicate with some nurses to pick up extra shifts. While no one called back or answered my preceptors call, we decided to leave and get to the joint club early. During the presentation none of the speakers were ready and got confused about what they were saying. When we learned about presenting we should have our hair out of our face and go over the material before we present, but none of these speakers had done these steps. While talking none of the presenters were reading non verbal communication. At the end of each presentation, they would ask “does anyone have any questions and the couples would look at each other and just nod and not speak up. The speaker should of stepped up and should have taken them aside and asked them because they could have been embarrassed about their questions or their body issues. As all these things are negative, I have a couple positive things to say. My preceptor told me that they are moving the orthopedic floor closer to the emergency room and this will just not help the nurses and doctors but it will help the patients and his or her family. It will be easier to be transported and family members won’t get closed while trying to find the ortho floor. As the end of the day hit I realized that this day had a negative impact on me. When I become a doctor or a nurse I want to be able to help the patients and take my time. I don’t want them to go home or through surgery without knowing what going on and how to handle life after. I know the hospital get busy but your patients should come first.

As the next week came (3/24/11-3/25/11) I can say it was the best clinical ever. My clinical was on 3C which is the ortho floor at Banner Thunderbird and once I got there I was sent to work. The patient had just peed all over the bed and she was in the process of cleaning it. She had me put on gloves and pick up the towels drenched in urine. After cleaning the floor up, we had to change the sheets. So, Joanne my preceptor and I had to change the bed with a patient who was crappy and not happy to be here at all. When the bed was made and she was nice and comfy and watching her favorite TV show she took me aside and ask me “can you please put my hair in a pony tail.” While doing her hair, the patient was telling me about her family and her five grandchildren and how she did her first tattoo by herself. After walking out of the patient’s room, my preceptor took her break. Right when we got into the break room, she sat down and talked and talked about the patient and how she is rude and going against HIPPA and saying the patients name and everything. My preceptor really didn’t try to get to know the patient, she just thought since she peed the bed she much be a bad person. Next, we moved into room 79. The patient in 79 had dementia and didn’t remember when my preceptor and I would come in and check on her. So, therefore she would always yell “HELP” because she thought her aid forgot about her. The sad part is that the aid would just sit there when she wasn’t doing anything and just listen to her screaming. This patient would tell me all about her family and who is in town visiting her and if my preceptor would again take the chance to talk to her, everything would change. At the end of the day I feel bad for all these patients who had my preceptor. They weren’t treated fairly and its hurts to see that.

From following an aid to now following a nurse on the ortho floor at Banner Thunderbird was the best. On the week of 3/31/11-4/1/11 I was following Linda Gaber who is an RN on the ortho floor. When I first got there, this woman named Michelle was in a patient’s room trying to set up the COM machine. While setting the machine up she didn’t tell the patient what was happening. It looked like she just wanted to set it up and move on. When my preceptor came in the room she had to sit down with the patient and explain to him what he can use this machine to move up his knee after surgery. The patient’s doctor told the nurse that the machine should go from 0-90 after surgery (that is how high the patient’s knee goes up and back down and repeats the whole day.) After talking to the patient about that issue, there was another one that had to talk about. One of the patients wanted to cut the hospitals pants because it was too tight around the knee. The aid first explained to him that since its hospitals gear you cannot cut them but your wife can go home and get you a pair of shorts and bring them to the hospital. Since, he didn’t listen to the aid he called my preceptor in and complained about it and she told him the same thing. The commutation was great but the patient was too stubborn and didn’t want to listen to anyone else. Some of the patient’s I saw that day just came out of surgery and right away were walking on their knee or hip. But the next day they were in so much pain because they didn’t have all that medicine that they had after surgery. After all her patients were checked up on and they were all satisfied, my preceptor went to her desk to chart about all her patients, but then trouble came. The clinical manager had to interview my preceptor and all the other nurses on that floor. Since they have been getting bad reviews the manager on the floor has to go around and evaluate them while they are talking to the patient in the family. Some of the things my preceptor forgot to ask how much pain are you in and where are you feeling pain, but otherwise she was happy with her. Not just the clinical manager but all the patients were happy with her too. Every time we would walk into a patient’s room they would say I am glad to have you as my nurse or you mean a lot to me. While walking around and listening to all these patients have good reviews, I am just thinking how lucky I am to follow her and learn some good techniques.

My last clinical was nothing special. On the week of 4/7/11-4/8/11 on 5S TELE at Banner Thunderbird I did absolutely nothing those two days. My preceptor Julie Black had nothing really interesting to look at or nothing fun to do, all she had was CHARTING, how boring right. When my preceptor had to chart this guy about his wounds, there was nothing previous in his chart. There was nothing about him and his wounds, so it wall up to my preceptor to save the day and write all about him and how much pain he is in. This patient was supposed to go home the day after next but my preceptor decided that since no one charted about his wounds he isn’t ready to go home and should be checked out again. When walking around to go to the other side of the hospital, there are tons and tons of signs that say “gel in and get out” this hospital is very sterile. When we got to the other side some of the nurses told us what they have over there. I guess one of the patients had mrsa in her eye, and all of the nurses were shocked. They don’t know why the patient had it in her eye and are every confused. This patient had a history of taking heroine and maybe the nurses think that has to be a factor but not sure. The patient next to her was a person who has been of heroine for a couple of days and is having major withdraws. Code grey had to be called more than one. When walking back to our side there was this patient in room 32 who had dementia and was bipolar and didn’t remember when she would call the nurse for help. So therefore she would call the nurse by her name and call by screaming her name over and over again until she answered. When she was screaming the nurse’s name she would be pushing her help button over and over again. The best thing she said was “I’m chocking” and the nurse told her are you kidding me, you are talking. I felt bad for that patient but I was getting tired of her screaming and it always disrupts the other patients on that floor.

1. **TERMINOLOGY**:
2. WBAT- weight bearing as tolerated: is the amount of weight a patient puts on the leg on which surgery has been performed. The patient on floor 3c just had knee surgery and he had to watch how much weight he puts on his leg. The physical therapist told his to walk on his feel then land with his toes on the floor. That would help him gain strength in his leg but at the same time enough pain that is tolerable.
3. PTA-Physical therapist assistant: my preceptor was PTA. He would go see the patients chart and see what the physical therapist put when he or she first saw the patient, then he would just do the follow up and see what else the physical therapist is looking for. Vick, my preceptor loved his job and being PTA isn’t a bad job at all.
4. CPM-Continuous passive motion: The patient who was on the floor 3c had surgery on his right knee, so the CPM machine is attached to that knee which constantly moves the knee through a range of motion for a certain amount of time while the patient is resting. This will help the patient heal better and be able to go home faster. When talking to the patient, he said that it doesn’t hurt and it actually helps him relax.
5. PCS-Pneumatic stockings: these stocking prevent the blood from clotting. When you are having surgery you’re going to be put on bed rest for awhile, so these stockings mimic you walking, which incase can stop you from getting blood clots. The patient had a stocking on each leg, even though physical therapist would take him to walk around twice a day; he is still in bed for the rest of the time.
6. FWW-Front wheel walker: Help patients that are unsteady on their feet. This helps prevent falls and they are way better then a (4WW) four wheel walker. All the physical therapists carry one every time they go see a patient. In the joint club they showed the walker and how this will help the patient in learning how to use their leg, knee, or etc again and how they will gain strength.
7. Trapeze: is a triangular metal bar that is placed above the bed to help the patient move in and out or move around in bed. When patients get these in their rooms, physical therapy has to give them permission. Physical therapy will only except it if you are able to get out by yourself and will be stable on their way back and forth to bed. All the patients that I saw didn’t have one, maybe it’s because a lot of them just got out of surgery and don’t have the ability to move by themselves.
8. Abduction wedge: this invention was used to separate the patient’s legs after surgery. This is usually used after someone has hip surgery. They place this between their legs and tie it around them. When the patient is sleeping and they get up from surgery they might not remember they had surgery so this prevents the patient from rolling over and hurting their hip. The nurses usually have the patient keep the wedge on while they are lying down but when they get up, they need to take it off.
9. Ted Hose: patients wore these to help blood flow and to prevent clotting. They are placed on the legs after surgery and they don’t cause the patient pain. This is used for patients that are inactive and are in bed most of the time. Most of the patients had these stockings on, on the orthopedic flood. The patients don’t complain about them and they say there not that bad. The bad side is that is a little tighter than your regular stockings would be, but hey its help prevent the blood from clotting!
10. Incentive spirometer: this is a device to keep the lungs clear. The doctors and the nurses don’t want the patient to catch pneumonia so they have to patient blow into the mouth piece and let the ball go between 250 and 500. This has to be done 10 times an hour. The nurses encourage the patient to do this whenever they are lying in bed and just watching TV. My preceptor said when the commercials come on, that’s the time to blow.
11. Colostomy: the patient in room 78 had a blockage in her intestine so they cut a part of it out and placed a bag in the spot. The patients stool goes into the bag. The aid said that you empty it on demand, like when it’s around 200 or 300ML. When my preceptor was emptying it, the smell was so terrible. The patient didn’t show any pain, so I don’t believe that she felt anything while the aid emptied it. After empting it my preceptor had to log in the patients records how much had come out that time. After collecting it she had to flush the bag with some water so the bag could be cleaned out.
12. Moon Boots: the patient in room 79 had to use these. She had to wear these when she was in bed so there wasn’t any pressure from her heels or get any sores from the bed. When we were picking her up and moving her around the bed one time we put her in one position where she started to scream her head off. We put her heel on the bed and then we had to move her so she wouldn’t have to be in so much pain. Lying in the position she was in, isn’t very comfortable but helps her with her pain issues.
13. Total Patient Care: this is when the patient is in bed most of the time and you the aid have to do everything around the bed. My preceptor gave a bed bath to the patient in room 79. She first started to wash her face and then moved down the body. My preceptor said in some cases you only do the necessary areas that need to be washed and move one. Another act of total patient care would be feeding them. I had to feed the patient in 79 too. Her food diet was pure aid because she could choke very easily. She is not strong enough to swallow her food and feed herself.
14. Accucheck Test: this is a diabetes management system. This is to check someone’s blood sugar. When my preceptor took the test she didn’t wear gloves and also didn’t have everything organized. She was all over the place with the needle and the gauze was all over the floor with flood. Once I had my gloves one I picked it off the floor so if I baby had to come in wouldn’t touch it and get sick or even slip over it on the floor. Some of the blood sugars we received were 136 for two different patients and 255 for the guy who had back surgery. All of these patients were high even the one on the ice chip diet.
15. Dialyses shunt: this is like an IV implanted inside the arm and or leg. The patient has to be careful of his or her arm and or leg after surgery. Depending on your kidney function the patient might have the shunt be taken out when he or she go home or have it stay in forever. The patient wasn’t in much pain and she acted like it wasn’t even inside her thigh. When we would move her around the bed, my preceptor and I had to be careful where we could place her. Even if she couldn’t feel the pain you should still be careful where the patient is going to go and how he or she is going to be positioned.
16. Coban- this is a wrap that you would use to hold pressure after taking out an IV or trying to hold something against the patient. It is harmless and patients don’t mind. My preceptor used the coban to wrap a wash cloth around the patients arm to hold the IV and not have the IV pole make noise.
17. Sitters- these are nursing assistants that sit with patient’s to make sure no harm is done. For example we had a patient who had dementia and she didn’t know what was going on so they had a sitter to come and watch her and talk to her. Besides dementia patients could have a sitter because they are going to commit suicide or want to leave the hospital. These nurses are paid while watching and they should take this serious.
18. Cardiac Diet- The cardiac diet is a healthy eating plan prepared to counter diseases such as high blood pressure, obesity, and a heart attack. Some of the food that they cannot have would be any food with salt or some food that is high in fat. One of the patients had this kind of diet and she hated it. She wanted to order a tuna melt but they wouldn’t let her because there was a lot of salt in it.
19. Decadron- this is a steroid that will decrease inflammation bulge on the lumber spin. The patient that just had this medication said she had a terrible side affect. The side affect was burning sensation in her private part. The nurse went to the computer and looked up side effects and it wasn’t one, but that doesn’t mean that she was lying.
20. Isolation room- Keeping someone or something away from the outside air and other disease around the area. The lady in room 36 was in an isolation room. She has low WBC due to her leukemia. She can’t be exposed to fresh fruit (canned fruit ONLY), fresh water (drink bottled water ONLY), or other people (when entering the isolation room you MUST use the proper PPE.
21. Foley - this is a flexible tube insert into the bladder that helps the urine drain. One of the patients had this and she had to get it taken out before she went home. Instead of the nurse taking it out the aid took it out which surprised me.
22. **QUESTIONS:**
23. Is it hard to give up your patient at the end of the shift knowing that the next nurse is not as great?

It’s hard to know that the nurse is not friendly and doesn’t apply her skills that she has in the right way. Knowing that they might be lazy and might not take their time to actually listen to the patient is hard. But at the end of the shift that is what you have to do. Say your goodbyes and hope everything goes well when you come back in the morning

1. Being in the HCF you have to learn how to let go, so even though you are leaving your patient with someone who you don’t trust you have to hope they will trust their bets to help the patient. Besides leaving the patient at the end of the day it could happen in another situation and you have to know how to handle it.

1. How do you apply for this job?

You apply online, and if they accept you then you go into the hospital for an interview. Pretty much like every other job. When my preceptor was getting to know the hospital and learning what the key duties of her job was she fell in love in the floor tele. She just loved all the people that worked on the floor, she formed a group and still till this day she still works on that floor.

1. This is important because you have tons of competition in the HCF so knowing how to apply and all the paper work that is included will not only help you but might get you higher in the rank of the applications
2. Who is allowed to join the joint club meetings?

Anyone who is getting surgery and his or her family are allowed to come. This helps the family understand the general rules of the hospital, the procedures that are going to be taken, and what will happen after surgery. During the presentation four different people come in and explain their field and how it helps the family. For example, the general rules, physical therapy, nutrition, and discharge are the four different areas that the patient and family learn about. Everyone can ask questions if they are confused, actually they highly require you too. They always ask, “Does anyone have a question.” They don’t want you to be scared and don’t ask you question.

1. This not only helps with my career goal but also helps my family and I, if I were to get hurt or need surgery they now know all the information and how to sign up for the meetings.
2. Why was the sign on the door just made of paper that said wash your hands and etc.?

 Since this is an old building they don’t have all the white boards to write the information of every patient, so they print it out on a piece of paper and stick it to their door

1. To me as a student, I would probably just walk right past that little piece of paper. When my preceptor walked in he didn’t even read it, he just saw the gowns lying inside the patients room so he decided to follow them. That is terrible, not only me but my preceptor could have caught a disease just from not proper materials. I know you could say that we should scan the room and everything around it, but what if the paper fell then no one would no.
2. If any patient has serious heart problems, will they be on the fifth floor (tele)?

It depends, if a patient that just came out of surgery they will watch him or her and see where the levels are, if they are still high the patient will be transported over to that floor. But, if they go to the emergency room with a heart attack (code blue), they will be transported to the floor right away because they can watch his levels and try to prevent the next one.

1. This will help me in the HCF because when working on the ortho floor or anything floor you’re not just going to get a patient with that certain problem. Like some patient’s on the ortho floor have heart problems but they can be transported to TELE because those nurses don’t know how to take care of them with those special needs.
2. **ANALYSIS:**

**PROFESSIONALISM**

1. My preceptor on the ortho floor did really well at being a professional. Right when I got there her hair was up and her uniform was and nice and wrinkle free. Besides the looks my preceptor has patients that love her to death. Every time she would walk into a room, her patients would thank her over and over again and say how wonderful she is at being a nurse. While being nice to the patients she also joked and made them feel at home. To me being a professional is having someone look up to you and believing in you and that is how I feel about my preceptor Linda Gaber.
2. My preceptor had a positive impact on the patients, the facility, and me! She was just so nice and went out of her way to satisfy all of her patients she has. Both days when I was there she acted the same. She is just the nicest person and if I was stuck in the hospital I would love to have her as my nurse. If the facility were to have more nurses like this, they probably would get more good reviews and have a better program. If my dream doesn’t become true of being a doctor I would to be a nurse and have my patients say all the positive things that they said to my preceptor. With having a nurse like this many people will want to come back for further medication and care and this could give more money to hospital.

**COMMUNICATION**

1. My preceptor Jeannette had good communication skills. She was in charge of the joint club. If you didn’t know what the joint club is, it’s a club where family and friends and the patient go and talk about the procedure and learn about the following steps they are going to go through. When communicating she gave eye contact and was a good listener. Even though she was in a hurry most of the time and didn’t put all her heart and soul into every patient, she still had some communication skills.
2. My preceptor had a NEGATIVE impact on me. Working in the health care field you should be caring, understanding, and willing to go out of your way for your patients and co workers. My preceptor didn’t should any affection towards her patients. She didn’t take her time with them and just moved along. Having a nurse like this, the patients probably won’t want to come back which in case the hospital will lose money. If you think about it, she had around five patients a day and if she treats them all bad, they won’t want to come back which in the end is losing loads of money for the hospital. That money could be put towards new inventions and cures but it’s all cause of one nurse who hates her job and won’t leave to find a job that she loves. When having a preceptor like this made me not want to see her again so why would a patient want to. This will make patients not want to come back and the hospital will lose money that could be going to help others.

**EFFICIENCY**

1. For my fourth clinical my preceptor Joanna was very efficient. Being an aid and having about 10 to 20 patients gives you a lot of work to do in twelve hours so you have to be on your feet and ready to work. My preceptor was on her toes the whole day running around and doing everything at the best of her ability. She wouldn’t give up even when she was tired and would try her best to get her stuff before the night shift came.
2. My preceptor had me on the border line. I do think she is a good aid but she does a lot of things that an HCP shouldn’t do. She is good at her job and tries her best every day, 100 percent but the things she said about the patient were against HIPPA. Even though the patient is making you mad you don’t talk about them and mention their name to other health care workers. If my preceptor could put that aside and stop then she would be the best aid I have met. Even though she was in the middle between bad and good I think she still could help make the medical field grow. With patients being happy could help the medical field gain money for more machines or updates on the recent machines.

**SAFETY**

1. The preceptor with the best safety skills would have to be Vic the Physical Therapist. When coming up to the patients he would ask the nurses first if he could walk the patient because the nurses might not recommend it or something might be wrong that he didn’t know. When getting permission by the nurse he takes his time and helps the patient out with everything. He tells them all the information and how the process will go and what are the steps to getting better. When observing I could tell that the patients started to like him and they gave him all his trust. When the patient is walking and they were doing something wrong, he will stop and show them the right process and this will help the patient learn and gain more strength.
2. My preceptor actually showed me how fun physical therapy could be. You meet a lot of people and in his case he has the best co workers. I could tell that his patients and his or her families loved him. When he would knock on the door and say “physical therapy is here,” the family would say “hey Vick, how are you? We are glad you are here.” You could just tell on their faces that they were so happy to have him take care of their family. If the hospital ends up with tons and tons of people leaving happy, the chance is higher than those people will come back to this same hospital for some other kind of treatment. At the end this is giving the hospital more money. I am 100% that all the patients my preceptor had would come back to that hospital if they need any more help with therapy. Since more people start to come to the hospital, there is more money to get more machines like the CPM and then they could put them in other departments. If a patient has a broken leg but also has heart issues, he or she could be sent to tele and still have the CPM in his or her room.

**TEAMWORK**

1. My preceptor had good teamwork with the other nurses and the doctors. Whenever the doctor would come in he would talk to the nurse and the patient. He or she needs to talk to both of them so the nurse will know what to about medication and so the patient will understand what is on the agenda before they go home. There was an incident when two orthopedic doctors from two different businesses were scheduled for one surgery. The communication was not direct and that caused the patient and his or her family to worry. In the end it all got figured out, but it was due to a lack of teamwork between the nurse, secretary, and both doctors.
2. My preceptor has a POSITIVE impact on me. Julie showed me that being a nurse is the best job ever. She made me want to cry by just the way she handle each situation and how she put all her heart and soul into helping every single patient, even the ones that she had to watch just for 30 minutes when the other nurses where on break. She just didn’t have a positive impact on me but the patient and his or her family. When people stay in the hospital they don’t want to be there, they absolutely hate it, but my preceptor makes them feel special. To laugh and have a good time while in a hospital could actually make you feel better and maybe go home sooner. When my preceptor sat down with the family and they would ask questions because they wouldn’t understand the medical terms. So, she would sit down and take her time to explain everything and that made the family more secure about the whole situation. If you take your time with all your patients and make them feel welcomed, I’m sure they will come back when they need some help, which will give the hospital more money to spend on new machines, medications, and cures. This one patient came on the fifth floor just to see my preceptor and say hello. My preceptor was his nurse a couple of months ago, but since he had so much trust towards her and respected her, he just comes to see how she is doing and bring her little treats.

**OVERALL EFFECTIVNESS**

1. The preceptor who had professionalism, communication, efficiency, safety and teamwork would have to be Megan Jackson, my first preceptor. My preceptor uses the proper PPE. When she went to take out the IV in one of the patients she put gloves on and used gauze where the needle was inserted. She would also take extra precautions when going into a patient’s room. Just to go see how to patient is doing she would wear gloves, just to expect some kind incident. Besides PPE, my preceptor is very passionate. When she had to discharge a patient who was sick and had no family, she helped him out a lot. She offered to make his appointments for him and help him call a taxi when he gets released. This patient was very surprised that she would go out of her way for him. It turned out that he would ask his neighbors for help about calling for his appointments, but the taught is what counts. The most important thing to me was my preceptor’s sense of humor, without that her 12 hour shift would be boring. She would make jokes that the patient and plus her family could laugh at. She would make them forget about the negative issues and have them be positive about her stay and their illness. Besides cracking jokes, she would also explain to them what is going on and what is going to happen and how it will help you later on. To be a patient and to understand the issues are important.
2. Megan Jackson had the BEST impact on me. With having all professionalism, communication, efficiency, safety and teamwork skills makes the best nurse out there in the world. When using these skills will help out the patients and the whole medical field as a whole. Imagine if all nurses were like Megan, they used proper protection and good communication skills to get everything done in a quick but efficient way. The money that the hospital is making from these happy patients will not only help the future patients but the future in the medical field. The medical field could receive better technology that could help discover new things that we never even knew about.
3. **APPLYING YOUR KNOWLEDGE:**
4. From the 40 hours of clinicals I learned so much to mold my career but there are some key points that will stick with me forever. The first thing would to have a sense of humor. Working a twelve hour shift and rude patients and co-workers you have to have a way of getting around it. As a nurse or anything in the medical field you have to let things go and not hold onto little things that bother you. For example my preceptor Megan would crack jokes with the patients to not only help the patient better but for herself too. The next thing I learned was to be dependable. When working in general you don’t want to depend on anyone besides yourself because they could let you down and where would you be if that happened. If some of my preceptors relied on others to take patients to the bathroom or when my preceptor asked someone to cover and they didn’t do it, you would be in trouble. The last but not thing I learn was communication. If you don’t have communication, how will the other employees know what going on and also the patient and his or her family, they have a right to know what happening. Lots of my preceptors had communication and that made everything just join together. This showed me that communication works everywhere in the medical field and could make life way easier.
5. The impact of my clinicals observations made me think twice about my career. I wanted to be a doctor ever since I was little but now I have grown up and have been thinking of being an RN. Being an RN you can take care of the patients and be there for them, you just don’t go in and ask what’s going on and leave. You are there for them and you make them feel better than ever. Seeing my preceptors smiling because they made the patient’s day, makes me want to get out there and start my career. Having a job that you love and are willing to wake up every day happy and go to work is something that I want and I believe that this is the career for me.
6. After I graduate High School I am planning on going to NAU. At NAU I will go into the medical program and graduate after the four years. After all my schooling I want to work in a children’s Hospital and be an orthopedic nurse. The dream job would be a Phoenix Children’s Hospital. I love kids and have a passion for broken bones, so putting them together makes a good combination.