**2010 Clinical Placement Reflection Journal**

**30/8/2010**

**Day 1:**

I arrived at placement today & Started Orientation. My Clinical Educators are Pauline and Amy. Creswick Acute/Aged Care seems quite nice. But It seems as though it use a paint job. Pauline is really supportive and easy to talk to. The residents, from what I’ve seen seem fairly self-sufficient, which is a slight relief because I was scared I was going to be thrust into fully caring for a patient which I had made up in my mind was totally independent. Another plus, was the staff here seem to be really nice, can’t wait for tomorrow.

**31/8/2010**

**Day 2:**

I started properly today. Emma Dow (one of the other students I’m paired with) and I were sent into the acute part of the facility. I was really excited and ready to get amongst everything, but, as it turned out, there are only a handful of patients at this end of the facility (5 to be exact), which isn’t a lot apparently.

As the day went on, Emma and I visited two old girls – B.S & W.H. They are possibly two of the funniest women I’ll every meet! B.S has a lot of trouble remembering how old she is and when her birthday is, but she “reckons she’s about 72 or 74” either way, she’s a hoot! Then W.H… She is almost completely deaf & going blind… And she refuses to watch t.v/read because she thinks doing so “preserves” her eyes… B.S “swears to god” though that W.H. Always watches t.v! Bless their cotton socks.

After talking for an hour or two & learning a little bit about their lives, which was quite nice, W.H, went to have an assisted shower. Both Emma and I got excited thinking we’d finally be able to do something… But alas! The bathroom was too small.

I decided to go back to B.S, and learned more about her… She’s oxygen dependant. And I asked if she wanted to go for a walk, but she declined and said she was afraid moving around too much might kill her. It was actually very saddening that she took that view on life. Especially because, B.S. is completely dependant in every other aspect of her life and this issue of a small oxygen tank was enough to scare into lethargy.

Acute quieted down mid-arvo, and so Emma and I wandered down to the aged-care section of the facility. As soon as I walked into it though, a lovely old woman, R. who suffered from dementia, asked me to take her to the toilet. No one else was around and Emma was just laughing at how lost I was. I sucked it up and decided to just “go with flow” and took R. to the toilet. It was an epic saga to get R. to properly go to the toilet. She kept facing the wrong way! Trying to sit down with her pants up, and generally telling me she didn’t know where she was… She was possibly one of the most adorable patients I saw all day.

**1/9/2010**

**Day 3:**

Started placement with drug rounds this morning. I followed Allison (the casual div. 1 Nurse) who is acting as head of acute while Chloda isn’t working. She’s really nice, and started teaching me drugs and their uses and such. Like;

Frusemide – a diuretic. This means it causes fluid release. It also helps with high blood pressure.

I’ve decided I need to try and learn at least 2 new drugs a day.

Apart from taking the observations of one my favourite patients (B.S) it was pretty quiet up in acute. So I snuck down to aged-care again and tagged along a div. 2 nurse (Lynn) & another student, (Emma Hull). We were going to wash a lady who looked to be in her late 40’s or early 50’s and she was pretty sound in the mind too, but she had a stroke and couldn’t use her left side.

Working with Lynn is awesome –

1. I got to use lifting machines
2. I learnt how to shower someone
3. I learnt how to someone to the toilet (properly) also using the lifting machine.
4. I now know how to work with a client/patient who can be er… lazy.

All in all so far, the things I’ve been scared about have been easily overcome ☺. The patients are also incredibly fun, though I suspect to pretend not to be with some of the senior staff…

**2/9/2010**

**Day 4:**

Today I conducted my interview with B.S for my nursing care plan, and I did a mental health test too, using the Braden Scale.

Acute moves slowly again. Yay… /sarcasm

I decided to go back down to aged-care with Lynn and Emma again. We washed multiple people, including an old man (my first male patient) and while I knew how to wash a penis, having one myself, Lynn still felt it appropriate to explain to Emma and I in GREAT detail how to do it. Learning is learning though I suppose.

For a lot of the day I went in between acute and aged-care but I got to know a lot of the patients down in aged-care. They’re amazing.

At one point we all got witness an aseptic technique performed. An elderly woman had had cancer but the wound had split open, and an approx. 7cm crater had formed on her leg. It sort of resembled a pressure sore. SO INTERESTING. She seemed in a lot of pain though throughout the entire time her leg was being bandaged. I don’t think she knew where she was… I don’t know what it would be like to feel like that, but I just wanted to cuddle her the whole time.

**3/9/2010**

**Day 5:**

A man with a skin graft over his eye was brought in today. He’s really out to the world because of his medication. He’s HUGE. Not as in fat, but he’s a massive bloke, and REALLY hard to move. Once again, acute was slow. So once again, I invaded aged-care.

I did my first BSLs today. Not the most thrilling things in the world if you’re a diabetic or seasoned nurse, but for me, it was like be allowed to pilot solo.

Not much happened so I went and worked on my Nursing Care Plan (NCP) and decided that with B.S I’d use alternative therapeutic communication techniques. The facility (Run by Hepburn services) often explores alternative therapies on the patients. I looked up B.S’s patient history and found she suffers from anxiety, depression and insomnia, so I went and talked to the aromatherapy nurse to find out what I could do for B.S. She was amazing. She made me up some oils that I can use in my NCP that consist of Lavender, Marjoram & Bergamont. All these aromas are meant to help with B.S’s symptoms directly. I really want them to work, because B.S is my new love and she deserves to be happy. I had the aromatherapy nurse also make massage oils for B.S’s hands as she has arthiritis too.

I’m enjoying placement so much.

**6/9/2010**

**Day 6:**

Today was the first day I was actually meant to be in aged-care… hahaha. It was pretty standard. I know I sound arrogant when I say this as it’s only day 6… but it is. I’ve got so much confidence right now.

I’m loving aged-care, so much to do. As much as I love the patients and staff in acute, there isn’t enough hands on experience to gain up there…

I implemented my NCP, I managed to get a demister and put a few drops in it so it could disperse around the room for B.S to lightly inhale and smell. My second part of my NCP was to massage B.S’s hands. I think it worked because she kept saying how much her arthritis felt better.

**7/9/2010**

**Day 7:**

I had my first late shift & it started at 1:30pm. Not much happened. So Emma and I did obs on a patient for a while. But Emma Dow was feeling sick for a while and it turns out she was having a low and so I had to take her home - end of the day.

**8/9/2010**

**Day 8:**

Today was good. I’m starting to fly completely solo. I did showers and toileting on my own. It was a lot of fun, well, more reassuring that my confidence in my abilities isn’t just all talk. I’m starting to take care of people on my own ☺.

**9/9/2010**

**Day 9:**

Today was another late shift. It was good to experience this side of the shifts. There isn’t much to do however of a night. Patients get put to bed and made sure they’re comfortable.

There is this one patient though –E. She is hilarious. She is 100 years old, and appears to be the most timid looking person! Haha… As I was toileting her with one of the Div 2. Nurses, E. Leaned in close to the div. 2 nurse’s face and said “If you don’t leave me alone, I’ll shit on your face”. I had to leave the room because I couldn’t stop laughing… Awkward.

The rest of the night was easy, except for one patient. She was completely immobile due to serious alcohol abuse when she was younger, and she lost control of her bowels. SEVER PROJECTILE DIORREAH doesn’t begin to touch on that subject.

**10/9/2010**

**Day 10:**

Another late shift… and once again… Not much to do. I kind of felt like I was in the way tonight though. I don’t know why, but I just felt like I kept getting in everyone’s way. Might just be the halfway mark type thing where things seem to be going so well.. and now I’m second guessing myself. SIGH.

**13/9/2010**

**Day 11:**

Today we got straight to work. I finally did a completely unsupervised/completely SOLO care for a patient all day.

There is one patient who I fed today… She has the most impeccable manners of anyone I’ve ever met. She’s amazing. Once again the 100 year old lady E. told all the female staff to “Fuck off” because they’re all “stupid bitches”. The senior staff seem to be over it. In all honesty, I think I’m in love. She’s LEGENDARY.

**14/9/2010**

**Day 12:**

Today was a late, in acute. It was good because I was able to spend time with B.S. (my girlfriend as Emma Dow calls her). On that same token – ACUTE IS BLOODY BORING OF A NIGHT.

When B.S and the other patients were settled I went and helped aged-care out for a bit. It’s a bit saddening I’ll be leaving at the end of this week. I’ve gotten to know the patients really well.

On an even sadder note… One of the patients in aged-care has been put on palliative care. She hasn’t eaten or had a drink in a long time… They don’t think she’ll last much longer.

**15/9/2010**

**Day 13:**

Today was fairly standard. BUT… I loved it! I’ve got my confidence back. I’m positive nursing is the career for me. Another great thing is how easy and fun it is to work with the staff and patients here.

*I’m really going to miss these people and this place.*

There is another thing I am proud of though… The longer I am here, the less I feel like these patients are just random people I “have” to look after for 3 weeks. I love it. It feels comfortable.

**16/9/2010**

**Day 14:**

It’s the second last day and it’s a bit saddening. Its only been 3 weeks, but I’ve actually become attached to the residents – especially B.S. On a happier note though, today I felt 100% comfortable and competent. It’s an amazing feeling. But on that same token, I don’t feel challenged anymore. It sounds arrogant, but the other students agree.

It’s going to be sad tomorrow.

**17/9/2010**

**Day 15:**

So… there isn’t much new to add. Except that the palliative patient in aged-care passed away last night. She was drowning from fluid her lungs. But its an odd feeling today. There is no doubt the staff are upset… but they’re not mourning. I put it down to be a sort of “effect” of being a nurse… like, that it must be after so many deaths it kind of stops being something that gets to you…

I was wrong of course…

One of the nurses explained it to me like this. “Yes, there is that element of death becoming an everyday thing to deal with… But it’s more than that… Its like… She was in immense pain and discomfort. We provided the utmost care we could give to her, but in the end, she was still hurting. That hurts us too… Her passing away is more of something to greet with a sigh of relief. Think of it this way… her pain is over now, and she’s at peace. In that same sense, so are we. We know she’s no longer hurting and that’s an excellent feeling in itself. Yes its sad she’s gone, but y’know she’s in a better place”.

I like this. It’s comforting to know that after 20+ years you can put things, sad things, into such a positive perspective.

I said goodbye to everyone. It was really quite sad. B.S. is an amazing lady. I can only wish the best for her, as well as the other patients.

I’m going to miss them all.

**What have I learned?**

It’s hard to say what was most valuable for me during all of placement. It is, I’m going to say, impossible to choose any one moment. These people whom we take care of as nurses… They’re amazing. Some of them have led such extraordinary lives. Some of them led “average” lives. But, either way, each and every one of them is incredible and now are very special memories for me. I don’t ever want to forget what I’ve experienced here at placement. While nursing, I think, will always be a profession based around rules and regulations of what it means to care for a patient. I hope that I remain as personal and individual to each patient as the nurses were at Creswick. Sometimes they feel like the patients they look after are driving them up the wall, but without fail they in a sense, love them. They look after them. Form friendships and treat them with utmost respect and service. I want to be that kind of nurse. I want to be able to say I can perform to the best of my abilities, but also that I don’t forget that these patients are always people too. They need me to reassure and look after them emotionally as well as physically. I think that’s important to remember.