

Reflection on Primary Under Supervision Experiences

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I feel I am more confident in taking the lead with clients. Working with more birthing people and repetition have been the biggest vehicle for improvement. One challenge I still have with my clinical work is long distance driving to see some clients. I may spend 4 hours in the car (2 hours there, 2 hours back) to log one clinical hour. I just keep pushing along and do the best to meet my clinical responsibilities.

The biggest challenge moving from assistant to primary is taking on the energy of holding the client fully in my care as opposed to just being given directives. It feels like I have expanded my mental awareness of our clients. While this does not take much more physical energy, it does require a holding of space that was not there in phase two. For example, I used to rely a lot more on my preceptor to look at the whole clinical picture and make decisions. Now I mentally know what is going on with our clients from start to finish and take the initiative to guide the care along, especially in the prenatal and postpartum. During birth we allow the process to guide us and are not doing as much managing.

I don't feel like I am struggling or triumphing clinically. I feel I am just moving along at a steady pace. The biggest struggle I have is time management and getting my classwork done while also doing clinical work and taking care of my personal responsibilities. This has always been my struggle but it seems magnified this term. I do not think it is related to phase 3 specifically but due more to personal upheavals. This has nothing to do with my clinical placement or school but just life in general. Life is full of distractions and this will be true even when I am a midwife one day.

My clinical learning process has not changed much. I bring what I am learning in class to my preceptor and we decide together which things I need to work on and then we focus on that.

My preceptor will also give me feedback and areas to focus on as well. Sometimes we have clinical drills or skills meetups. In many instances, I am waiting for the clinical experiences to reveal themselves. I can learn all things in theory but to actually have experiential learning is a process of going with the flow and meeting each clinical situation where it presents. This is the nature of midwifery and birth.

One thing I will do better for my next term is be more organized with keeping my logs up to date. I feel this will be a great time saver. Time is an issue right now. I will continue with my preceptor until I graduate and we plan on working together in the future. In all, I am happy with my clinical placement and I am just grateful that I have one at all. The area that I live in is one of the hardest places for a CPM student to find clinical placement.