

Covenant School of Nursing Reflective Practice

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Instructional Module:IM6

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| <p>Step 1 Description</p> <p>On 11/7-11/8 I attended the Oceans Behavioral Hospital rotation. On the first day of the rotation, I was assigned to the West side of the facility which occupies patients 55 years and older. The charge nurse was extremely friendly and gave us a rundown of what she does at the facility and what type of patients they see; how many beds are available and the process of admitting a patient whether involuntary/voluntary if they were referred to the facility or if the patient arrived on their own to the facility. I was able to see how the techs interact with the patients, how the therapists do group therapy with the patients who are willing to participate. I enjoyed that the therapist asked my partner and I to participate in the activity along with the patients. The patients also appeared to enjoy us participating with them and sharing our answers with them, one patient stated "wow, you would think a person like you guys would have you life figured out and not deal with anxiety or fears of what other people think about you" which lead the therapist to lead the session towards teaching all of us that we all deal with anxiety at one point in our lives and that it is okay to not have our life figured out.</p> <p>On day 2 of the rotation, I was assigned to the East side of the facility which is intended to occupy patients under the age of 55. The East side of the facility is mostly the one that is highly populated compared to the West side. We had 10 patients on the East side and 6 on the West side. My partner and I met the charge nurse and received report from the night charge nurse who had mentioned it had been a rough night due to one of the patients being disruptive and making severe threats towards other patients and staff members. After receiving report, we went to the common area and met the techs for the shift. I stayed with one of the techs while my partner went with another tech to take vital signs on the patients. When they returned a patient began screaming top of her lungs with foul language "close the door, if you opened my door, close my door etc." my partner and I wanted to go close it, but neither the techs or the charge nurse allowed us to close the door because "the patient had legs to get up, walk and close the door on their own" which I understand their reason of thinking but I also understand the patient. Which of course there was a better way to communicate of wanting their door closed after my partner and the tech walked out of their room. 5 minutes had passed of constant screaming from this patient demanding for their door to be closed and no one was allowed to go close that door, well the patient slams open the door to their room and charges directly to the tech who took their vital signs and got in their face and started screaming foul language stating "you think it is funny to leave my door open I want to see you laughing when I choke you to death and wipe the floor with your body" it happened in a matter of seconds but it was also de-escalated in the same amount of seconds as well! I was impressed by how fast the other two techs, charge nurse, and two other nurses arrived to remove the patient from the tech's face to prevent the patient from physically harming her. After that the other patients were afraid to come out of their room because some of them had been verbally threatened by this patient in the past few days and feared getting hurt. Which made me worried because that is a place they come to heal and now they fear for their lives even more. But I was also concerned about the patient reacting to the way she is reacting regarding the door being open and why staff would not realize that is an obvious trigger for her. She has been there 2 weeks, regardless of her being problematic and making threats she is still human and deserves to be treated with kindness, dignity, and respect.</p> | <p>Step 4 Analysis</p> <p>What can you apply to this situation from your previous knowledge, studies, or research?</p> <p>I would have applied what I learned during SIMS "I SEE... YOU SEEM.... TELL ME..."</p> <p>"I see and hear you screaming" "you seem bothered by having the door open" "tell me how that makes you feel"</p> |
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| <p>Step 2 Feelings I was nervous and excited at the same time because I had been waiting for the psych rotations since I was in module one. And I was extremely looking forward to the portion of being able to go to a behavioral health hospital and see how all the staff interact with the patients and help with their treatment plan.</p> | <p>Step 5 Conclusion What could you have done differently? I honestly believe that if the tech had not walked out of the nurses' stations laughing and making comments about the patient screaming, demanding their door closed the patient would not have reacted the way that she did. I believe that we must keep in mind that some of these patients hear, see things, they might believe people are talking about them. So, we need to be careful with what we are doing to prevent a trigger. And in this situation the patient was not hallucinating things, there was a person making fun of her and being insensitive to her triggers regardless of the patient was not communicating correctly. I believe the best approach was to talk to the patient and say, "I will close the door, but you need to stop screaming and using that foul language".</p> |
| <p>Step 3 Evaluation How did you contribute? I decided to contribute by doing the Q15s on that "problematic" patient the techs did not want to "deal with" after her behavior at 0730. I wanted to make a difference on how to approach her. I started by knocking on the door, opening the door, announcing myself and letting her know I was just checking in on her and if she needed anything. By my 5th Q15 I was able to get a smile out of her.</p> | <p>Step 6 Action Plan How will you use this experience to further improve your practice in the future? As mentioned before, by treating people as human beings, treating them with kindness, dignity, and respect. And forming your own opinion over a patient and not go off on what another peer said. For example, every shift is different, if a patient was "problematic" during their shift that does not guarantee that patient will behave in that manner with you unless you go in with that mindset when you greet that patient. Every patient deserves a fresh start, even if I had that patient yesterday and it was a rough day, well that was yesterday today is a brand-new day and we are starting from scratch.</p> |

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