

PMH Simulation Reflection – Andrew Romero

Please reflect on your experiences in simulation this week and reply to each item below. You may add anything else you wish. Submissions should be a **minimum** of 300 words total.

- Describe your feelings about your participation in the simulations this week.
 - My feelings starting out with simulation and what to expect from it were high – it did not disappoint. I find psychiatric and mental health interesting. Whenever something comes across social media about it, I have to stop and listen or read about it. My feelings about my participation in simulation when I went was somewhat nervous and at ease, I am personally trying to do better at taking a better approach when it comes to talking to “patients” in sim practice or when in clinical practice. I always get the critique to have more confidence, so I want to display that for my peers and patient – and not to come off scared little nurse andrew.
- How did it go compared to what you expected it to be like?
 - With the patient I had, alcohol withdrawal, I expected it to get a lot worse – despite my patient constantly asking for a cigarette. I think I was able to point out their symptoms of withdrawal, do my assessment on patient, and administer medications effectively.
 - As for my other peers who may have had other difficult patients, they were able to de-escalate the situation, talk them through whatever the problem was, and let them know what we were there to do – then it was smooth sailing from there, if patient allowed.
 - I thought it would get a lot worse though just from what you hear from stories, but if you handle the patient calmly and treat them as a normal person, everything will be fine.
- What went well?
 - With my scenario, I had a great secondary nurse who was there to apply a therapeutic approach when I was trying to apply my assessment and medication administration. He was able to offer our patients resources to AA meetings to get them sober. As for me, I was able to stay calm and collective throughout the whole thing. Did my medication administration right, talk to my patient effectively, and see how we can make them patient.
- What could have gone better?
 - Some things I or my secondary partner could do better. I forgot to call back to verify for a nicotine inhaler/patch for my patient. It had crossed my mind, but I don't know why I didn't, but in real life, I know I would call to place the order with pharmacy or doctor. Secondly, make sure that the secondary nurse and I don't cut each other off when speaking because I was trying to get my assessment done and Nick was speaking over me. I think he was trying to calm

down the patient or get his assessment done, so I think it was just both of our assessments colliding.

- Reflect on the scenario in which you were in the role of the patient or family member. How did that experience affect you?
 - When I was the patient for PTSD, I acted way too hard for the scene, and I hope it crossed as someone with PTSD. Someone living with PTSD can be hard because they can be on edge about little things – loud closing door, dishes falling on the ground, beeping sound. They are paranoid or scared about little things. Not being able to sleep some nights either, I get scared if I can't get 6 – 7 hours of sleep most nights. So someone who hasn't slept in a day or a few days, I couldn't. We must be willing to seek help for these patients, what is their trauma, counseling, etc.
- Did this week change the way you think about mental health? If so, how?
 - Yes, don't believe all the stories you hear about people diagnosed with the disorders we learned in PMH because they may not be true or OVER-exaggerated. They may have an outburst, panic, or scare but you have to know how to control or manage the person when those happen – even that person knows that. Don't dismiss that person just because they have PTSD, alcohol withdrawal, or schizophrenia because they may be the coolest person you may ever encounter in your life.
- How will you use the knowledge gained from this experience in your practice as a registered nurse?
 - I am going to advocate more for my patients or people I see in the real-world with psychiatric mental health. It shouldn't be looked down upon because it is "different." That is saying like a person with diabetes, "oh, let's not talk to him/her because they have diabetes." No, that's wrong! Every person should be treated like a person. We need to get rid of the stigma and advocate more. There's my ted-talk Mrs. Harrison 😊