

## PMH Simulation Reflection

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.
- How did it go compared to what you expected it to be like?
- What went well?
- What could have gone better?
- Reflect on the scenario in which you were in the role of the patient or family member. How did that experience affect you?
- Did this week change the way you think about mental health? If so, how?
- How will you use the knowledge gained from this experience in your practice as a registered nurse?

Zachary Wiggins 5-1-24

Participation went very well for me. Personally, I liked being both the primary nurse and the patient. Being the secondary nurse was fine as well but I felt a little more lost in that role than the other roles available. It was more focused on non-pharmacological interventions and I felt a little like I didn't really do enough even though I knew that I technically may have. I think probably the best role for the whole simulation event was the primary nurse. Not necessarily because the other roles aren't good, but more of a feeling of the formality of being the primary caregiver and having all the nursing basics to fall back on.

I expected it to be a little less organized and I expected some of the patients to be a little more inconsolable in their mental health issues. However, upon participating and watching the others in simulation, it went a lot better than I expected.

I think what went well was the effort that us as a group put into effective therapeutic communication. There was a lot of emphasis placed on this topic as it is the basis of getting proper pt. interaction and I think that our group went above and beyond in trying to take our communication a step further. I think it also provided some confidence in actually interacting with the harder scenarios when the less intensive scenarios are put first. That was a good idea as a sort of ice breaker to the SIM experience.

I honestly feel that besides from a couple of people participating as the secondary nurse, I feel like more instructor feedback into the secondary nurse role would be helpful. Not counting the DSM-5 identifiers, I think talking more about what kind of therapies the nurse either did or didn't get involved in would be helpful. This is most likely our first time interacting with a pt. like this and I think more feedback would be a little helpful.

When I was the pt., I was supposed to be really grumpy and grouchy but my classmate's effective communication really kind of broke me out of my fake bad mood. That may be

because of underlying acting skill but I would like to believe the communication was definitely a factor.

Honestly, this week didn't really change how I felt, that award would go to Oceans Behavioral Hospital. However, this experience was less a diametric change in view and more of a reinforcing of what I had learned from being over there, and being able to apply it into a more fitting clinical role setting.

The reinforcement and positive feedback I both received and gave makes me think that my attitude about mental health is correct and this experience has only reinforced my newfound principles of therapeutic communication, non-judgement, and non-aversion towards psych pts. Adding this to my practice will not only be a good thing for psych pts., but for all future pt. encounters.