

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 350 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?
- How this week impact the way you feel about your ability to use therapeutic communication?
- 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?

This was probably my favorite simulation experience in nursing school so far. I was proud of myself for pushing myself to be the primary nurse on the first day despite being extremely nervous. Going into simulation I was worried that we would be acting out over-the-top caricatures of the diseases rather than realistic depictions of a psych nurse's experience (because some modules' simulation rotations were that way and weren't very realistic). I really loved all the time that we were given to discuss (prebrief and debrief) so that we could think about the practical application of therapeutic communication in our practice regardless of whether or not we plan on specializing in psychiatric nursing. Everyone has a brain, so familiarity with mental health and therapeutic communication is good and helpful regardless of their other diagnoses or demographic. Something I wish had gone better personally was that I wish I had reviewed my NII's for basic medication administration so that I could have spent more brain power on the new skill we were practicing instead of getting messed up by forgetting to scan a medication. As a patient, I was in the role of the veteran with PTSD. I saw the hospital environment with new eyes; everything that was mundane to me as a nursing student was scary and foreign as a paranoid, traumatized patient. This gives me a lot more empathy for these patients. I will do my best to be as kind and gentle as possible in my therapeutic communication. I was really impacted by the concept of "psychological vomit" because I don't have any mental issues with cleaning vomit or diarrhea, so I need to think of patients' affect and behaviors as another kind of symptom, not who they are as a person. I plan to use the knowledge gained from this experience everyday of my practice. I hope to be an oncology nurse and I know that I will need to use the "I see... You seem... Tell me..." method all the time with both patients and family members. I want to be the kind of nurse that makes people feel at ease and therapeutic communication will help me achieve that.