

**Psychiatric Nursing
Live Simulation
Reflection Journal Directions:**

Directions: After completing your simulation, provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Your reflection journal should be a minimum of 500 words. Submit your journal to the appropriate dropbox (Simulation Reflection Journal).

Responding:

Discuss one thing you noticed, how you interpreted it, and how you responded. (Ex. I noticed the patient was grimacing. I interpreted this to mean my patient was experiencing pain. I responded with a thorough pain assessment, use of guided imagery, and administered acetaminophen 650mg orally.) Do you feel your response was appropriate? Explain.

- I noticed my patient was very unsettled and uncomfortable. She was itching all over her body, jittery, hallucinating, very agitated and anxious. I interpreted this to mean my patient was beginning to withdrawal from alcohol, and that she had a drinking problem significant enough to experience withdrawal symptoms. I responded by doing a CIWA assessment, and communicating with the medication nurse to administer the proper dose of medication to help my patient with her uncomfortable symptoms. I feel my response was appropriate. When observing during the first round, I planned on educating my patient and providing resources for mental health and addiction services. However, this plan changed when I assessed my patient and realized how sick she was, as the education would not have been beneficial or effective.

Describe your communication with your patient; was it therapeutic and professional? Provide one example of how you connected with your patient.

- My communication with my patient was both therapeutic and professional. I felt as if the first group did an excellent job educating the patient on her alcohol use, and alternative coping skills. However, I noticed that she was not always receptive to their advice, and there would be a strong possibility that she would continue to drink heavily after she is discharged. I tried connecting with my patient by educating her on risk management, such as trying to stay hydrated while drinking. I did this by relating to her with experiences that I've had (i.e. frequent urinating while drinking) to help explain to her that alcohol does not hydrate you, it actually does the opposite. This tactic would hopefully improve her outcome and health if she does continue to drink after discharge.

Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be Specific.

- My communication could use improvement by being a more active voice and participant in the SIM. I felt very overwhelmed between the patient, and the interaction with my fellow student nurse. There was a lot going on, and I didn't want to speak over the patient or my fellow nurse, so I took a step back to allow them to communicate while I completed the vital assessments. When I did attempt to communicate, the patient became overwhelmed and accused me of yelling. Although it was my intention to speak clearly enough that they could both hear me, it was upsetting to the patient. After this, I decided to take a step back and allow the student nurse and patient to communicate. I did speak

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with the patient when able, and tried to do so 1:1, so it was not overwhelming for them to have two people speaking with them at once.

Provide an example of collaborative communication you utilized within the scenario (consider interactions with your student nurse partner as well as members of the interdisciplinary team such as lab, the healthcare provider, surgery, PT/OT, radiology, etc.).

- Throughout the simulation, the other student nurse and I worked collaboratively, relying on each other to distract and educate the patient, while the other person was busy doing their essential duties. Although I assessed the CIWA score, Laurel and I both discussed it prior to the medication administration. We both educated the patient, working together to reduce risks associated with the patients drinking behavior.

Reflecting:

Describe one teaching need that you identified or implemented. What was the patient's response to that teaching need?

- One teaching need I identified was the risky drinking behavior the patient was accustomed to. I didn't feel as if the patient was ready to make a change regarding their alcohol use disorder, so I instead tried to minimize their risk. I did this by encouraging intake of water while drinking, to hopefully reduce the amount of alcohol the patient is able to drink, as well as their intoxication level. I explained the importance of this by relating to the patient feeling hungover the next day, instead of explaining how they would be unable to drink as much if they are also drinking water. The patient seemed somewhat reluctant, but also seemed to understand and relate to feeling hungover. Hopefully, my suggestion of drinking water while also drinking alcohol would resonate post discharge to reduce their hangover.

How did your expectations change as the simulation progressed? How did you adjust your nursing care to these new expectations?

- At the beginning of the simulation, I planned on giving extensive education and outpatient resources to hopefully make an impact on the patients alcohol use. However, at the start of my simulation session, it was very apparent they would not be receptive to education or referrals because they felt so unwell. I adjusted my care to these expectations, by attempting to quickly and thoroughly assess the patient, and get them the medical help they needed, in the form of medications. I wanted to discuss their fall, their relationship with their friend, and the development of new coping strategies, but it was extremely apparent this was not the priority.

Write a detailed narrative nurse's note based on your role in the scenario.

- Upon reassessment, consistent visual hallucinations, tremors, anxiety, and restlessness noted. "Skin crawling" present, with attempts to relieve sensation with constant rubbing of arms and legs. CIWA of 24 noted, with referral to medication nurse. Vitals stable, tolerated medication whole with water, denies pain, nausea and vomiting.

Use a meme or a word to describe how you felt before, during, and after the simulation scenario (one meme or word for each phase). Why did you choose these pictures or words?

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- Before- Excited and Determined- I had a plan and was excited to start the SIM. I prepared beforehand refreshing on CIWA scoring, and felt ready to tackle this SIM.
- During-Overwhelmed- I didn't feel like I had the best opportunity to educate my patient, and my previous plans fell by the wayside once I assessed how sick the patient was feeling. A lot of the education I was going to do was no longer was the priority, due to how symptomatic the patient was. It was apparent that she was not going to be receptive to prolonged conversation regarding the death of her friend, or referrals to outside resources. The priority had changed from what I was anticipating watching the first session, to the needs of my session.
- After- (Immediately) Defeated- I felt like I had failed because I was not as active as the other members with educating and therapeutically speaking with my patient. They did an excellent job discussing coping techniques and ways the patient could improve their mental health. I felt like I failed at this immensely. However, while doing this reflection, I am more confident that I made the right choices during my SIM. I did not provide as much education or could discuss the social barriers my patient faced, but it was not the priority for my session. Through the reflection, I stand by what I did, as it was necessary to assess and help them medically when they were ill. The education they received prior to feeling so ill was extremely beneficial, and when they are further along the detox process and possibly feeling better, education could be reinforced.