

PROCESS RECORDING DATA FORM

Student Name: Madison Whittaker

Patient's Initials:

Date of Interaction: 7/12-7/13

ASSESSMENT-(Noticing- Identify all abnormal assessment findings (subjective and objective); include specific patient data.)

- Pertinent background information of patient (age, sex, marital status, etc.), description of why the patient was admitted to the Behavioral Unit. Was this a voluntary or non-voluntary admission?

The patient was a 41-year-old female, unmarried but in 6 year long relationship, history of depression and anxiety, substance abuse, and self-proclaimed manipulative behavior.

- List any past and present medical diagnosis and medical health issues.

Past medical diagnoses include, major depression, generalized anxiety disorder, scoliosis, and adenomyosis of the uterus. The patient was also allergic to kiwi and polyethylene glycol.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:

I was worried the patient would get upset and agitated because she had a lot going on and had become violent to boyfriend prior to being admitted.

Post-interaction:

I felt good about my interaction with the patient and felt that we had a very good discussion about her life, coping mechanisms, what she likes to do, her past jobs, etc.

- Describe what is happening in the "milieu". Does it have an effect on the patient?

The milieu was not overly hectic or noisy, however the patient was definitely easily distracted and lost her train of thought easily if another patient or healthcare team member was talking or doing something nearby. Some of the other patients on the unit were helpful at getting my patient acclimated to the unit and also getting her to talk and participate in groups.

DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM- Interpreting

- Mental Health Priority Problem (Nursing Diagnosis): (Not patient medical diagnosis) (List all nursing priorities and highlight the top mental health priority problem. Provide all the related/relevant data that support the top mental health priority nursing problem.)

Major depressive disorder and generalized anxiety disorder, substance abuse. The patient rates depression a 5/10 and anxiety a 3/10. Patient was performing self-harm by cutting her arms/wrists. She had lost interest in enjoyable activities. She had begun using marijuana excessively and drinking alcohol. The patient had stopped working and felt she was putting on her former bubbly personality to make it seem she was fine.

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

Suicidal ideation continued self-harm, major substance abuse, self-destructive behaviors, disturbed sleep patterns.

PLANNING-Responding

- Identify all pertinent Nursing Interventions relevant to the top mental health priority problem. List them in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.

Promote patient safety- this will be done throughout entire patient stay and patient will be educated upon discharge when to seek help for symptoms, assess mood and behavior changes-

multiple times daily through entire inpatient stay, improve patient self-esteem- work with patient to improve self-esteem and how to better cope, provide education on depression management- educate the patient on reason for inpatient stay and coping skills to better understand depression, administer prescribed medications- be sure patient is compliant with medications in order to control depression.

- Identify a goal of the **therapeutic** communication.
Get a better understanding of my patient and form a therapeutic relationship she feels comfortable and safe in.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

I was good at actively listening with my patient, I was able to read her emotional cues, the patient felt comfortable telling me some very hard things for her.

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Weaknesses: (provide at least 3)

I could have contributed more to conversation, it was hard for me to maintain eye contact, I lost track of the time.

- Identify any barriers to communication. (provide at least 3)

The patient had flight of ideas, so it was hard to keep track of what was being discussed, she had some religious delusions that preoccupied her, very fixated on certain topics.

- Identify **and** explain any Social Determinants of Health for the patient.

My patient had lack of support system, financial instability, and she had just gotten an OVI so she had a suspended license and would have limited healthcare access and quality.

- What interventions or therapeutic communication could have been done differently? Provide explanation.

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I think that I could have offered more education to the patient on resources because she lived in Cleveland, and I was unfamiliar with any resources she may have had available. Instead of not offering as much I could have researched more resources for her.

Note: Students as you type in the cells the cells will expand. **Reference table 5-5 pg. 120** in textbook for sample process recording.

Student's Verbal or Nonverbal Communication	Patient's Verbal or Non-Verbal Communication	Student's Thoughts and Feelings Concerning the Interaction	Student's Analysis of the Interaction (use Table 5-3, 5-4 in textbook for reference)
Would you like to try the nicotine patch? (Looking at patient in eyes)	I don't know. What do you think I should do? (Patient looks distressed)	Felt slightly uncomfortable	Therapeutic- Just asking a direct open-ended question
I can't necessarily make that decision for you but if you are having symptoms, I	I don't know. I need to quit smoking because I can't afford it. (Looking	I felt okay about my response	Therapeutic- not making the decision for them, just giving my nursing judgement and information to the patient

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recommend trying it. (Showing patient the patch)	down)		
Yeah? (Crossed arms)	Yeah, I am going to have to sell my house to pay for a lot of stuff. (Looking away)	Felt uncomfortable when money was brought up	Nontherapeutic- It caught me off guard and I was unsure what to say
I am sorry to hear that. How long have you been having issues? (Looking at patient)	I quit working a couple years ago and rely on my significant other for money. (Looking at me)	Beginning to think of responses	Therapeutic- Having patient elaborate on this stressor she has
Why did you stop working? (Sat down with patient)	Because my significant other, that's what I call my boyfriend Lonnie, told me I didn't have to (Looking at me hands folded in lap)	Beginning to feel comfortable talking with her	Therapeutic- gathering more information
Is he your main support system? (Leaning in to talk with patient)	Yeah, we have been together for 6 years and I have used him for money and wasted his time. (Looking in lap)	Patient felt easy to talk to	Therapeutic- gathering information on support system
Why do you feel you have wasted his time? (Hands folded legs crossed in chair)	Because I have. I have no attraction to him, but he is all I have, and I have manipulated him for money and his time. (Looking at me with concerned eyes)	Starting to wonder about her boyfriend	Therapeutic- keeps patient talking about how she feels
So, are you feeling bad about manipulating him? (Looking at patient intrigued)	I feel like I have wasted his time and mentally and financially abused him for 6 years. (Patient gets more emotional)	Trying to understand her thinking	Therapeutic- trying to understand her thoughts on the situation
What have you done that feels manipulative? (Looking directly at patient)	I have used him for money and made him fall in love with me. I feel like I should be in jail and like I have stolen from him.	I feel slightly bad that she feels this way.	Therapeutic- Keeps patient opening up about her stress and the things bothering her

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	(Looking back at me with sad eyes)		
You think you should be in jail? Why? (Leaning in to ask her questions)	Yes, because I have stolen his time and used his money all because I am too afraid to hurt him and leave (Using hands to elaborate)	Confused why she thinks this way	Nontherapeutic- I felt this sounded like I was not taking her seriously and could have responded differently
But you haven't done anything criminally wrong? (Looking at her confused)	I know but I just feel like I should be because I have stolen his life from him (Using hands to help me understand her)	Feeling concerned for her mental status	Therapeutic- Trying to explain to the patient her behaviors do not warrant jail time
I'm sorry you feel that way, that must be hard. (Looking at her with soft eyes)	Yeah, I just feel like I am not able to get away from him because he is my only person. (Looking down)	Feeling sad for her	Therapeutic- Showing empathy
You don't have any other family? (Legs crossed leaning back in chair)	No, my parents both died a few years ago and my sisters hate me. (Looking at me tears in eyes)	Curious of her support system	Therapeutic- Gaining information on her support system
Why do you think your sisters hate you? (Looking with concern)	Because they think I got my dad to change the will when he got sick, so I got the house, which is not true at all! (Expressing emotion and passion)	Feeling sad because she is now crying	Therapeutic- Getting her to talk and stay on topic
Have you tried talking to them and explaining? The truth can go a long way. (Looking at her offering tissue)	I have tried but they don't believe me. But I just want to tell them I love them (Wipes eyes)	Wishing I could help her with her family	Therapeutic- Trying to provide reason/hope to her situation.
Well, you know you are being honest and that is important too. (Looking down)	Yeah, there is only so much I can do, I guess. (Looking down)	Unsure what to say to her	Nontherapeutic- I could have been more empathetic but got uncomfortable
Is family important to you? (Looking leaned in)	Yes, but most of them are gone except some cousins who I do stuff with	Trying to slightly change topic from sisters	Therapeutic- Observing behaviors and redirecting slightly

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	sometimes. (Folding tissue)		
What do you like to do with your loved ones? (Looks at her with folded hands)	I like to be in nature and go on walks, relaxing stuff. (Looking back up at me)	Glad to be off the topic of her sisters	Therapeutic- redirection to her hobbies and enjoyed activities.
I'm glad you have some activities you enjoy! (Smiles at her)	I feel like I have a lot of skills. I just make up excuses and don't use them. (Looking at me)	Curious about her skills	Therapeutic- Conveying positivity
What are your skills? (Looks intrigued)	I am a dog groomer, and I like to bake. I also like to sing (Looking at me legs crossed)	Glad she has these skills	Therapeutic- Recognizing her skills
That is so cool! Are those your favorite things to do? (Smiling at her)	Yeah basically. I just make excuses to not do stuff. (Looking at me hands folded)	Feeling better for her	Therapeutic- Reassuring her skills and being optimistic.
I think that since you can voice these things and understand you may be making excuses it could help you to get better and begin doing these things again (Looking at her)	You are probably right (looking at me smiles)	Feeling okay about our conversation	Nontherapeutic- Unsure if this was the correct response but at the time it felt right.
Well the therapist would like to speak with you if that's okay and I will check on you after lunch! (Stands up and touches patient shoulder)	Okay thanks for listening to me (Looks up at me)	Feeling positive on impact of listening to her for about an hour	Therapeutic- Ended the conversation at a good point so she could talk with therapy