

**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 (not including the questions). 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.

One thing I noticed about my patient was that they had a slouched appearance. For me I interpreted this as the patient had something bothering them and looked very sad. The way I responded to this was by trying to open up communication with the patient outside of medical questions to try and see if they were able to tell me what was bothering them. I also tried to create a comfortable environment to them by giving them some space and allowing silence to give the patient time to respond. I feel that this was appropriate because even if I got very small information out of the patient they were able to tell me more about why they were sad which was related to the death of their friend. In my assessment I saw the patient needed help with their detox process but not only that but in the mental health aspect as well.

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

I believe that my communication with my patient was therapeutic and professional for the most part throughout our interacting. I tried to find the right words so I found that I was pausing a lot throughout the interacting to try and avoid saying something that would offend the patient and cause them to be more closed. Even when the patient was making remarks that would be kind of mean such as why the blood pressure cuff wasn't working they said if "Do you know you're your doing" and responded back with an explanation on their was a malfunction with the blood pressure cuff. The patient was going through withdrawal symptoms so anything they said I did not take to hurt and try to steer away from any of the negativity and try introduce new topics. I believe that I was able to connect with my patient when asking them questions about their brother and if they would be able to take them to an AA meeting and seeing who their support system is and how it only takes one person to help them out.

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

I found that one thing that I said that I could have said better was when I was doing med pass for the patient and they were having hallucinations at this time I told them that "I was going to give them 4mg of lorazepam and that this will make the spiders they were seeing go away". The

patient was confused at first because they felt as if the spiders they were seeing were very real to them but I try to re-orient my patient and tell that when going through alcohol withdrawals they may experience hallucinations. I believe that I could have said it better with “I have lorazepam 4m to give you and this is going to be to decrease your anxiety that you have been experiencing when asked by the assessment nurse” I think this is better statement for the patient because my original statement could have come off as insensitive to the patient and decreased their willingness to want to open up to me and may become argumentative about the facts the spiders are their.

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.).

**Collaborative communication that I used during my simulation was my student nurse partner when the patient got up out of bed and their CIWA score was above a 12 they were in no shape to be getting up because of the risk for falling so we both directed the patient back into the commons area to try and get the patient to sit down. I was able to use the lab for the patient’s alcohol blood level that I found to use to educate the patient of the result that we have found in their chart and try and assess their drinking habits.**

**Reflecting:**

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

One thing that I implemented was educating the patient in regards to going to AA group such as artisans. Even though the patient was in denial I seen that this would be an important education piece to have before they get discharged. The patient felt as if the education for AA would be unnecessary considering they don’t have a problem with alcohol but they were still opened to what I had to say. At least planting the seed would let the patient know there is a group out their that is going through the same situation and this was given in their discharge packet as well with the 24/7 hotline if they may need it at anytime.

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

During my scenario I thought that the patient was going to be at a high score for the CIWA but come to find out they were at one of the lowest scores of 8 so the patient still wasn’t fully experiencing withdrawal symptoms. Knowing they were still going to be coherent I tried asking them assessment questions now such as the CAGE assessment and tried educating them in regard to the different support groups they could attend because if the withdrawal symptoms progressed they weren’t going to want to hear anything I have to say in regards to the education and assessment because they are going to be too uncomfortable. I tried getting the background information about how the death of their friend may have made them feel and the patient completely shut the conversation down and ignored it so then I decided to step back from that topic to try and not aggravate the patient.

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



Nursing
Flow Sheets
Provider
Labs & Diagnostics
MAR
Collaborative Care
Other

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**NURSING NOTE**

Date 06/27/2024 0900	<p>Came into patient's room and walked into them being slouched, face down, and had bruising on top of forehead along with bruising on their right arm experienced on the medical surgical floor. Took patient's vitals and their blood pressure was elevated at 156/97. Asked patient the CAGE questions were they responded "no" to C on cutting down on drinking , responded "yes" to A being annoyed when asked about drinking, Responded "no" to G on feeling guilty about their drinking and no to the question "E" being the eye opener and see if they wake up and feel like they need a drink right away. Educated patient on their blood alcohol level being above a .2 and were they stated "their must be a mistake in your system because I don't drink". I asked if the patient knew why they were admitted on 1S and to that they responded "yeah because I fell upstairs". I educated patient in regards to the behavioral unit. Patient educated on the services for artisans and they appeared to be scratching the side of their hands and not giving me eye contact during education. Patient appears to be in a state of denial and does not want to talk about their problems with alcohol and their coping skills in regards to their friends death. Let patient have some time on their own and notified them that I am on the unit if they need me for anything.</p>
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Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

I have opportunities for improvement in the aspect of therapeutic communication. I think that there are things that I could word better that can have the patient feel less defensive on their situation. I also think that I can improve on providing education at a better time for the patient when they are less aggravated and more open to the information being given to them. Steps that I am going to take to try and improve these skills would be give it time and be yourself when communicating with the patient. I feel as if they know when your taking to long to talk and looking for the right answer they want someone to be real with them and not make them feel like they are talking to a robot. I will look at different example in the book in the therapeutic communication chapter to try and get more comfortable with what to say to patient's. For the education piece I will try and save that for the end of their stay with discharge because after going through all the symptoms and feeling better than they do coming in they may be more receptive to what one has to say.

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? Explain.



Before: I knew the patient was going to be an alcohol withdrawal patient based on the packet we had gotten to review for the scenario. I haven't had a patient with that problem just yet so I wasn't sure how different it will be.



During: I felt awkward during some portions of the clinical because I was running out of things to say



After: I am able to celebrate with my classmates that we were able to finish that clinical with helping each other out.