

## PROCESS RECORDING DATA FORM

Student Name: Kaden Troike

Patient's Initials: KH

Date of Interaction: 6/26/24

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

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

My patient is a 22 year old female, currently not married but has been in a long term relationship with her boyfriend for a couple years. She was admitted into the behavioral unit for unspecified psychosis and having suicidal ideations, a loaded gun in her car, and also homicidal ideations asking "how many soldiers she killed in the war". She was involuntarily admitted "pink slipped" from Fisher Titus in Norwalk.

- List any past and present medical diagnoses and mental health issues.

My patient does not have any past medical diagnoses, only a family history of cancer and schizophrenia. She never had any previous mental health issues and this is the first time she has been hospitalized for mental health issues.

- Occasional drinker of 1-2x a month
- Vapes occasionally for nicotine relaxation
- Irritable and anger turned inward
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.

Pre-interaction:

Before interaction with my patient, I felt very nervous to talk to her and to get to know her because I didn't want to say the wrong thing or provoke a trigger that would cause her to lash out at me. I also wanted to be cautious about my body language and conversate with eye contact to show that I was interested in her story and what she was saying to show I cared.

Post-interaction:

It started off a little slow because I could tell she was a little guarded and irritable during our first interaction due to her boyfriend hanging up on her and wanting to shower. But after the first therapy group we conversated for about 15 minutes about her interests and she became more comfortable and

willing to talk. At this point I felt relaxed because we shared music tastes, favorite songs, goals, and career paths. She was really interested in surgery when I shared my experiences on clinical witnessing a total hip replacement.

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

In the milieu, I found my patient on the phone talking to her boyfriend. Others were either sleeping, at the nurses station requesting meds, quietly watching the TV, and a few playing uno. After I administered her medication she requested to shower and we went our separate ways for an amount of time. A couple of patients were walking around the unit back and forth non-stop quietly. Patients that have been there longer were introducing themselves to the newer patients. I must agree that what is going on in the milieu does affect the patient because the patients would feed off of each other whether it was egging each other on to do or say something, instigating, or correcting each other. I felt that if there was tension between patients, all patients could sense it and it affects the moods and choices of others in the milieu.

#### **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).

**-Impaired Mood Regulation** (Morgan & Townsend, 2020)  
-Deficient Knowledge related to financial status  
-Anxiety  
-Impaired Sleep Pattern

Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)

Suicidal Ideation  
Homicidal Ideation  
Anti-anxiety medication  
Anti-psychotic medication  
Psychosis  
Unrealistic  
Anger turned inward  
Low Vitamin D  
Anxiety  
Paranoia

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

Recurrence of psychotic episode

- Confusion
- Paranoia
- Aggression
- Panic

#### Recurrent thoughts of suicide or death

- Hopelessness
- Isolation
- Flight of thoughts

#### Decreased medication compliance

- Psychotic break
- Hallucinations/Delusions
- Aggression
- Anxiety

#### Altered sleep pattern

- Insomnia
- Agitation
- Weight change
- Restlessness

#### Substance abuse

- Intoxication
- Hallucinations/Delusions
- Withdrawal
- Overdose

### **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.

1. Assess anxiety, depression, suicidal ideation, and safety responses 2x/day at med pass - to promote patient safety, identify possible need for suicide precautions or 1 on 1 monitoring, and improve mood regulation.
2. Monitor for signs of psychosis during all interactions with patient daily - to protect the patient from self harm, harming others, and worsening of the mental state.
3. Identify trigger behaviors that interfere with the patients mood and thought process q8h - to promote therapeutic communication by expressing emotions and identify ways to prevent, overcome, or cope with stressors.

4. Attend therapy groups 2-3x a day- to provide the patient with essential education to improve coping mechanisms, communication techniques, psychopharmacology therapy, and overall mood.
5. Educate patient and support system on medications, side effects, adverse reactions, and when to contact the health care provider with certain side effects during stay before patient is discharged. - to provide education and knowledge to patient and support system to promote improved quality of life.
6. Meet with a counsiler 1x a week or PRN - to promote patient expression of emotions, concerns, progress, and identify early signs of decline in mental health status. For example depression or suicidal ideations.

- Identify a goal of the **therapeutic** communication.

A goal of the therapeutic communication was to build a therapeutic relationship by building rapport and gaining the trust of my patient. This allowed me to care for her on a personal level by understanding what she is going through, her past, why she feels the way she does currently. By doing this it promotes the overall safety of my patient because she viewed me as a friend and not another healthcare worker asking questions for charting, or an assignment.

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

Three strengths of the therapeutic communication was that it provided guidance to the conversation by allowing me to format open ended questions that would give me the information I was desiring, but also allowed her to express what she was/is experiencing. Secondly, it allow my patient to feel understood but also cared for. She didn't have much contact with the nurses and they never connected with her on a personal level. My patient told me "Thank you for listening that doesn't happen a lot in here." Lastly, it really felt like it was helping the patients I talked too. You could immediately see the difference in demeanor when talking to them and then they began to conversate with other patients and being positive and lifting other up.

Weaknesses: (provide at least 3 and explain)

A weakness of the therapeutic communication would be that it can be overstimulating to a lot of patients because some responses can be complex or agitate them due to the amount of thinking required. Secondly, it could possibly lead to traumatizing triggers, stressors, or past experiences someone may have experienced or are experiencing due to probing patients to get the answer the healthcare worker wants. Thirdly, it could provide false hope to the patient's and cause them to think if they say certain things they can get out sooner or they can take advantage of the questions being asked and interrogate the health care. This could cause nurse burnout or mental problems of their own from the things flipped onto them at work.

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

A barrier that I encountered with my patient was cultural word pronunciation differences. She was raised using different words or phrases. For example she would call something that I call "cool", she would call "art" or "That's art". She also tended to talk very fast and in a soft tone that would make it difficult to understand. Another barrier I noticed was distractibility. There are lots of things going on in the unit at once whether it's people talking or being loud, playing games, walking around, the TV is on, or bright lights. She would zone out and fixate on things going on around the unit causing me to have to repeat questions and answers. Lastly, I would say the willingness to talk or stubbornness of the patients due to some of them just not wanting anything to do with you, answering with one word or head nods, or it's because they are hearing voices or seeing things. Which is completely understandable with what people have going on.

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

There are a few social determinants of health that I can think of that apply to my patient. Firstly, lack of support due to her family being from Cleveland, Ohio and her limited communication to her boyfriend due to hospitalization. Also, low income because she stated that she needs a second job to help pay her bills. Lack of knowledge only because she stated "I want to be an orthopedic surgeon, and the military will pay for all four years so I can party for 10 years and be able to afford it." The benefits provided by the military will cover a four year university degree but surgeon's have multiple years of med school and residency that can accumulate lots of debt. She also stated "I had two job offers making over 150k a year but I turned them down for more money." Lastly, she stated "I want to use social security and disability money to pay for my schooling." However, she does not have a disability at the moment.

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

I could've asked more questions that revolved on more specific answers, I feel as though I was being overly cautious on giving broad openings so I didn't say the wrong thing or offend her. I also could of been more theraputic with some of my responses to her answers by providing feedback or positive reinforcement rather than just noding my head and smiling or saying "I understand". Lastly, I could have offered to talk to her in a more private location for example like down the hallway where other can't hear the conversation incase she didn't want others hearing or knowing about her life.

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 <b>(use Table 5-3, 5-4 and 5-5 in textbook for reference)</b>
"Hello (pt name) My name is Kaden and I will be your student nurse today and we have some meds for you." (Approaching pt with WOW and meds)	"Hello...okay" (smiling)	I felt okay because she responded smiling.	Therapeutic: I stated who I was so she was not confused or alarmed.
How are you feeling today? (Standing next to patient holding eye contact)	"I'm alright but kind of upset that my boyfriend hung up on me when I was saying goodbye." (sad body language)	I felt sorry for her because you could tell it meant a lot to her talking to him.	Therapeutic: I gave a broad opening asking how she was today.
"Tell me a little about yourself?" (Sitting directly accross the therapy table)	"I'm in the Ohio Army National Guard, I like to make art, working out, and listen to music." (smiling while looking at other patients)	I felt that she wasn't interested in the conversation due to not looking at me.	Therapeutic: I gave a broad opening asking about her and what she likes to do in her free time.
"What is your specialty or job in the military?" (Interested in conversation and holding eye contact)	"I've had multiple jobs like security, administration, sales, and recruiting."(Looking directly at me with no facial expression)	I felt that I had mentioned something she liked to talk about and wanted to continue the conversation.	Therapeutic: I was focusing the conversation on her military job titles to get more information about her employment history

<p>“How long have you been in the Ohio National Guard?”</p>	<p>“I signed up right after highschool at 18 and I’m 22 now so 4 years.” (Coloring and glancing up at me)</p>	<p>I felt that she no longer interested in what I had to say.</p>	<p>Therapeutic: Focusing again on her military experience to get more information</p>
<p>“Why do you like working out so much? Is it to stay fit for the military?”</p>	<p>“I like to stay in shape and it makes me feel better” (smiling) (Didn’t answer the other question)</p>	<p>I felt that she was confident in her strength wanted to intimidate others.</p>	<p>Non-therapeutic: I was probing and revolving too much around the military.</p>
<p>“What is your goal or maybe dream job?”</p>	<p>“I want to be an orthopedic surgeon because I think it would be cool to fix people.” (Smiling and wanting to say more)</p>	<p>I felt comfortable because we both shared the quality of wanting to help others.</p>	<p>Therapeutic: I was exploring more into her future aspirations.</p>
<p>“Have you ever got to see a real surgery?”</p>	<p>“No. Have you?” (Tilted head with eye contact)</p>	<p>I felt bad because I explained my opportunity in clinical to see a total hip and didn’t want to spoil it.</p>	<p>Nontherapeutic: It was a yes or no question and I was oversharing when she didn’t ask.</p>
<p>“How has your treatment and mood been going since you got here?”</p>	<p>“It’s alright, but I do feel I am in a better mood recently and like have more motivation to workout.” (Smiling and looking in my eyes)</p>	<p>I felt bad at first when she said it’s been “alright” but then happy for her when she mentioned her motivation increased.</p>	<p>Therapeutic: Opened ended question that allowed her to express all the details she wished.</p>
<p>“We talked for maybe 10-15 longer minutes about exercises (especially pushups) and rep ranges to increase muscle hypertrophy.”</p> <p>I responded with “Maybe try 4 sets of 10 or 3 sets of 12-15 reps.”</p>	<p>She stated “I have been doing 3 sets of 10 reps but feel I can do a little more.” (Confident body language and rubbing her arms)</p>	<p>I felt great because it was something I knew a lot about and she was very happy to challenge me in pushups but I declined.</p>	<p>Therapeutic: I gave her recognition for being able to do a lot of pushups and not being tired. Also formulated a plan of action to increase her strength.</p>

Morgan, K. I., & Townsend, M. C. (2020). *Pocket Guide to Psychiatric Nursing* (11th ed.). F. A. Davis Company.  
<https://bookshelf.vitalsource.com/books/9781719645133>