

Firelands Regional Medical Center School of Nursing
Faculty Manual

Psychiatric Nursing 2025

Reflection Journal Directions:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document and must be at least 750 words in length. Your reflection journal should be a minimum of 750 words (not including the questions). Submit your journal to the appropriate dropbox (Simulation Reflection Journal) by **Saturday June 28, 2025 at 2200.**

Responding:

- **Summarize your clinical judgment utilized in this scenario by discussing all relevant data you noticed, how you interpreted this data, and how you responded. Do you feel your response was appropriate? Explain.**

Upon the first interaction with the patient in this simulation scenario, I observed that she looked tired and withdrawn. After asking, she told me that she has experienced insomnia recently. She also expressed struggling with grief and depression after the loss of her best friend and companion, Frankie, whom she has been close with for 44 years. All of her vitals were within normal limits except for her blood pressure, measured at 148/82. Additionally, I recognized that she had a small abrasion above her left eye, as well as bruises on her arm. I made note of her appearance as well; She had mismatched socks with messy hair and makeup. After asking open-ended questions about substance use, she denied the use of alcohol. I also noticed in the Medication Administration Record that the patient had an order for Thiamine (Vitamin B-1).

I interpreted this data in ways relating to her past medical history, diagnosis, and situation at hand. The high blood pressure is due to her history of hypertension but also can be a symptom of the alcohol withdrawal she is experiencing. I also think that the grief and depression the patient is experiencing can be a precipitating factor to why she is abusing the use of alcohol. She also could be having insomnia from both the grief and anxiety from the loss of a good friend and part of the withdrawal symptoms. The abrasion and bruising over the course of her body is due to the fall she experienced at home, likely due to alcohol intoxication. The physician's order for Thiamine (Vitamin B-12) is due to the insufficiency of the vitamin in her body from the alcohol abuse. Although she is denying the use of alcohol, this lab finding can be a reliable resource. I correlate the poor judgment in choice of clothing and appearance to be from a variety of factors: The dependency of alcohol, the grief she is experiencing, and the depression and low mood caused from her best friend passing away. She may be using alcohol as a coping mechanism to numb the pain and loneliness, as she lives alone.

In every interaction with my patient, I always tried my best to practice therapeutic communication techniques to avoid any agitation and negative responses. I responded to her feelings of grief and depression in a non-judgmental way, allowing her to speak without

interruption. I utilized active listening techniques like maintaining eye contact, nodding, and times of silence when appropriate. I introduced the idea of education regarding positive coping mechanisms, and community resources for her mental health. I do feel like my response was appropriate because the patient expressed gratitude and a willingness to listen to information given, without getting observably overwhelmed.

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

I would describe my communication with my patient as therapeutic and professional. When preparing for this simulation and looking at my objectives, I really focused on practicing interactions for a mental health patient in distress. An example of this would be when the patient said, “My best friend, Frankie, passed away”. I replied with, “I am so sorry to hear that. It sounds like she meant a lot to you, and that kind of loss can be very painful”. I felt that this specific interaction helped to develop rapport and trust regarding the nurse and patient, allowing for more comfortable conversations moving forward.

- **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 the healthcare provider, case management, pharmacy, etc.).**

I had great collaborative communication in the scenario with my student nurse partner. I reported off both the CAGE-AID Questionnaire and CIWA scale scores, so the medication nurse could further evaluate and treat the patient. Upon my observation, I assessed my patient’s CIWA score, which totaled to a 1. I made the other student nurse aware, so we looked at the protocol for when to administer Lorazepam (Ativan). The resource showed that we did not have to give her the substitution therapy based on her withdrawal symptoms at this time.

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

One example of communication that could use improvement for upcoming experiences is my body language. My improvement is not necessarily something that needs to be reworded, however, the body language that you exhibit helps guide the comfortability of the interactions. When I was speaking to the patient at the bedside, I was constantly thinking about what I could do or say to make the patient feel more comfortable speaking on such vulnerable concepts about themselves. I think that sitting down with a patient, especially in a psychiatric unit is good practice, as long as it is safe and appropriate in the situation. This can help build trust and less feelings of intimidation (looking down on the person) and shows the

patient that we are fully present and listening to their feelings. I would be curious to see if I implemented this, how the conversation would have resulted differently.

Reflecting:

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

An example of one teaching need that I identified was the education of positive coping mechanisms. The patient expressed feelings of depression and grief after the tragic loss of her best friend, Frankie. This caused her to have a low mood, no pleasure in doing activities they used to enjoy, as well as getting little to no sleep at night. I did not have the opportunity to implement these teaching needs due to being low on time during the simulation. I wish I did have a moment to do so because the patient was quite calm and relaxed, besides feelings of mild anxiety, at this point in the simulation scenario.

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

I was not expecting the patient to deny the substance abuse of alcohol. When she expressed this, I had to think deeply about how I wanted to guide the conversation. I did not want to provide nontherapeutic communication like the technique of challenging, which is where I dismiss her feelings and that the lab values show otherwise. This makes the conversation feel confrontational, increasing the chance of the patient becoming defensive and combative. I adjusted my nursing care to these expectations by validating and respecting their feelings, while also presenting the reality of the reasoning why they are admitted to the hospital.

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

The image shows a screenshot of a software interface for writing a nursing note. At the top, there is a navigation bar with several tabs: "Nursing" (which is selected and highlighted in dark blue), "Flow Sheets", "Provider", "Labs & Diagnostics", "MAR", "Collaborative Care", and "Other". Below the navigation bar is a black header with the text "NURSING NOTE" in white. The main content area is a white box with a thin border, divided into two columns. The left column is labeled "Date" and contains the text "June 26, 2025". The right column contains a detailed narrative of the patient's condition and care, including information about their grief, physical injuries, substance abuse denial, and the nursing interventions provided.

NURSING NOTE	
Date June 26, 2025	The patient complained of feelings of tiredness, grief, and depressive state after best friend of 44 years passed away. Patient has a small abrasion above the left eye and bruising on their arm as a result of a fall at home. Patient denying substance abuse of alcohol. However, the patient answered "yes" to 3/4 questions on the CAGE-AID Questionnaire. The CIWA-Ar score was 1; Lorazepam (Ativan) was not needed at this time. Patient was introduced to the concept of educating on positive coping mechanisms and community resources for their mental health. Call light was placed within reach. Will reevaluate the CIWA-Ar scale every 4-8 hours or every 30-60 minutes if a dose of Lorazepam (Ativan) was given.

- **Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?**

After reflecting on areas of improvement for future clinical experiences, I have concluded that I want more experience in therapeutic communication techniques and education sessions. I do think that that this will only come with practice and more exposure to situations like such, but I can also learn a great deal of knowledge and therapeutic communications from skilled nurses. I can observe them, seeing how they build trust in a nurse-patient relationship and well as de-escalate certain situations. For education sessions, I can utilize visual aids or videos for learning and more effective teachings.

- **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 Simulation – Focused

- When I was sitting at the table before the simulation began, I was looking over my notes and preparing for the scenario and my role as the assessment nurse. I tried to maintain calm and stay in the zone with the knowledge I have acquired.

During Simulation – Overwhelmed

- When I was completing the assessment on my patient, I was feeling overwhelmed trying to remember all the education points and communication techniques I wanted to implement into my nursing care while also thinking critically. It was a lot different having simulation with a real-life patient, so I think that also made me second guess myself sometimes.

After Simulation – Relieved

- Immediately after my part of the simulation was over, I felt a sense of relief come over me. I was able to give the second half of the scenario their SBAR report on the patient and what nursing interventions were conducted. After, I observed the student's great work from the seating in the simulation room!