

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.

During the report I noticed that my patient had been in the hospital for a couple of days on a surgical unit but is now in the psychiatric unit. She was admitted due to alcohol use causing a fall, it was said that she had multiple bruises and an abrasion on her eye. Her last drink of alcohol was said to be three days ago. Overall, it was said that she was uninterested in conversation, overwhelmed, denied suicidal ideations, and had some anxiety and depression. Once I received a report, I knew that it was time to complete a new set of vital signs, a new CIWA assessment, mental evaluation, Cage-aid questionnaire, and an assessment of her injuries. I knew these assessments needed to be done because it was the beginning of the shift and the patient had been transferred to the psychiatric unit regarding alcohol use disorder with alcohol withdrawal syndrome. As I entered the room and observed the patient, I noticed that she seemed to be calmly lying in bed resting. As I started to communicate with her, I noticed that she was calm, and answers to questions were short and direct. I got a set of vital signs which included: BP: 150/82, HR: 98, T: 98, RR: 18, and SPO2: 97%. I did communicate these with the medication nurse, and she was administered her blood pressure medications as ordered. Her mental status evaluation score was 30, CIWA scale score was 2, and response to Cage-aid questionnaire suggested denial. Knowing she had bruises and an abrasion I assessed those and determined that they were healing as expected. She rated her anxiety a 4/10, depression 2/10, and denied any suicidal ideations. Since the patient was not agitated, was calmly lying in bed, and was not overwhelmed I decided to try and have some conversations with her. Her responses were short, and she did not seem interested, so I did not push more questions onto her. Before leaving the room, I made sure to mention some resources that could be available to her when she is ready. Since she was in complete denial regarding her situation, I did not want to push this too hard but ensured to mention it and then let her rest. Overall, I do think that my responses were appropriate. I was able to complete all assessment aspects and use therapeutic communication when interacting with the patient. I was able to observe the patient and use opportunities to try and educate and have conversations with the patient. When having conversations and observing the patient I was also able to identify when not to ask specific questions and read her tone and body language.

[Ex. I noticed that my patient only produced 325 mL of urine in the last 24 hours, weight increased 1.5 kg since yesterday, BP is decreased at 90/58, and their lower extremities have 2+ pitting edema. Additionally, the urine analysis showed proteinuria, serum sodium 132, potassium 5.6, BUN 47, creatinine 2.9. This coupled with the admitting diagnosis of severe dehydration due to vomiting, limited oral intake, the patient's age (75) and a history of diabetes mellitus type 2, I interpret this to mean that the patient is likely experiencing an acute kidney injury (AKI). I would respond by initiating strict I&Os, performing daily weights, elevating the lower extremities and notifying the healthcare provider with requests for the following orders: telemetry, a potassium reducing agent, low sodium and potassium diet, and IV fluids.]

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

Overall, my communication with the patient was therapeutic and professional. There were multiple incidents where I was not sure how to respond to her. However, I did my best when responding and do believe that it was still therapeutic. Once I went through all the questionnaires, I tried multiple times to offer self. Offering to have her direct the conversation and talk about topics of her choice. I also used the therapeutic techniques of using silence, restating, making observations, verbalizing the implied, and attempting to translate words into feelings. Another main therapeutic technique that I used when communicating with the patient was presenting reality. She was in extreme denial regarding her alcohol use and the reason as to why she was in the hospital. An example of how I connected with my patient was by establishing therapeutic communication and relationship. While I was not able to spend an entire shift with her, I do believe that the way I communicated with her helped aid in connecting and forming a nurse/client relationship. Approaching the situation calmly while using therapeutic communication techniques allowed her to be able to tolerate the conversations and open up slightly. She expressed that her friend had passed away and that she had been struggling a little bit lately. I do believe a connection was made based on the client expressing some concerns regarding the passing of her friend, having anxiety, and disrupted sleep patterns.

- 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.).

An example of collaborative communication that I utilized during this simulation was with the medication nurse. Once I finished going through the CIWA scale with the patient I referred to the medication nurse to give her an update. She needed the scale information to be able to medicate the patient appropriately. I obtained a score of 2 on the CIWA scale regarding the patient and when I let the medication nurse know we investigated the MAR to view the orders. When looking at the orders we decided that per

protocol the patient was not to be medicated with lorazepam. However, the other routine medications still needed to be administered because they were due.

- 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 my communication that could use improvement was when providing education to the patient regarding community resources. Before leaving her room, I made sure to mention the resources that could be available to her. Explaining that there are support groups, groups for recovery, individuals that suffer with substance use, and therapy with a counselor. When explaining this I was not confident and my words were all over the place, since she was in complete denial it made this conversation uncomfortable. Since I was so uncomfortable, when I tried to explain the resources, it came out as “So there are some resources available within the community, telemedicine, support groups, counseling one to one....”. I was hesitating to talk and wasn’t getting my words out properly. Next time, I would ensure to take a second to gather my thoughts and grab the paper resources to be able to hand to her. Using the paper resources would’ve also given me some guidance when explaining what was available for her. Once gathering my emotions, I would’ve reworded this as “I have some resources here for you when you are ready to look them over. There are support groups within the community that range from generalized support to focusing on substance abuse or trauma. There is also always the option of setting up an appointment with a therapist to do one to one therapy.”. Communicating more appropriately and professionally while providing physical sheets regarding the information.

### **Reflecting:**

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

A teaching need that I identified and implemented education on was regarding the client’s denial and lab values. The patient was denying all alcohol use other than occasionally in the social setting. She explained that she just fell and that why she was in the hospital, stating that it had no relation to alcohol use. When recognizing her denial, I ensured to provide information regarding her situation. Hoping she would be able to understand, be brought to reality, and open up. I explained the facts of her case, that she fell due to intoxication of alcohol and that her blood alcohol level on admission supported that. After this teaching she was still in denial regarding her situation and did not understand why she would need any resources regarding substance use.

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

I was expecting the patient to be in more distress and not as calm as she was. When walking in I observed the environment and the patient. I noticed that she was resting in bed calmly and not agitated. Once I realized that this was different compared to my expectations I adjusted as appropriate. I utilized the time that I had with my patient as best as possible. Taking this opportunity to complete assessments more in-depth, communicating more, and educating. Another aspect of the simulation that I was not expecting was the patient being in complete denial regarding her situation. Once I realized this, I provided education and used therapeutic communication to try and present reality and the facts to what was actually going on.

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

NURSING NOTE	
Date January 11, 2025	<b>Example:</b> Patient complains of pain in the right foot rating it a 5 on a 1-10 scale that is achy and radiates to the lower calf. Patient reports heat and medication have helped relieve the pain. Ibuprofen administered as ordered for pain. Right foot elevated on a pillow and a K-pad placed over the area. Patient reminded to use call light if pain does not improve or worsens over time. Call light placed within reach. Will reevaluate in an hour to determine effectiveness of interventions.

NURSING NOTE	
Date June 25, 2050	<b>Example:</b> Patient is currently resting in bed disinterested in conversation and rates anxiety 4/10 with depression 2/10. Denies any suicidal ideations. Mental evaluation score was 30 and CIWA scale score was 2. Based off CIWA scale score no Lorazepam was given at this time per order. Bruising and eye abrasion from alcohol induced fall are intact, not actively bleeding, and are healing as expected. Patient is denying any alcohol use or problems. Will reevaluate in 30-60 minutes.

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

Some opportunities for improvement during this simulation for me was when providing the patient with resources along with my communication skills. While I did verbally explain some resources that are available for the patient, I did not hand her the papers with the information. She was calm but in extreme denial regarding her situation and explained that she just wanted to take a nap. To avoid triggering her I ultimately decided to explain that there are resources available for her and once she is finished resting, we could go over them in more detail and then I could provide her with the papers. I figured if she was more rested it may have been a better opportunity to provide resources along with her not being as in denial to her situation. Next time, to improve my responses and performance when caring for clients I will ensure to be more aware of the environment and the overall mood. Making sure to take opportunities when they are presented and being observant. Regarding this simulation I should have realized more that the client was extremely calm, not agitated, was not having active withdrawal symptoms, and was willing to tolerate the conversations. Other than her denial of alcohol use and not wanting to actively take part in communicating, it would have been an appropriate time to educate on community resources. Overall, this experience regarding education was a good learning experience that will better my clinical practice in the future. Regarding my communication skills, I felt extremely awkward and was constantly worried about what to say and how to respond. When taking steps to better my communication skills in the future I will continue to practice and go over therapeutic communication techniques that are within the textbook. There are also some helpful YouTube videos that provide examples and practice scenarios. Experience with these patients will also aid in bettering my communication skills in the future.

- 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 the simulation I felt **prepared** for the simulation. I knew that I looked over all the material including reading the chapters in the book, watching relevant videos, went over relevant lecture material, and referring to previous Vsims. All of this helped me prepare for this simulation. During the simulation I felt **afraid**, worried about doing and saying the wrong thing and not performing my best. After the simulation I felt **pleased** with my performance during the psychiatric simulation. While I could have improved in some aspects, I think I did well overall.