

Firelands Regional Medical Center School of Nursing  
Psychiatric Nursing  
Process Recording Grading Rubric

Student Name: Chandra Barnes

Date:

Process Recording: #

Criteria	Possible Points	Instructor's Comments	Points
Process Recording is organized & neatly done; spelling & grammar are correct .	5		
Typed Process Recording	5		
<b>Assessment</b>			
Data form is complete. Including demographics, background information.	5		
<b>Nursing Diagnosis</b>			
Mental Health related	5		
<b>Planning</b>			
Therapeutic Communication Goal	5		
<b>Measurable objectives</b> (2) are written related to goal achievement.	5		
<b>Implementation</b>			
Direct quotes are used for all statements (student's and patients).	5		
Non-verbal behavior is described (student & patient).	5		
Student's thoughts and feelings are recorded.	5		
<ul style="list-style-type: none"> <li>• An analysis of the verbal &amp; non-verbal techniques is present using correct therapeutic communication terminology</li> <li>• Student feelings regarding the patient's verbal or nonverbal communication is described.</li> <li>• Appropriate nursing interventions are listed.</li> </ul>	20		
Communication has a natural beginning & ending; the conversation flows from sentence to sentence; and has a logical conclusion.	5		
There are at least 10 inter-changes between client & student.	5		
<b>Evaluation</b>			
<ul style="list-style-type: none"> <li>• Self evaluation of the Process Recording was completed.</li> <li>• Strengths &amp; weaknesses of the therapeutic communication were identified.</li> </ul>	15		
<ul style="list-style-type: none"> <li>• Were the objectives met?</li> <li>• What could have been done differently?</li> <li>• Barriers identified if appropriate.</li> </ul>	10		

Students must receive 77 points out of 100 to pass this assignment. The data process recording will be graded on Clinical Performance tool with a "S" or "U". The Nursing Process Recording is counted as clinical hours and missed or late assignments will result in missed clinical hours and must be made up.

**PROCESS RECORDING DATA FORM**

**Student Name:** Chandra Barnes

**Patient's Initials:** DW

**Date of Interaction:** 5/29/18

**ASSESSMENT**

- **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?**

My patient was an 18-year-old female, admitted with major depressive disorder, with a suicide attempt. She was brought to FRMC 1south after being taken to the ER in Port Clinton where she lives. She attempted to overdose on a bottle of ibuprofen and a bottle of Excedrin. She also attempted to cut her wrist. She lives with her father who is disabled, her step mother, and 5 brothers. She went to live with her dad a little over a year ago, when her mother was sent to prison for theft. She informed me that she had no prior relationship with her dad. She has been getting bullied at school by a couple of girls this year, and is also having a difficult time with one of her brothers that live with her. In her history, it stated that she attempted suicide twice in the last 12 months, but was sent home from the ER both times. It also has in her history that she has had seizures, but hasn't taken any meds for them in over a year. After talking to her at length about this, she informed me that she was on migraine medication that affected her brain, causing seizures, and once that was straightened out, she didn't have issues with seizures anymore.

- **List any medical diagnosis and medical health issues.**

- Major depressive disorder with suicide attempt
- Previous attempt of suicide X2
- History of seizures with no medication used X1 year (she informed me that she was taking migraine medication that affected her brain, causing seizures, but once her medication was straightened out, she was free of seizures)

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

**Pre-interaction:**

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I was unsure how I would feel about being with a patient who is 18 years old, going through so much so young, when I have a daughter who is 16. I also received some information from the nurse that took care of her the day before, that made me feel uneasy.

**Post-interaction:**

After meeting my patient, all of the doubts I had, went out of the window. It took her awhile to warm up to me and open up, but once she did, she didn't stop. I was really surprised at the amount of information she shared with me in such a small time we got to spend together. She has had a really rocky couple of years, and I hope that some of the coping skills we talk about, will help her in the future.

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

The milieu was good for my patient. While in group therapies and during meals, she was involved in conversations with other patients. During the day I spent with her, she attended every group that they had, including a drug and alcohol group to support one of the other patients. She didn't stay in the drug and alcohol group very long, because of a conversation that was being had about another patient's mother enabling her addiction. She was very talkative with some of the other young girls that were patients there, and I actually think having those girls there, helped my patient open up and be more talkative.

**DIAGNOSIS:**

- **Mental Health Nursing Diagnosis:**  
Low self-esteem R/T feelings of abandonment

**PLANNING:**

- **Identify a goal of the therapeutic communication.**  
Establish trust with my patient.
  
- **Identify measurable outcomes to meet identified goal of therapeutic communication.**

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- Student nurse will attend group and nursing therapies with patient at least 2 times during the day
- Student nurse will be honest with patient, listen, and be non-judgmental during interactions at least 5 times during the day

**IMPLEMENTATION:**

- **Attach Process Recording.**

**EVALUATION:**

- **Identify strengths and weaknesses of the therapeutic communication.**

**Strengths:**

My strengths with my patient was being an active listener. At first my patient was closed off, by the end of the day and our conversations, she was open and willing to talk to me about everything going on in her life.

**Weaknesses:**

My weakness, is not always being therapeutic. There are times when I felt like I should mother her, because of everything she was going through, that blinded me a little. Although everything worked out in the end, I need to remember that I will come in contact with patients that will be my children's age, going through hard times.

- **Were the outcomes met? Explain how the outcomes were met or any barriers to meeting the outcomes.**

Yes. The outcome of establishing trust with my patient was met by listening to her and being non-judgmental. I attended groups with her, and when she walked out of the drug and alcohol group because of a conversation she couldn't handle, I didn't push her to talk about it. I simply asked her if she would like to talk about it, and when she did, it was because she wanted to, not because I made her. I think she felt comfortable during our time together, trusting me, therefore talking and opening up, through body language and conversation.

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	Interview Content	Non-Verbal Reaction or Communication	Student's Analysis/Interpretation	Student's Feelings & Reactions	Nursing Interventions
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SN	"Good morning Destiney. My name is Chandra, I am a student nurse and I would like to spend some time with you today, if that is okay?"	Knocking on door, standing in doorway with a smile, calm, and friendly.	Therapeutic: Introducing self Asking permission to establish trust.	A little nervous because of her age, but felt good when I met her for the 1 <sup>st</sup> time.	Greeted patient.
C	"Sure."	Patient sitting on side of bed, looked up at me when I was talking, and looked back down to floor.	Patient sitting on side of bed waking up.	I felt patient was acting normal for just waking up. She looked up when I spoke to her, and replied to my question.	Standing in doorway of patient's room.
SN	"Breakfast is here, would you like to come down and get something to eat, before we talk? I can go with you if you would like."	Calm voice, standing in doorway of patient's room.	Therapeutic: Offering self	I felt like informing her that breakfast was here, and offering to go, might make her feel more comfortable in establishing trust.	Standing in doorway, offering to go with her to breakfast with her.
C	"Yeah, I'll be there in a few minutes."	Looking down at floor, sitting on side of bed.	Patient needed to get ready to come to breakfast. She looked exhausted.	I assured her that I would wait for her in the dining area, I assumed she needed to go to the bathroom and get ready for breakfast.	Acknowledged her response.
SN	"How are you feeling today?"	Sitting facing patient, making eye contact while talking.	Therapeutic: Giving broad openings	I wanted her to know that I cared, and wanted to start the conversation off light.	Sitting next to patient at eye level.
C	"I am really tired, the doctor increased my medicine."	Eating breakfast, making brief eye contact.	Patient observed to be tired, also expressed why she thinks she is tired.	She looked exhausted, and it made sense that she would be more tired than normal, because her medication is given at night	Remained seated.
SN	"How did you sleep last night?"	Sitting in milieu facing patient, leaning forward.	Therapeutic: Exploring	I wanted to see if she had different sleeping patterns then at home, due to being in a different	Sitting next to patient.

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				environment.	
C	"Good. I actually slept through the night."	Sitting in chair, legs drawn up to chest, looking down at feet.	Patient quiet, withdrawn.	I wanted to explore even more after she made this comment, because I didn't know if sleeping through the night was abnormal for her	Remained seated.
SN	"Is that not normal for you?"	Attempting to make eye contact, sitting in chair, leaning forward.	Therapeutic: Exploring	Continuing to try and establish trust, and want her to know that I care about her and her situation	Remain sitting next to patient.
C	"Lately I have been waking up a few times during the night."	Sitting in chair, legs drawn up to chest, making brief eye contact.	Patient remains quiet when talking.	Feeling bad that I can't fix her problems of being tired and kind of withdrawn/soft spoken	Sitting with patient.
SN	"Have you had any more thoughts of hurting yourself?"	Sitting in chair, attempting to make eye contact, leaning forward.	Therapeutic: Restating	This was a difficult question to ask. I felt a little uneasy when bringing this up to her.	Sitting with patient.
C	"No."	Sitting in chair, legs drawn up to chest, making brief eye contact.	Patient coming out of her shell. She is speaking in a normal tone of voice.	I felt she was being honest when answering this question.	Sitting eye level with patient.
SN	"Can you tell me what was going on, that made you feel like you had to take those pills?"	Leaning forward in chair, attempting to make eye contact.	Therapeutic: Exploring	Again, this question was hard to ask. I was uncomfortable asking, but knew I had to bring it up.	Sat with patient.
C	"I don't know."	Sitting in chair, legs dangling, looking away from me.	Patient doesn't trust student nurse yet, aeb not making eye contact.	I felt like she couldn't pinpoint one thing in her life that got her to the point of trying to take her own life.	Sitting next to patient, at eye level.
SN	"Is there anything going on in your life that may have you stressed out?"	Leaning forward in chair, making eye contact.	Therapeutic: Exploring	Beginning to feel comfortable asking my patient difficult questions. She is starting to not be so closed off, which makes me happy	Continue to sit with patient.

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C	"A lot has happened the past year."	Sitting in chair, making brief eye contact.	Trust beginning to be established.	Starting to feel sorry for my patient.	Sitting next to patient at eye level.
SN	"What kinds have things have happened?"	Leaning forward in chair, looking at patient, making brief eye contact.	Therapeutic: Exploring	Starting to establish trust. Just want her to know that I am willing to listen to her.	Remained seated with patient.
C	"My mom went to prison, and I had to move in with my dad."	Sitting in chair, glancing between me and the floor.	Patient anxious about topic of her mother.	I felt heartbroken at this point for my patient. To be so young and going through any of this makes my heart ache for her.	Sat with patient, listening.
SN	"That is a big change for you. How do you feel about that?"	Sitting in chair, making eye contact with patient.	Non-therapeutic: Requesting an explanation	Trying to see how she felt with everything that happened at this point.	Sitting with patient, listening.
C	"Yeah, I didn't have a relationship with my dad until this happened."	Rubbing right arm, making eye contact with me.	Patient calm	Feeling bad for her that at the age of 17, she didn't have a relationship with her dad, until she had to move in with him.	Continue to sit with patient.
SN	"How is your relationship with your dad now?"	Sitting next to patient in chair, leaning forward, making eye contact.	Therapeutic: Exploring	Really hoping at this point she has a good relationship with her dad, considering she never really did until a year ago.	Spending time with patient, listening.
C	"Good."	Sitting in chair, looking at me.	Patient smiling, calm	Feeling a little better about the situation she is in, considering she does have a good relationship with her dad.	Continue to sit with patient.
SN	"So, you have 5 brothers?"	Making eye contact, sitting facing patient, leaning forward.	Therapeutic: Offering general leads	Trying to see if patient has a sibling she confides in and can express feelings to when she is stressed or overwhelmed.	Remain seated next to patient.
C	"I have 5 brothers that I live with and an	Making occasional eye	Establishing trust.	I have a sense that none of the family is	Sitting eye level, next to the patient.

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	older sister.”	contact with me and looking at the floor.		close to each other when she answered this question.	
SN	“How is it living with 5 brothers?”	Making eye contact, facing patient, leaning forward.	Non-therapeutic: Probing	Feeling bad for my patient	Listening, remain sitting next to patient.
C	“Most of the time good, but I just found out my brother who is a year younger than me, just told the whole school that I tried killing myself.”	Making eye contact with me and maintained while talking.	Trust established.	Feeling angry at her brother for announcing what she did to everyone school, and feeling sorry for my patient having to deal with that when she goes back to school	Continue to sit with the patient.
SN	“How does that make you feel?”	Making eye contact with patient, leaning forward in chair next to her.	Therapeutic: Exploring	At this point I was trying not to be the motherly type, because my heart was breaking for her	Sitting with patient.
C	“I can’t believe he did that. I already get bullied by some girls at school for being quiet and different, and now they know my personal business.”	Making eye contact, rubbing right arm.	Trust Patient voicing frustration	Now I am really angry at him, because he knows that girls were bullying her at school, and now have this information about her to bring up	Continue to sit with the patient.
SN	“Do you have ways to you deal with negative things in your life?”	Maintaining eye contact, leaning toward patient.	Therapeutic: Exploring	At this point, I am trying to figure out anything that I could help her come up with, to make her feel better	Showing concern. Remain next to patient, listening.
C	“Not really.”	Looking down at the floor.	Patient looks ashamed that she doesn’t have any plan of dealing with stressors.	Feeling like we had a trusting relationship, I wanted to come up with ways to help her	Remained seated.
SN	“How about we talk about some coping mechanisms that can help you when you are feeling stressed.”	Leaning toward patient, attempting to make eye contact.	Therapeutic: Offering self Formulating a plan of action	Teaching her coping mechanisms, made me feel good, knowing that I could possibly be teaching her something that	Educating patient on coping mechanisms, that can be used in times of stressful situations.

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				will help her down the road	
C	"Yes, that would probably help a lot."	Making eye contact with me.	Recognized the patient needs help establishing techniques to deal with stressors in her life.	She was very receptive to learning coping mechanisms. She seemed engaged and interested, which made me happy	Remained seated. Talked about coping mechanisms and triggers that may indicate need of using them.

Process Recording

Note: Students as you type in the cells the cells will expand.