

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

Student Name: Kelly Wilson Date: 6-25-21 Process Recording: #

Criteria	Possible Points	Instructor's Comments	Points
Process Recording is organized & neatly done; spelling & grammar are correct	5		
Typed Process Recording	5		
Assessment			
Data form is complete. Including demographics, background information.	5		
Nursing Diagnosis			
Mental Health related	5		
Planning			
Therapeutic Communication Goal	5		
Measurable objectives (2) are written related to goal achievement.	5		
Implementation			
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		
An analysis of the verbal & non-verbal techniques is present using correct therapeutic communication terminology	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		
Evaluation			
<ul style="list-style-type: none"> • Self evaluation of the Process Recording was completed. • Strengths & weaknesses of the therapeutic communication were identified. 	15		
<ul style="list-style-type: none"> • Were the objectives met? • What could have been done differently? • Barriers identified if appropriate. 	10		

Students must receive 77 points out of 100 to pass this assignment. The data process recording will be graded on Evaluation of Clinical Performance tool with a "S" or "U". The Nursing Process Recording is counted as 4 clinical hours and missed or late assignments will result in 4 missed clinical hours and must be made up.

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PROCESS RECORDING DATA FORM

Student Name: Kelly Wilson

Patient's Initials: T.P.

Date of Interaction: 6-24-21 and 6-25-21

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?
- Present at the ER 36 yr. old female with audible and visible hallucinations and possible personality split disorder. Patient was voluntary brought in by husband after the hallucinations started. Patient currently lives with husband, daughter, and mother-in-law. Denies current use of methamphetamine and cocaine use, stating having been sober since 8-6-2020. Is currently employed as a housekeeper for a sailboat property. Pt. states having a supportive relationship with husband who has help her into rehab prior to this admission after having to go pick her up from Florida where she was currently living with her drug dealer. Pt. stated that she called her husband to let him know that her second personality with the initial J. was telling her to continue to do drugs and kill her drug dealer. Confided in husband that J. was a cold pathologic, drug enticing, homicidal person in whom she was afraid of. Husband came and pt. returned living with husband to attempt to get her life pack on track for her family. Pt. has experienced manic episodes, depressive states, with little to no energy and still intermittently has homicidal thoughts toward drug dealer who now lives in Texas. Pt. is originally from San Diego California.

- List any medical diagnosis and medical health issues.
- Alternate personality disorder, depression, psychosis, anxiety, seizures, asthma
- HX of homicidal tendencies, suicide attempts, depressive disorders
- Hx. Of cocaine and methamphetamine use
- Hx of alcohol use
- Current smoker
- Family Hx. Of alcoholism

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

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Pre-interaction:

Prior to interaction, after listening in report about my patient history, I immediately felt a strong sense of sadness for her. I thought about how I would be able to begin to communicate with her, without her fearing that I am just a nursing student needing a patient to use as my clinical assignment. I decided I would sit down by her smile and blend myself in as another person just being there and try to find a common ground I could use to make her feel comfortable and at ease with me. I immediately knew I wanted to listen to her whole story and understand from her perspective what her life has been like and how it got to this point.

Post-interaction: At the beginning she was hesitant to talk to any one of students, but after sitting down next to her and smiling at her, she then smiles back and I proceeded to start up the conversation with a common ground observation of how I loved her sweater that stated I love coffee, then state how much I love coffee as well. Then we began our first conversation.

- Describe what is happening in the “milieu”. Does it have an effect on the patient?
- Milieu therapy is a structural environment to effect behavioral changes and to improve the psychological health and functioning. This type of environment provides structure, involvement, support, validation, and containment. Yes, I do feel like this benefits the patient, this type of inpatient facility allows to feel safe from the outside distractions, allows her to learn to cope with her issues she is struggling with at her own pace with no judgement. She able to be involve with others that are going through similar experiences. This also provides her a safe environment where she is unable to harm herself. I feel like my patient wants to be involve herself and open and the group activities and therapy are beginning to do that for her.

DIAGNOSIS:

- Mental Health Nursing Diagnosis:
- Ineffective coping related to severe level of anxiety, repressed
- As evidence by the presence of more than one personality within the individual

PLANNING:

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- Identify a goal of the **therapeutic** communication.
- Explore feelings that client experienced in response to the stressor. Help client to understand that the disequilibrium felt is acceptable even expected in times of severe stress.
- Rationale: client's self-esteem is preserved by the knowledge that others may experience these behaviors in similar circumstances.

- Identify **measurable outcomes** to meet identified goal of **therapeutic communication**.
- Client is to demonstrate techniques that may be helpful to use in response to stress to prevent the dissociation by discharge from the facility.
- Client states the understanding of the relationship between their severe anxiety and their dissociative response by discharge from the facility.

IMPLEMENTATION:

- Attach Process Recording.
- Noted that my patient was unable to keep a continuous flow of responses, her conversation jumped from one subject to another with out any result of redirection of questions.

EVALUATION:

- Identify strengths and weaknesses of the therapeutic communication.

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Strengths: The strengths of the conversation in the beginning I felt like we were off to a great start, she was opening up and giving me some insight into her background and a few emotions. I felt confident in how to approach her by sitting down with her and engaging in a conversation one on one with her as just another person and not a nursing student coming to interrogate her. I approached with a smile and started off with finding a common ground like coffee to establish a rapport with her. I felt that was a strength. I thought I asked in the beginning of the conversation good therapeutic questions.

Weaknesses: I am not sure after she stated that her second personality tried to make her kill her drug dealer that I continued to ask the right therapeutic questions. The weakness of the conversation was I was not able to keep her engaged in attempting to dig deeper into how she was attempting to cope with her second personality and her other stressors. As soon as I began asking her, she immediately changed the subject to her daughter the outside and going to bed. I was not able to reach any kind of strategy to help her. I wanted to get into asking her if she feels that J has become her coping mechanism for her stressors.

- Were the outcomes met? Explain how the outcomes were met or any barriers to meeting the outcomes.
- The outcome was not met. Barriers with my patient were that she avoids talking about how to cope with the issue at hand, she dissociates herself from any of the situations that are negative. Throughout the day she would maybe say one or two sentences to me after our lengthy conversation and I noted that whenever there was a negative action in her life, J was responsible for this, such as J made her do drugs, and J made her try to kill her drug dealer. When I would attempt to ask her how she can establish a plan to cope or how she has cope in the past for example, she would say well that was J not me. Her barriers are that she wants to get help and talk about the emotions, but she then isolates herself as the victim. I think that once the therapeutic communication can cross the barrier and help her to realize that J is her coping defense, she will prosper in achieving the goals needed for her to move on with her life.

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Process Recording

Note: Students as you type in the cells the cells will expand. Reference table 5-5 pg. 116 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 (use Table 5-3, 5-4 in textbook for reference)
I sat down and smile at patient. (nonverbal)	She smiles back	Positive feeling that patient will interact	Therapeutic Conveying empathy to support caring and willingness to listen
I love your sweater that says I love coffee; I love coffee too (verbal)	I love coffee too and thank you, it is one of my favorite sweaters(verbal)	Starting to feel more comfortable that she might talk to me	therapeutic, making observations on her appearance to establish rapport
how is your day going? verbal	it is a good day I have not seen J in the mirror. Verbal	beginning to feel confident that she is going to open up to me	Therapeutic focusing on her current feelings to assess her mental state currently
is J someone that you do not want to see (verbal)	Well, she did drag me to Florida, to make me kill my drug dealer. verbal	beginning to feel confident that we might be able to address some emotions	Therapeutic asking a direct close ended question to get a little more specific information to better understand
when did you meet J? (Verbal)	the first time I went to rehab, but I did not tell anyone because I was afraid, they would not let me out. (verbal)	Feeling uncomfortable on how to approach with this conversation	Therapeutic Asking a direct close ended question to initiate how she began her relationship with the person stated
Can you tell me more about why you felt afraid they would not let you	because I am the only one who seems to be able to see her and	unsure how to respond currently	therapeutic reflecting on her experience to better understand her situation

