

Clinical Journal

- 1. Identify your thoughts and feelings about your clinical experience on the clinical unit. Underline your feelings and bold your thoughts.**

Adult behavioral health is a passion of mine I have always wanted to pursue and I have worked at a mental health facility prior as well as floated to both adolescent, adult and geriatric behavioral health when I worked at the hospital as a surgical technician, so I have a great deal of behavioral health experience so this clinical was not anything shocking or out of the normal for me. Being that I am interested in becoming a registered psychiatric nurse practitioner, I did not feel out of place. A majority of people do not find interest in being a mental health nurse due to the many challenges that could potentially arise with the wide range of patient's you come across and how unstable emotional and mental a majority of them present as, hence why there is a big shortage of nurses in mental health. My feelings regarding my clinical experience was very interactive. From being able to work side by side with the patients as well as the health care team and nurses to better apply the skills we learned in class was a good learning experience and something I really enjoyed. **My thoughts pertaining to my clinical experience is very positive, although I have a back ground in working with mental illness patients, I was still able to walk away with so much new information that I did not know prior and learned a lot. Taking in all the data from interacting with the patient's and their environment helped her better understand their individualized disease process and hear their story.** I also highly appreciated how OSF is creative and resourceful when it comes to the care of their mental health patients. I was able to have the privilege of observing a group session and it was absolutely outstanding; I myself learned things within that group that I know will help when it comes to

communicating and interacting with different patients. I was amazing to see how interactive each patient was in the group and how highly invested and receptive a majority of them were to bettering their future. I also enjoyed how the staff highly encouraged each patient to attend group, but not in a forceful manner. Overall, my clinical experience was outstanding. I just wish we were able to attend more than just three on site clinical being that mental health is a huge part of nursing. No matter what department or specialty one choose to excel in, you will always come into contact with someone who is struggling mental and just by learning and practicing the use of therapeutic communication can better help you guide and assist your patient with their care.

2. List at least 1 misconception about Mental Health and state whether this misconception is true or false.

The most common misconception about mental health is that a majority of people considered these individuals to be “crazy”. I personally, find the word ‘crazy’ to be highly offensive especially when it is direct towards someone’s state of mind and emotions. The word continues to perpetuate the mental health stigma which delays these individual from seeking the treatment they need and want. This word continue to draw on negative stereotypes about mental illness. No one wants to called ‘crazy’ despite their exaggerated and erratic behavior because of the stereotypes attached. It is just insensitive to people battling mental health illness.

3. Discuss 2 therapeutic communication techniques. Define the techniques, how would you implement each? Have you seen the techniques implemented in the clinical setting?

Define the technique:	Using Silence	Active Listening
How would you implement each?	At times not talking at all, is a very useful therapeutic communication technique that can give both nurses and the patients an opportunity think through and process what comes next in the conversation. It also gives the patient the time to come up with a new topic to discuss. I would implement the use silence by allows the patient to speak and pause afterwards and then allow the patient to break the silence.	By using gestures like verbal cues such as nodding or even saying “I see”, it encourages patients to continue talking and express them. This shows interest in what the patient have to say, acknowledging that you’re listening and understanding and engaging with them throughout the conversation.
Have you seen the technique implemented in the clinical setting?	I have personally used this technique when interviewing and speaking with the patient I had the first day of clinical. The patient become very tearful when discussing her relationship with her boyfriend and instead of speaking, I allowed for a period of silence for the patient to express herself emotional as well as allow her time to rejoin the communication and break the silence on her terms to avoid making the patient feel like her emotions were invalid or not recognized. I believe this also communicated a sense of empathy although words were not spoken by me, I feel like just by allowing the patient to cry, she felt heard.	I have used this technique by nodding when talking with my patient so they know I am listening. I also used this technique when I attending group and the spiritual leader was talking, I nodded to show him I was also not in agreeance with what he was saying, but also that I was being attentive and listening to what he saying.

4. Discuss a legal or ethical issue that is going on in the arena of Mental Health nursing. 1) Identify a nursing journal article related to the issue 2) reference the article in APA format 2) State your thoughts, feelings, and concerns about the issue.

1. Ethical Issues in Mental Health Nursing

2. Scott, A. (2017, November 28). Ethical Issues in Mental Health Nursing. Retrieved January

13, 2021, from Nurse Key website: <https://nursekey.com/ethical-issues-in-mental-health-nursing-2/>

3. Some ethical issues for mental health is respecting autonomy and confidentiality. In a normal circumstance, the clinical duty of care to protect the life and health is trumped by the duty to respect autonomy. Respecting a mental health patient's autonomy comes with a fine line and can be difficult being that "if someone can make a considered and informed decision to refuse treatment for mental disorder, even where it may result in harm to them, why treat them differently?" (Scott, 2017). This is hard being that is someone is admitted for depression and is seeking to end their life suicide, respecting their choice could ultimately result in them harming themselves. I find that although, some of these patient are admitted against their will once they are stabilized and treatment is effective, they express a great amount of relief and gratitude that they were treated. The biggest challenge in mental health ethical that many health care professional face is not respecting the patient's autonomy rightful so. I believe when it comes to a crisis and life and death, it goes beyond respect the patient's desire to commit suicide and instead staying the patient's life.