

# Clinical Journal

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Your journal should address issues below. Be 500 words in length. (This is not a formal paper and does not have to be in APA format).

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

I did not know what to think when I arrived for my first day of clinical at OCFS. I must admit that I was a little nervous because I was worried about how to talk to the patients. I was worried that I might say something to offend them or do something to upset them even worse than they already were. I cannot even explain why I truly felt the way that I did because I work with the intellectually disabled and most of them have mental illnesses along with being intellectually disabled. Before I went in to talk to my patient, I reminded myself of **how much I absolutely love the people that I work with and how I have never had any difficulty talking to any of them before.** I reminded myself of **how much the consumers love me and how much they respect me because I have always treated them like they were just like me.** With those reminders, I walked into my patients' room and I had a very genuine, caring, and positive conversation. The young man really opened up about his feelings and told me so much more than what was listed on his charts. **I found it so easy to talk to him and I am very thankful for this opportunity to attend the mental health clinicals.**

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

A misconception about Mental Health is that people with mental illnesses are known to be unpredictable and violent. This misconception is false. People with mental illnesses are just as unlikely to be unpredictable and to be violent as any other person.

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

- Using Silence:

- o There are times when using silence (not speaking at all) is extremely useful. When you purposefully are silent it allows the patient and the nurse to process what should come next in the conversation. It also allows the patient the time and space that they may be needing at that time. Sitting in silence when a patient is upset or down and does not wish to talk at that time shows the patient that you are still there for them.

- o If I were with a patient that were upset and did not wish to talk, I would tell them that I was going to just sit with them for a while. I would also let them know that if they felt like talking at any point that I was there for them.
- o I have seen this technique implemented in the clinical setting. I have also used this technique myself.
- Active Listening:
  - o Active listening is where you use verbal and nonverbal cues such as “I see” or nodding your head. It shows the patient that you are interested and understanding what they are saying.
  - o While the patient was telling me their story, I would sit across from them without my legs or arms crossed and with a pleasant look on my face. I would not interrupt their story, but I would nod my head or say, “I see”, to let them know that I was fully listening and engaged in what they had to say.
  - o I have seen this technique implemented in the clinical setting and I have used this technique myself.

**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.**

The ethics of coercion in community mental health is a journal article that focuses on the ethical issue concerning mental health patients that are coerced or that are involuntary committed to receive care. Research on this topic is remarkably few in numbers, especially considering the frequency of involuntary measures and the controversial perception or discussion of these measures among the persons concerned, professionals, or a wider public (Gergel, 2016). There are still many research questions that are remaining on this topic such as long-term effects on the patient that need to be addressed.

I do believe that coercion or involuntarily committing someone is a problem that needs to be addressed and that needs more studies done on the issue. I realize that with mental health that there are going to be times when the patient may be so mentally unstable that it is necessary for them to be involuntarily committed, but I wonder what effects this has on those patients. I ask myself, “If you are involuntarily committed, do you as a patient even want the help or will you

be so resentful for being placed in the institution that it will push you even further over the edge?” I am honestly torn on this issue because I see good and I see bad outcomes. I see people using power over others and committing them when maybe they should not be. Then, I see good where committing someone could possibly save their lives and get them the help that they need. This ethical issue is a double-edged sword in my eyes. There is good and there is bad.

#### References

Gergel, T. (2016). The ethics of coercion in community mental health care. *Oxford Medicine Online*. <https://doi.org/10.1093/med/9780198788065.003.0014>

