

Clinical Journal _ Janet Song

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.

My very first thought I had was quiet. It was so quiet than other units. On my first semester clinical, I was in the medical-surgical unit, and It was not that quiet. Nurses, CNA, doctors, and some of the visitors were walking around the unit. However, the first experience in the behavioral unit was so quiet and calm. After I spend few hours in the behavioral unit, I was able to understand. Since I do not have any knowledge about mental health, everything was 'why?' for me. **"Why do we do that? Why do we keep quiet? Why do we have to check the patient every 15 min?"** I had to sit on the chair and observe what nurses are doing to understand the process. The experience in the behavioral unit was an **actual learning process for me**. By maintaining a quiet environment, we can reduce aggravating factors for the patient, such as loud noises.

Before I start clinical, **I expected in the behavioral unit that patients should stay in their room with the observation camera**. And doors have to be locked. People who haven't been behavioral unit might understand me because that's what I saw on the tv or movie. However, **I was wrong**. Patients were freely walking around the lounge and hallway. I was a bit scared at the first time because they don't have facial expressions but just walking around. They look **lonely, depressed, and sad** in the quiet and empty room. Also, I thought **it could be challenging and takes a long time to treat mental illness**. It is not a disease that we could treat by surgery and antibiotics.

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

One misconception that I had was mental health problems are not common. In my opinion, people who had mental health problems are crazy. That was how mental illness people were described in the media. Now I felt sorry that I said the word 'crazy'. Because I do not know what was happened in their life but judge them as crazy people. Several factors could cause mental illness, such as trauma, abuse, genetic, brain injury, substance abuse, etc. And mental health problems could be common. And I believe that there will be many people who do not know how to deal with their mental 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?

The first therapeutic communication technique that I could say is do not to ask "why?" question. As I mentioned in question number 1, I pretty much say the word 'why' to understand the situation or get

the information. In my first semester clinical, I remember asking the patient why questions in the medical-surgical unit. After I learn therapeutic communication, I do not use why questions to the patient but the open-ended question to begin the long conversation without getting the answers such as 'yes' or 'no'. The other therapeutic communication technique that I could use is encouraging the patient to express their feelings and thoughts. There is some patient who does not want to talk and does not know how to communicate. By encouraging them, we could assess their feeling or suicidal thought or plan for their treatment.

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.

One of the ethical issues in mental health nursing is treatment. When patients experience psychotic symptoms, restraints, electroconvulsive therapy (ECT), and seclusion could be used for the patient's safety (Kertchok, 2015). While nurses restrict their movement, their dignity and autonomy could be ignored, which nurses do not mean to do it. Patients could feel that nurses are forcing to do something. Also, while we are observing the patient every 15min in the clinical, I was surprised that the bathroom door's shape was different. Kertchok (2015) also said, "Nurses have experienced ethical dilemmas by disturbing patient's privacy". It is a conflict issue between patients and nurses. Nurse's priority is maintaining patient's safety and a safe environment for the patient. To do that, keep nurses' eye on the patient is the first thing they have to do. I think it is hard to decide when taking care of the patient because it could arouse the stressful situation for both patients and nurses.

Kertchok, R. (2015). Ethical issues and moral distress in psychiatric and mental health nursing: A literature review. Retrieved March 26, 2021, from <https://he01.tci-thaijo.org/index.php/jhealthres/article/view/97177>