

## Noticing

**What did you notice during your mental status examination of the client? Were there any assessments that were abnormal or that stood out to you?**

I observed that the client was neat and appropriate while I was conducting the client's mental status examination. The client spoke normally and made eye contact. The mood of client was anxious, and his attention was distracted. The individual did have suicidal ideation in addition to poor judgment and insight. Nothing about this assessment jumped out to me as being unusual or unusually strange.

## Interpreting

**If something stood out to you or it was abnormal, explain it's potential cause or patterns that you noticed. Describe any similar situations you have experienced/as well as the similarities or differences between the experiences. Is your interpretation of the situation linked to pathophysiology at all, if so, briefly explain.**

I noticed nothing unusual or out of the ordinary. Although the client exhibited poor insight and judgment, this could have been because adolescents exercise sense and judgment daily— judgment regarding daily behaviors and insight into behavior problems such as anxiety, anger, or depression. As a young child with a bad decision, I encountered similar situations when I knew right from wrong yet chose to go in the wrong direction. The difference between the two experiences is that neither myself nor others were harmed by my bad judgment.

## Responding

**What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize?**

Seeing the client's chart and better understanding his admission gave me the additional assessment information I needed based on my interpretation. As a nursing student, I can observe the client's appearance, demeanor, or behavior. I concentrated on areas that seemed worth closer examination. To properly care for them, I might repeat what I heard as a nurse to acquire more information about the client and his admission. The therapeutic communication technique I utilized was an observation, focusing, and restating.

## Reflection

**What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction.**

I learned that there are factors other than suicide to consider when a client is admitted for suicidal behavior, such as the client's circumstances before the attempted suicide, family history, or present living condition. I might make a change by consulting the client's chart, speaking with the nurses providing care for the client, and getting a better understanding of his routine behavior. I did an excellent job of returning to the client's chart to get details on his family history, behavior, medication, etc. Talking to his nurses about his condition would be one

of the additional knowledge or abilities I would need to assist me in future similar scenarios.  
There were no changes in my values or feelings based on this interaction.