

Noticing	Interpreting	Responding	Reflecting
<p>During the mental status examination, I noticed that the patient was initially closed off. She was responding to all the answers but had her arms crossed and made minimal eye contact. I quickly noticed and tried to make the assessment feel less like an “interview” and more like an open conversation. She began to smile and make jokes, making the atmosphere more lighthearted. Given the patient’s diagnosis and history, I do not think the assessment was abnormal. One thing that stood out was her hopefulness and excitement for treatment. She said upon admission, she was rebellious and upset. But after some time and reflection, she thanked God for sending her there because she thought the help would be beneficial.</p>	<p>Something that stood out was the patient’s answers to the judgment portion of the MSE. The first question I asked her was if she saw a house on fire, what would her response be? She responded with “good” judgment and said she’d call for help. I asked her if she found a purse and what she would do with it, and she said she would most likely take the money but return the bag. That instantly changes her answer from “good” to “fair”. The honest answer was appreciated.</p>	<p>It would have been more helpful to read the patient’s chart before conducting the assessments. I was assigned to the computers after the fact. I think it would have been willing to know her diagnosis before the MSE. As a nursing student, I could look at EPIC if time allows before the MSE. The therapeutic communication techniques I utilized were active listening, sharing empathy, using silence, and asking open-ended questions.</p>	<p>I learned that there are mental health units that allow patients to roam the floor freely. I’ve never been on a mental health unit, so I assumed they were all like how they’re portrayed on television. In the future, I would like to spend more time with the patients in the common areas. Initially, I was unsure what the “rules” were for socializing with the patients. I jumped in once I realized we could mingle and play games with them. Interacting with some of the patients is what I did well. I treated them with the same kindness and respect as anyone else. Another skill I would like to work on is being calmer in urgent situations. A patient needed to be escorted off the unit, and I was a little on edge. The problem was a bit triggering for me. I was very anxious before clinical because I was unsure what to expect. The experience was an eye-opener but also nothing like I had anticipated. I enjoyed my time there, which was very surprising, considering how nervous I was about doing it.</p>

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<p>I chose the PHQ-9 assessment because of my patient's diagnosis and reason for admission. I thought it was vital to inquire about her mood and thoughts. I do not believe any part of her assessment was abnormal. The only thing that stood out was her response about sleep because it was ranked at a 3 (nearly every day). Other than that, most of her answers were at a 0, and few were at a 1 or 2.</p>	<p>Learning how similar the symptoms are between bipolar and borderline personality disorders stood out to me. I knew about the bipolar symptoms but not BPD. I can see how easy it is to get misdiagnosed for the other. In a similar experience, I learned that anxiety symptoms are very similar to ADHD and can lead to misdiagnosis. Such situations can lead to several issues, e.g. Taking medication that you do not need.</p>	<p>Based on my interpretation, there was no additional assessment needed. The assessment is straightforward in its questions, so it's long enough to evaluate the patient and short enough to keep their attention span. As a nursing student, I explained the answer options initially and let her rank the questions from 0-3, which made it much faster and smoother.</p>	<p>I was very concerned about my patient's home life and thought about her after clinical. I shared empathy with her because no one should have to deal with things that have happened to her (this information was in her chart). To be transparent, processing the emotions took a little longer because her story kept playing in my head. In the future, I must continue to learn coping mechanisms and a certain level of detachment so I do not get emotionally overwhelmed. I genuinely hope she gets the help she deserves and creates the life she dreams of.</p>