

Reflection after mental status examination

Noticing:

1. During the mental status exam of the patient, I noticed that the patient was reticent and did not talk very much. His answers were concise. He seemed tired and sleepy. His affect was flat. I was aware at that time that he was depressed and that he had two suicide attempts in the past. However, I was not sure what was causing this fatigue.

Interpreting:

2. The level of the patient's fatigue was intriguing. I had some ideas about what could cause that. Depression could be one of the reasons. In depression, the human brain does not produce proper concentrations or ratios of neurotransmitters. For that reason, the brain does not function well. The other idea was that some antidepressants can make people sleepy. Similar cases I experienced in my work.

Responding:

3. Additional assessments could help us to learn more about this problem. Tests like the Patient Health Questionnaire-9 and the Suicide Risk Screening Tool could be helpful to learn more about the patient's depression. The other way of assessment could be done through a conversation with a patient. We could learn about his life circumstances that are affecting his mental health. In this case, therapeutic communication can be beneficial.

Reflecting:

4. Working with a depressed and suicidal patient is very difficult and requires much knowledge about mental diseases. I realized that I need to learn much more about mental diseases to be able to ask good questions. That would help me to make better assessments. Also, I would like to dedicate more time to assessing a patient in the future because time is necessary to create a better picture of the problem.

Reflection after additional assessment

Noticing:

1. I chose the Suicide Risk Screening Tool test because the patient was hospitalized for a high risk of suicide. During this assessment, the patient talked about his past attempts to commit suicide. It happened twice in the past. Also, he complained that he does not want to live anymore.

Interpreting:

2. The patient first avoided discussing his depression and suicide attempts. He said that he does not remember anything. After a while, he opened up to questions and described the two events when he tried to kill himself. So, he did not have a memory problem. He needed little time to get used to the situation. I felt good when this happened. At that moment, I knew I had done something right.

Responding:

3. As an additional assessment, we could do questionnaires about alcohol and drug misuse. Depression can sometimes be connected with substance abuse. Unfortunately, I did not do additional assessment. Instead, I checked the patient's medical history. The patient had some substance abuse in the past. As a nurse, I should ask questions to get the complete picture of the problem. Using therapeutic communication would be the way to do it.

Reflecting:

4. I learned that doing a good mental status exam takes a lot of practice. In the future, I will reserve more time for doing it. I also learned that I can do it well and correctly. My values and feelings about mental diseases Did not change. I like it.