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N323/C323 Mental Health

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Reflection Assignment: MSE

Noticing

During the mental health portion of the assessment my client appeared alert and oriented times four. While assessing the client I noticed that he was well groomed, neat in appearance, and clean. His hair was a little messy, but he had just sat up from his nap. The client's speech was clear, and his words were well formed, and he spoke and engaged in our conversation with understanding and explained to us that he is currently in the master's program at a nearby college. The client's mood appeared positive with some deviations of anxiousness. He did not express any signs of being angry, depressed, irritable, or euphoric moods or behaviors. The client stated that he feels at times like "he is a God" and that he can "talk to the dead". The client also stated that he "has had thoughts of harming himself but not anyone else". He explained that he attempted to commit suicide by overdosing on allergy medications and that is why he is on the unit now. The client denied having past or current hallucinations or delusions. This client was very cooperative during the assessment and provided answers to all questions asked, his insight appears fair, and his judgment is fair. When asked what you would do if you encountered a purse lying on the sidewalk as you were walking down the street, he responded by saying "I would call the police and turn in the purse." No assessments appeared to be abnormal except the client's suicidality, moods, and behaviors.

Interpreting

When assessing the client, the answers given by the client did not seem abnormal except for the client's suicidality, moods, and behaviors. And these matched up to the nurse's report on the client and their current hospitalization. His body language appeared normal. The clients' answers to questions during the assessment about harming himself were answered honestly and matched up to the nurse's report. I have experienced others that are frequently admitted to a hospital setting for their mental health and have familiarized themselves with answers that provide the interviewer with the answers needed to assume the client is stable enough to be released even when that is not the case, and this client appears to be transparent when being interviewed. And no pathophysiology is involved.

Responding

Additional information needed based on my assessment findings was obtained before interviewing my client and performing both assessments. Access to the chart prior to performing the assessment was extremely helpful and allowed me to be prepared with questions and my approach to assessing this client. As a nursing student having prior knowledge to what lead to the client's admission and the nursing or doctor's notes that were entered during the client's hospitalization is not only helpful but

crucial to asking the right depth of questions and the ability to conduct the interview with the correct approach. As a nurse the ability to have prior access to the chart allows me to review and provide a different assessment approach. During my interactions with the client, I utilized therapeutic communication techniques by actively listening to the client, observing the client's appearance and mannerisms, restating answers for clarification, and asking the client open ended questions so that I could obtain as much information as possible from the client.

Reflecting

During my second clinical day for mental health, I gained experience on how the unit is run on not only a day-to-day basis but also on a minute-to-minute basis. The clients are accounted for every 15 minutes by a staff member physically visualizing the client's location and making a note of where the client is and what they are doing at that moment. This time I was able to request to see the clients chart information before performing my assessment to be better prepared during my interaction with the client. I feel that obtaining as much information as possible about the client's condition and their reason for admittance is important for the outcome of the assessment. I feel that I interacted with each client I was in contact with well and attempted to make the client feel as comfortable as possible during each interaction. I feel like as we attend clinicals over this semester we will gradually become for confident and comfortable in the mental health floor setting, it is a very overwhelming experience being on a floor with so much going on every minute of the shift with so many different clients. Based on my clinical experience this week I had a lot to take in and process on the hour drive home including our student nurse's ability to feel more comfortable this week and not like a deer in the headlights. We were prepared for the basic day-to-day process that occurs to ensure things run as smoothly as possible on the shift and that clients and staff remain safe. All in all, I feel like it was a beneficial clinical shift and a great learning environment/experience this week.