

Reflection Assignment

<p style="text-align: center;"><u>Noticing</u></p> <p>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?</p>	<p style="text-align: center;"><u>Interpreting</u></p> <p>If something stood out to you or it was abnormal, explain its 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 links to pathophysiology at all, if so – briefly explain.</p>	<p style="text-align: center;"><u>Responding</u></p> <p>What additional assessment information do you need based on 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?</p>	<p style="text-align: center;"><u>Reflecting</u></p> <p>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.</p>
<p>I noticed that the client seemed to be pretty uncomfortable. She fidgeted with her hands a lot and was hesitant to answer questions. She also avoided eye contact. She did not show very much emotions with a flat and constricted affect. Overall, she seemed very anxious. However, she appeared neat and her speech was normal though she did speak very quietly.</p>	<p>I think it was understandable for the client to be anxious and hesitant to answer questions. She has never met me before and it must be intimidating to answer personal questions to a total stranger. This client has a history of major depressive disorder so I think that diagnosis also explains some of her behaviors like her flat affect and speaking softly. This client seemed more outwardly anxious than other clients I have spoken to this semester, but this was the first time I was actually older than the client I was speaking with. So, I think me being older than her may have also played a role in her being more anxious.</p>	<p>I think that it would be helpful to get more background information on more of her past medical history to know when she was diagnosed with MDD and how long she has been having suicidal ideations. It would also be helpful to have more information about her living situations as this could explain more of her behaviors and thought processes. As a nursing student because I was closer in age to the client that the older nurses I was able to try to relate to her about music and more pop culture things to try and build a more trusting relationship. I tried to use open-ended questions and clarify anything that she said which I found unclear.</p>	<p>I learned that interacting with younger clients is definitely different than interacting with older clients and that you have to try different things to de-escalate behaviors. In the future I think I will try to find less overt ways of asking some of the mental status exam questions so that I can get more reliable answers. I am still working on my communication skills and how to respond when a client gives me a sad answer. Working with the adolescents at this clinical was definitely very eye-opening and brought my attention to the real need for more mental health services. My heart really went out to those kids and I understand now more than ever how important it is to have good mental health resources.</p>

<p style="text-align: center;"><u>Noticing</u></p> <p>Why did you choose this additional assessment? What did you notice during your additional assessment of the client? Were there any assessment that were abnormal or stood out to you?</p>	<p style="text-align: center;"><u>Interpreting</u></p> <p>If something stood out to you or it was abnormal, explain its 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 links to pathophysiology at all, if so – briefly explain.</p>	<p style="text-align: center;"><u>Responding</u></p> <p>What additional assessment information do you need based on your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse?</p>	<p style="text-align: center;"><u>Reflecting</u></p> <p>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.</p>
<p>I chose suicide risk screening tool because my client had a history of self-harm and suicidal ideation. I also chose this tool because assessing suicidal thoughts is a major priority to help ensure the safety of the client. This client screened positively for suicidal thoughts. She stated that she had never tried to kill herself, but that she does self harm by cutting her wrists. Again she was very soft spoken during the assessment and fidgeted with her hands.</p>	<p>The client's answers to the suicide screening tool were consistent with what was in her past medical history. I was glad that she gave me honest answers even though I could tell she was very uncomfortable. The client is diagnosed with MDD and suicidal thoughts are not uncommon for a person with that diagnosis. Her honest answers about suicide were consistent with what I have seen with other clients. I have realized that when asked directly, people are much more willing to talk about their suicidal ideations than I thought they would be.</p>	<p>I think it would be important to gather more information on if she has an actual plan to kill herself and what that would look like and if she has the means to carry out that plan. Safety is always a priority so knowing more about her suicidal ideation is really important. I would also want to know more about what she considers her current coping mechanisms because she does self-harm so it's very important to help teach her healthy coping mechanisms to release her feelings. As a nursing student I could have and should have asked more of those questions. I did thank her for her honesty and she appeared to appreciate that. As a nurse it would be so important to get more of that background</p>	<p>I learned that it appears that people of all ages are much more willing to talk about their suicidal thoughts than I realized. When asked directly, they will be honest with you, which is so important. I think I have gotten fairly good at just asking very bluntly if they have thought about killing themselves and keeping a neutral appearance when doing so. In the future though I want to be better about asking those follow up questions about what their suicide plan is and if they have the means to carry it out. I think it will just take time and more experience to continue to better my communication skills. I now understand that asking bluntly about suicide and other touchy subjects does not put the idea in</p>

		information and encourage healthy coping mechanisms like journaling, exercise, or even using something like an ice cube in place of something sharp on her wrists.	people's heads and instead is a really important intervention in helping to maintain their safety.
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