Breana Herrera

N342 Behavioral Health/Psych Nursing

April 4, 2016

Methodist Specialty & Transplant Clinical Journal

 During this rotation I was allowed to observe the psychiatric floor for older adults. There were two nurses on staff, one tech, four therapists, and at least twelve elderly patients on the floor during this shift. Throughout this shift we engaged in vast amounts of therapeutic communication with the patients, spoke with them about their goals for the day and why they thought they were admitted to the psychiatric facility.

 Early in the morning at the beginning of the shift we were able to listen and hear report being exchanged between night shift and day shift nurses regarding patient behavior overnight. The night shift nurses were sure to provide background information regarding the past medical history of all of the patients. Once we had a general understanding of our patients for the day we went to the floor/day room and began speaking with them. Many of the patients seemed to have an understanding as to why they were admitted into the facility, but many also were unsure of whether or not they felt they were making progress with their current treatment. However, with the positive reinforcement and feedback given by fellow patients their progress was reassured. Being involved in this situation made me feel curious as to why the patients believed they were admitted in the first place to this facility, it also made me wonder how each patient interpreted their response to the treatment they were receiving for their illnesses. At the time I was focused on speaking with the patients and engaging in group therapy by offering a different perspective on how to cope with various experiences. I believe my reaction to the situation was appropriate considering my main priority was to interact with the patients on the floor and evaluate the status of their mental health from my own first hand perspective. I learned and observed multiple signs of; depression, manic states of bipolar disorder, suicidal thoughts and ideations, interacted with a patient who suffered from tardive dyskinesia, and spoke with many other patients suffering from various disabilities. My day spent on the geriatric floor opened my eyes to a different style of nursing and a different demographic of patients I will have the opportunity to work with in the future.

This experience challenged my previous assumptions about what to expect on the geriatric floor of a psychiatric facility by offering a vast amount of insight into the severity of mental health illnesses that occur in the elderly. My experience showed me that no matter how old you may get we must continue to learn coping skills and be open to receiving help from others. The knowledge I gained from this clinical day will help me in the future when I work with others who suffer from the same debilitating diseases. When a circumstance like this occurs again I will continue to engage in therapeutic communication with my patients in order to better assess and help them return to a healthier frame of mind.