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Methodist Specialty & Transplant Clinical

Throughout my final mental health clinical visit to Methodist Specialty and Transplant Hospital I was able to spend my time on the “Older Adult” level, where I observed many different patients each with various mental health illnesses. I encountered continuous interaction and conversation with one patient in particular who continued to verbalize each and every thought she had, whether they be negative or positive, relevant or irrelevant, as well as within or outside of therapeutic communication limits. Throughout the shift this particular patient had numerous aggressive encounters with nursing staff and other patients on the unit. I however was able to speak with this patient, establish a rapport with her and offer her alternative ways to cope as well as maintain compliance with the provider’s developed plan of treatment.

This patient was speaking with me about her past and carefully consuming her breakfast when the nurse administering her morning medications came into the room to offer her the prescribed medications. At this point the patient voiced that she already received her medication for the morning and refused to take anything more at this time. The nurse on staff explained to the patient that the medication she received earlier in the morning was given at the required time and it was now time for her to receive other medication listed on her chart in order to treat her various illnesses. This is where the situation began to escalate, the patient persistently reassured the nurse she knew every medication she was to receive and what it “looked” like so if the name did not sound familiar and the medication did not look exactly the same then she would not be taking it that morning. After extensive explanations of each medication, the client still refused to take any of her meds. The nurse then documented the refusal and continued to administer medications to other patients on the floor. After the nurse departed, I continued to speak with her and was able to convince her to speak with her provider about the medications the nurse was trying to give her, if she felt uncomfortable receiving her prescriptions based on the word of the nurse then she needed to clarify what the doctor ordered in order to decrease her anxiety about the medications and be compliant with the therapeutic regimen. I believe my reaction to the situation was appropriate and allowed me to assess the reasoning behind this patient’s thought process. Her paranoia and anxiety led her to believe that she was being sought out, and others were trying to “get her” which led to her consistent mistrust of others, aggression, and noncompliance, all of which had been discussed in lecture previous to the clinical.

After experiencing this event I was able to evaluate the effectiveness of the therapeutic communication I have offered others in mental health. I was able to gain the client’s trust and offer a different perspective as well as offer reasonable coping skills when and if she encountered this type of situation again. Actively listening to the patient’s thoughts and feelings, allows them to open up and possibly consider the insight you have to offer given their situation. I had also never encountered a patient with such an aggressive nature who would be set off by the smallest things, for example: therapy was about to begin and other patients on the floor were coming to the room to participate, as they began to pull out their chairs the elderly woman patient was enraged and becoming aggressive towards others producing the noise. I sat and observed the various triggers this woman had throughout the day and hoped that she would find and utilize other coping mechanisms in order to alleviate some of the aggression she felt towards others receiving therapy and those on staff trying to help her.

The knowledge I gained from this encounter will help me in the future by maintaining effective therapeutic communication skills, gaining the trust of the patient, assessing the reason for refusal of medications, and educating the patient on alternative ways to adhere to the developed plan of care. When a circumstance like this occurs again I will know how to react to the client’s actions all while maintaining the boundaries outlined by hospital policy and Texas Lutheran University Nursing Department Faculty. I will address the situation from a nonbiased point of view and be empathetic to the patient’s reasoning and needs, while offering treatment I will educate the patient on the plan of care as well as comply with the patient’s right to refuse.