LEARN Reflection #2

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**Look Back**

Leading up to my first simulation I felt nervous and anxious in not knowing what to expect and how to handle the situation. I was unsure whether I would go into the simulation with a partner and whether or not the others within my group would be watching me. Upon arrival, I found out I would be going into to talk to the patient (actor) alone while my group watched behind the glass. Usually, when interacting with patients I am calm, but having the extra pressure of being watched made me feel on display and like an animal in a cage. I felt hot, panicky, and sweaty. The patient was angry with me and did not want to answer my questions which made me even more anxious. I was supposed to stay in the room and speak with the patient for four minutes. I have never really dealt with upset patients, everything is usually light when I interact with patients. So, when the patient was angry and being short with me, it felt like someone threw a curve ball at me. I was not expecting that and did not know how to react especially considering I have never completed a simulation or health/mental assessment even on a calm patient. Between the patient’s anger and the new experience, I began to feel panicked and left the room at my first opportunity (after two minutes). The patient asked me to leave (because I was unable to give him more pain medication as he received some one hour previous) and I said okay I will come back soon. I did not leave because he asked me to, I left because I needed to. Later, after the simulation, the patient (actor) told me I should not have left when he first asked me to because it may show I do not care. However, in this situation (knowing this was not a real patient-nurse interaction) I left because that is what I needed to do for myself at that time. If I am not comfortable in an interaction, I will not be able to build a therapeutic relationship as the patient may be able to sense my feelings.

**Elaborate**

Simulations are a good time for students to put their skills learned from theory to practice in a safe environment. However, the unknown and having people watching me leading to feelings of pressure are triggers of my anxiety. Having an outline of the patient (actor) and their information (diagnosis, current medications etc.) helps to allow me to understand what to expect and what I can do to prepare. But, since this was my first simulation, I did not pay as much attention to this document as I should have. I did watch the preparatory video and this helped a lot as it allowed me to start thinking in that frame of mind (assessing, asking questions). Although, I focused on parts of the video that were not as important because I did not fully grasp how far into detail the simulation was going to go. For example, I focused on the motivational interviewing and health history, rather than building a therapeutic relationship as this is a necessity when obtaining information from a patient. Building a therapeutic relationship with emphasis on trust is crucial for a patient to even feel able to answer questions you need to ask to obtain their individual circumstances and thus, provide the best care possible for them specifically.

**Analyse**

When completing the preparation work I felt more anxious because I began to realize how little I have thought about assessments and techniques to use when working with an angry patient or client. My anxiety arouse from feelings of unpreparedness and the unknown. These feelings root from my need for control in all aspects of my life. When I do not feel in control, I feel anxious. Spending more time preparing for the simulation definitely would have made me feel calmer. I know these are supposed to be learning experiences in a safe environment to prepare us for our future nursing career, but it really does not articulate where I am at individually and my capabilities in developing therapeutic relationships. It is a good experience in the sense that it allows you to make mistakes and say the wrong thing. However, it makes some students, such as myself, feel pressure and experience unnecessary anxiety. In real situations when I speak with patients/clients I do not feel anxious and genuinely feel confident in myself and what to say. I think everyone’s first simulation is rough and with every new one, you begin to feel calmer and learn more from them.

**Revise**

For my next simulation, I now know I need to spend more time preparing in order to feel calm which will allow me to build a therapeutic relationship rooted with trust. I need to spend more time learning how to obtain a health/mental history and how to ask questions in order to assess the patient. One thing I really took from this experience is I need to learn to stop overthinking things. I spent too much time trying to focus on what questions I needed to ask to get the information I needed. However, this came off as I was more concerned with my needs and what I needed to get done and not on the patient. I really began to understand patient centered care. If I had just chatted with the patient and focused more on what they needed to get out of the interaction, I really would have ended up with more valuable information and less resistance in answering my questions from the patient. I also learned not to drop questions when there is more information to be addressed. For example, when a member in my group asked the patient about who he lived with, he answered with his parents but he is not close to them. That area was then dropped, no more questions were asked even though there was so much more information to be found. The patient was addicted to OxyContin and in asking about his home life and relationship with his parents, a lot of information on his addiction and causes can be addressed or unveiled. Overall, I learned that next time I will just chat with my patient and not drill questions out. I will also spend more time preparing which will make me more comfortable in the situation and allow me to take full advantage of the learning available within the simulation.

**New Perspective**

 For my next simulation I now know not to overthink things. This relates to my future career in nursing because it will allow me to build more trusting relationships with my patients which leads to a solid therapeutic relationship so the patient will share more information with me. This then leads to me learning more about the patient which allows me to provide the best possible care for the patient. Throughout this experience I really began to grasp patient centered care and the importance of it not only for the benefit of the patient, but myself as a nurse. As a nurse I need to be able to gather information from the patient in order to understand and assess their specific situation. For the patient to feel safe to give that information, I need to build trust and make them believe I care (not really make them believe I care, because I do, but show I care). They need to be able to see I am there for them, not just to do my job and then go home. The patient then will feel safe in talking to me and I will be able to gather information that leads to better care given. As much as I read about therapeutic relationships and how to build trusting relationships with my patients, it will not really make me able to do so. This is a skill rooted with a genuine sense of care for the individual, which I think I do have. It will just take time and experience to perfect a questioning strategy and become confident in myself.