

week 4 assignment 3

by Office user

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Week 4 Assignment 3: Weekly Reflection

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Week 4 Assignment 3: Weekly Reflection

During the past week, I had several patient encounters that reminded me of the complexities of caring for patients with mental health disorders. In this reflection, I will share the details of a situation I believe I handled well, the actions I took, the positive outcomes, and areas for potential improvement. The situation involved a 22-year-old patient (Ms. E.F) admitted to the psychiatric unit with a depressive episode and suicidal ideations from recently diagnosed bipolar disorder. Miss E.F had a history of self-harm from her early adolescence. Currently, she was struggling to engage in therapy and connecting with other patients. She exhibited signs of extreme social withdrawal and often refused to leave her room. I took several actions to improve her engagement with therapy and connection with other patients. First, I understood the importance of building trust and a positive therapeutic relationship with the patient to encourage her into engaging with therapy. As supported by Bradshaw et al. (2022), I approached the patient calmly and empathetically, listened to her concerns actively, and portrayed warmth and kindness throughout our conversation. The approach was crucial to building rapport with Miss E.F. and ensuring that she understood the importance of therapy. Secondly, I used shared decision-making as the foundation for my actions. According to Verwijmeren and Grootens (2018), clinicians should use SDM to understand the preferences and needs of patients with bipolar disorder. Consistently, my empathetic approach allowed a comprehensive understanding of Miss E.F.'s preferences regarding her care. Finally, I empathetically educated Miss E.F. about her condition to enhance her understanding of the importance of the recommended therapy.

By the end of the interaction, the patient had accepted to engage in group therapy. She agreed to attend her first session, albeit reluctantly at first. The approach also affected changes in Miss E.F.'s treatment plan positively by allowing an explicit consideration of her preferences.

Interaction with the patient two days revealed improved engagement with group therapy and Article Error (ETS) reduced sense of isolation. The patient was interacting positively with other patients. She also verbalized diminished suicidal ideations. In addition, she was taking an active role in her treatment through frequently asking clinicians about strategies to understanding warning signs of deterioration. I believe my actions, including an empathetic and non-judgmental approach to the patient's concerns, shared decision-making, and consistent presence facilitated the achievement of the positive outcomes. However, the situation also brought significant insights into areas that may require strengthening. For example, I acknowledged the importance of continuously enhancing my crisis intervention skills considering that the patient's situation could have escalated. Moreover, I learned the importance of self-care. The emotionally demanding work of taking care of patients with mental health disorders could adversely affect my well-being. It would be essential to reflect on such emotionally draining situations and take positive actions that would prevent emotional exhaustion. While there is always room for improvement, I am grateful for the positive outcomes and the opportunity to make a meaningful difference in the lives of individuals like Sarah.

References

Bradshaw, J., Siddiqui, N., Greenfield, D., & Sharma, A. (2022). Kindness, listening, and connection: patient and clinician key requirements for emotional support in chronic and complex care. *Journal of Patient Experience*, 9.

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Verwijmeren, D., & Grootens, K. P. (2018). Shared decision making in pharmacotherapy decisions, perceived by patients with bipolar disorder. *International Journal of Bipolar Disorders*, 6. <https://doi.org/10.1186/s40345-018-0129-5>

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Possessive

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