

Clinical Reflection

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Introduction

During my clinical practicum, I made significant progress toward my role as an advanced practice registered nurse (APRN) by enhancing my proficiency in conducting comprehensive psychiatric interviews. Initially, I struggled with integrating open-ended and structured questioning to elicit critical patient information. Over time, I have improved my ability to establish rapport and systematically assess mental health conditions, aligning with Carlat (2023). For example, I successfully diagnosed a patient with generalized anxiety disorder using structured interview techniques, enabling a patient-centered treatment plan with cognitive-behavioral therapy (Wheeler, 2020). This skill development was critical when working with Mickey, a 32-year-old patient diagnosed with schizophrenia. Mickey presented with auditory hallucinations and disorganized thinking. By applying structured interviewing and building rapport, I accurately assessed his symptoms, leading to a tailored plan incorporating antipsychotics and psychoeducation (Boland et al., 2022). These experiences provided a solid foundation as I cared for a diverse patient population.

I served a diverse population, including low-income and immigrant patients, by incorporating cultural competence into care plans. For a Chinese-speaking patient with depression, I used a translator and addressed cultural stigmas around mental health, tailoring psychoeducation to align with their values. Similarly, with Mickey, I considered his socioeconomic challenges as a low-income individual and ensured his care plan included access to community support groups, reflecting Nightingale College's mission of providing holistic, patient-centered care. By respecting personal preferences and addressing barriers, I ensured culturally sensitive care, fostering trust and engagement (Boland et al., 2022).

Collaboration with interprofessional teams was pivotal. I worked with my preceptor, social worker, and primary care provider to manage Mickey's schizophrenia. Team dynamics were generally cohesive, but disagreements arose over adjusting Mickey's antipsychotic dosage due to side effect concerns. I facilitated open dialogue, referencing evidence-based guidelines (Stahl, 2021), which helped resolve conflicts and foster a non-biased environment. This collaboration improved Mickey's adherence to treatment, demonstrating how teamwork enhances outcomes. Building on this teamwork, I also focused on coordinating care transitions; if the desired outcome had not been achieved, strategies like regular team debriefs or role clarification could have improved effectiveness.

I coordinated Mickey's transition from inpatient to outpatient care following a psychotic episode. I ensured accountability by documenting detailed handoff notes and communicating directly with the outpatient psychiatrist and therapist. Challenges included navigating insurance limitations, which delayed Mickey's access to therapy. I mitigated this by connecting him with community resources and addressing socioeconomic barriers. Ethical considerations, such as maintaining confidentiality during transitions, were upheld by adhering to legal standards. These experiences enhanced my leadership, especially during crises.

Conclusion

I grew as a leader by managing uncertainty, particularly when Mickey presented me with acute psychosis and refused treatment. Using de-escalation techniques and collaborating with the team, I developed a safe, ethical intervention plan that drew on evidence-based crisis management strategies (Wheeler, 2020). By remaining calm and decisive, I guided the team through the crisis, ensuring Mickey's safety and reinforcing my leadership growth.

References

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