A message from Simone

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Abstract (Summary)

Many health care professionals are concerned that, at a time of increased patient acuity, few registered nurses are opting for mental health nursing as a career choice. Since student nurses' undergraduate experiences -- and their perceptions of these experiences -- may well contribute to the problem, it is essential that we make every effort to welcome students to mental health wards. We use the voice of [Simone], a second year student, to illustrate how one nurse can make a very special difference to a student's experience and perception of mental health nursing, during her psychiatric mental health practicum.

In my second year, after a single class orientation on mental health nursing, I arrived on the first day of my acute hospital psychiatric ward placement feeling completely unprepared and overwhelmed. In contrast to traditional psychiatric rotations that focus exclusively on mental health, many nursing education programs today offer an integrated curriculum. In addition to attending a clinical placement site two days a week, I was also enrolled in required medical-surgical nursing classes and optional university credit subjects. The academic demands on my time away from the unit were stringent and there seemed to be few resources that addressed mental health nursing.

As their mental health rotation progresses, students see a sophisticated interdisciplinary team co-operating intensely for the welfare of the patient. They come to understand that street clothes can help break down barriers and that assessing affect is also a critical "vital sign." They see how skilled therapeutic use of self and suicide assessments are very serious matters that could mean the difference between a patient's tentative first steps toward insightful mental health or a debilitating, even fatal, outcome. By the end of their clinical placement, students' language often includes a lexicon of new terms drawn from the fields of medicine and counselling, as well as nursing. Their days become so full that they struggle to find time to chart. Invariably, they leave their psychiatric mental health practicum with a deep respect for their patients and powerful new insights into the persistent stigma and marginalization associated with mental illness.

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Many health care professionals are concerned that, at a time of increased patient acuity, few registered nurses are opting for mental health nursing as a career choice. Since student nurses' undergraduate experiences -- and their perceptions of these experiences -- may well contribute to the problem, it is essential that we make every effort to welcome students to mental health wards. We use the voice of Simone, a second year student, to illustrate how one nurse can make a very special difference to a student's experience and perception of mental health nursing, during her psychiatric mental health practicum.

Simone's story

Like many students, I entered a registered nursing program to care for patients experiencing physical illness. My first-year courses did not emphasize content such as suicide, living in an altered state of reality or sexual abuse. I had no background and no experience with psychiatric mental health nursing.

In my second year, after a single class orientation on mental health nursing, I arrived on the first day of my acute hospital psychiatric ward placement feeling completely unprepared and overwhelmed. In contrast to traditional psychiatric rotations that focus exclusively on mental health, many nursing education programs today offer an integrated curriculum. In addition to attending a clinical placement site two days a week, I was also enrolled in required medical-surgical nursing classes and optional university credit subjects. The academic demands on my time away from the unit were stringent and there seemed to be few resources that addressed mental health nursing.

Early on in my practicum, I approached two nurses who were standing in the medication room to ask a question. I was totally unprepared for what happened. One nurse asked me to leave and closed the medication room door, leaving me standing outside. As I looked in through the glass window, I wondered whether I would ever be part of this staff nurse group.

Yearning to become a full participant in the activities of my practicum, I attended team conferences, and observed therapy groups and behaviour modification programs. Still feeling that I needed time to process and talk about this bewildering new information, but not knowing how to approach staff, I spent a lot of time with fellow students. One friend, in particular, proved an invaluable learning partner. We spent a great deal of time talking and going over our required assignments. During this time, I was not just chatting or passing hours with my classmate. We were actively involved in discussions as colleagues. On other units, I helped make beds or joined nursing staff implementing physical care. But initiating contact was difficult, and it felt safe and comfortable to stay closely connected to my student cohort.

A turning point occurred when Irene, a staff nurse, engaged me in conversation over coffee. Irene told me how she had lived in a hospital nurses' residence during her own nursing education program and explained how students often "staffed" the wards in traditional clinical placements. She commented: "I like students, I learn with them," and asked me about my university program.

Irene's friendly overture made a striking difference in the quality of my mental health experience. I never thought that nurses learn from students. I thought that they were there to show us. But after speaking with Irene, I realized that students not only have a contribution to make, but they are the mental health caregivers of the future. I was able to see Irene not only as a nurse but also as a wife and a person outside of the unit, a friend. By sharing information with me she was able to make me feel part of the mental health milieu.

As my rotation progressed and my understanding of psychiatric mental health nursing deepened, I observed various gestures other nurses made to my peers and I, that made a difference to the quality of our learning experience. These included: approaching us to see if our meds were done; offering suggestions; asking if our needs were being met; asking us to come back in a couple of minutes, if they were busy; including us in nurse/physician discussions; being willing to listen; and inviting us to join them when they interacted with patients.

Six months after my practicum, I still hadn't forgotten my initial apprehension, isolation and difficulty engaging with the staff group. But I remembered how Irene made a difference by carving out time away from her own busy schedule to reach out to a student.

Students' concerns

Studies show that the first few days of a clinical placement are anxiety provoking for students. In the psychiatric area, without uniforms to wear and hourly vital signs to record, students voice many fears. Will I be able to help my patient? What if I say something wrong and somehow make the patient worse? Might an aggressive patient hurt me? How can I bring myself to ask patients if they have ever thought of harming themselves, or if they see or hear things that others do not? What if I do poorly or fail this rotation and am unable to continue in nursing? How do I even find the words that these nurses are using in my nursing textbooks? And what am I supposed to do all day long anyway?

As their mental health rotation progresses, students see a sophisticated interdisciplinary team co-operating intensely for the welfare of the patient. They come to understand that street clothes can help break down barriers and that assessing affect is also a critical "vital sign." They see how skilled therapeutic use of self and suicide assessments are very serious matters that could mean the difference between a patient's tentative first steps toward insightful mental health or a debilitating, even fatal, outcome. By the end of their clinical placement, students' language often includes a lexicon of new terms drawn from the fields of medicine and counselling, as well as nursing. Their days become so full that they struggle to find time to chart. Invariably, they leave their psychiatric mental health practicum with a deep respect for their patients and powerful new insights into the persistent stigma and marginalization associated with mental illness.

Conclusion

Second-year students can feel a profound lack of inclusion in staff nurse groups. The heart of assisting them to learn about psychiatric mental health nursing involves helping them to feel welcome and included in a staff nurse group. Connecting with mentors in the mental health field is difficult. Opportunities to engage with students are easy to miss. In an environment that is strong in relationships, connecting over a cup of coffee may seem an overly simplistic solution to the problem. Yet, when practitioners in the field reflect on

their own attraction to the area, often memories of a meaningful personal communication with a special mentor come to mind.

As new groups of student nurses arrive on clinical sites, it is more important than ever to continue to reach out and question them about their undergraduate experience and interests. Words of welcome, orientation and explanation will be remembered long after textbooks are closed and clinical days have ended and, in turn, may inspire other nurses to be equally generous in their own personal encounters with students.