A Spark of Health

It was two weeks into 2007 fall semester and Jennifer appeared at my office door dressed in a short skirt and tank top on a warm September day. "May I see you, Dr. Holden?" She was a student in my clinical section in the psychiatric nursing class, required of all undergrads at the university where I taught. It always made me smile a little, with appreciation to the student who followed the formalities of academia in their greeting. We sometimes used first names with graduate students, but with undergrads, I used the students' last names until they told me to use their first name.

"Come in, Miss Dalton, of course. How are you doing today?" I put the textbook I was reading down and offered her a seat. I was in my fifties, on the nursing faculty seven years, taught the theory but liked the clinical teaching better. Although I had just met her the day before, Jennifer's demeanor had changed from the confident young woman I saw a few days ago when orientation began.

"I'm good. Just getting out of pathophysiology—I wanted to talk to you. I just wanted you to know…" she hesitated. "I may have some trouble… being on the unit." She looked down, turned her head away, and then looked back at me with her dark brown eyes, a worried expression on her face.

"Okay," I said quietly, knowing there was more to be said.

"At the hospital yesterday," she said tearfully, "The patient was so loud and angry. Doesn't the staff know how to control that better?"

She was referring to our brief time on tour of the psychiatric unit when a disturbed patient had been loud and demanding. He had thrown his dinner tray to the floor in the dining area. A staff member had calmly told the patient he'd need to control his actions to be out of his room. The students had been told to move away from any disturbance on the unit to give the staff plenty of room to intervene.

"It was hard to see that patient so upset," I said, taking off my glasses and nodding.

Jennifer's worried look was more like anguish as she went on speaking. "What happened to me …the thing is….was last spring at Tech. I lost my professor and two friends. I was in class near the building, and I heard the shots." She got to the heart of a fear that still haunted her. Who wouldn't still despair over that situation?

I nodded, not knowing how to comment on what must have been a hugely traumatic experience for her. Jennifer had transferred from another university to work on a B.S. in nursing. In the spring of that year, after coming into a campus building bearing a rifle, another student locked all the inside doors and opened fire on 32 people. Jennifer had been in the building next door, terrified.

"That must have been terrible for you." These seemed meager words to express my sympathy for her ordeal.

"I just feel so fragile when anything reminds me of that day. And I am still dealing with the loss I feel." She talked and I listened. She told me about her boyfriend who lived away. She lived in the dorm with several other nursing students, and some of her close friends knew of her trauma. She looked stable (my word for emotionally okay) to me and was gaining a healthy insight into her experience.

Although still anxious, when she was ready to leave, I told her, "I'll be aware of this during your time on the unit. You did the right thing to let me know about it."

Our eyes met as she stood at the door. I thought she was silently deciding whether to trust me or not. She had a tiny smile, maybe because she saw me bobbing my head. Then I realized it was probably more times than necessary, but I didn't have the words right then to tell her how much I wanted her to know I'd be there for her.

The next morning, Jennifer was waiting with the other students to begin the clinical day at 6:45 a.m. by the locked door of the unit. They were wearing the school nursing uniform for the clinical day— navy blue scrubs with the school of nursing patch on the sleeve and a large name tag with their picture ID in front. There were eight women and two men in this clinical section. Nursing students are often insecure in this clinical rotation and I knew they would quickly bond in support for each other.

I greeted the students, some smiling and relaxed, some tense and anxious. "Good morning, everybody. I've reviewed your clinical notes and will return later this morning." They had come over the day before to find their assignments and reviewed patents' charts.

"What if they won't talk to us?" one student asked, looking up from her notes anxiously.

"Tell them you'll come back later— let them know who you are, how long you will be here, and that you have been assigned to be available to them, along with the regular nurses during this shift."

"Can we go in to meet our patient in pairs?" one of the students wanted to know.

"Sure," I replied, nodding my head several times. There are glances all around. Most of the students laughed and seemed to relax a bit.

"What's so funny?" I asked.

"You nod your head a lot, Dr. Holden," one of Jennifer's classmates said, smiling. *Oh, I'm going to hear about this all semester*, I thought.

"It's my way of affirming my confidence in you," I said, glad they were being open with me so I could laugh with them. I wasn't aware of it most of the time. "It's fine to call it to my attention as long as you get my message. I want you to pay a lot of attention to communication, both verbal and non-verbal."

"I think most of us are relieved to know we can visit with patients together."

"Good. Just check it out with the patient when you go to see them."

Jennifer, looking serious and worried, seemed to perk up with the permitted poke at my distracting habit, the shared humor, and the information that they could go in pairs to see their patients.

I continued, "Remember, the first priority will be to relax when you can, introduce yourself to your patient, and let them know you'll be here this morning to talk with them if they feel like it." I knew that many patients would tell a nursing student with a caring approach their deepest feelings while reluctant to tell their regular care providers on the unit anything. Patients have told me that they sense when professionals see them as a "diagnostic label" more than as a person. And it's not just in the medical specialty of psychiatry.

There are a few more questions about breaks, patient rounds with the team and a meeting I had scheduled with the pharmacist who would talk to the students about psychotropic drugs. The nursing students and I planned to get back together for the last hour of the clinical day. Then, we went into the locked unit then to hear the night shift report with the day shift nursing staff before the students met their patients.

Just after the shift report, in a private moment, Jennifer asked, "Won't the patients know we don't know anything? I just feel like there is so much more I should know before I talk to her

about her illness and all the medications. I did the reading from class and studied affective disorders. What if something I say makes her worse? What if she tries to kill herself today?"

Oh dear, I thought, *I can tell she's really uncomfortable, but glad she's verbalizing her thoughts this morning. Glad she's trusting me with her understandable anxiety*.

"Just let your patient know you are here primarily to learn about what they need when they are here in the hospital. She will trust you more for admitting you don't know it all," I said.

I had assigned Jennifer to a forty-year-old woman with depression, who had attempted suicide by overdosing on Tylenol. The staff said she was worried after being hospitalized a week, recovered from the assault on her liver, but still depressed. The staff thought she'd benefit from having a nursing student.

"Talk about what it is like for her. Let her know you will find someone to ask if there is something she wants to know that you don't know," I said.

"Ok, that I can do," she said.

I smiled, touching the arm that tightly held her clinical notebook, "You've done your preparation. Now use the natural people skills I know you have— as you are more yourself, you'll lose some of the anxiety." She nodded and smiled, and I nodded back. I hoped that what I said will be true for her today. I had my anxiety, too, but mine was more focused on supporting the students. I had talked to the patients who were assigned the students to the day before, getting their permission and letting them know what the students would be doing their first day. I went back to peek in the rooms of all the patients and saw Jennifer interacting with her patient. I didn't interrupt her conversation and she sat with her patient about thirty minutes. It looked like they were getting along fine. Later, we met in the hallway.

"She's expressing a lot of stress in her life, and hopelessness about the cluster of stress all at once," Jennifer explained. "She's polite, but just doesn't want to talk much. I just sat with her awhile. She was okay with that"

"And that was fine," I said. I reminded Jennifer, "Before you leave, be sure to ask her directly if she is having any thoughts of self harm, then give her some time to share her thoughts with you if she will. Would you be comfortable doing that?"

"Won't that put ideas in her head since she tried to kill herself?" she asked.

"Probably no new ideas she hasn't already struggled with. She'll probably be relieved someone else can hear her concerns."

"I'd like to talk with her some more before we leave the unit today," she said.

"Oh, and Miss Dalton, it's really important that you ask her to agree to talk with a staff member if impulses to hurt herself are stronger than she feels she can control."

"Makes sense to me. Will do. Please call me Jennifer," she said as she turned to go down the hall. Jennifer was growing more confident. We seemed to understand each other, and both our priorities were to support this patient though therapeutic communication and figure out what Jennifer could do to best help her.

She developed rapport with her patient throughout the morning. At the end of the clinical day, Jennifer seemed happier at post conference. It looked to me like all the students were upbeat and pleased with being a part of the team working with the patients. Before I left the unit, I checked with the staff about any issues they had with the students' performance. They said the students had been a big help with the patients. I couldn't have asked for more.

The next week, I assigned Jennifer to an 85-year-old man with dementia. When we find an opportunity to talk, she says, "Mr. B was striking out at the staff and other patients at the

nursing home prior to admission. I've been gently reorienting him a lot and redirecting him in his confusion. He's cooperative with me."

As I nodded my head in approval, a loud commotion came from the room of Mrs. K, a middle-aged woman who had been pacing in the hallway earlier, mumbling and making angry hissing sounds. Because we heard in the nursing report that her symptoms had intensified, I hadn't assigned her to any of the nursing students, but two nursing students in the clinical section were invited to go along with the team—attending doctor, resident, social worker, charge nurse, medical students— on rounds to see all the patients, including Mrs. K. Jennifer and I walked down the hall closer to the room where we all heard shouting. There was swishing of feet on the linoleum floor. Coming out of the room were a medical student and staff who had been talking with the patient with the physician. I saw two of "my" students who'd gone on rounds with the team standing by the window in the patient's room with the loud and agitated woman between them and the door.

How did those students get over there? I thought to myself and then I heard the medical student who had been in the room say, "The team was making rounds, checking on Mrs. K in her room—I guess there were five or six of us. With the paranoid delusions and auditory hallucinations she's having, she got upset when the doctor told her she'd need to stay in the hospital several more days." I realized that probably having a crowd of people in her room and hearing she couldn't go home as she had expected had shredded what control over her behavior she had previously had. The medical student went on, "We heard her shout, 'But my daughter is coming to get me today!' and then she lunged at the physician who had given her the news. He quickly back out of the room.

He was standing in the hallway outside the door, away from the visual range of the patient, but watching Mrs. K with concern. He was also very concerned about the two nursing students who— perhaps he had only just realized— did not come out with the rest of the team.

Mrs. K. shouted at the nursing students in the room. "You two are in on this, too, just like the doctors, trying to keep me prisoner." Mrs. K's back was to the door, but she wasn't moving. "You two are acting so nice but I know you are against me." The two nursing students, quietly standing there, were looking perplexed about what to do. They looked at the patient, then at the door, and I hoped they could see me, nodding my head slowly, trying to silently communicate, You two are doing the right thing. Just stand there for now. Be calm.

Out of sight of the patient, but near the side of the door, the physician said, "Too many staff in the small space has probably over stimulated the patient and intensified the auditory hallucinations she had been having." The team stood nearby.

The charge nurse arrived with a PRN (give as necessary) injection of Haldol on a medicine tray. Mrs. K. spied the syringe on the tray. "No! God is telling me not to take that poison. Get out of here." The staff outside the door quietly discussed how to get everyone out of the room to give the patient more space. In the meantime, Jennifer stood at the door of the patient's room, and I heard her speak in a soft but clear voice.

"Mrs. K, my friends look scared by your loud shouting. I need to get them to come out of your room. Is that okay?" Jennifer gestured toward the students.

Where did that voice come from? I thought. *Isn't that what I should be saying?* I moved toward Jennifer to bring her away from the room. I stopped and listened as Jennifer was still talking. "This is your room, Mrs. K. Please let them pass by you so you can have it to yourself. One of the other patients is asking to see them."

Mrs. K. continued to block the door but turned toward Jennifer. “My daughter is your age... You are all against me. I don't care what they do.” I moved closer to within reach of Jennifer, ready to pull her out of there, but again stopped as her soothing tones seemed to be helping.

“I can see you’re upset. We’re trying to get everyone out of the room for you. And one of the nurses has the medicine that will help you feel better.”

The charge nurse, who was close by, waited, stood protectively close to Jennifer. Now I tried to get Jennifer's attention. I wanted her out of the patient's doorway, but she wasn’t moving.

The charge nurse spoke next. “Mrs. K, the threatening remarks need to stop. You are safe here. Tell me how I can help you right now.”

Standing by the charge nurse, Jennifer said quietly to the charge nurse, but loud enough for the patient to hear, “Maybe I can talk with Mrs. K and her daughter in the visitor's lounge when her daughter comes to see her.” The charge nurse and Jennifer looked at me. I nodded.

“Let’s see if this will help,” the charge nurse said.

Okay, Jennifer, carry on, I thought.

Then Jennifer said to Mrs. K, “Maybe I can see your daughter when she comes to see you.” I held my breath, wondering how Mrs. K would respond.

Then, hostility decreasing, she responded to Jennifer. With that, the head nurse gestured toward the two students across the room, and they began to move away from the window, then slipped by the patient. The students gave Mrs. K an empathetic smile as they passed by, but I don’t think she noticed. Her eyes were glued to Jennifer’s reassuring presence.

Good work, I thought. The staff had deescalated the volatile situation and Jennifer’s calm and positive influence had helped. All of us standing there looked at each other and gratefully exhaled.

Mrs. K. sat down on her bed, her hands clasped, looking toward the door where Jennifer stood. She continued to refuse the ‘poison’ injection but agreed to take some medicine by mouth. Jennifer asked Mrs. K about her daughter after her room was cleared. The medical and nursing staff continued to be available. I stayed near the patient’s room, pleased with the respect and empathy Jennifer was conveying.

I saw in Mrs. K.’s behavior a spark of health as she accepted treatment even as she struggled with delusional thoughts—she showed trust and courage within deep mental illness. I saw a sliver of myself, too, in every patient and student on the unit that day, the potential we all have to be on either side of the therapeutic environment—as helper, as a patient confused, accepting help or not. And there was Jennifer, demonstrating an intuitive grasp of the patient's suffering— a natural capacity to heal others, honed by her own painful past. She had found herself dealing with human unpredictability, a potential for violence, and all the emotions that clouds the ability to think. I couldn’t have admired Jennifer more. Later, not just yet, Jennifer will recognize her growth, her skill in therapeutic communication, and presence of mind she had at the right moment.

Jennifer and Mrs. K agreed to meet with her daughter and the physician soon after lunch. Calmer now, the patient talked with the physician, without all the other people around. The staff continued observing, assessing, protecting— the daily routine of mental health care.

At post conference, we talked about the behavioral dynamics of this episode, with so many people and clinical issues involved. I wanted the students to know it wasn’t the norm that most patients with neurobiological disorders— a more accurate way to refer to mental illnesses— are not any more aggressive than the general population.

“Mrs. K must have felt invaded,” one student said.

“I can see why protection is the crucial thing,” another student said., “for herself and others.”

“So true,” I said. The students got it today—an unplanned clinical lesson that no classroom could offer, the professional support needed in the difficult climb out of the hole that is deep psychotic illness.

Jennifer would tell her fellow students what was going on inside her as she blended into the situation at Mrs. K’s door. She knew she was surrounded by supportive staff. She said she had to smile a little when she saw me nodding my head. She believed she could care for this patient who seemed to be trusting her. The fear Jennifer had earlier was replaced by the courage she found within herself in the moment.

A person’s difficult thoughts and behavior, which we may perceive about ourselves or others, that finds a safe place for expression, that finds support and understanding, is a fortunate thing. It’s not seeing it in the first place or not trusting or looking for help that deepens emotional wounds or worse. As a clinical nursing instructor that day, I experienced the fortunate, hand in hand with nursing students, their patients, and the staff on a psychiatric unit.