**Patient Suicide**

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Faculty of Nursing, University of Windsor

NURS 3552-5

Professor Jamie Osborn

February 6, 2022

**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: February 6

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back****(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences.
* Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred.
* Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience.
 | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity.
* Does not provide own feelings related to the clinical experience.
* Identified event, experience, or learning opportunity is not relevant to clinical practice.
 | On February 3, I had the opportunity to spend the day in the psychiatry unit and shadow a nurse. One of my first observations was that a lot of things were missing: trashcans, PPE stations, even open access to rooms (everything was locked). Although I could come up with reasons as to why this was so, particularly the various ways a patient could hurt themselves with such equipment, it still appalled me how closely we had to watch patients. When one of the patients was showering, my nurse explained to me that we would have to check up on her every couple of minutes because the showers and bathrooms were the only places on the unit were there were no cameras. In fact, a patient had taken his own life by hanging himself during his shower time about 3 years ago. |
| **Examine Experience****(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article).
* Briefly summarizes key ideas/findings of the article.
* Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation.
 | * Does not incorporate a scholarly article.
* Summary of the key ideas/findings of the article are not included.

 * No explanation of the author’s ideas/thoughts compared/contrasted with own.
 | The article I found discussed possible causes for in-patient suicide and certain factors that healthcare providers should look for in at-risk patients. The article begins by noting that in-patient psychiatry has higher suicide rate than outside of the clinical setting (Large et al., 2017). The explanation for this is essentially that the people admitted to these units are in such a bad mental state that it is hard for treatment to change their mindsets. Another factor was the hospital precautions for safety, supported by falls in the rates of facilities in the UK that took measures to increase unit safety.What I found quite interesting is a concept the researchers consider. They posit that some patients may not have committed suicide if they had not been admitted to the hospital. They use the comparison of a critical care patient getting a nosocomial infection and passing as support for their argument. While it struck me as odd at first, I began to agree with it the more I thought about it. Psychiatry units aren’t happy places. They are locked down with not much to do, the food isn’t great, and the majority of the people there aren’t happy to be there. Such a situation would cause further strain on a patient’s mental status. |
| **Appraise** **and** **Analyse** **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).

**\*\***A reflection graded as ***excellent would also include the following:**** Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians).
* Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things).
* Poses questions that should be considered due to their significance to nursing practice.
 | * No other perspectives are discussed.
* Only one other perspective is discussed
 | In the realm of healthcare, patient suicide is considered taboo in my opinion. Even when my nurse mentioned the patient suicide from 3 years ago, she whispered as she talked about it despite us being alone in the nursing station. We do not act the same when we talk about code blues or patient deaths on other floors. I think we consider suicides as preventable and other patient deaths as an unpreventable occurrence, a natural pathway of life. While there are things that can help prevent in-patient suicide, I do not think not discussing it is one of them. In fact, I think there needs to be public discussion about it and honest, open conversations with patients about measures that can be taken. Patient opinion is the most important as they are the expert on the topic; they are the ones who have disturbing thoughts and have to fight with them. Understanding their perspective and lived experiences could allow for changes that better fit their needs. |
| **Research** **and** **Revision****®** | * Provides summary of learning from this clinical experience and from the article findings.
* Identifies what they could have done differently in this clinical experience.
 | * Summary not provided
* Does not identify what they could have changed about their own role/actions/performance in this clinical experience.
 | Overall, I learned that there are many reasons as too why in-patients are at higher risk for suicide. Some of the risks for patients include: “mental illness, suicidal behaviour, substance dependence, unemployment, marital breakdown and low socioeconomic status” (Large et al., 2017, p.1). I think I should have gone into this experience with a bit more background knowledge. It would have allowed me to be more considerate and observant of the changes on the floor and how all the changes impact patients’ experiences. |
| **New Perspective****(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse.
* Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.).
 | * No specific examples for implementation into future practice are incorporated.
* Does not identify a nursing resource to assist with learning
 | In the future, I will use these pointers to assess my own patients. I am well aware that not everyone will show these signs and that some people who seem fine are in fact the most at risk. However, I think it is still a good resource to build a foundational skill base that can be improved with experience.There are a number of assessments that the nurses showed me that are available on Cerner for assessing a patient’s risk. I think those would help me develop this practice further; however, I think this topic overreaches a nursing scope of practice and if I wanted to properly learn, I would have to look into psychiatry-based resources or take a certified training. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)

(critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection.
 | Safety – preventing patient harm and deathKnow-based practice – comes from experience and learning common signsPerson family centered care – understanding the patient and developing a trusting relationship with them can encourage them to notify you if they are having troubling thoughts or ideation. |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format.
* Title page in correct APA format
* Reference in correct APA format
 | * Incorrect APA format throughout reflection
* Incorrect APA format on title page
* Incorrect APA format for article(s) and/or other sources.
 | **Student Reference(s) in APA Format:** Large, M. M., Chung, D. T., Davidson, M., Weiser, M., & Ryan, C. J. (2017). In-patient suicide: selection of people at risk, failure of protection and the possibility of causation. *BJPsych open*, *3*(3), 102–105. https://doi.org/10.1192/bjpo.bp.116.004309 |
| **Grade:** | **□ Satisfactory □ Excellent**  |  **□ Unsatisfactory**  |  |
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