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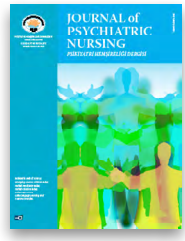

Review

Taking the trauma out of mental health clinical rotation

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Abstract

While clinical rotations during nursing school have been noted to be stressful and anxiety-provoking for students, mental health clinical tends to be exceptionally challenging for students from an emotional perspective. Students are often placed in unpredictable situations on locked units with meager supervision. While nursing schools cannot directly improve the supervision on these units or reduce the degree of unpredictability, clinical instructors can take measures to improve safety and lessen students' anxiety. This article details a collection of five practices that mental health clinical nursing instructors can use to improve the clinical experience for students, putting adequate support in place to facilitate learning.

Keywords: Anxiety; clinical education; clinical instruction; mental health clinical; mental health nursing; prelicensure; undergraduate students.

Clinical experiences during nursing school can be stressful and anxiety-provoking for students,[1] regardless of the type of clinical rotation. That stress is often amplified when the clinical rotation is for mental health, especially if it is on a locked psychiatric unit or a stabilization unit. When students are sent to their mental health clinical, those who have never experienced the world of mental illness through their own lens often have no point of reference other than film and television. My students regularly tell me that what they are experiencing in mental health clinical is not what they expected. Often, their expectations consisted of wild maniacs climbing the walls, catatonic or chemically-restrained patients drooling in the corner, and someone tied down in a white room of padded walls. On day 1 of mental health clinical, from a combination of fear of the unknown and expectation of the worst, they walk in the door burdened with anxiety.

Students do not soak up information when they are too frightened to focus on what is in front of them.[2,3] There are things that clinical instructors can do to lessen the fear and help students gain a more productive learning experience. When nursing students are able to move beyond their fear and settle themselves into the clinical experience, they may find that providing nursing care to patients with a mental health diagnosis is less overwhelming than they anticipated. Five interventions a clinical instructor can implement to lessen fear are: (1) Provide information in advance; (2) encourage students to work in pairs; (3) allow students to call or text the instructor if they encounter problems; (4) collaborate through frequent mini-conferences throughout the day; and (5) provide mental health support when needed.

Advance Communication

Students begin to ramp up their anxiety about mental health clinical long before their first clinical day. Some students know it's coming months in advance and dread it as soon as they learn they will have to participate. Two weeks before their first clinical day, I send an email to my group of students, and that email includes: what to bring, what not to bring, parking instructions, where and when to meet me, and my general expectations and goals for the clinical experience. The email also includes what it takes to be successful in this experience and examples of non-successful participation. They are also given my personal contact information, and they have an invitation to reach out to me with any questions or concerns. The stu-

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dents learn in that email that everything is under control, their instructor is open to hearing their concerns, and the goals for the clinical are less intimidating than they imagined. In fact, the goals for mental health clinical are to gain exposure to this patient population, practice therapeutic communication, and learn to recognize the signs of patient danger in this population (from suicidality to increased agitation to medication side effects). Everything in that email is calm, measured, and designed to put the student at ease, giving them a clear sense of what to expect on day 1 of clinical.

Safety in Numbers

It would be naïve to pretend that a locked psychiatric unit is a safe place to be. It would be naïve to tell students they're entering a safe place, and they would sense the lassitude therein. Instead of invalidating their fears, it makes more sense to give them a coping mechanism–after all, that is how patient anxieties are handled. Allowing students to stay in pairs or groups of three (at most) gives them both a peer and the sense that they have a shield of armor. Moreover, in some cases, when things do get dicey on the unit, it gives them another person to reach out for help. It truly does provide for better security, since the staff on many units do not fully engage student nurses into their daily routines. That policy of staying in pairs has kept more than one student nurse safe on the unit when patients have gotten agitated. Further, it is clear that social support helps students cope with anxiety and stress,[4] and building that support into patient assignments during clinical rotation provides students with a mechanism for peer support.

Open-door Policy

When managers have an open door policy, it's a literal door kept open so that staff can come in at any time. When clinical instructors do it, there's usually no physical door-we clinical instructors are rarely given brick-and-mortar offices. But instructors can give students their cell phone number and encourage students to call or text during the clinical day if the instructor is not in direct line of sight. Personally, students have used my number when they were with a patient who made them feel unsafe; when a student was triggered by a patient's yelling and the student had a panic attack, her peer called me; and when students were on a locked unit where all the patients had gone to take naps, leaving the students with nothing to do. My open-door policy invites students to contact me any time during their clinical day that I am not physically present with them, and they use that as needed to boost their feeling of safety and to ensure they're getting the experiences they need. It's extra helpful because my students are usually split between two floors in one facility.

Frequent Debriefing

We were on a floor where the nurse kept falling asleep. That became an opportunity for a mini-conference to discuss risk anticipation and what can happen if the nurses aren't alert. Another day, the security team was called when a patient tried to strangle a nurse. A mini-conference allowed the students to discuss how they felt and why certain actions were taken during the conflict. A patient was becoming more and more agitated, and the therapist told him sternly to go calm down in his room. A mini-conference revealed that the students thought the communication was non-therapeutic, yet actually, taking command and directing the patient to use a specific coping mechanism was exactly what was needed for that particular patient at that time. Being available to students during their clinical day, with frequent opportunities to discuss care provided, patient diagnosis, and allow students to reflect on their thoughts and feelings, actually helps them to debrief through the day and maintain reasonable stress levels through what can be a very stressful clinical rotation.

Mental Health Support

When students hear about patients' trauma, it may bring up their own trauma. When students meet someone with schizophrenia, it may remind them that their biological aunt has schizophrenia, putting them at higher risk of developing it. When students sit through group therapy, it may churn in them their own depression or anxiety. Nursing school is stressful on its own, and participation in mental health clinical may trigger some students to embrace the struggles they are facing. In those instances, clinical instructors can point students to on-campus resources (like counseling or support groups), and they can actively listen and use the therapeutic communication they're teaching their students to practice. Allowing students to have a safe space to explore their feelings may help some students speak up when they need help. Providing that help in a timely manner can keep our students on track to become the mentally healthy nurses the profession needs.

Conclusion

It is natural for students to fear the unknown, and mental health clinical is a huge unknown for most students. A clinical instructor who recognizes the students' worries and provides them with student-centered interventions like those mentioned above can make the experience much less intimidating. Meeting students where they are – in the midst of worry and anxiety, sometimes in the depths of depression – can make their clinical experience more meaningful to them. Students routinely tell me at the end of mental health clinical, referring with surprise to the mental health patients they encountered, "These people are just people." Mental health clinical is breaking down the stigma of mental health in slow but consistent strides. And it's pushing students to realize their own mental health needs, whether that consists of regular self-care, support groups, or clinical and potentially pharmaceutical forms of support. By telling students that it's ok to seek help, we're building a stronger generation of future nurses.

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