Assignment title: A Reflective Essay on the Role of Communication in a Patient-Care Scenario

Topic: A Reflective Essay on the Role of Communication in a Patient-Care Scenario using Gibbs's Reflective Cycle

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Reflective Essay on the Role of Communication in a Patient-Care Scenario: Gibbs Reflective Cycle (1988)

Introduction

Effective communication—anchored in empathy, clarity, and trust—is foundational to safe, person-centred mental healthcare. In psychiatric settings, where perception, meaning, and threat appraisal are altered, the stakes are especially high: miscommunication can escalate distress, undermine alliance,

planning to translate experience into improved practice (Sundgren et al., 2021). In doing so, I draw on guidance for communication in psychosis (Hamelijnk et al., 2023), relational frameworks in nursing (Mersha et al., 2023), and evidence on cognitive distortions in meaning-making (Rnic, Dozois, & Martin, 2016).

Context of the Reflection

The event occurred in a psychiatric intensive care unit with a patient in acute psychosis marked by persecutory delusions and hypervigilance. My dual tasks

pacing, wording, sequencing, and non-verbal signalling to maintain safety and trust (Hamelijnk et al., 2023). The scenario highlighted a recurring dilemma—completing essential assessments while preserving the relational ground on which effective care depends.

Description

During an evening shift, I initiated a mental state examination with a patient after a first-episode psychosis with prominent paranoia. As I progressed through a standardised series of questions (orientation, perceptual experiences, risk), the

mistrust; flexible, person-centred strategies are required when cognitive
distortions and threat appraisals are active (Rnic et al., 2016).
Feelings
I experienced a rapid surge of adrenaline, followed by disappointment and
self-doubt—concern that my approach had precipitated harm. There was relief
as colleagues supported de-escalation, coupled with guilt over the distress
vulnerability of both patient and practitioner in high-acuity settings and
reinforced the value of team containment and post-event reflection for learning
and wellbeing (Sundgren et al., 2021).
Evaluation
Negatives:
My closed, sequential questioning likely intensified persecutory
interpretations, extended the interaction, and raised risk of escalation.

• Initial reliance on task completion over relational safety delayed therapeutic joining.

Positives:

• Team actions—lowered voice, simplified language, greater physical space, and removal of excess stimuli—helped settle arousal.

Overall, the encounter exposed the limits of rigid formats and jargon, and the value of micro-adjustments—timing, tone, posture, and permission-seeking—to maintain alliance under stress.

Analysis

Peplau's interpersonal relations theory positions the nurse–patient relationship as the vehicle of therapy; communication should be phase-matched (orientation, working, resolution) and responsive to the person's current capacity (Mersha et al., 2023). My approach initially reflected the task rather than the

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pace") can reduce persecutory appraisals by enhancing predictability and control.

From a cognitive lens, distortions bias interpretations toward threat (Rnic et al., 2016). The clinician's task is to anticipate misattributions, minimise ambiguous or technical wording, and check meaning frequently. This aligns with universal

consolidates. The analysis also affirms that communication is a team endeavour—roles, choreography, and shared language for de-escalation matter.

Conclusion

The core learning is that assessment processes must be tailored dynamically to the patient's mental state. Beginning with relational safety—stance, tone,

threshold for noticing micro-cues of rising arousal has lowered, and I will preferentially privilege alliance over protocol where risk permits, recognising that alliance itself mitigates risk.

Action Plan

 Skills development: complete targeted training in psychosis-specific communication and simulated OSCE-style consultations focused on information gathering and shared decision-making in psychosis (Hamelijnk et al., 2023).



- Carer involvement where appropriate: with consent, involve family
 psychoeducation allies to enhance continuity of communication and
 alliance across settings (Zentner et al., 2023).
- Personal resilience: incorporate quick self-regulation strategies (paced breathing, brief grounding) before high-acuity assessments to optimise

presence and voice control.

Final Conclusion

This reflection reinforces that flexible, person-centred communication is a clinical intervention in its own right—particularly in acute psychosis, where

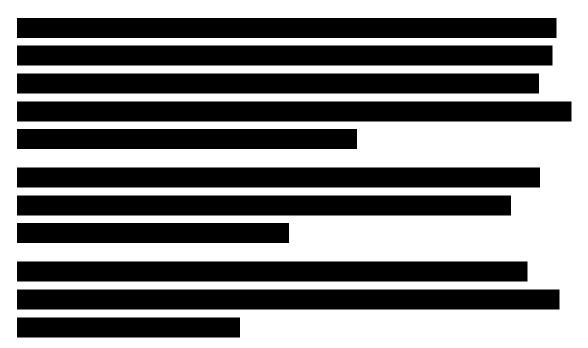
training, can enhance professional quality of life and improve therapeutic outcomes.

References

Hamelijnk, J., Tarbuck, A., & Kajee, S. (2023). Information gathering in psychosis. In Communication Skills in Mental Health Care (pp. 44–56). CRC Press. https://doi.org/10.4324/9781846198304

Maj, M., van Os, J., De Hert, M., Gaebel, W., Galderisi, S., Green, M. F., ...

McGorry, P. (2021). The clinical characterization of the patient with primary psychosis aimed at personalization of management. World Psychiatry, 20(1), 4–33. https://doi.org/10.1002/wps.20809



Zentner, K. E., Shettell, K., Abba-Aji, A., & Robles, M. (2023). Supporting patients by family education in psychotic illness: a longitudinal pre–post study protocol. BMJ Open, 13(10), e072881. https://doi.org/10.1136/bmjopen-2023-072881