

Crash Course

Category: Stories

written by Marilyn Barton | October 7, 2016

Marilyn Barton

“Nursing students needed to work in the University Hospital, good pay, orientation.”

As a rising nursing-school senior in the 1970s, I naïvely applied for the job above without getting the full details. No one mentioned that I’d be working in a psychiatric unit housing twenty-five aggressive, catatonic or schizophrenic patients, many of whom had been locked away for years.

The entrance sign, which should have read “Locked Psych/Med/Surg Unit,” said simply “5 East.”

On my first evening shift, I overheard two nurses discussing how to monitor a new patient, transferred from the federal psych facility across town.

“Can we get the student to do it?” said one.

Soon after, the charge nurse told me to go sit with the patient. Her instructions were minimal: “Watch him and make sure he doesn’t kill himself.”

So I went to his small room and sat in the bedside chair to watch, although I didn’t know what to look for.

The patient was a large, bearded man so tall that his heels hung over the mattress edge; his flimsy hospital gown stretched tightly across his broad chest. He stared fixedly at the bedsheet.

What should I do now? I thought. Nursing school had taught me to listen—but this patient wasn’t talking. Fortunately, there was no window for him to jump from, and I was positioned near the door, so he couldn’t run off. Terrified that he’d make a sudden move, I did my best to blend in with the walls.

Now he was staring back at me, dark circles under his deep brown eyes.

I felt aghast that they’d put me alone with a patient who could easily overpower me. I pictured him leaping out of bed and strangling me with his IV line. He’d failed at killing himself—maybe he’d get some satisfaction from maiming *me*.

I hadn’t yet learned to distinguish between someone who might harm himself and someone who might hurt others; in my mind, both were the same. And as yet I had no training in self-defense or de-escalation techniques. I’d been posted here as the patient’s safety net—but there was no safety net for me.

He looks calm, but maybe it’s a facade, I fretted. *Does he have a gun hidden*

somewhere? Or a razor tucked into his beard? What signs indicate that someone is about to kill himself? Maybe I'm supposed to notice something about his expression or gestures...Will he scream or throw things? Talk in foreign tongues? I thought back to my psychology courses; nothing helped.

Desperately, I recalled an instructional video's words: "Fear of the unknown creates anxiety. The nurse must first establish trust with her patient."

I felt the need to develop a new persona: someone strong and self-assured, who could protect my panicky inner self.

Trying to sound calm, I said, "My name is Marilyn. I'm a senior nursing student. What's your name?"

"Teer," he mumbled. "Got a smoke?"

"No, sorry."

"I can't see very well," he said.

"Mmm, why not?"

"I don't have my glasses."

"Oh? Where are they?"

"I ate them," he said matter-of-factly.

"Really?" I said, struggling to hide my surprise. "When?"

"This morning."

Wondering if he was messing with me, the novice nurse, I tried to look composed.

He sighed deeply.

"Last year, I got into some trouble at work and lost my job...They say I have a condition."

Bizarre behavior? Schizophrenia? I thought.

"My wife filed for divorce. Didn't tell me why. Won't get to see my kid again."

Being in my twenties, and single, I couldn't quite fathom how disastrous this might be. I also felt puzzled by Mr. Teer's demeanor: For someone who'd just tried to kill himself, he seemed remarkably unconcerned.

This was my first encounter with a flat affect—a blank, emotionless manner associated with severe depression or schizophrenia. Mr. Teer might be seething inside, or just numb: His expression gave no clue.

"Things aren't going to change," he went on tonelessly. "No hope."

I felt a twinge of compassion. *He sounds so deflated, I thought. How lonely he must feel...*

"I needed to end it," he muttered.

Wow, he just referred to his life as an "it."

"Didn't have anything to *do* it with," he said. "So I stomped on my glasses. They broke in pieces, and I got 'em down."

"Even the frames?" I wanted to ask. "How did you swallow them? How sharp were they? Why aren't you in the emergency room?" But, fearing that he might clam up, I kept still.

A doctor stuck his head through the doorway.

"Hey, buddy, you *really* did a number on yourself," he said, then laughed. "We'll get you fixed up soon."

Still doubtful about Mr. Teer's injuries, I started to ask what kind of surgery he'd have, but the doctor was gone.

What a jerk, I thought. Was that supposed to be informed consent? Mr. Teer may be off-balance, but he deserves better than that.

Some time later, two OR attendants strode in, chatting about a ball game. Without a word to me or Mr. Teer, they cranked up his bed and helped him onto the stretcher.

As they wheeled him out, Mr. Teer smiled and nodded at me, which I interpreted to mean that he felt a bit better after our talk. Instead of thinking, *Thank you for not killing me*, I found myself hoping that he'd get the professional help he needed.

I'd been counting on finding positive role models here. Remembering how the surgeon and techs had treated Mr. Teer, I realized that I'd encounter negative ones, too.

Maybe disrespecting patients is their routine, but it's not going to be mine, I promised myself. I noticed that no one had asked me to report on what Mr. Teer had said or done during our time together. *Was I the only one who'd connected with him as a person?*

I asked the charge nurse about Mr. Teer's story. It was true, she said: He had indeed eaten his glasses while at the federal psych facility—and he must have done it quickly, because they were rounding on him every fifteen minutes.

When he told the psych-facility nurse that he'd swallowed glass, she'd replied, "No, you didn't." Not until he spit up blood did she call a doctor. When X-rays revealed glass shards in Mr. Teer's intestines, he'd been transferred to 5 East to await surgery. Once patched up, he was to go back to the psychiatric institution.

I never saw Mr. Teer again, but serving as his sitter gave me a crash course in Behavioral Health Care 101. I learned to speak up and ask for directions when I felt unprepared for a task; this episode notwithstanding, the RNs proved to be excellent teachers. I learned that someone in crisis can look normal, that textbooks and lectures take you only so far, and that each encounter with a patient or caregiver can teach me something valuable, if I absorb the positive and deflect the negative.

Finally, I learned that a patient will open up to me if I give my full attention—and that this may be the most powerful comfort I can offer.

About the author:

Marilyn Barton graduated from Georgetown University in Washington, DC. For more than thirty-five years she worked in hospitals in critical care, ER, cardiac research, education and quality control. “I created a blog about my father and his Navy service (kendallcampbell.wordpress.com), and I’ve started another for my nursing stories, but it’s in the beginning stages. My interest in writing began while I was serving on the editorial board of my health system’s nursing magazine and for the coffee-table book *The Color of Their Eyes* (2007), a compilation of nurses’ stories. Retiring this year has freed me up to write realistic stories about nursing, to counterbalance the Hollywood versions often seen in the media. This story depicts my first encounter with a troubled patient. It seems like just yesterday.”

Story editor:

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