

Midterm Reflection

Throughout my clinical experiences I have had several learning opportunities. Some of those opportunities went better than could be expected and others didn't go as planned. However, I have taken something away from each experience that I can carry into my transition into professional nursing. One of the experiences that I will reflect on often during my career will come from my time spent in the PICU.

During my PICU preceptorship I bore witness to a truly devastating and heartbreaking situation. I received report at the beginning of shift and was immediately aware of the difficulties that the day may hold. My patient for the day was one that had been cared for by the staff on multiple different occasions, so they had over time formed a special bond with the patient and family. I was brought up to speed on the patient's medical history and current condition. My patient was diagnosed with a germ cell tumor of the brain, had been through multiple debulking surgeries to improve her quality of life, however the tumor continued to grow. There was a point in her treatment where her cancer was deemed terminal. After being faced with this news the family had placed the patient on Hospice care. The morning of my clinical, the patient had begun to exhibit agonal respirations. The mother was then faced with the unimaginable reality that her daughter was transitioning from this life. At that moment, the mother revoked the DNR that was in place and pleaded with the Hospice nurse to call 911, which she did. When the patient arrived at the emergency department she was intubated and admitted to the PICU. The results of the CT scan confirmed another unimaginable reality, a catastrophic herniation of the brain stem. As any parent would be, the mother was devastated by the news she received from the healthcare team. Delivering that kind of news to any person, much less a parent is something that I hope I never experience, but I do understand that I may have to at some point in my career. The level of compassion and genuine care that the healthcare team had for this family and their situation was phenomenal.

I was extremely fortunate to witness various members of the care team collaborate to provide complete family centered care. The Intensivist on the unit collaborated closely with the palliative care team. The spiritual care team spent hours in the room with family ensuring that their spiritual needs were met and blessed the patient at family's request. The case manager for the unit worked tirelessly making many phone calls to the border patrol and coordinating passage for the patient's father so that he could be with his daughter. Despite the pandemic, the care team coordinated efforts to ensure that all family could visit the patient while continuing to maintain a safe environment for staff and other patients on the unit. Lodging for the family was also coordinated by the case manager, as to not cause any undue financial burden on the family. The lengths that the care team took to provide such family centered care was remarkable to witness. As students, we do not always get to see care collaboration to this magnitude. We may witness one or two of the parts of the coordination, but we rarely see all aspects of the care team work so cohesively.

I wish that I could say that every aspect of the care team was flawless, but I cannot. The primary Oncologist on the case had explained fully the severity of the injury to the patient's family and that withdrawal of care would be recommended. The news as expected was not well received by the family, however they did initially agree to withdraw but only after all family had been allowed to visit the patient. As the family was awaiting the arrival of their loved ones another Oncologist that had briefly worked on the case visited and proceeded to inform the family that the injury in fact was not catastrophic as was originally reported to the family. When

the family received these words of encouragement from this physician the family decided against withdrawal of care. The other members of the care team became extremely frustrated and could not believe that this physician had given the family a sense of false hope. While caring for the patient I witnessed the family experience a rollercoaster of emotions. I was truly saddened by their situation and could not imagine the uncertainty they were facing. I felt utter frustration that a physician chose to disregard the results of the CT to offer a family hope in a situation where there was nothing that could be done to reverse the outcome.

On the third day after the patient's admission the Intensivist and primary Oncologist again explained the devastating nature of the injury to the family. The physicians then performed the series of tests to confirm brain death explaining each in detail to the family. Again, the physicians showed a level of compassion that was incredible. After witnessing the test results firsthand, the family then made the difficult decision to withdraw care. The staff stood with the family as the patient passed, comforted them, and prayed with them in those final moments. Even though this was a difficult situation to be involved with I feel privileged that I had such an experience at such an early point in my career. I hope that I can carry this experience with me throughout my journey as a nurse, learning and growing from it at every opportunity.