

<p>DESCRIPTION: When we first entered the patient's room during patient handoff it was apparent that she was very upset with some news that a physician's assistant had previously told her. It was stated that the prognosis and treatment that has been recommended was amputation of her right foot that was having trouble healing on its own. The patient's daughter was also very upset with the news because she was told by a different doctor that her mother's infection would be able to heal with some antibiotic therapy. As we listened to her daughter, it was clear that the patient was upset since she began to wail and cry that she would rather die than live a life without her foot. I attempted to console her and let her know that just because one doctor says something doesn't mean another doctor won't say something else. My nurse attempted to sympathize with her and tell her that everything would work itself out, however, the patient was quick to become angry with the thought of someone telling her she's going to live a life without her right foot.</p>	<p>ANALYSIS: Something I could have applied to this situation is offer the patient chaplain services since she kept wondering why she was in that situation. Not only would that allow her to feel heard by someone but it will allow her to get closer to her religion and have faith in her situation. A broader issue that arose after this situation was that the patient refused to get any surgical procedures that had to do with amputating her foot. Stating that she would rather die than get her foot cut off. She later stated that she didn't know what she was going to do because she wants to see her grandchildren grow up. What I believe was going on, was that the patient was going in and out from denial, anger, bargaining, and depression in a span of hours. The patient verified my thoughts when she opened up and told me that she believes she is depressed and should probably seek therapy and be placed on antidepressants. Stating that it's been difficult to want to eat or do anything when all she wants to do is just cry. What I also believe was really going on was that the patient was beginning to realize that she is either going to need to amputate her foot or she is going to get really ill with her foot infection.</p>
<p>FEELINGS: When I first walked into the room, the PA was leaving the patient's room. He had just told her his prognosis and she was in her bed weeping. At the beginning, I felt very awkward because I was unsure of what I could tell my patient or how I could make her feel better. I felt sorry for my patient because I could tell that she was going through the beginning stages of grief. She would go in and out from denial to anger and back to sadness. She was unsure of what would happen with her life and was taking her anger out on the PA who gave her the news of her results (MRI/XRAY). I believe the most important emotion or feeling I have about this situation</p>	<p>CONCLUSION: I believe that I could have made the situation better if I had learned better ways to console people when they're in a state of being okay and then not being okay. I believe that I could have made the situation better by asking better questions that would allow her to think of how she really is feeling. I also believe that if I spent more time with her, she would have been able to express more about how she really feels about her situation and emotions. The main thing that I believe I learned from this situation, is that people really do progress things differently and there's never going to be a response that fits every situation even if it's the same circumstance.</p>

<p>is to have patience for people who are going through a difficult circumstance. I learned that many times when patients are upset with me, it usually has something to do with something greater in their life. My patient is just unable to verbalize her feelings and she is coping the best way she can. All I can do is help her and not take anything personal during this difficult time in her life.</p> <p>I believe this feeling is important because the moment you tell yourself to not take things personally, you are able to tackle situations objectively and effectively without feeling any anger or envy.</p>	
<p>EVALUATION:</p> <p>I believe that the best thing that came out of this event was that my communication skills got better throughout the clinical and I was able to figure out different ways to comfort my patient. My awkwardness began to fade and I was able to recall information that I was taught in previous modules. I think the most difficult part of this situation was dealing with the family members who were upset with the miscommunication between the interdisciplinary team. One thing that I do believe went well was that the patient was able to admit to me that she was feeling depressed due to her diagnosis. She confided in me and told me she wanted help but that she was scared because she has never had any mental illness problems before. I do believe that the main thing that went wrong was that a PA was telling the patient what his treatment was for her diagnosis, however, he should have gotten with the other team members and figured out what other options could be offered other than just amputation. I believe that I contributed by helping the patient feel heard when her family was no longer there to listen to her. I tried my best to comfort her and listen to how she feels about her situation by asking her open-ended questions and allowing her time to respond when she's ready.</p>	<p>ACTION PLAN:</p> <p>One thing that I believe was disappointing about the overall situation was that the patient was never educated on how her diabetes makes it hard for her wounds to heal. It makes me believe that she was never educated about the importance of checking her feet everyday since she told me that her nail tech was the one who brought her attention to it. One thing that I would do differently the next time that I encounter a situation like this is to just listen to the patient and make them feel as comfortable as I possibly can. This action alone seems to make the patient more trusting and allows them to open up and express how they feel. I also gives me insight on what may need to be done (like in this situation, it was clear that we needed to address her depression since it was making it hard for her to want to eat and that will ultimately affect nutrition and as a result hinder wound healing). This situation taught me that human contact is an important part to healing, not only physically but mentally as well. It also taught me that I shouldn't listen to everyone (some nurses and aids would call this patient a drama queen) because no one ever really knows what others could be dealing with internally or emotionally.</p>

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