

**Firelands Regional Medical Center  
School of Nursing  
Hospice Reflection Journal/Paper  
Psychiatric Nursing  
2024**

Write a 700-900-word paper reflecting your thoughts and ideas regarding your Hospice experience.  
Objective: 7c

1. Identify the main theme-
  - a. Provide your expectations for this experience. Were your expectations met, provide examples. (Suggestion: Write down your expectations before the hospice experience, then you can objectively reflect on if these expectations were met)
  - b. Provide at least 3 descriptive sentences that summarize your experience.
2. Write about something that stands out about your experience, include specifics, write a story about your experience.
3. List main points or key experiences that affected how you think about your experience. Share your beliefs and ideas about your experience. Tell how this experience changed or did not change your beliefs or enhanced your knowledge.
4. Ask yourself questions about the experience and how it may or may not relate or impact you. Ex.- Has the experience changed your way of thinking, did it bother you, would the experience change future actions?
5. Conclusion-
  - a. Discuss your overall feelings or understanding you received as a result of this experience.

**The Reflection Journal will be due at the same time your Clinical Tool is due for that week (Saturday at 2200), and should be placed in the Hospice Reflection Journal Dropbox on Edvance360.**

1. A. The expectations I originally had were that I was going to witness someone pass away and assist in postmortem care. That was not the case. I was anticipating patient care, but less than with inpatient care which was true. However, I was not really anticipating as much family communication and comfort. Many patients' families enjoy communicating with you, looking back on fond moments, assisting in care, and showing off some comfort items brought in from home. I thought that there would be less respite care patients on the unit compared to patients who were actively passing away.  
B. Summarizing my experience in just a few sentences is difficult. Mainly I participated in patient care such as checking and changing incontinent patients, trying to get the patients to eat some of the meals ordered for them, comforting family members, and waiting for something to happen. Participating in communicating with family members was more minimal than what I expected.
2. Today was a day with only 5 patients so there was not much going on. There were two patients who were imminent which means they are actively passing and then 3 patients who were on respite care. The care for the patients who were imminent was minimal. Mainly it was medications for comfort, repositioning, checking and changing, dressing changes, and family comfort. For the patients who were in respite care we mainly provided similar comfort care to the imminent patients, the biggest difference was providing meals and trying to get the patients to eat. One of the patients that was imminent had family members who never left their side; they were participating in the patients' care from the very beginning. Having two patients who were imminent, there was only one who's family was very active in their care and not going home. This patient was young and had gone through cancer that had metastasized their brain. The family had gone through so much on this journey and it was emotional for them to open as well as it was

for me to listen. After my time at the unit came to an end, she was still hanging on for them, she was declining because when I assessed her, she was unresponsive, cold, mottling on her knee and her respirations were shallow slowing down further from 8 to 6. However, her son was still administering breathing treatments. All these assessments identify she was close to passing, It felt that he was unwilling to let her go (Schneiderman & Marks 2020).

3. From my experience the main points were family communication and caring for respite care patients. My beliefs with hospice care were that there were only imminent patients and that the care given to these patients was different than if they were in the hospital passing. The care received was different in the way that the patients and their families were left alone for the most part. We came in to assess, reposition, check/change, and medicate the patients and other than that we left the families to be with their loved ones. Even those in respite care were not checked on as often as if they were in an acute care hospital. In this setting it is normal, but different. Communicating with the family of the imminent patient was the most important part of the experience.
4. This experience helped to confirm my feelings that I cannot be a hospice nurse. I feel this way because when I was communicating with the family about their loved ones, they were showing me items they brought from home and explaining everything. I could feel tears welling up inside my eyes. I had an experience in the same hospice center with my grandma and these kinds of stories hit me harder. I have been grieving her loss and there are sometimes that are harder than others, but listening to their stories just reminded me of what my grandma went through and what my family had to go through. I can't disassociate myself from their feelings and stories because of how deep my emotions are for others, especially when I understand what they're going through. Being a hospice nurse if I needed to console family and patients and stay calm and relaxed when giving bad news or clarifying bad news, I would be emotional for them. It is an unprofessional trait that would be hard for me to turn off. I know that I would feel the pain they're experiencing, and I would want to cry. So, I am grateful for this experience showing me how my emotions would handle this situation. I know that I can handle this communication when I don't have to do it every day. On a different inpatient unit, I would not be handling this kind of situation daily.
5. My overall feelings about this clinical are that I am thankful for this experience. I don't think I will choose to be a hospice nurse until many years down the road, so that I can grow on my skills to be a relaxed less emotional communicator. I also have a better understanding of how hospices inpatient services look. As well as how respite care is handled and how imminent patients are cared for. The setting looks very similar to how caring for hospice patients and regular inpatients looks like on a med surg unit. However, this setting is more comforting for those at the end of life.

Schneiderman, H., & Marks, S. (2020, February 14). *Physical Examination of the Dying Patient*.

Palliative Care Network of Wisconsin. <https://www.mypcnow.org/fast-fact/physical-examination-of-the-dying-patient/>