

**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.

**1a. My expectation for this experience is to have 10 to 15 patients with some patients who are actively passing and some patients who are still fully functional and are there for pain management and palliative care. I expect there to be a lot of family members and friends in the patient rooms. After experiencing the clinical I would say that my expectations were met. There weren't as many patients as I expected there to be. They only had 6 patients on the unit and each nurse only had 2-3 patients in total. There were a lot of family members in the rooms visiting and some were saying their goodbyes. One thing that did surprise me is that one of the patients on the unit had a PCA pump and they allowed for a designated family member to push the button to administer the medication as they felt necessary to keep their family member comfortable. Most of the patients on the unit were unresponsive to any stimuli and there was only one young patient who was able to have a conversation and get up and go to the bathroom.**

**1B Hospice is a very compassionate form of care they provide dignity, empathy, and amazing end of life care. The nurses care for their patients like they are their own family and always make sure the patient is comfortable. The nurses do a very good job at keeping up with pain medications and providing baths to the patients. Overall, it takes a kind caring and compassionate person to work in the hospice specialty.**

- 2. One thing that stood out about my experience was how well the nurses care for their patients. While I was on the unit, I noticed that they do not have any PCT's on the floor. That meant that the nurses were responsible for all care. While I was there, we started our morning with handoff report and then went and did assessments on the patients. The nurse entered the room in a respectful manner and was very respectful of the patient even though they can not respond. She would inform them of everything we were going to do before we actually did it. We assessed their heart, lungs, bowel sounds, vitals and edema levels on each patient. One of the patients had a colostomy and an indwelling foley catheter and we assessed those as well. After we assessed the patients and made sure they were comfortable the nurse showed me their charting and she printed me off a paper of each of the patients and their medications that they were due for. After we charted, she took me to the med room, and we pulled medications from the pyxis. The nurse administered Lorazepam and Morphine to both patients. One thing I did notice was that they give all the meds through an IV because most of the patients are not alerted to give anything PO. After she gave morning medications, she finished her charting on the patients, and we gave baths. While I was on the unit, I gave 2 bed baths and provided mouth care to each of the patients. Neither of my patients on the unit ate anything at all and one of them had not eaten in over 3 weeks. After we did baths it was time for lunch and when I came back, we gave the afternoon medications, and my nurse charted more. Before I left for the day, I answered a couple call lights and assisted one patient to the bedside commode.**
- 3. One thing that really changed how I see hospice is the care that they receive when they are inpatient. While working in the nursing home I have seen numerous patients and aides come to visit the patients in the home and not care as much as the nurses do in the inpatient unit. When they come to the nursing home, they barely spend time with the patients and are quick to leave. After seeing how they are cared for inpatient has changed my beliefs in hospice into thinking that they are not all bad and they do have compassion for these patients. The care they receive in the inpatient unit is amazing and the nurses are very good at making sure the patients are comfortable and well taken care of. Another key point I took away from this experience is how well the nurses communicate with family as well as the patients. Even though they know the patient will not respond they let them know what they are always doing. They are very helpful and supportive to family member, and I have noticed that all of the families are very appreciative of the nurses and everything they do.**
- 4. After going to the hospice clinical I do feel that it has changed the way I will provide care for my patients. They really show you the importance of taking the time and caring for your patient and the difference it makes with the family member as well**

as with the patients. I will always make sure to talk to my patient no matter the circumstances and be respectful of their body. The Hospice clinical did not bother because I have done postmortem care a handful of times before and I have seen the stages of death before, but it is never an easy thing to witness especially if the family is there when it happens.

5. Overall, I enjoyed the hospice clinical, and I think they truly show you what it means to have empathy and compassion for your patient. They receive great care, and the nurses work really hard at making sure the patient is comfortable and clean at all times. This clinical has truly changed the way I see hospice and I have a whole new respect for the nurses who chose to do this every day. I do not think hospice is for me, but it definitely is a very important specialty.