

**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.**

My expectations prior to this experience at hospice were that this facility was centered around providing a controlled environment for individuals to pass away. I was expecting all the

patients to be at the end of life and for family to be there all day sitting at the bedside. Nurses provide medications to ensure that the patients are comfortable along with providing the patients self-care. My expectations were somewhat met. The hospice facility does provide patients with medications and other measures to ensure that they are comfortable and not in pain. Patients are also provided with self-care measures including baths, oral care, toileting, feeding, etc. Regarding the type of patients that they care for, they have three different levels of care. There are many policies and requirements for patients to be accepted to the hospice facility. However, about one third of the patients are there for comfort measures when passing away. When I had clinical there were a variety of patients that all required different levels of care. Some could talk while others could not, some could not move while others could, others were still eating while others had not in weeks. Medication regimens also differ depending on the patient's situation.

Something that stood out to me during this experience was how they do subcutaneous injections. Most patients that were on the floor could not take their medications orally so they would receive them subcutaneously. Instead of grabbing a subcutaneous needle and placing it onto the syringe with the medication, they have an alternate device. The best way to explain it is by saying that it is similar to an IV site. It is a subcutaneous needle that is attached to tubing and then there is a port connected to the end of the tubing. The needle is placed into the patient's skin like an injection. However, the needle stays in the patient's skin and then the device is secured. The tubing still needs to be primed with the medication that the patient is receiving, so it ends up taking more medication than is originally prescribed to be able to prime a new device. One last detail regarding these devices is that there needs to be one for each medication on the patient. You cannot use the same site for multiple medications. There are many differences when comparing this to a normal IV site on a patient. However, the main idea behind these subcutaneous devices is that the patient is not being poked as much.

A key experience during this clinical that affected my overall experience and weighed on my beliefs was involving a wife and her husband. The husband was a patient on the hospice floor and was nearing the end of life. He had been put through many surgeries and procedures to try and lengthen his time. The wife was having a difficult time accepting what was going on and was struggling with a bit of denial. Once being talked to by the nurses and doctor, she still was pushing for all measures that he couldn't tolerate anymore. She was, however, his POA so despite all the education she still decided to continue extreme measures. His code status was changed but other than that all other measures were continued for example, intolerated tube feedings. There are many more details regarding the situation. Overall, it was hard to see everything that he has been put through that has caused further discomfort and pain. It was also unsettling to see how the wife was suffering and couldn't let go of her husband who she loved so much. Personally, I didn't agree with the situation and everything that the wife had decided for him. My beliefs regarding those situations are different compared to what I would decide for my loved one. However, I put that aside in my head and continued professionally as normal. There

will always be situations that I may not agree with or believe in but putting that aside and providing professional and appropriate care is essential.

Did the experience bother me in any way? Overall, this experience did not make me uncomfortable or bother me. Some patient situations are harder to deal with emotionally depending on their experiences. An aspect that did take getting used to was treatment and team approaches. The differences when comparing the hospice facility to the inpatient unit floor at the hospital were harder to adapt to. The treatment in hospice centers is based around pain control, symptoms management, and support. The dosages of pain medications and the number of medications is higher and the way the patient's symptoms are managed is different compared to the hospital. Not having frequent lab drawings, samples, diagnostics, and other stabilization intervention did not bother me but it was hard at first to adapt too. The way the policies and regulations regarding certain aspects are also different when compared to the hospital. This threw me off at first, some examples include how they do orders, the nurse's scope, and postmortem policies. Did this experience change my thinking? Yes, I do believe that this experience opened my eyes and provided me with substantial information that will guide my future care. Being able to see these patients and develop a deeper sense of compassion, patience, and meaning when caring for all patients. While I have always had compassion and patience with my patients seeing different aspects always is a good reminder and forms deeper connections.

My overall feelings regarding this experience were positive. I felt honored to be able to provide these patients with care and had an increase in compassion and empathy. Nursing from this side of care is hard and emotional. You are not only caring for patients at the end of life but also navigating the family as well. You must be strong and cannot let your emotions take over and impact your ability to work. I think this experience caused me to grow as a person and while I do have some emotions in general and regarding specific situations that I am not sure about. I think this experience was positive and will better me as a nurse.