

Step Two:

1. What did you learn from this scenario?

From this scenario, I have learned so much. The most important thing I would say I learned from this ATI video interaction is to include the patient's family member in their care plan. Include patient's families in their list of care includes asking how they are doing or needing anything that you can assist or provide. Our primary focus is often directly onto the dying patient, as it should be nonetheless, we should also focus on the family's need. This action is shown within the video interaction when the nurse Morgan asks the dying patient's family, "is there anything you need?" after addressing the patient's needs and ensuring she is comfortable. Assisting the family's needs and concerns during end-of-life care is very important. This action provides a sense of security and communication, empathy, and compassion.

2. Identify your biggest takeaways.

My biggest takeaway from this ATI video interaction is to always ensure as the nurse providing care to a patient during the end of life stages is to use therapeutic communication amongst family members. The end of life is a difficult time for everyone and should be cared for as such. From personal experience, I find that the end of stage life of a family member is very trying on the family, resulting in agreements amongst each other. It is also essential that personal feelings and judgments are not shown or expressed during this time. The tension can already be high, so the nurse needs to remain neutral and look out for the patient's best interest.

a. Explain the factors that influenced this decision.

The factor that influenced therapeutic communication being the biggest takeaway from this ATI interaction is that it can make a huge difference in how information is reciprocated and received. The nurse wants to provide an environment that is not stressful for the dying patient by using therapeutic communication.

3. What are some of the main problems or key issues expressed in the scenario?

One of the main problems or critical issues expressed in the scenario is one daughter saying to Morgan, the nurse, that she would like her mother to have a Chaplin. In contrast, the other disagrees as she thought it would further distress her mother. One of the daughters differs that her mother is not ready for hospice despite her mother encouraging the nurse Morgan to advocate for her daughters. The same daughter continues to falsely reassure her mother that she will get through this time. Although his intentions appear to be innocent and pure, she is completely negating her mother's concerns. The other daughter then steps in and reminds her sister that she is unrealistic by telling their mother she will be okay. False reassurance should not be given to the patient, especially during the dying stage. The daughter should not use this because she has no idea if this is true.

4. What were some of the challenging decisions the nurse needed to make?

The nurse needed to make some of the challenging decisions while the two sisters were arguing about the mom wanting a Chaplin or not. The nurse Morgan had to continue listening to the conversation between the family instead of intervening bluntly.

Another challenging decision the nurse needed to make was to interject when the two grandchildren played with some supplies that Morgan explained to them was used to take care of his grandmother. The way she said it was authoritative yet respectful and kind.

a. Describe the rationale behind these decisions.

When two family members are going back and forth regarding the patient's care, it is easy and neutral to want to speak up on their behalf. However, in most cases, much like the one in the video interaction, it is best not to interject at all, as this can further complicate things and break the trust you have built with the patient and family. Interjecting can cause further stress on the patient.

5. What factors influenced your decisions and responses during the scenario?

The main factor influencing my decisions and responses during the scenario was using therapeutic communication, putting myself in their situations, and thinking about how I would handle this situation in a real-life case if I were the nurse, Morgan.

a. Explain your response.

I chose therapeutic communication to guide my response because I know this is an effective way to communicate with family members and patients. Using therapeutic contact in a highly stressful situation can also deescalate an already tense situation. Another way that I mentioned influenced my responses during the scenario is thinking about what if I was the dying patient's family member. The end of stage life is a very stressful and emotional time for most. At this time, it could potentially cause people to behave out of emotion and sadness. Another influence in my response is thinking if I was a nurse, how would I manage this situation in real

life. Since I am interested in working in mental health, I anticipate communicating with family members who are frustrated and highly emotional.

b. How will you respond if this scenario presents again in the future?

If this scenario presents again, I will respond the same way I would react the same way I did in this scenario. I would remain calm and be an advocate for my patient. I would also use therapeutic communication when conversing with frustrated or highly emotional family members to ensure the patient's peace during this process.

6. Have you experienced similar situations in your clinical rotations?

I have not personally experienced a similar situation like this one in my clinical rotation. I have experienced a similar situation in my work life.

a. How did you or others respond to the situation? Please explain.

I have experienced similar situations in my work life regarding family members expressing their differences in front of the dying patient. It was not personally my care; however, I assisted another nurse in caring for this patient. Both of the mom's sons started arguing to the point where the nurse foresaw being violent. To prevent this, the nurse asked one of the sons who was not the POA to leave. Due to this altercation, both sons were not able to be in the presence of their dying mother at the same time. The nurse decided to intervene to prevent further stress on the patient. As for my role during this time, I just held the patient's care. I wanted to ensure the help safe during this time, which was very stressful for her. Although she could not express it, I could see the grimace on her face that the yelling between her sons was causing her further emotional pain.

b. Describe successful communication strategies you have used or experienced in the clinical setting.

The successful communication strategy I have used in the clinical setting is active listening. I am sure to use active listening when communicating with all my patients in clinical. Active listening conveys respect and builds trust with my patients and me. I want my patient to feel heard and respected. I also try to take a neutral and non-judgmental approach when conversing with my patients. Another successful communication strategy I am still adjusting to being comfortable with this silence. At times, I am not too fond of silence in a conversation, but I have learned that silence is essential. It allows time for the patient to think and potentially expand on their thoughts.

7. Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.

Advantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness, are interdisciplinary care from a team of professionals. Advantages include having everyone from the healthcare team meet the patient's needs and take a holistic approach to provide care to the patient. Benefits also involve being more prepared and become more to terms with what is going to come. The early discussion also helps families and the patient develop a plan for the future. Lastly, another advantage is having more time to address concerns that are "shared by most dying patients and families like fears about dying, understanding prognosis, achieving important end-of-life goals, and attending to physical needs" (Balaban, 2020). The disadvantage of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal

illness, is denial. The patient could not be ready to come to terms as to the progression of their health.

Reference

Balaban, R. (2020). A physician's guide to talking about end-of-life care. *Journal of General Internal Medicine*, 15(3), 195–200. <https://doi.org/10.1046/j.1525-1497.2000.07228.x>