

Case Study Gerontology Assignment

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care

Case Study Reflective Activity

1. What did you learn from this scenario?

By watching this video, I perceive how nurses faced a dilemma when taking care of patients at the end of life, where the patient and the family members have two different overviews. The patient agrees to hospice care, but on the other hand, her two daughters are having divergent thoughts between them. The truth is that the patient's daughters are scared and overwhelmed about losing their loved ones. However, Ms. Longly is ready to get through the hospice services because of her advanced COPD and lung cancer process. The patient asks the nurse to talk to her daughters about hospice care.

Nevertheless, one of the daughters thinks that the mother is not ready yet. So, the nurse should guide families confronting those tough decisions and help them to focus on the patient's preference and respect her wishes and autonomy. The nurse's primary responsibility was to make sure that Ms. Longly's daughter honors her wishes. The nurse steps in to communicate with the two daughters and promote comfort and pain relief. Finally, Nurse Morgan asks help from the Primary provider and nurse manager to help in this situation by talking to the patient's families about her decision.

2. Identify your biggest takeaways.

Explain the factors that influenced this decision.

I understand that in the end on life care, the nurse's responsibility is to take care of the patient and help the family struggle to adjust to their reality. I also learn that the nurse can not only by herself deal with patient care. She can ask for help from the Doctor and the nurse manager. She can also ask for help from another interpersonal health care. The nurse must always make sure that everyone respects the patient's autonomy. Moreover, I get that good communication can efficiently improve the patient's care.

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

- Scare to lose loved ones.
- The daughter is making a comparison between present reality to the experience. "She claimed that in the past, the mother was in ventilation, but she survived."
- The daughter misunderstood the use of pain medication during critical care.

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

Describe the rationale behind these decisions.

- Do not follow or decline the family decision; only respect the patient's autonomy. The nurse told the two daughters that they need to sit and talk. So, they can discuss their feelings or think about hospice care.
- The nurse asks the patient to decide if she wants pain medication instead of doing what Daughter Karrie wants. It will help everyone to patient's right and autonomy because Ms. Longly was able to decide.
- The nurse decided to ask all the families to leave the room, so Ms. Longly could rest because the nurse observed her patient and noticed that she was restless. Even the nurse knew that the families are experiencing negative emotions by losing their mother, mother-in-law, and grandma. However, she decided to ask them to move out of the room and to give opportunities to Ms. Longly to rest. The nurse is promoting comfort to the patient by reminding that the patient is in center care.

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

a. Explain your response.

The nurse plays the role of patient-caregiver by making her patient comfortable and ensuring that the family members have refreshments such as cold water or juices in the rooms. Advocacy is also one factor that influenced patient care because, as a nurse, I need to make sure that everyone understands or receives clarification about patient care. Furthermore, there is no issue. If the issue exists, the nurse must play the advocate's role by bringing clarification. So, everyone can be on the same page and respect the patient's decision. Asking for help is very important when working in the health care field. It reduced stress or anxiety. It can help to release a burnout's condition.

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

In case this situation happens again in the future, I would like to get my patient's advance directives paper sign as soon as possible so everyone can respect her will, value, or belief. Functionally in the future, I would suggest setting up a meeting between all the healthcare team members and family to sit and talk together about my patient. I will not allow the family to discuss my patient's wish in front of her in the future. I think that this situation increases anxiety and fear in the patient. Moreover, I would like to be able to provide educational resources to my patient's family.

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

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

Honestly, I did not experience any similar situation during my clinical rotations.

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

Some communication strategies that I use are nonverbal communication by touching my patient to show them how I love them. I also use verbal communication by providing a comfortable and supportive environment to my resident. I was flexible with the family, asking all their questions with a positive attitude without any judgment. Moreover, I will use therapeutic communication by providing necessary information to my patient and her family. I am a good listener who supports my patient emotionally.

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.

The advantages of having families discuss patient treatment will help everyone to create a stress copy mechanism because they prepare themselves progressively about the disease progress, and they know in advance that will happen.

The disadvantage of having families discuss treatment is that they refrain from not getting comfort care or becoming hospice by expressing love to their loved ones. They do not want to lose the loved ones, so they refused many treatment options.