Reflective Case Study Gerontology Assignment

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

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO's), Baccalaureate Essential's & QSEN
Knowledge	Therapeutic communication during the delivery of nursing care to gerontology patients. Examine the influence of age on nursing care decisions and actions for patients. Understand the roles and responsibilities of individuals in a working group.	CSLO 1 & 2 Baccalaureate Essential VIII QSEN Patient-Centered Care
Skills	Apply therapeutic communication concepts such as active listening, silence, focusing, open ended questions, clarification, exploring, paraphrasing, reflecting, restating, providing leads, acknowledgement, and offer of self. Engage in conflict negotiation using conflict resolution skills.	CSLO 1 Baccalaureate Essential VIII QSEN Patient-Centered Care

	Use appropriate communication techniques when communicating with clients who have a barrier to effective communication. Provide client education that is appropriate in relation to age, culture, learning style, readiness to learn, etc Communicate with various members of the interprofessional team.	
Attitudes	Value the role of therapeutic communication in nursing care decisions and actions. Appreciate the various factors that can impact effective communication Increase their own self-awareness of judgments and pre-conceived notions that may affect their advocacy for older adults. Recognize personally held attitudes about working with patients from different age,	CSLO 2, 3, & 4 Baccalaureate Essential VIII QSEN Patient-Centered Care

	ethnic, cultural and social backgrounds.	

Instructions:

Therapeutic communication is a fundamental component of nursing and is a complex concept. Ensuring positive encounters between nurses and patients is important for improving the quality of nursing interactions, the performance of various nursing duties, and meet patients' diverse needs (Abdolrahimi, Ghiyasvandian, Zakerimoghadam, & Ebadi, 2017).

Students will access the case study through the ATI website. Please watch the screencast within the lesson to help locate the ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care in ATI.

The case study provides a 5-minute overview including character background (for example role, age perspective) on each person within the case study. The case study will unfold into various stages with video scenarios. The videos are presented in 30 to 1-minute communication-related scenes. Multiple healthcare professionals are involved in the case study not limited to significant others, nurses, care providers, student nurses, and the client. The scenario review typically lasts 25 minutes. Average time in the case study is 30 minutes. The student will receive text-based rationale for selected options and will receive a percent correct in relation to the first selected option, and time within the product.

Reference

Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2017). Therapeutic communication in nursing students: A Walker & Avant concept analysis. *Electronic Physician*, *9*(8), 4968-4977. doi:10.19082/4968

ATI. (2018). Educator implementation guide: Nurse's Touch: Professional communication & the communicator. Retrieved from atitesting.com

Step one:

Complete Case study

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care for a minimum of 30 minutes.

Step Two:

Reflecting on your responses and experience with the ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care, answer the following questions.

1. What did you learn from this scenario?
2. Identify your biggest takeaways.
    a. Explain the factors that influenced this decision.
3. What are some of the main problems or key issues expressed in the scenario?
4. What were some of the challenging decisions the nurse needed to make?
    a. Describe the rationale behind these decisions.
5. What factors influenced your decisions and responses during the scenario?
    a. Explain your response.
    b. How will you respond if this scenario presents again in the future?
6. Have you experienced similar situations in your clinical rotations?
    a. How did you or others respond to the situation? Please explain.
    b. Describe successful communication strategies you have used or experienced in the clinical setting.
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.

STUDENT NAME_____Jerry Williams_____

Rubric for the Reflective 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

Objective	Unsatisfactory 0 points	Satisfactory 10 point	Grade
Time within Case study	Less than 30 minutes	30 minutes or more	

Comments:

Case Study
POINTS:_____/10

Reflective Activity

1. What did you learn from this scenario?

I learned in this scenario that my therapeutic communication skills were lacking, as evidenced by my score of sixty. In end-of-life situations, even the slightest error can make a sensitive situation dysfunctional. As my reading stated, family members need therapeutic intervention, too, as their loved one nears death. Giving this care to family members "may prevent unnecessary stress and provide immense comfort to those involved with the dying person" (Eliopoulos, 2018, p. 521).

Also, therapeutic communication is a difficult concept to thoroughly conquer. Therapeutic communication takes practice to say the right words at the right time with professionalism. It is a skill that is different than a social conversation. Therapeutic communication gains the trust of the client and family members, gathers any information needed, and then offers information to them if required (Hogan-Quigley et al., 2017). This scenario gave me the chance to practice my skills.

Objective	Unsatisfactory 0 points	Satisfactory 5 point	Points
What did you learn from this scenario?	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	
Content Contribution	Information that is off-topic, incorrect, or irrelevant to discussion.	Factually correct, reflective and substantive contribution.	
Clarity & Mechanics	Communicates in manner with some 2-3 errors clarity, spelling, grammatical, or mechanics errors.	Contributes valuable information with minor 1 clarity, spelling, grammatical, or mechanics errors.	

2) Identify your biggest takeaways.

a. Explain the factors that influenced this decision.

One takeaway is being prepared to answer any question a family member may have about a dying family member. As stated earlier, family members want questions answered. Using therapeutic communications, having a nursing knowledge base, and using empathy can reduce a tense situation to a more manageable condition.

Another takeaway is to be prepared for the family as they go through the stages of the dying process. Family members, too, go through phases like denial, bargaining, and depression; the nurse must be prepared to assist them, as well as the client.

Another takeaway was the non-verbal communication given by a family member. In the scenario, one of the sisters, Claire, just had “no” on her face. It became more of verbal communication when she disagreed with her sister, aunt, and mother. These cues must be picked up by the nurse and delicately translated to good communication and problem-solving.

Lastly, at times, nurse Morgan had to exercise control or be assertive in the situation when needed. Having control of the children and letting her supervisor and the doctor know that she needed help was essential. The client required rest, and noisy children

were not helping their grandmother rest. By letting her superior and the doctor know that she needed help in a respective, assertive way helps nurse Morgan solve an issue of importance.

Objective	**Unsatisfactory 0 points**	**Satisfactory 5 point**	**Points**
Identify your biggest takeaways. 1. Explain the factors that influenced this decision.	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	
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3) What are some of the main problems or key issues expressed in the scenario?

Not in any order, but Claire was polar to her sister, aunt, the pain medication, and a religious figure. She was absolutely an issue. These factions resulted in constant conflict. These conflicts brought the nurse into difficulties in trying to solve problems. Not

that Claire was physically fighting others, she was very demonstrative in her stance. Perhaps Claire was correct, and others were more emotional and not remembering what the client wanted in life.

- Claire wanted her mother to continue fighting and was unrealistic, according to Karrie, her sister. Karrie was realistic by explaining that their mother's cancer has metastasized and does not want the vent anymore.
- Claire did not want the chaplain because she has not gone to church since her husband died. Her aunt, Marge wanted the chaplain.
- Claire did not want her mother to have pain medication and to not miss out. Karrie wants her mother to have pain medication.

Alas, nurse Morgan needed help from her supervisor and the doctor as the conflicts perhaps became overwhelming. As stated earlier, family members can also go through the stages of the dying process, as well as better communications between the family members and the client was needed.

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What are some of the main problems or key issues expressed in the scenario?	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	
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4) What were some of the challenging decisions the nurse needed to make?
    a. Describe the rationale behind these decisions.

Nurse Morgan must not get in the middle of any incidents between the sisters. It was challenging when the sisters acted so polar: Client Audra should or should not give up on her life although in the scenario, Karrie explained to Claire that the doctor said there was no more to be done as the cancer has spread. Client Audra was placed on palliative care, which Claire refuses to accept. Denial. Another situation was when Karrie wanted pain medication for client Audra but Kerrie refuted it. Apparently, nothing was brought up prior to their mother getting this gravely ill but nurse Morgan must tread the waters lightly, so that there is minimal anguish.

Nurse Morgan must not get in the middle of aunt Marge and Claire when it came down to having a chaplain. Nurse Morgan had the aunt and sisters talk and nurse Morgan listened.

Nurse Morgan could have had more difficulty if she had passively approach supervisor Debra and Dr. Donovan. She did not want to appear as if she did not know her job as a nurse but did want them to know that she needed their expert advice. Everyone can help everyone in moments.

Lastly, nurse Morgan did approach the children saying this is not a toy but she could have made a poorer decision if she had harshly approached the children. She knew client Audra needed rest but the children were making too much noise. By using correct therapeutic communications, client Audra was able to rest.

All-in-all, nurse Morgan had challenging decisions to make so that all parties involved could have a peaceful situation in spite of client Audra and her failing health.

Objective	**Unsatisfactory 0 points**	**Satisfactory 5 point**	**Grade**
What were some of the challenging decisions the nurse needed to make? **a) Describe the**	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	

rationale behind these decisions.			
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5) What factors influenced your decisions and responses during the scenario?
    a. Explain your response.

In the first scenario, it was apparent Claire was not ready to give up on her mother. By clarifying, it verified that nurse Morgan and Claire were on the same accord. That was an easy answer.

In the second scenario, the two sisters needed to talk about this issue since they disagreed. This was also an easy answer. Nurse Morgan had the two sisters refocused on the matter-at-hand, which was their mother.

In the third scenario, I answered incorrectly. I asked if there was a power of attorney. I read later this was a closed-in statement. Power of attorney was inappropriate because the client, Audra, was still competent. I probably was thinking about advanced directives, which "express the desires of competent adults regarding terminal care, life-sustaining measures, and other issues pertaining to their dying and death" (Eliopoulos, p. 112). Of course, if there were advanced directives, this scenario would not exist.

In the fourth scenario, I answered correctly. Nurse Morgan should listen as the aunt and sisters discuss if the chaplain should attend or not. This is the process of active listening.

In the fifth scenario, I answered incorrectly by telling client Audra to use relaxation techniques. The technique used was giving advice, according to the video. Initially answering, I felt that client Audra could try to ignore her environment by using a method like guided imagery or meditation, an option to address pain (Eliopoulos, p. 171). Why the parents did not take control of their children is another issue.

In the sixth scenario, which I was wrong, I chose for the children to sit quietly and read. This was another closed-ended question. I must accept this, but parents need to explain what is happening to their grandmother, as well as implement discipline by telling them to be quiet. However, refocusing was the better answer. Some people do not like their children being told what to do by people in authority.

In the seventh scenario, I (finally) used an open-ended question. The sisters again disagreed with what should be done. By having directed them to the moment-at-hand, an answer therapeutically was achieved—another easy choice.

In the eighth scenario, having used the open-ended question, I answered correctly by refocusing back to client Audra, who either will take the pain medication or not. Another easy choice.

In the ninth scenario, I was passive or submissive, which rendered an incorrect choice. I should have been more assertive with supervisor Debra and Dr. Donavan. In being assertive, they know what I am requesting, which is assistance with the client and her family.

In the tenth scenario, asking Dr. Donavan to reinforce what was said will help the family wholeheartedly. Another easy choice.

Overall, scenarios like this and others need to be given to students to improve therapeutic communications. Most people in hospitals and other locales are mainly there for difficult situations. By using therapeutic communications, those people will have a smoother transition.

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

I hope to respond to a situation like this better. I must review therapeutic communications, specifically open-ended questions, remove my biases (parents who should have dealt with their own children), and involve my supervisor and other health professions more to learn how to approach my client from many points-of-views.

Objective	**Unsatisfactory 0 points**	**Satisfactory 5 point**	**Grade**
What factors influenced your decisions and responses during the scenario? **a) Explain your response.**	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	

b) How will you respond if this scenario presents again in the future?			
Content Contribution	Information that is off-topic, incorrect, or irrelevant to discussion.	Factually correct, reflective and substantive contribution.	
Clarity & Mechanics	Communicates in manner with some 2-3 errors clarity, spelling, grammatical, or mechanics errors.	Contributes valuable information with minor 1 clarity, spelling, grammatical, or mechanics errors.	

6) Have you experienced similar situations in your clinical rotations?
    a. How did you or others respond to the situation? Please explain.

In my clinical rotations, I have not experienced any situation as shown in the video. In spring and fall of ’20, Covid-19 cancelled the second half of my clinical rotation at Clark Lindsay Village and prevented me from nearing anyone gravely ill at Iroquois Memorial Hospital, respectively.

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

I have used various techniques in my clinical setting. At the Pavilion Foundation, during an interview with a client, I employed active listening, seeking information, and silence as I gathered information for my nursing care plan. During a teaching session, I used consensual validation when clients responded to the topic of the day. I wanted them to hear that points were mutually understood by both the clients and myself. I used exploring during the session so that the topic could be delved into more. Lastly, I used summarizing so that brief points-of-interest could be made more aware.

Objective	Unsatisfactory 0 points	Satisfactory 5 point	Grade
Have you experienced similar situations in your clinical rotations? **a) How did you or others respond to the situation? Please explain.** **b) Describe successful communication strategies you have used or experienced in the clinical setting.**	Description adequate with superficial thought and preparation; does not address all aspects of the task.	Description well developed assignment that fully addresses and develops all aspects of the task.	
Content Contribution	Information that is off-topic, incorrect, or irrelevant to discussion.	Factually correct, reflective and substantive contribution.	
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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.

Obviously, not having end-of-life decisions can be disastrous as family members can bicker at what should and should be implemented. It is already an upsetting situation as a family member's life is failing. Having arguments because no will or power of attorney was appointed for health or finance care can prove devastating.

However, even having those items in place can still be difficult on the failing client and family but everyone would know that these are the wishes, legally written in advance, and must be carried out by professionals. If decisions of hospice or palliative care is provided for the client, they can work with the family members by lightening the family's load. While in the hospital or nursing home, if end-of-life decisions exist, the nurse should review it with the client using sensitivity, as well as have a copy in the client's medical record (Eliopoulos).

Objective	**Unsatisfactory 0 points**	**Satisfactory 5 point**	**Grade**
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.	Description adequate with superficial thought and preparation; does not address all aspects of the task.	Description well developed assignment that fully addresses and develops all aspects of the task.	
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	grammatical, or mechanics errors.	clarity, spelling, grammatical, or mechanics errors.	

Case Study ____/10 points

Reflective_____/105 points

Total: _____/115 points

Instructor Signature: _____ Date:_____

References

Eliopoulos, C. (2018). *Gerontological nursing* (9th ed.) Wolters Kluwer.

Hogan-Quigley, B., Palm, M. L., & Bickley, L. S. (2017). *Bates' nursing guide to physical examination and history taking* (2nd ed.). Wolters Kluwer.