

## 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?
  - a. I learned that the family dynamic could negatively impact the treatment of care, the client's stress, and the client's emotions. Despite the client's diagnosis, I sometimes learned less is more; for example, the family thought that having everyone there collectively was beneficial. However, this was not the case; the children in the room were a distractor and placed stress on the client when discussing treatment and comfort care.
2. Identify your biggest takeaways.
  - a. The difference of opinion with family members can ultimately affect the care provided.
    - i. The sister and daughter's disagreeing could negatively impact the client's perspective on her care and treatment.
  - b. Less is more
    - i. For instance, having the grandchildren in the room created a distraction in a room filled with heightened mixed emotions.
  - c.
  - d. Explain the factors that influenced this decision.
3. What are some of the main problems or key issues expressed in the scenario?
  - a. The fighting grandchildren distract the client when she is resting.
  - b. The disagreement in perspectives from the client's family members, such indifference can lead to client stress, familial tension, and the possibility of client regret.
  - c. Communication suffered throughout this scenario, and until explained by the nurse manager and provider, this can foster confusion, frustration, and tension.
4. What were some of the challenging decisions the nurse needed to make?
  - a. The nurse struggled with effective and concise communication.
    - i. The daughters questioned the medication and the plan of care, which the nurse felt as though the nurse manager and the provider would assist the family in their worries.
  - b. The nurse was faced with a difference of opinion from family members.
    - i. Having multiple distractions in the room and the tension between the sister and daughter was tense and could have fostered an unhealthy environment.
5. What factors influenced your decisions and responses during the scenario?
  - a. The family is present in the room, the tension from the family members, the distracting environment, and the uncertainty the family members felt.
  - b. Explain your response.

- i. I think as the nurse throughout this scenario, the family still experienced some miscommunication, miseducation, and this put this nurse in a position to answer questions that they should've asked the doctor for further clarification.
      - c. How will you respond if this scenario presents again in the future?
        - i. I will limit the distractions by offering to separate the kids so that the family and I could talk with distractions.
        - ii. I would ask the family member if they would like to have the provider in here for questions as well. Having the provider present will help alleviate stress on the nurse from questions they are not liable to answer. Furthermore, family members and the client believe the provider more than they normally would the nurse.
        - iii. She is allowing the client to make her own decisions free of the family.
6. Have you experienced similar situations in your clinical rotations?
  - a. I have not had a situation as such in my clinical rotation.
  - b. How did you or others respond to the situation? Please explain.
  - c. Describe successful communication strategies you have used or experienced in the clinical setting.
    - i. I feel as though restating and implemented silence are great therapeutic communication techniques. This allows the client and the family members to hear it aloud from someone else who is objective in the matter of the client's care.
    - ii. They are allowing the client to speak for themselves prior to the family members offering their suggestions.
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.
  - a. Some advantages the family could have are the same consensus if everyone is content with the circumstances. Acceptances could be an advantage; the client knowing that the family is content with the diagnosis and the outcome could positively affect the remainder of life.
  - b. Disadvantages could be inconsistent and opposing views, by having family members who could be in the denial phase could lead to a change in treatment and the possibility of more suffering for the client.