

## Reflective Case Study Assignment

Reflecting on your responses and experience with the case study (ATI: Apply: The Communicator 2.0: Video Interaction: Client Comfort and End of Life Care), answer the following questions.

- What did you learn from this scenario?
  - I learned crucial therapeutic communication skills. It is imperative that a nurse navigate difficult conversations between family members and knows her boundaries. I got to see examples of therapeutic communication in play with the videos and interact with the patient and family how I thought was best. It was a great exercise to show what an authentic experience in the hospital might be like in the future. I also saw how communication between the healthcare team looks like. Interpersonal communication will be an essential part of my career, and it is beneficial to see examples of this in the scenario.
- Identify your biggest takeaways. Explain the factors that influenced this decision.
  - My biggest takeaway from this scenario is how complex communication will be in an authentic experience as a nurse. The decisions these family members and patients are having to make are dire and heavy. The hospital can be a dark and painful place. It is going to be difficult as a nurse to live in that environment daily. However, I realize not all situations will end in death, and it will be a great feeling to help heal a sick patient. This scenario gave me an example of well-used therapeutic communication in an intense situation that I can take into the future.
- What are some of the main problems or key issues expressed in the scenario?

- o At the beginning of the scenario, the sisters argued over the best treatment for their mother. Claire wanted all life-saving therapies available such as a ventilator, while her sister Karrie thought it would be better for her mother to pass away in peace even if it means she will die sooner. Marge comes in stage two wanting a chaplain to be called while Claire disagrees and says her mother is not religious. Mrs. Longly needed some peace and quiet to rest in the third stage, but Karrie's children were too loud. In stage four, Mrs. Longly was complaining of being in pain. Karrie wanted her mother to be given pain medication, while Claire did not think pain medication was a good option for her mother. In stage five, the nurse talks with the nurse manager and Mrs. Longly's daughter about the family issues and asks them for assistance.
- What were some of the challenging decisions the nurse needed to make? Describe the rationale behind these decisions.
  - o Effective therapeutic communication was the most challenging part of this scenario. In stage one, letting the sisters express their feelings was the best option for communicating with each other. In stage two, starting a conversation between Marge and Claire about why they want or don't want the chaplain present is a great way to open up the conversation. In the third stage, it was challenging to navigate Mrs. Longly's need for peace and quiet and allow the family to be with Mrs. Longly in her time of need. Ultimately, advocating for the patient is always the best option. Karrie was notified that it is essential to allow her mother time to rest and relax without the distraction of kids. This stage was the hardest for me to navigate. It is necessary to get each sister's reasoning for why she does or does

not want her mother to have medication in the fourth stage. However, it is ultimately the patient's decision if she wants medicine or not. In the fifth stage, the nurse needed to decide how she would ask for help from her team. Using assertive communication is an excellent option because it is direct, to the point, and allows for quick response.

- What factors influenced your decisions and responses during the scenario? Explain your response.
  - The nurse must use therapeutic communication in this scenario. In the first stage, the two sisters are having a disagreement about what the best treatment option would be for their mother. The nurse should use therapeutic communication techniques to give each sister a chance to express her emotions and understand where the other is coming from. In stage two, Marge Ehlers comes in and asks for a chaplain. I used exploration as a therapeutic technique and asked Marge to tell me more about why she wanted a chaplain. Opening up a conversation for Claire and Marge to talk about their feelings about getting a chaplain to come to the patient's room is a good step toward solving the issue. In the third stage, I paraphrased it as a therapeutic technique when the patient, Mrs. Longly, needed to establish that she had difficulty resting due to the noise. I used refocusing when explaining to Karrie that her mother needs to have rest periods throughout the day. In stage four, I used an open-ended question to get Claire to open up to me about why she doesn't want her mother to have pain medication. I again refocused with Karrie to guide the conversation back to whether or not the patient wants medicine. In stage five, the nurse needs to have interpersonal communication

skills to work with the healthcare team. When speaking to Debra, the nurse manager, I used assertive communication to ask her if she would have a conversation with the family. I used this form of communication again when talking with Dr. Donovan. Although he said he has already had a discussion with the family, it seems like they may need some reinforcement on the topics he has already taught them.

- How will you respond if this scenario presents again in the future?
  - I will use therapeutic communication to start and guide the conversation on what is best for the patient. I will ensure that I advocate for the patient and do my best to make sure the patient is as comfortable as possible.
- Have you experienced similar situations in your clinical rotations? How did you or others respond to the situation? Please explain.
  - I have experienced a situation similar to this in the clinical setting. I was taking care of an elderly man who was going to be put in hospice soon. He had a daughter who was always fighting with other family members and staff and made it very difficult to take care of the patient. The daughter complained about every staff member and made it miserable to be in the patient's room because she always complained about something. When the daughter would leave, the patient would apologize for his daughter's behavior. It seemed to be a very exhausting relationship for the patient. The nurse I was following had a conversation with the other nurses on the floor and the nurse manager on dealing with the situation. Finally, it was decided that the nurse manager would have a talk with the daughter

when she would come back. Unfortunately, I left before I got to see the results of this conversation.

- Describe successful communication strategies you have used or experienced in the clinical setting.
  - I have seen successful therapeutic communication in the clinical setting. I have seen examples of paraphrasing when a patient makes a statement of concern. I have experienced refocusing when the conversation gets off the topic of the patient's health or safety. Open-ended questions are often used to get patients or family members to communicate with the nurse and express their feelings. I have also seen expiration be used as a communication technique when the nurse needs to better understand where a patient or family member is coming from with an idea or concern. I have also witnessed successful interpersonal communication between members of the healthcare team. Nurses' contact with each other using assertive communication is helpful to be direct and to the point when it comes to questions or requests.
  - 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 advantage of discussing treatment options and end-of-life decisions before the loved one becomes ill or early in terminal illness is that the patient will get to have their wishes heard and fulfilled. A patient who is too sick to speak or communicate or not of sound mind cannot make decisions for themselves

regarding end-of-life care or treatment options. It is crucial that the staff know what the patient wants and that those requests are fulfilled when the time comes that they are needed. For example, some patients might request that no life-saving measures be implemented. The healthcare team needs to know this patient's wishes to not give life-saving treatment if the patient were to code. A significant disadvantage of having family discuss treatment options is that the family can significantly influence what the patient decides to do. The family might have enough influence over the patient to choose something they don't really want for treatment. For example, a patient may not want life-saving measures, but their loved one insists the healthcare team do everything they can to save the patient. The loved one may sway the patient to endure life-saving treatment even though they do not want it.



Module: Video Interaction: Client comfort and end-of-life care  
Simulation: The Communicator 2.0

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### Individual Performance Profile

DOWNLOAD REPORT

**INDIVIDUAL SCORE**

100.0%

**TIME SPENT**

33:10

Individual Name: Whitney Miller

Student Number: 6666312

Institution: Lakeview CON

Program Type: BSN

**Time Use and Score** Show all stages  OFF

Case	Total # Questions	Date	Time Spent	Score
Video Interaction: Client comfort and end-of-life care		7/16/2021	33:10	100%
+ Stage 1	2			
+ Stage 2	2			
+ Stage 3	2			