

Reflective Case Study Gerontology Assignment:

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

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What was learned from this scenario?

The scenario was based on comfort care at the end of life, including the patient, family, and other health professionals beyond the nurse. The scenario was well presented. I learned there would be a plethora of emotions, feelings, opinions, and falsities involved when caring for patients at the end of life. I knew that health professionals must always be focused on care for all. No opinion, emotion, or feeling is beyond professional assistance, and all concerns will be addressed.

Identify the biggest takeaways.

a) Explain the factors that influenced this decision.

The prominent influencers that factored in my decisions formed from this scenario were witnessing listening skills and personalized education provided and delivered professionally by the nurse. The nurse listened to the patient and the patient's children. She noticed the patient's disposition and acted. The nurse immediately escalated the situation in the scenario to other health professionals involved in the care of the patient once a lack of understanding was identified from the family's actions.

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

The main problems identified in the scenario were communication, education, understanding, and empathy. A listening ear could have made the patient feel at ease and supported by her family. Empathy could have influenced the family to give the patient time to rest due to her condition and understand that peace is essential for effective end-of-life care.

What were some of the challenging decisions the nurse needed to make?**a) Describe the rationale behind these decisions.**

The nurse in this scenario made a few challenging decisions to support her patient. A challenge was the children in the room. The nurse approached the children and communicated the hazards of damaging medical equipment used for patient care and advised the children she would be taking the stethoscope. A second challenge was informing the family that their pain control concerns were heard, but the patient, still coherent, could make those decisions on her own. A third challenge was recognizing the need to involve other health professionals in providing education support to the somewhat tricky family. The nurse was grateful for the help of the additional healthcare providers who provided additional care resources.

What factors influenced the nursing decisions and responses during the scenario?**a) Explain the response.****b) How will a nurse respond if this scenario presents again in the future?**

The factors that influenced my decisions and responses were the level of support provided, care preferences, inclusion, and listening. The nurse and other healthcare professionals supported the patient and the patient's family by listening and delivering education when needed. The nurse took the initiative to solicit help from involved professionals of the patient. The nurse included the patient's family by gathering an understanding of care preferences they understood and then providing education on the patient's right to make their own decisions. I was most influenced by how the nurse handled the children in the family. The nurse was assertive but not aggressive, which caused the children to listen and be compliant.

If this scenario were to present itself again, I wouldn't change how the nurse responded. I would have held a family meeting with the care team in addition to measures taken in the scenario to have all family members on board with the patient's end-of-life care preferences.

Have similar situations been experienced in current clinical rotations?

- a) **How did nursing or others respond to the situation? Please explain.**
- b) **Describe successful communication strategies used or experienced in the clinical setting.**

A similar situation was experienced in my own family. My Aunt was a well-established, well-known Human Resources Director for a few school districts who retired shortly after picking up a drinking habit. Unbeknownst to her family, she functioned with the addiction to alcohol in secret for a few years, and she lacked adequate nutrition during that time. The lack of nutrition and use of alcohol led her to the hospital with organ failure, and the only options for her were death or a medically induced coma. The decision was placed on her son, who chose death. While coherent during the ordeal, she was specific about doing whatever it took to keep her alive. We, her family, were for her life: a medically induced coma and a trachea. We met with the hospital ethics board. We were educated and advised about life after a trachea. We were also educated about the lifestyle of an addict. We won the ethics case after proving her son was malicious. My Aunt's son lacked empathy and understanding of end-of-life procedures. The family was treated with dignity and respect. We were listened to, educated, and given positive and negative outcomes. After witnessing my Aunt's ordeal firsthand, I am particularly fond of care teams in hospital systems.

Successful communication strategies used in clinical settings include: listening, providing positive feedback, being empathetic, providing education, and providing each to the patient and all people involved with the patient's care.

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 having families discuss treatment options to include end-of-life decisions before a loved one becomes ill or before a terminal illness is the family can support the patient while being in line with the patient's wishes. Knowing the patient's treatment plans and

whether they wish to be rendered can take the stress off the patient, family, and healthcare professionals. The disadvantages of having families discuss treatment options to include end-of-life decisions before a loved one becomes ill or before a terminal illness are confusion, disagreements between family members on the choice of care, and mainly though treatment may have been discussed, it may need to change to cater to the patient's needs.