

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?**

In the scenario, the student observed a patient seeking healthcare at the end of life and her family's interactions. There was much to learn from the end-of-life care scenario. It was essential to consider that the patient makes their own health care decisions unless there is a power of attorney. Family can understandably be emotional, and there may be conflicts regarding end-of-life care. Along with keeping the patient comfortable and cared for, nurses also have an essential role regarding the patient's family. The student learned that the nurse provides a platform for the family to voice their concerns and discuss care matters.

### **Identify the biggest takeaways.**

#### **1. Explain the factors that influenced this decision.**

The end-of-life care scenario exemplified a crucial situation nurses encounter. The decision to consult hospice or switch to comfort care only takes careful consideration. The student learned that end-of-life care difficulties include family members' many opinions. Patients need to make their own decisions, but the wishes of the family can be heard and discussed if the patient wishes. Communication with the family of a palliative patient is fickle but essential. A substantial factor that makes communication with the family of the palliative patient one of the biggest takeaways from the scenario is the family's effect on the patient. In the scenario, viewers observe the family tiring the patient out with lengthy visits, stressing the patient with arguing, and neglecting to take her care preferences into account first. How the family copes and handles, their family member going into hospice care affects the patient.

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

The scenario had a few issues with the patient and her family. One of the main problems was that one of the patient's daughters did not think that her mother was dying; she believed that her mother could pull through and be all right. This daughter also thought pain medication could kill her mother and that inviting a Chaplin into the room would upset her mother. The other daughter thought that her mother should be put on hospice and given pain medication for her pain. The patient's sister thought inviting a Chaplin in would be beneficial. The family disagreed with care decisions for the patient, and they seemed to neglect to ask her what preferences she had for her care. The daughter also brought her husband and children to visit, and the patient was tired from staying with many people. The family seemed to forget to be considerate of the patient at times.

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

a. **Describe the rationale behind these decisions.**

Challenging decisions the nurse had to make included assisting the family in discussing their feelings and concerns regarding the patient's care. The nurse needed to allow the family to feel heard while ensuring that the patient made her health care decisions. Active listening from the nurse will enable families to be involved with the care while respecting patients' rights. The children were playing with medical equipment, and the nurse needed to decide how to handle this situation. In the scenario, the nurse intervened, removed the equipment, and told the children it was not a toy. The nurse decided to do this so the equipment would remain undamaged. The stethoscope is essential for the patient's care. The nurse decided to intervene to best prepare the patient's care.

**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?**

A substantial influence on the nurse's decision to allow the family to discuss their feelings and concerns is a knowledge of the family's effect on patients. The family is a part of the patient's support system. The patient often looks to the family for assistance navigating their care. Getting everyone's concerns heard is essential to the patient's care. The nurse also requests the doctor to speak with the family again. These steps allow the situation and the patient's condition to be clarified. The student believes that the nurse will respond similarly given similar scenarios. The student believes that the nurse responded appropriately to this scenario and that it would be acceptable to continue to react in similar ways for future scenarios.

**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.**

The student has not experienced similar situations in clinical rotations. However, in prior healthcare experience, the student has cared for hospice patients. The CNA responded to the family's disagreeing by allowing them to voice their concerns. Concerns were recorded and given to the nurse to add to the patient's notes. Active listening tends to be an effective communication strategy between hospice patients and their families. Often, the family and the patient are overwhelmed, anxious, or emotional. Having someone to talk to regarding sensitive topics such as hospice alleviates some of the pressure of the situation. Patients and families appreciate being heard and being active members of 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.**

Navigating emergencies is easiest when there is already a plan before the event. Documents to be complete before they are "needed" include; living wills, power of attorney, and resuscitation wishes. Discussion of treatment options with family members before situations such as a terminal illness or sickness can be beneficial. Discussing treatment plans in advance allows families to have a plan in an emergency. Treatment discussion will lead to fewer arguments at the time of care if the conflicts in care decisions are alleviated. However, discussing treatment options is difficult when new treatments develop rapidly. Preparation for situations is not the same as being in the situation. One can not plan for everything that may happen. Discussing treatment options with the family may cause more harm than just pursuing the treatment option the patient wishes due to unwavering disagreements between the family.