

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

What was learned from this scenario?

This student nurse learned to communicate effectively with not only the patient but the patient's family members and doctor. One of the interesting scenes in the scenario was when the doctor did not make sense to the family members when explaining the patient's condition and status. The nurse in the scenario had to tell the doctor without offending him that the family did not understand how he explained things. It is essential to communicate with the doctor you work under effectively so that the line of communication between everyone is not lost when discussing the care plan regarding the patient. This student nurse knows that she has a long road of having to communicate with doctors in the future when it comes to patient care and family being able to comprehend certain things that are being explained to them.

Identify the biggest takeaways.

a) Explain the factors that influenced this decision.

This student nurse took away therapeutic communication and how to communicate with various people while advocating for the patient. During the scenario, there were times when the patient's daughter had to be communicated with about the children, and it came to the point where the nurse had to advocate for the patient when it came to getting her rest and being in a quiet, non-stimulated environment. This nursing student feels that this is important to know so that when this scenario happens in the future, this student nurse will understand how to communicate with the family member without being confrontational and disrespectful but also advocating for the patient's time.

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

The main problem that the student nurse notices in the scenario are that the family members are very opinionated without running those ideas by the patient. The family members only seem to assume what the patient wants versus confirming what the patient wants. This is a problem because the patient is in the stage of ending her life, so she needs to be always included in her plan of care, not only but, especially in a situation like this. The patient's daughters started to go back and forth about the pain medication. The nurse had to tell them that it was up to their mother to decide what was best regarding receiving the pain medication, which is concerning because the patient does not need any commotion in her room, especially while at the end stages of her life.

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

One of the challenging decisions was to tell the daughter that her mother needed to have rest periods. The statement was really directed toward the children making noise and her mother's comment about being tired. The nurse had to advocate for the patient because her daughter was not completely controlling the situation with her children. The nurse had to figure out a way to say that the children should go and that the stimulus in the room should be limited so that her mother could get some rest without disrespecting the daughter and her children. The rationale behind the decision was necessary to meet the patient's needs and keep the patient's best interest when it comes to caring for her.

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 patient was the most significant factor in the nurse's decisions and responses during the scenario. The patient could not have much of a say with the family there and had different opinions, so the nurse always addressed the patient when she had her call light on and came to the bedside. The nurse had told the daughters to let their mother decide on the pain medication and whether she wanted to take it. One of the daughters stated that her mother needed it so she was not suffering, and the other daughter said she did not need the pain medication because her mother feared what may happen, which was never waking up again. If the scenario were to occur again, the nurse might have to ask the daughters to leave their mother's room as she needs to address her concerns and advocate for herself without any extra input from family members.

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.**

Family members speaking for the patient seems to be all too common, and this student nurse believes that the family members are coming from a place of love when they are doing so and do not mean any disrespect to the patient. This student nurse has experienced this at clinical before in which the nurse of the patient had to ask the patient when the family member was not around. The patient had told the nurse that she did not agree with everything that her son was saying and that she would instead prefer the nurse not to ask in front of the son when he is there and wait until he leaves. The nurse respected the patient's wishes and did not communicate any decision-making questions when the son was present. This nursing student feels that the communication was successful because this is what the patient wanted and, yet again, was not successful because the son should have been addressed, but since the patient did not want the son to feel a specific type of way of not being able to be included the patient told the nurse to refrain from asking any questions in regard to her health when he was present.

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 advantages of families discussing treatment options and end-of-life decisions before a loved one becomes ill or early in the terminal illness are excellent because it minimizes everyone being on different pages regarding decision-making. The advantage of planning things, especially with these kinds of situations in life, is needed so that when the situation arises, the family can focus on being a family and coming together to support one another instead of feeling like they are against each other and stressed out during an already stressful time in their lives. The disadvantages of families discussing treatment options and end-of-life decisions before a loved one becomes ill or early in the terminal illness are that the person being discussed may not know or can put themselves in those shoes yet to even think of their wishes. Some people do not know what they want until the time comes, so it is best to wait until someone with a terminal illness can decide what they want.