

1. **What was learned from this scenario?**

The student nurse learned from the video that the nurse is not just taking care of the patient; the family needs are just as important. The student nurse also learned that there would be many questions from family and the client, so it is best to understand the patient's condition so the student nurse can answer questions accordingly.

2. **Identify the biggest takeaways.**

When taking care of someone receiving palliative care, always ensure the patient and their needs come first. Make sure to give the correct information to the family so they will know what to expect from the patient's care.

- a. Explain the factors that influenced this decision.

Looking at the video, all the family did was argue about what they thought was suitable for the patient, which was very upsetting. Giving the family and client a better understanding of the patient's care would have helped the family make the right decision they thought was best for the patient. Also, hearing the patient out about her wants and needs throughout this transition would have given everyone a better understanding of what the patient thinks is best.

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

The sisters went back and forth about what their mother needed or what they thought she needed. The children being in the room and keeping up the noise to where the patient was not getting the proper sleep was an issue. The family has many concerns, but the student nurse does not think the family was trying to hear the patient and what she thought was best for herself—also, the concerns about medication because the family thought the patient needed it to ease the pain. Nobody asked the patient what she thought was best; it was about what everyone else wanted, and the nurse focused on what the patient needed the most.

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

The nurse decided to let the family know the patient needed some rest, so the kids being loud in the room was unacceptable. Also, the nurse discussed with other members of the patient's healthcare team how she thought it was time for others to step in and talk with the family about their concerns and opinions. The nurse did her job in making sure the patient was taken care of, but because she did not want to overstep, she wanted to pull someone else in so the family could understand what needed to occur in their mother's care.

- a. Describe the rationale behind these decisions.

The student nurse thinks that the nurse did what was best for the patient, and at the end of the day, the patient is the first concern, and doing what is best for the patient should always come first. The patient verbally explained she was tired, so giving her as much peace for palliative care was a top priority. The student nurse thinks it was good to bring someone else part of the patient's healthcare team further to discuss treatment for the patient with the family so then maybe it could give the family a sense of relief and help them to understand palliative care and what all can must take place, but also the support that's needs for the patient.

5. 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 nurse had the patient's best interest and wanted to give the best care. Hence, the scenario's decisions and responses were towards ensuring the patient was receiving quality care. As a nurse, ensuring the patient receives quality care is essential. The nurse's job is to answer questions to the best of their ability to ensure the patient gets the best outcome from being under the nurse's care. Being there for the patient and understanding

the patient's needs determines what type of care the patient will have. If this scenario happens again, the nurse should communicate with the patient. When the nurse builds trust with the client, the nurse should feel comfortable being direct but respectful to the patient and vice versa. The nurse is there for the patient's family, but the patient is the priority over anything else.

6. Have similar situations been experienced in current clinical rotations? No

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

Currently, this nursing student is a cna at a nursing home, and much time; family members have these same conversations as the family in the ATI video. In one situation I have witnessed, the care of the patient was everyone's concern, but the family would go back and forth over small things such as who will visit at certain times, what they thought the patient needed from the healthcare staff, and at what time they thought it was best, pressing the call light multiple times because if the patient moved the wrong way the family thought it was a concern for the patient to be more comfortable. There were so many other situations that played a role in this scenario that the student nurse will not go into much detail; however, in this situation, because the patient could talk, the nurse thought it was best to communicate directly with the family and the patient to weigh out any confusion but ultimately to explain the patient would receive quality care. The patient and family understood that the healthcare staff had other patients to take care of, but the healthcare staff was doing everything to provide quality care to the patient. After noticing that care for the patient was sufficient for both the patient and family, everyone felt better, communicated better, and understood what was best for the patient and that the healthcare staff had the best intentions to provide the best care for the patient.

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.

This student nurse finds that the advantages would be beneficial for the family to understand what care for the patient looks like and what they can contribute to making the process easy for the patient and the healthcare team. If the family understands the treatment process, it would also be more accessible when the patient becomes non-verbal; the nurse will have a set person to discuss any changes or concerns about the patient's health. The disadvantages are that when family members think they know what is best for the patient, the healthcare staff do so it becomes difficult to communicate the treatment options for the patient. It is not discrediting the family's ability to understand or make accurate decisions for the patient, but it is about the safety and best for the patient. Sometimes, family members tend to operate off emotions rather than seeing the bigger picture.