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Clinical Reflection

 My placement on the Palliative Unit (D-2) at PRHC so far has been a very knowledgeable and fast-paced experience. I have learned new skills such as using a bladder scanner, administering medications and have also been able to work further on the skills I already have (vitals, lifts etc.). I have found one of my biggest weaknesses is that I am sometimes unsure of what to say, how to say it or when the appropriate time to say it to a patient is. An example of this is when I had a patient who was expressing to me verbal thoughts of suicide. When he began expressing his feelings to me, I remember feeling very uncomfortable and not knowing how to respond to him. I tried to say things that I thought would help such as “why do you feel this way”, “is there anything causing you to feel like this?” etc. This didn’t seem to help as he was still in a down-mood. I felt very awkward and almost as if I didn’t know how to handle the situation. I went and told my primary nurse who informed me that this had happened before and that social workers were coming to see him. I continued to bring him activities to try and get his mind occupied such as a book, puzzle and newspaper After this I decided to go and sit and talk with my patient to see if I was able to get his spirits up. From this I found out that he was having a lot of family problems with his children, he was an only parent and everything was “just catching up to him”. I was able to sit and talk with him and find out the cause of his sadness. The next day when I came in to see him, the first thing he said to me was that he was already having a better day than the one before, which I was very pleased about. This situation was very difficult for me, as I have lost a parent to suicide I was very thrown off that he was verbally expressing these thoughts to me. I had to put my own feelings and experiences to the side to be able to help this patient and be able to talk with him and help to work through why he was feeling the way he was without having my own feelings take over. This is also similar when I see patients who have children and they are going to be losing their parent. I use a lot of self-reflection when I am on the floor so that I am able to go into patient rooms with a clean slate and none of my own biases. Thinking back on the situation, I feel like I didn’t do a lot but also was able to get him out his mood. In these situations I am unsure of how to exactly handle it correctly, or if there is even a correct way to go about it.