Family Presence during CPR

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110007510

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NURS-2522 Section 14

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University of Windsor

**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: November 10, 2020

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back**  **(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences. * Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred. * Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience. | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity. * Does not provide own feelings related to the clinical experience. * Identified event, experience, or learning opportunity is not relevant to clinical practice. | On October 27, when having a discussion with my patient on his sleep patterns, he explained that he hadn’t been able to sleep properly because of all the commotion that happens on the unit. He then confided that he was shook up because he had witnessed on of the other patients in his ward go into cardiac arrest and watching the code unfold.  This shocked me because I know that HCPs try to avoid people watching codes. My cousin had to get his heart shocked after a complication from his surgery and his brother, who is a resident surgeon, told my aunt not to watch because it is very graphic (he explained it as the heart leaping out of the chest). Thinking about this, I can only imagine how traumatizing it can be for patients to witness such an event. |
| **Examine Experience**  **(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article). * Briefly summarizes key ideas/findings of the article. * Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation. | * Does not incorporate a scholarly article. * Summary of the key ideas/findings of the article are not included.      * No explanation of the author’s ideas/thoughts compared/contrasted with own. | The article I found discusses the idea of having the family present during CPR efforts. While this is not the exact issue I mentioned, I believe it closely relates to the issue at hand.  Toronto and LaRocco (2018) explain that families often request to be present during CPR efforts. HCPs generally are not supportive of this request because their presence can get in the way physically and emotionally (e.g., family members blocking the way for the code team or screaming). The researchers found through their study that the presence of the family was beneficial to all parties involved: the family, the patient, and even the team (Toronto & LaRocco, 2018)  I agree that the family should be present during a code if they would like it. Although it may be traumatizing for a regular person, when it comes to a loved one, it may help with the grieving process to see the efforts the healthcare team is making if the patient passes away. Family members may otherwise blame the healthcare team for not trying hard enough; however, viewing it firsthand will display the difficulty of the process and help the family realize that the patient will not experience pain anymore. I also believe that in such troubling moments, families are able to handle more than they would occasionally, and it may help strengthen the family bond to be present in the moment that everything is occurring. |
| **Appraise**  **and**  **Analyse**  **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).   **\*\***A reflection graded as ***excellent would also include the following:***   * Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians). * Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things). * Poses questions that should be considered due to their significance to nursing practice. | * No other perspectives are discussed. * Only one other perspective is discussed | As previously mentioned, the HCPs may find that extra people other than the code team may impede the functioning of the team. Such a critical time requires an open and quiet environment so that orders can be heard, and team members can carry out tasks. Extra people can cause crowding.  It is hard to say what a patient may want since they are unconscious but I believe they would be split 50/50: some people wouldn’t want their families to witness a graphic event, while others may want their family there since there is a possibility that they may not survive.  In the healthcare field, while we value the presence of family during patient care, I think most HCPs discourage their presence during CPR out of concern of the emotion effects that may occur from witnessing.  I think this concern should be redirected to how to shield patients from witnessing such events. Seeing a code unfold in front of them, may cause increased fear because patients will worry that the same thing will happen to them.  Therefore, as a profession, we should ask what changes and steps we can make, to help prevent such traumas from occurring in other patients whether it is as small as getting one team member to close all the patients’ curtains and closing the door. |
| **Research**  **and**  **Revision**  **(R)** | * Provides summary of learning from this clinical experience and from the article findings. * Identifies what they could have done differently in this clinical experience. | * Summary not provided * Does not identify what they could have changed about their own role/actions/performance in this clinical experience. | I learned that the issue of family presence during CPR is debated amongst HCPs although the literature seems to suggest that it can be beneficial. More research should be done in regard to other patients’ experiences witnessing codes in the hospital.  In terms of this situation, although I couldn’t have changed the patient’s experience, I could’ve discussed the issue more and possible referred him to therapy. |
| **New Perspective**  **(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse. * Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.). | * No specific examples for implementation into future practice are incorporated. * Does not identify a nursing resource to assist with learning | In the future, I will be more aware of other patients when I am caring out nursing tasks even if it is not as severe as a code. For example, if I am doing a packing wound, a patient may get faint at seeing the wound.  To develop this aspect of practice, I can look for Best Practice Guidelines about codes and research articles and patient experience on witnessing codes. With this information, I can formulate my own solutions to implement into my practice since there isn’t a lot of literature out there already. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)   (critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection. | Critical thinking – traumatic effects on patient mood from witnessing a code  Person family centered care – family presence during CPR |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format. * Title page in correct APA format * Reference in correct APA format | * Incorrect APA format throughout reflection * Incorrect APA format on title page * Incorrect APA format for article(s) and/or other sources. | **Student Reference(s) in APA Format:**  Toronto, C. E., & LaRocco, S. A. (2018). Family perception of and experience with family presence during cardiopulmonary resuscitation: An integrative review. *Journal of clinical nursing, 28*(1-2), 32–46. https://doi.org/10.1111/jocn.14649 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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