**Experiencing the Death of a Patient**

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**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.

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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 May 14, I got the honor to assist with the post-mortem care of a palliative patient who had passed that day. It was a very emotional experience. I was nervous beforehand because I had never seen a dead body before and wasn’t sure in what way I would react. I also had never learned the process of caring for a patient post-mortem so I was scared I would mess something up. To my surprise, I didn’t react much through the process. I don’t know if it was because I didn’t know her or if it was because her death was recent, but it felt like taking care of a patient who was sleeping. |
| **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 experiences of new graduates when doing post-mortem care. I thought it was interesting and relatable because usually the only experience we get in this are during undergrad is when we work with the cadavers during our anatomy class in first year.  The main thought that the graduates experienced was the lack of preparation (Croxon et al., 2018). The researchers explain that while there is a lot of research of palliation in nursing, this research and also skills for post-mortem care don’t reach the classroom. Death is an inevitable event in the medical field, so it confuses me why we do not discuss it more. We often are taught what leads to death like diseases, but the conversations stop there and doesn’t go into the details of what happens after a person passes away. |
| **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 | Through my discussions with the nurses on the floor and the students on my group, there are often different opinions on post-mortem care. Students tend to be very scared and very nervous about death. Even when it is inevitable, like with a palliative patient, we tend to try and avoid any interaction as though it will prevent the death from occurring. On the other hand, I have noticed that nurses are more accustomed to this. On the first day of my clinical in 2nd year, a nurse walked into the supply room and casually asked us to pass her a body as though it were any other day. When talking to nurse with a palliative patient, she told me that you deal with so many deaths, that eventually you get used to it.  I think in nursing and society in general, we avoid any discussions of death because of the negative image of it. I think we should encourage discussions because it would help guide the treatment of people once they pass away. More awareness could be brought up on cultural beliefs surrounding deaths and different types of burials and the importance of each one. |
| **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. | Overall, I learned that students and graduates don’t feel prepared for post-mortem care. As a result, a lot of self-research needs to be done and experience needs to be gained in the area to become comfortable. I don’t think I could have done anything differently in my experience to improve anything. |
| **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 explore the different cultural and religious implications of death. To do this, I will reach out to different peers and acquaintances from different backgrounds to learn what they practice. A specific nursing resource could be palliative centres like Hospice or nurses with experience in the field. |
| **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. | Health teaching and learning – teaching based off experiences to students  Person family centered care – being sensitivity and caring throughout the process |
| **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:**  Croxon, L., Deravin, L., & Anderson, J. (2018). Dealing with end of life-New graduated nurse experiences. Journal of clinical nursing, 27(1-2), 337–344. https://doi.org/10.1111/jocn.13907 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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