Purpose of Assignment

To provide the student an opportunity to integrate previous knowledge from the sciences to the care of a client with a physical disability. Also, to provide the student with an opportunity to demonstrate critical thinking and independent judgments in managing care of a client with a physical disability.

Student Approach to Assignment

This assignment consisted of a formal case study and presentation presentation that examined the health issues, disabilities, and significant challenges facing an elderly patient who was recently left physically disabled after suffering a cerebrovascular accident. The study of the patient discussed within this presentation offers insight into the nursing care of a patient in the midst of the rehabilitation process, and it illustrates the struggles that patients often face on their road to recovery from an illness or physical injury.

Reason for Inclusion of this Assignment in the Portfolio

Rehabilitative care is often the final step in the chain of formal healthcare received by a patient suffering from an illness or physical injury. Rehabilitative nursing care aims to provide a patient with increased functionality and independence in their post-illness or post-injury life, and it ultimately attempts to return a patient to state of health and level of functioning that existed prior to their disability. This case study presentation explores a variety of elements that are central to the practice of nursing, and subsequently, it addresses many core elements of the portfolio assignment.

- Critical Thinking
  - Uses decision-making skills in making clinical or professional judgments.
    - Example: My elderly patient was in his initial recovery phases after suffering from a significant cerebral infarct of his right pons, which left him with profound physical deficits on the left side of his body, and an inability to ambulate or speak clearly. In my presentation, I made reference to the notable change in his mood, and a decline in his appetite that I observed after caring for him for several days. The patient seemed to become more and more depressed, apathetic, and weak, and he became unwilling or unable to put forth much effort during therapy sessions. I brought this to the attention of the patient’s healthcare team during a weekly meeting, and a consult was put in to the nutritionist to find some better food alternatives that the patient might be more willing to eat, and the patient’s physician considered prescribing an anti-depressant to address the patient’s mood.

- Nursing Practice
  - Performs therapeutic interventions that incorporate principles of quality management and proper safety techniques based upon assessment findings.
    - Example: After his stroke, my patient was left with almost no control of the left side of his body, and he was initially completely reliant on healthcare staff for assistance
with all needs. I discussed how I worked with this patient over the course of two weeks to try to help him improve his strength, and to regain his balance, coordination, and mobility. Interventions included working with him during meals and teaching him how to be safer and more responsible when eating, by talking smaller bites and ensuring that he swallows all of the food in his mouth before taking another bite. The patient was especially at risk for aspiration due to the dysphagia that resulted from the stroke.

- Implements traditional nursing care practices as appropriate to provide holistic health care to diverse populations across the lifespan.
  - Example: A significant portion of my presentation addressed rehabilitation nursing. The major goals of rehabilitation nursing are to assist the patient in regaining function and independence. In addition to performing skills and assisting the patient with functions that he was unable to perform, such as certain ADL’s, I also guiding the patient to independently perform tasks within his ability, without assistance from staff. Operating a wheelchair independently was a difficult, but necessary step in the patient’s progression. He would prefer to be pushed by staff from one location to another, but we, as rehabilitation providers, would have to stand back and talk him though guiding himself to different locations. By the end of my rehab rotation, the patient was independently wheeling himself to and from meals.

- Demonstrates an awareness of complementary modalities and their usefulness in promoting health.
  - Example: Strokes can have profound effects on every aspect of a person’s life. As with many patients who have significant strokes, my patient suffered physical and cognitive deficits. In addition, his suddenly altered state of health, and his decreased level of functioning and independence placed an enormous amount of psychological and emotional stress on him. No one treatment would be able to return a patient with these various issues to a state of good health and wellness. I addressed the variety of interventions designed to address different my patient’s different needs, from physical and occupational therapy, to speech, communication, and swallow therapy. In addition, he received physical assistance with ADL’s from healthcare staff. He was also on a specific diet and medication regiment to aid with the physical and psychological issues often associated with his illness and deficits.

- Communication
  - Uses therapeutic communication within the nurse-patient relationship.
  - Example: Communication difficulties were important issue addressed in my presentation. My patient suffered cognitive and physical deficits that left him with a reduced ability to communicate effectively. He had difficulty with logical sentence progression, and with finding words, and also had inability to control the muscles on the left side of his body that are used during speech. My patient spoke softly, and he would have to repeat his statements often, as they were often unintelligible or not clearly worded. My patient spent about an hour in speech therapy every day in order to learn tricks to improving his speech volume and clarity. He practiced saying different words and phrases, and made attempts to speak louder. In addition, we worked on improving his ability to swallow during meal times, which also contributed to his ability to speak more clearly. It took patience on the part of the
patient and staff members, but with continuous reassurance and motivational pep-talks, we were able to get the patient to take an active role in trying to improve his speech and swallowing abilities.

- **Adapts communication methods to patients with special needs.**
  - Example: Communication with my patient took time, and patience. My patient spoke softly, and he would have to repeat his statements often. I would have to speak slowly, and need to repeat what I said to him so that he was able to understand my statements. The most effective way for us to communicate was for me to ask him “yes” or “no” questions, which he would answer by nodding or shaking his head.

- **Research**
  - **Shares research findings with colleagues.**
    - Example: For this grand rounds presentation, I provided professional research findings from a 2012 nursing-based study, entitled “Stress of caring and nurses’ beliefs in the stroke rehabilitation environment: a cross-sectional study.” Printed in the *International Journal of Therapy and Rehabilitation*, this study examined the effects of stress on nurses caring for stroke patients in the rehabilitation setting, and its’ effects on the perceived condition of the patient, as they differ from the patients’ own view of their condition. Results of the study indicated that stressors associated with caring for stroke patients caused nurses to believe that a stroke patient’s condition was often worse than it actually was. Stroke patients, on the other hand, viewed their condition to be less severe than what it was, in actuality. These findings suggest that a nurses negative perceptions of the stroke patient’s abilities may hinder the rehabilitation process, while a stoke patients’ perceptions may prove to be beneficial to recovery as a result of perceived abilities and functioning.

- **Professionalism**
  - **Demonstrates accountability for one’s own professional practice.**
    - Example: My rehab clinical rotation offered me a unique opportunity to care for a patient in a string of successive days over a two-week period. In doing this, I became very familiar my patient, as he was my sole patient. As my assigned nurse had many other patients to care for in addition this patient, I assumed responsibility for much of the care that he received during the time that I was there. I helped guide him through his ADL’s, such as shaving for the first time since his stroke; I prompted him on safe eating tips during meals and ensured that he didn’t aspirate; and I encouraged him to pull himself around in his wheelchair despite the difficulty associated with trying to do so, all in an effort to encourage growth, and a return to independent functioning.