



## A Humbling Experience: When the Rehabilitation Nurse Needs Rehabilitation

Lisa Pervin, PhD RN CRRN

As rehabilitation professionals, it is easy for us to be armchair quarterbacks when it comes to our personal rehabilitation. There is a nasty rumor that the worst patient is a nurse, especially a rehabilitation nurse on a rehabilitation unit. We might consider encountering a fellow rehabilitation nurse as a patient on our unit a nightmare, but it can be a great opportunity for everyone.

### *As a patient, I learned*

- You don't always get your way.
- Be patient with the staff; no one will ever be there fast enough.
- A little knowledge can be dangerous, especially when you actually do know a thing or two.
- I am the most important member of my team.
- Choose your battles wisely.

### *As a nurse, I learned*

- Listen to your patients because sometimes they're right.
- Time is like eternity, especially when you have to go to the bathroom.
- Be prepared to explain the rationale for everything you do, and if you don't know, find out. "That's how the doctor wrote it" doesn't cut it, even with the most novice patient.
- Walk the walk—treat your patient as the most important team member and make sure he or she has a place and say at the table every step of the way.
- It is not the wisest decision to argue with the patient when you don't know the facts and do not want to admit that.

I realized that my knees needed to be replaced while I was at the 2008 ARN Annual Educational Conference in San Francisco. My friends, colleagues, and peers told me how bad my gait had become over the

years, and the uneven hills and sidewalks were hard to navigate. After I returned from the conference, I made an appointment with an orthopedic surgeon. After one look at my X rays he stated, "If those were my knees, I'd have them both replaced."

Of course, I wanted to have both knees replaced at the same time. The recovery time was the same, and I was anxious to get back to work. However, I underestimated the amount of postoperation pain that accompanies a knee replacement. I'm now sure that there isn't a pain scale with enough numbers or painful faces to describe the level of pain from knee surgery. Every horror story a patient tells you about knee replacement surgery is true. My first note to self after my surgery was to never doubt a patient's description of pain. There were many times in the following days when I questioned my decision, such as the first time the therapist came to get me out of bed and the first time my nurse wanted to remove my catheter. Intellectually I knew these were good things, but they didn't feel very good at the time.

As a rehabilitation nurse, we often think we know it all—and on several levels, we do—but we don't always know what is best for us. Sometimes we need to defer to a more subjective perspective. I was looking forward to going to rehabilitation "to get the show on the road," and I had it all planned out. Obviously, there were some disappointments and compromises along the way, but the lessons learned were valuable and ones I hope to laugh about in the future. To make sense of these lessons, I made continuous notes to myself along the way.

My experience as a patient taught me some very valuable lessons. Don't assume that you know how the patient feels just because you've been in rehabilitation nursing for years and think you have seen it all unless you have walked in those shoes. Some might say that it was just knee replacements, but those were my knees, and the surgery took me out of the driver's seat—which is never easy when you are not used to losing control, and I certainly was not.

Often rehabilitation nurses get caught up in the tasks that need to be completed. Stop, take a breath, and spend some quality time with your patients—you might be surprised how much you will learn from them. It is the compassion, caring, communication, and critical-thinking skills that differentiate you from the tasks to be done. Yes, the rehabilitation tasks are important, but always remember why you do what you do.

All in all, my care from surgery, acute care, inpatient rehabilitation, and home health was great, and I am very proud of the results. I no longer regret my decision, and I wonder why I did not do it sooner. As I have said many times, my worst day with my new knees is better than my best day with my old ones. 