The Use of a Death Notification Simulation and Readiness for Interprofessional Learning in Nursing and Social Work Students

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Purpose

• To determine whether participation in an interprofessional simulation on death notification influences undergraduate nursing and social work students’ perception of readiness for interprofessional learning.
Background

• A team approach to care enhances outcomes and is required in healthcare (Solomon & Salfi, 2011).
• Students are expected to work as part of a health care team upon graduation, but have limited education on the roles of other healthcare professionals.
• Traditionally, health care students have been educated in isolation with minimal exposure to interprofessional learning, in part due to the specific curriculum guidelines of each discipline (Masters, O’Toole Baker, & Jordon, 2012; Robertson, & Bandali, 2008).
• Interprofessional education leads to enhanced communication and collaboration, providing an opportunity to work together as a team to achieve a common goal (Robertson, et al, 2008; Van Soeren, Macmillan, Cop, Kenaszchuk, & Reeves, 2009).
Background

• Through interprofessional education, students have a better understanding of the roles and responsibilities of other disciplines.

• Effective interprofessional education revolves around an interactive learning approach that allows for members of each profession to interact with one another (Van Soeren, et al., 2009).

• Simulation allows students from healthcare disciplines to work collaboratively and discuss their professional roles to increase understanding, mutual trust, and respect for other professions.
• In order to effectively implement interprofessional learning, students’ readiness for this type of education must be understood.
Why Social Work & Nursing?

- **A common interest:** “Caring, as part of the humanity found in both nursing and social work professionals, is often based on relationships with patients” (p.2659).

One study found that interprofessional education among social work and nursing students lead to role enhancement among each discipline, as well as greater understanding of one another's role as health care professionals.

(Chan, E., Mok, E., Po-ying, A. & Man-chun, J., 2009)
Methods

- Descriptive comparative design
- The Readiness for Interprofessional Learning Scale (RIPLS) (Parsell & Bligh, 1999), a 19 item Likert scale, assessed readiness for interprofessional learning in Nursing and Social Work students.
- Data was collected one week before and immediately following the death notification simulation.
- Data was collected over a two year period. All students that participated in the simulation each semester were asked to participate in the study.
### The Readiness for Interprofessional Learning Scale (RIPLS)

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<tr>
<td><strong>1.</strong> Learning with other students will help me become a more effective member of a health care team.</td>
<td>1</td>
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<td><strong>2.</strong> Patients would ultimately benefit if health care students worked together to solve patient problems.</td>
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<td>2</td>
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<td><strong>3.</strong> Shared learning with other health care students will increase my ability to understand clinical problems.</td>
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<td>2</td>
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<td><strong>4.</strong> Learning with health care students before qualification would improve relationships after qualification.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td><strong>5.</strong> Communication skills should be learned with other health care students.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td><strong>6.</strong> Shared learning will help me think positively about other professionals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td><strong>7.</strong> For small group learning to work, students need to trust and respect each other.</td>
<td>1</td>
<td>2</td>
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<td><strong>8.</strong> Team-working skills are essential for all health care students to learn.</td>
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<td><strong>9.</strong> Shared learning will help me understand my own limitations</td>
<td>1</td>
<td>2</td>
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<td><strong>10.</strong> I don’t want to waste my time learning with other health care students.</td>
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<td>2</td>
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<td><strong>11.</strong> It is not necessary for undergraduate health care students to learn together.</td>
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<td><strong>12.</strong> Clinical problem-solving skills can only be learned with students from my own department.</td>
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<td><strong>13.</strong> Shared learning with other health care students will help me communicate better with patients and other professionals.</td>
<td>1</td>
<td>2</td>
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<td><strong>14.</strong> I would welcome the opportunity to work on small-group projects with other health care students.</td>
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<td>2</td>
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<td>5</td>
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<td><strong>15.</strong> Shared learning will help clarify the nature of patient problems.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td><strong>16.</strong> Shared learning before qualification will help me become a better team worker.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td><strong>17.</strong> The function of nurses and therapists is mainly to provide support for doctors.</td>
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<td><strong>18.</strong> I’m not sure what my professional role will be.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td><strong>19.</strong> I have to acquire much more knowledge and skills than other health care students.</td>
<td>1</td>
<td>2</td>
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Teamwork and Collaboration Subscale (9 items)

• 1. Learning with other students will help me become a more effective member of a health care team.
• 2. Patients would ultimately benefit if health care students worked together to solve patient problems.
• 3. Shared learning with other health care students will increase my ability to understand clinical problems.
• 4. Learning with health care students before qualification would improve relationships after qualification.
• 5. Communication skills should be learned with other health care students.
• 6. Shared learning will help me think positively about other professionals.
• 7. For small group learning to work, students need to trust and respect each other.
• 8. Team-working skills are essential for all health care students to learn.
• 9. Shared learning will help me understand my own limitations.
Negative Professional Identity Subscale (3 items)

• 10. I don’t want to waste my time learning with other health care students.
• 11. It is not necessary for undergraduate health care students to learn together.
• 12. Clinical problem-solving skills can only be learned with students from my own department.
Positive Professional Identity Subscale (3 items)

- 14. I would welcome the opportunity to work on small-group projects with other health care students.
- 15. Shared learning will help clarify the nature of patient problems.
- 16. Shared learning before qualification will help me become a better team worker.
Roles & Responsibility Subscale (3 items)

• 17. The function of nurses and therapists is mainly to provide support for doctors.
• 18. I’m not sure what my professional role will be.
• 19. I have to acquire much more knowledge and skills than other health care students.
How it works

• Objectives are discussed and students in the classroom view the simulation through live streaming video.
• The mannequin is placed in the ICU simulation room, presented as though a code had taken place with moulage enhancing realism.
• A private room in a different area is used as a family waiting room for the notification and following the viewing of the body.
• The family members were played by standardized patients, with scripted emotional roles.
• The team involved in the simulation debriefed then proceeded to the classroom where a large group debriefing occurred.
• RIPLS completed one week before and immediately after simulation.
Evidence-based Protocol for Death Notification used

• Step 1: Preparation
• Step 2: Initiating contact
• Step 3: Delivering the news
• Step 4: Responding to survivor’s reactions and providing support
• Step 5: Provision of ongoing support
• Step 6: Dealing with the notifier’s response
  • (Roe, p. 4)
<table>
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<tr>
<th>TABLE 1</th>
<th>Notification steps and recommended strategies</th>
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<tbody>
<tr>
<td><strong>Steps in notification</strong></td>
<td><strong>Recommended strategies</strong></td>
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</table>
| **Step 1: Preparation** |  - If appropriate, allow family presence at resuscitation.  
  - Choose an appropriate individual to do the notification (e.g., someone who is knowledgeable about victim, professional, sensitive, caring, and confident); utilize a team concept if possible.  
  - Be aware of specific facts about the victim and the death (e.g., chronology of events, circumstances of death, treatment).  
  - Be aware of individual factors that may contribute to complicated grieving (younger age, relationship to victim, history of mental health problems, physical characteristics, manner of death). |
| **Step 2: Initiating contact** |  - Verify next of kin and confirm identity.  
  - Do notification as soon as possible.  
  - Do notification in person if possible.  
  - Avoid telephone notification of death; instead, have survivor come to the hospital (but do not lie if they ask if patient is dead).  
  - Make sure the survivor is greeted on arrival, allow for privacy, and provide a comfortable, safe environment. |
| **Step 3: Delivering the news** |  - Give a chronology of events, have facts available, give news of death gradually.  
  - Use words such as “dead” and “died.”  
  - Be compassionate and humanistic.  
  - Use clear, understandable language.  
  - Use the dead person’s name. |
| **Step 4: Responding to survivor’s reactions and providing support** |  - Remember that individual responses vary greatly; constantly monitor for emotional and physical support needs.  
  - Facilitate the use of familiar support persons.  
  - Allow catharsis/ventilation of emotions.  
  - Provide practical support for basic and comfort needs.  
  - Allow the survivors to view/be with the body (prepare them for what they will see).  
  - Allow customs and rituals.  
  - Make sure the survivor has adequate information.  
  - Provide written information.  
  - Provide anticipatory guidance.  
  - Provide written information.  
  - Do follow-up contact (telephone).  
  - Inform survivors of available resources.  
  - Facilitate follow-up with law enforcement and viewing of reports.  
  - Understand situations that may lead to greater stress such as the death of a child or coworker and one’s own experiences and attitudes toward death.  
  - Provide adequate education for professionals about death and death notification.  
  - Provide opportunities for supportive discussion among those involved in the notification. |
Initial Notification
Viewing
Findings

• A total of 496 students completed the surveys over three years (256 before the simulation and 240 after).
• There was a statistically significant difference in scores pre and post simulation indicating an increase in the readiness for interprofessional learning after the simulation:
  – Total RIPLS (t= 3.55, p=.000)
  – Teamwork and collaboration subscale (t=-1.36, p=.004)
  – Negative professional identity subscale (t=-0.93, p=.026)
  – Positive professional identity (t=-.66, p=.001)
## Differences in Pre-Test & Post-Test Means

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<tr>
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<th>Pre-Test</th>
<th>Post-Test</th>
<th>Total</th>
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<tr>
<td>Teamwork &amp; Collaboration</td>
<td>70.82</td>
<td>74.37</td>
<td>74.37</td>
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<tr>
<td>Negative Professional Identity</td>
<td>39.61</td>
<td>40.97</td>
<td>40.97</td>
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<tr>
<td>Positive Professional Identity</td>
<td>12.15</td>
<td>12.81</td>
<td>12.81</td>
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<tr>
<td>Total</td>
<td>122.58</td>
<td>128.15</td>
<td>128.15</td>
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Items with Highest Means (1=SD to 5=SA)

• Team-working skills are essential for all health care students to learn (M=4.63, SD=.68).
• Patients would ultimately benefit if health care students worked together to solve patient problems (M=4.63, SD=.66).
• For small group learning to work, students need to trust and respect each other (M=4.57, SD=.69).
• Learning with other students will help me become a more effective member of the healthcare team (M=4.55, SD=.66).
• Shared learning with other health care students will increase my ability to understand clinical problems (M=4.46, SD=.71)
Reliability of RIPLS

• The RIPLS showed adequate reliability:
  • Total scale = $r = .76$
  • Teamwork and collaboration subscale = $r = .93$
  • Negative professional identity subscale = $r = .95$
  • Positive professional identity = $r = .84$
  • The roles and responsibilities subscale, had a Cronbach’s Alpha of $r = .33$ (consistent with previous research)
“I believe that we all are a team regardless of discipline. We work together to give our clients the best support, information and knowledge possible. I believe it’s impossible for one discipline to work alone.”

“I think it is important to understand all health care professions because it will help increase the value we hold in our own profession and other professions, ultimately improving patient care over the whole spectrum of health care.”

“I greatly enjoy working with other disciplines. Its important to understand their role and their capabilities in order to work together cohesively and be the best advocate for the patient.”
Discussion

• These findings were consistent with other findings that experiential learning opportunities, such as the use of simulation may facilitate interprofessional learning.

• Quantitative results and comments from students indicate that they value the importance of working in interprofessional teams.

• Simulation can be used to ensure that the students have exposure to working in interprofessional teams before going into the workplace.
Implications

• The results of this study support the use of simulation for interprofessional education.
• Simulation may be an effective and efficient way to give students exposure to working as a team with other professionals.
• Further research is needed with additional disciplines to examine this topic.
References


References


