Nursing Students Learning to Provide End-of-Life Care Through Simulation

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Patricia Cosby, BSN student, RCEU 2015 Recipient
2016 Nursing Education Research Conference
# Faculty Disclosure

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Rita Ferguson, PhD, RN, CHPN, CNE</th>
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<tbody>
<tr>
<td>Conflicts of Interest:</td>
<td>None</td>
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<td>Recipient RCEU summer 2015</td>
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Goals & Objectives

• Session goal
  – Report findings related to nursing students perceived comfort with end-of-life care and their response after providing end-of-life care through simulation.

• Session objectives
  – The learner will be able to discuss the impact of simulation on end-of-life nursing education.
  – The learner will be able to discern advantages of using simulation for learning end-of-life care.
Background
Review of the Literature

- Emotions noted by students included
  - Hesitancy
  - Discomfort
  - Helplessness
  - Apprehension
  - Anxiety
  - Distress
  - Guilt
  - (Ek, Westin, Osterlind, Strang, Bergh, Henoch and Hammarlund, 2014; Smith-Stoner, 2009; Peterson, Johnson, Scherr and Halvorsen, 2013)

- Students may not have opportunity to care for a dying patient in the clinical setting (Fabro, Schaffer, & Scharton, 2014)

- Simulation provides a safe setting to practice end-of-life skills (Powell-Laney, Keen, & Hall, 2012)

- Exposure decreases student anxiety (Moreland et. Al., 2012)
Conceptual Framework

Silver Hour: Flexible Model for End-of-Life Care

(Smith-Stoner, M., 2014)

Simulation

• Technology to improve the clinical experience
• Safe environment
• Learning occurs by doing and observing
• Debriefing allows reflection and learning

(Hicks, F. D., Coke, L., & Li, S., 2009)
Purpose

• Identify nursing students’ perspectives and concerns related to providing end-of-life nursing care.
Research Question

• Will students report improved comfort providing end-of-life nursing needs to patient and family members after a simulation experience?
Methodology

• Mixed method QUAL-quan
• IRB obtained
• Convenience and snowball sampling
• Surveyed students’ attitude prior to simulation
• Debriefed after simulation
Inclusion Criteria

• Completed the first semester of upper division nursing school but have not started the last semester
• At least 19 years old
• Able to speak and understand English
• Male or female
• Any race or ethnicity
Sample & Setting

• Nursing students in 2nd/3rd semester
• Pre-survey completed
• Simulation lab at College of Nursing – patient simulator
Data Collection

• Demographic data
• Pre-simulation survey of attitude
• Two participants in simulation which is video/audio recorded
• Debriefing audio recorded and transcribed verbatim (personal identifying information given pseudonym in transcription)
Data Analysis
# Demographic Information

<table>
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<tr>
<th>Age range</th>
<th>n = 17</th>
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<tr>
<td>19 - 24</td>
<td>10</td>
</tr>
<tr>
<td>25 - 29</td>
<td>4</td>
</tr>
<tr>
<td>30 - 34</td>
<td>0</td>
</tr>
<tr>
<td>35-39</td>
<td>0</td>
</tr>
<tr>
<td>40 - 44</td>
<td>2</td>
</tr>
<tr>
<td>45 - 49</td>
<td>0</td>
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<tr>
<td>&gt; 50</td>
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### Gender
- Male = 3
- Female = 14

### Completed Clinical Course
- Fundamentals: 2
- Medical Surgical I: 14
- Medical Surgical II: 1
Skills Provided During Simulation

- Wash hands
- Body positioning, raise HOB
- Comfort assessment, perform oral care, replace nasal cannula
- Therapeutic communication
- Take vital signs & monitor

n = 9
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>3. I would be comfortable to give care to a dying patient.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>10</td>
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<tr>
<td>4. I would feel powerless caring for a dying patient.</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>5. It would be difficult emotionally to work with a dying patient.</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>0</td>
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Themes

• Unknown territory
• Reverence and dignity
• Preparation
• Communication
Unknown Territory

• Not sure of the next step and felt lost
• “I felt like I was going into unknown territory”
Reverence and Dignity

• “feeling when people who are caring for your loved one are actually caring. . . . I think that is conveyed . . . By the way we were taking care of him.”
• “Just because they are dying doesn’t mean they get any less of our care.”
• “Naturally, it is in us to want to do something for him”
Preparation

• “felt good going in and then when he actually died, I felt a bit lost”
• “I want to feel more confident and comfortable”
• “As a nurse that is something very real that we need to be exposed to”
Communication

• “figured it was best to let (the patient) know . . . even if he couldn’t respond.”

• “a huge thing for patients”
Synthesis Statement
Implications

• Nursing students lack experience in end-of-life care
• Students’ clinical time is limited
• Simulation is a safe place to practice skills
Significance

- Emotional preparation for the real thing
- Debriefing an integral part of simulation
- Students verbalized increased comfort after simulation
Recommendations

• Include end-of-life care simulation in pre-licensure nursing education

• Provide simulation opportunities for nursing students to practice communication with family members of patients who are receiving end-of-life care

• Allow students occasions to express emotions associated with end-of-life care
Reflection
Acknowledgments

• Special thanks to Mrs. Gold: Florence Helman, MSN, RN

• Photographs by Gary Cosby


Questions