Using Simulations to Teach End of Life Care: A Research Study

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Objectives

- Increase interest and awareness of the tremendous need in the nursing profession to provide nursing students and nurses end of life care (EOL) educational and clinical experiences.

- Collaborate with interdisciplinary healthcare members to foster discussions on EOL education they received in their disciplines.

Denial

- We live in a society which denies death. We do not prepare ourselves for the inevitable.

- In 1969 Elisabeth Kubler-Ross, noted physician and expert on Thanatology, asked, "**What happens to man in a society bent on ignoring or avoiding death?"**

Fear

- Death is an inevitable part of living,
- Fear and a loss of great magnitude,
- Fear the unknown,
- Fear of not existing,
- Fear of loss of life experiences with family and friends,
- Fear of their lost experiences

Institute of Medicine (IOM) Report 1998

- A tremendous lack of education on death and dying at all levels of healthcare.

- The IOM mandated that the healthcare industry as a whole needed to do a better job in caring for the dying patient.

- *Approaching Death,* a 1998 book "reflects a wide-ranging effort to understand
  - What we know about care at the end of life,
  - What we have yet to learn, and
  - What we know but do not adequately apply

End of Life Nursing Education Consortium (ELNEC)

- In 2000, the AACN*in partnership with City of Hope National Medical Center of Los Angeles, launched the End of Life Nursing Education Consortium (ELNEC) project, a national “Train the Trainer” initiative designed to provide clinical nurses, along with those in academia, training in EOL care.

*American Association of Colleges of Nursing

ANA Position Paper 2010

- Nurses have an obligation to provide comprehensive and compassion end of life care to their patients.

- Nurses need to be vigilant advocates for their patients/families

Medicalization of Death

Medicalization of Death

- What changed: home vs hospital
- What has happened: loss of control, patient and family
- Ethical dilemmas: disclosure, confidentially, decision capacity, family disputes, quality of life i.e. Karen Ann Quinlan, culture, religious, and spiritual considerations

Caring for the Dying Patient

Caring for the Dying Patient

- Emotionally and physically challenging
- Terminal illness is a family experience
- Requires interdisciplinary collaboration
- Many students graduate without ever having cared for a dying patient

Expectation

Healthcare facilities at all levels expect nurses to provide the dying with the level of care and support they need.

Research 2014

Research

- Survey of 18 baccalaureate nursing programs
- 1 course on death and dying
- 1 course on spirituality (elective)
- 1 course – open to entire college community, not required in the nursing curriculum – book The Death Class

Content Integration

- What percentage was taught: 5-10%
- Fundamentals
- Med/Surg
- Mental Health
- Obstetrics (50%)
- Pediatrics
- Geriatrics

Is it Enough?

NO!

- Integration of content is determined by:
- Course / competes with other material
- Faculty experience and comfort level with death and dying material

A Comparison of Methodologies used to Teach Baccalaureate Nursing Students End of Life Care: Which Provides the Best Outcome?

Methodologies

- Case studies
- Simulations

Progression

- Two groups Random selection (in their senior year)
- Twelve question survey on students personal and professional experiences with death and dying
- Collette- Lester Fear of Death Anxiety Scale
- Pre-test – customized by a company which guarantees validity and reliability
- Lecture

Lecture

- I. ***End of Life Care***
  A. Role of the nurse
  B. Chronic/Sudden death
  C. Pain/Symptom Management

- II. ***Ethical Issues***
  A. Disclosures
  B. Confidentiality

- **III. *Communication***
  A. Patient/family expectations
  B. Listen/Silence/ Presence
  C. Loss/Grief/ Bereavement

- **IV. *Self Care***
  A. Self-care exercises
  B. Mediation
  C. Journaling/ Art/ Reflection
  D. Debriefing with colleagues

Method/Design

Method

- The design for this study was a quantitative experimental two group pre-test and post-test.

Pre-test measured

- Knowledge gains, critical thinking abilities, and comfort levels with death and dying.

Pretest Scores

- The pretest scores for the case study control group were: pretest mean = 707.18
- The mean of the pretest scores of the simulation group = 839.46

Cases studies/Scenarios

- 75 yr. old male with metastasis
- 26 yr. old male
- Fetal demise
- 16 yr. old female (MVA)

Post –test Scores

Case Study Group

- Posttest mean scores = 802.90.
  (95.72 difference)

Simulation Group

- Posttest mean scores were 914.50
  (75.04 difference)

Comparison by Gender

- Females had higher scores
- Pretest scores F = 799.94, M = 676.67
- Posttest scores F = 886.06, M = 804.33, increase F = 86.12
- Males had the greater score change M = 127.66

Nursing Implications

Implications- Driving force

- Nursing practice
- Nursing education
- Research
- Nurses and patients and their families

For your Patients

Help and teach them

Goodbye, Forgive me, Thank you

For You

- Cry if you need to
- Express the loss and pain
- Talk about it, don’t hide your feelings !!!
- Debrief with colleagues
- Mediate
- Get a massage
- Walk
- Be good to yourself

If such suffering could be relieved by medicine, of course, then all would be conducive to a peaceful and dignified death. What drug or medication is there, though that can alleviate this rupture of an individual's self and world? Society needs to understand that while medicine certainly can prevent or remedy the occasions out of which suffering arises, the experiences of suffering, mortal or existential, are not so medically malleable. What is needed in these circumstances is a different kind of response, a human response that can be given professional direction; the response of compassion.

— Alan D. Lieberson, MD, JD, *Treatment of the Pain in the Terminally Ill*

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Thank you

Questions

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