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Use of Simulation in End of Life Care

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Minot State University, 1995

An Independent Study

itted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

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Master of Science in Nursing

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This independent study, submitted by Debra Grabow in partial fulfillment of the requirements for the Degree of Master of Science from the University of North Dakota, has been read by the faculty advisor under whom the work has been done and is hereby approved.

Karen Demmens

Faculty Advisor

USE OF SIMULATION IN END OF LIFE CARE

PERMISSION

Title Use of Simulation in End of Life Care

Department Nursing

Degree Master of Science

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Signature Debra Grabow

Date 4-26-2015

As a 20 year Intensive Care (ICU) nurse, I have witnessed many deaths; beautiful and tragic. As a Christian nurse, I find peace in death knowing the best is yet to come. Upon becoming a Parish nurse 5 years ago, I found further clarification in death; especially life changing for me was the death of a close personal friend who passed away of pancreatic cancer. In the three months leading to her death, I was able to help her and her family approach death with dignity and grace; while having the opportunity to walk her into the arms of Jesus.

Death and dying, also referred to as end-of-life, (EOL) encompasses the period of life when patients present with a limited prognosis and are near death or have recently died. Caring for patients at EOL can produce anxiety among nurses, especially novice nurses. The quality of care given to patients and families during EOL is influenced by nurses' attitudes, values, and beliefs concerning death (Hamilton, 2010).

It has been shown in the literature that in order to provide meaningful care at EOL to patients and their support system, it is necessary for nurses caring for the individual to confront their personal feelings and any fears associated with death. Each death encountered prepares nurses for subsequent deaths and may alleviate fears. There are also aspects of emotional and physical stress that is encountered in EOL situations; including, but not limited to, providing emotional support to dying patients and their support system; physical care of dying patients and care of the body upon death.

Nursing students do not always gain experience with death and dying in their nursing programs. Leighton & Dubas (2009) identified that nursing students may fear that they have caused, hastened, or failed to prevent the death of the patient. This may lead the students to doubt themselves, which could result in feelings of guilt and anxiety. However, simulation centers are

common in many nursing programs throughout the United States. Exposure to EOL could be conducted in a high – fidelity simulation experience.

"High-fidelity simulation (HFS) refers to a 'technique, not a technology, to replace or simplify real experiences with guided experiences, often impressive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion"(Founds, Zewe, & Scheuer, 2011, p. 5). Simulation helps focus on the needs of the learner rather than the patient. A dying patient scenario can expose students and/or novice nurses to EOL experiences in a controlled environment that allows the learner to encounter a very real experience.

HFS is a new and changing arena. The use of high-fidelity simulators has been around less than 15 years. High-fidelity simulators are state of the art mannequins that simulate a human body, from the ability to defibrillate to reactive pupils and voice responses. They are very realistic and the future of interdisciplinary education. Simulation allows a safe environment for learners. EOL care simulation provides students with an avenue to actually witness a death in a simulated clinical practice setting and enables them to visualize the role of the nurse. A simulated EOL experience provides students with experiential learning through action, feedback and interaction of the simulation experience.

An important part of the simulation experience is the debriefing session after the simulation has been run. During the simulation, the participants are observed by a facilitator. Following the simulation, learners are debriefed according to objectives established prior to simulation. Debriefing allows a time of reflection with positive feedback to students, as well as allowing the facilitator of the simulation experience to gain understanding of the student comprehension, and if the objectives of the simulation are achieved. Through this reflection, it cultivates critical thinking and clinical judgment as well as problem solving. Benefits of

debriefing in an EOL simulation include: an opportunity to address and affirm feelings and responses related to EOL care, reflect on individual experiences with death and dying, and facilitate therapeutic communication.

Along with the debriefing of an EOL simulation, there is the process of degriefing (Hamilton, 2011). Degriefing is the process of allowing learners to process and reflect on their feelings and emotions of dealing with the death of a simulator in a supportive and sensitive way.

A handful of studies have been done on the use of simulation in EOL care. Regardless of sample size, study design and methods, the literature reviewed reports that students perceived an increased knowledge and confidence in providing EOL care after participating in EOL simulation. This is supported by Patricia Benner's Theory of Novice to Expert, in which it helps tie theory to practice (McCoy, 2011). Benner believed that nurses become competent and proficient in their practice through experience and time. Benner describes how novice nurses develop the knowledge and skills needed over time through experience and mentoring.

Baxter et al (2009) studied 24 students who participated in EOL simulation. Four factors revealed four major viewpoints. The majority of students had the viewpoint that simulation increased their awareness of their actual ability and allowed them to identify their strengths and weaknesses in a controlled setting. Another viewpoint was by students who were skeptical and labeled the simulators as "dummies" or "dolls" where it was difficult for them to embrace the interpersonal nature of simulation. Comfort seekers and tech savvy students were the other two viewpoints identified. The comfort seekers found they had to get into a certain mind set to feel comfortable in simulation environment and the tech savvy students found that simulation reinforced the importance of organization.

Gillan et al (2012) studied 120 third year undergraduate nursing students and found significant results. Students found the use of simulation helped link the theory of death and dying to practice. They also found it "enhanced the realism" of approaching families of dying patients. Many reported simulation "would help prepare them for end of life." Finally, they found hands-on experience in a protected environment is "more realistic". They also found the impact of family presence on student learning is an important component of EOL simulation. Including family members in EOL simulation is important to promote therapeutic communication, holistic care, and assists in the grieving process. In this study, students were given an opportunity to play the role of family members which gave them an understanding of how to approach and respond to family members during the dying stage of the simulation.

Most recently, Efstathiou and Walker (2014) studied 50 final year medical, nursing, physiotherapy, and pharmacy students regarding inter-professional, simulation-based training in EOL communication. Their finding demonstrated that all participating students indicated self-perceived improvements in knowledge, skills, confidence and competence when dealing with challenging EOL communication. Comparison of pre- and post- intervention overall median scores increased from 38 pre-workshop to 48 post-workshop.

A review of literature supports the importance of including an EOL simulation in nursing student's curriculum as well as other medical disciplines. There are definite benefits to encountering EOL in controlled simulation settings. Another area of nurses that would be of interest to study would be nurses who consider themselves Christians, and how the incorporation of spiritual interventions affects the EOL process.

As a Christian nurse, Christian interventions may relieve the spiritual suffering. Interventions such as being fully present encourage the search for meaning and facilitate a

connection between family and friends. It is crucial to respect and support the patient's faith and beliefs in order to cherish hope during the process of death and dying.

How beautiful would it be to study the importance of prayer in combination with EOL simulation?

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