Simulating End of Life Scenarios Using Interprofessional End of Life Communication

Rachel Terry[1, 2], Connor West[1, 2], Kayli Nail[2], Sydney Martinez[2], Zackery Dunnells[3], Madison Meder[4], and Catherine Heith[4]

[1]Oklahoma State University College of Osteopathic Medicine, Tulsa, OK [2]Department of Biostatistics and Epidemiology, University of Oklahoma Health Science Center, Oklahoma City, OK [3] Anne & Henry Zarrow School of Social Work, University of Oklahoma, Norman, OK [4]Department of Pediatrics, University of Oklahoma Children's Hospital, Oklahoma City, OK

Background

- Effective and compassionate End of Life (EOL) conversations between healthcare providers and patients and their families are an essential part of medical care; however, medical students often feel unprepared and uncomfortable having EOL conversations with patients and families.
- Evidence suggests that interprofessional simulation training improves participant's self-efficacy and perceived abilities related to communication, teamwork and leadership.
- This overall study examines the effectiveness of an Interprofessional EOL Training and Simulation and newly developed Interprofessional EOL Communication Training Tool (IECTT) in decreasing caregiver anxiety, enhancing knowledge of the role of each team member, promoting future interprofessional collaboration, and improving participants' knowledge, skills, and performance during real EOL discussions.

Methods

- Students from multiple disciplines including advanced practice providers (P), nursing (N), and social work (SW) participated in a didactic EOL training followed by an interprofessional simulation.
- Participants were then scheduled for a 55-minute simulation session using Zoom that included a Pre-Simulation Huddle, an EOL communication simulation, and Debrief.
- Participants received immediate Standardized Patient (SP) and Facilitator feedback and engaged in a Self-Guided feedback discussion.
- Groups were randomized to receive feedback using a newly developed IECTT Tool or a general Gap Kalamazoo Tool (control) and then completed a second simulation (**Figure 1**).
- Zoom recordings were transcribed verbatim using NVivo transcription and checked for accuracy. The study team read through the transcripts and generated inductive and deductive codes related to delivering EOL news (**Table 1**).

Figure 1. Overall Study Design

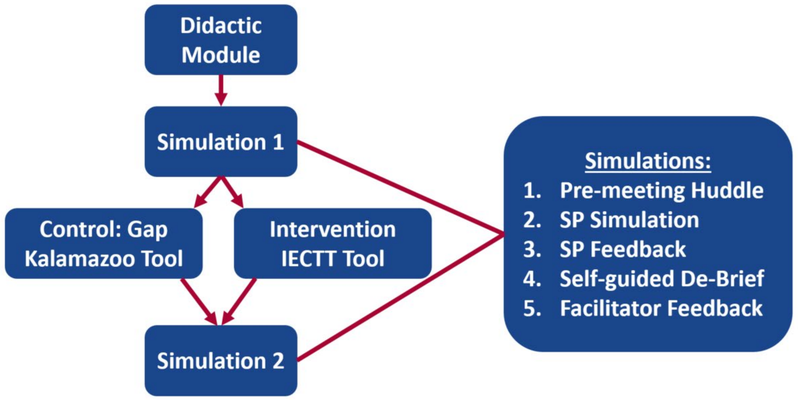

Table 1. Transcription Code Book

CODES	DESCRIPTION
Introduction and Pre-Meeting Huddle (12 mins)	
Designates Conversation Roles	Designates who will deliver the end of life news and who will begin the conversation
Contribution in Huddle	Information that the P, SW, and N shares with group from his/her information sheet
Invites Others to Share	Invites others to share their information
SP Simulation (15 mins)	
Opens Conversation	Who opens the conversation and how they open the conversation
Introductions	Participant introductions (Name, Role)
Perception	Asks what the patient knows/has been told. Look for knowledge and emotional information during response; example: "What have you heard?"
Warning shot	Provides warning shot; example: "I have something serious we need to discuss"
Invitation	Information sharing preference; example: "Is now a good time discuss,"
Delivers the End-of-Life News	Steps in delivery of the end-of-life news
Emotion statements	NURSE (Naming Emotion: "This must be such a shock", Understanding: "I can tell this is not something you were expecting to hear today", Respecting: "You've taken such good care of him", Supporting: "We're going to be here with you", Exploring: "I notice that you're upset, can you tell me what you're thinking?"
"I wish" Statements	Use of "I wish" statements in response to emotion after delivering news
Medical Information	Use of lengthy medical information and/or jargon
Cautions	Use of cautionary phrases that should be avoided; example: "I understand how you feel"
Summary	Discusses next steps and follow-up plan
SP Feedback (5 Mins)	
Self-Guided Debrief (10 Mins)	
Facilitator Feedback (13 Mins)	
Throughout Simulation/Feedback (55 Mins Total)	
Interprofessional	Any mention of working together as a team/team building skills throughout the simulation/real life

Project Methods and Preliminary Results

- The study team focused on interprofessional delivery of EOL news from participant simulations (n=18) and found that before feedback (either IECTT or Gap Kalamazoo) (n=10), 50% of EOL conversations were opened by the medical provider role, compared to 0% after feedback (n=8) (**Figure 2**). Furthermore, prior to feedback 90% of EOL prognostic information was delivered by the medical provider role, compared to 100% following feedback. (**Figure 3**).We found that teams with feedback were more likely to have a non-provider initiate EOL discussions with patients
- However, teams with feedback were more likely to have the provider deliver the EOL news

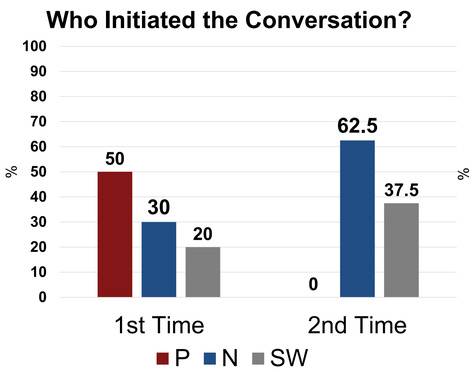

Figure 2. EOL conversation initiation before and after feedback.

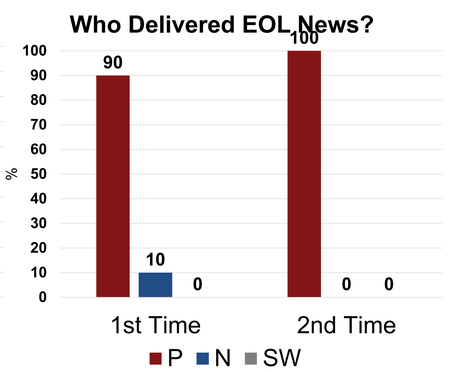

Figure 3. Delivery of EOL news before and after feedback.

Future Directions

- Future directions of this overall study include using conversational analysis to determine the effectiveness of the intervention on caregiver's knowledge, skills, and performance during EOL discussions.
- We will compare caregiver's improvement in delivering EOL news based upon changes from Simulation 1 to Simulation 2 from Intervention (IECTT) versus Control (Gap Kalamazoo) feedback using qualitative subgroup analyses.
- The overall goal is to use findings to develop an educational framework for students from multiple disciplines of healthcare to effectively deliver EOL news and develop the skills required to initiate and lead EOL conversations with patients.