



The Effect of a Series of High Fidelity Simulations on Undergraduate Nursing Students' Palliative Care Competencies and Attitudes toward Death and Dying

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Purpose

The purpose of this study was to compare two different simulation experiences and their impact on student learning of the Palliative Care Competencies.

Background

The lack of clinical opportunities for palliative care and end of life and the effects on student' confidence are well known¹. Less known is the type of simulation that can mimic the multiple skills needed in developing student confidence when dealing with a dying patient^{2,3}.

Methods

Undergraduate nursing students were recruited from a second degree accelerated BSN program in 2016 and 2017 in a Tier I university located in Southwest US after IRB approval. The control group (2016 cohort) participated in a single medium fidelity simulation in their final semester. The experimental group (2017 cohort) were participants or observers in a series of three scenarios, interacting with "Julia" from her initial care planning (sim 1), through a crisis requiring symptom control (sim 2) and finally an imminent death simulation (sim 3). INACSL simulation design was used to create the new scenarios⁴. Both groups completed a self-assessment using Frommelt's Attitudes on Death and Dying⁵. The simulation effectiveness was measured with two instruments, the Educational Practices Questionnaire, student version (EPQ) and the Student Satisfaction and Self-Confidence in Learning Questionnaire.

Results

Although there was no statistical differences between cohort 2016 (n=47, \bar{x} = 4.57, SD = 0.24) and cohort 2017 (n=53, \bar{x} = 4.66, SD = 0.51), cohort 2017 students' subjective evaluation was positive and provided the researchers insight into the challenges of educating inexperienced student nurses on palliative care.



Control Scenario Plan ⁶	Multi-Scenario Plans		
	Advanced Care Planning	Crisis Management	Imminent Death
Participants – teams of 2 students Focused objective – Participate in End of Life care for “ Pre-brief – Discussion of palliative care objectives and goals, prognosis, ethics of end of life. De-brief – Focused on helping students understand how their beliefs and fears impact the patient discussion, empathy vs. sympathy, legal aspects of end of life care	Participants – Team of 4 students, “Julia” with live actor voice support Focused objective - Develop a palliative care and end of life plan for a patient with terminal illness. Pre-brief – Discussion of palliative care objectives and goals, methods to initiate conversation. Introduction to “Julia”. De-brief – Focused on helping students understand how their beliefs and fears impact the patient discussion, empathy vs. sympathy.	Participants – Team of 2 students, “Julia” and her husband “Harvey”. Focused Objective – Support a family through a symptom management crisis while adhering to “Julia’s” stated wishes Pre-brief – “Julia’s” current condition, E-kit, role of hospice nurse. De-brief - Discussion of end of life trajectories and symptom management, PPSv2 and prognosis meaning.	Participants – Team of 2 students, “Julia”, “Harvey”, and son “Neill”. Focused objective – Support a family through the final death of “Julia”. Pre-brief – Care of the dying, death trajectories, support role of the hospice nurse, supporting the family. De-brief – discussion of emotions, self and team support.

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Conclusions

Overall the scenarios were well received in both cohorts. The students have, by this time in their education, encountered patients at the end of life. Many had also had loss in their families. The students overwhelmingly felt that “giving care to a dying person is a worthwhile experience.” Cohort 2017 students were more likely to recognize the need for care for the family.

Implications for Practice

More research is needed to determine if the time invested in having longer scenario over several months is more effective than condensing the scenario into a one day event. It is felt by this faculty that the longer period allowed the students to become involved with “Julia”, making the scenario more realistic. Consider adding self care behaviors and a discussion of the emotional impact of “Julia” dying to the last debriefing session as many of the students were in tears. The comments afterward were overwhelmingly positive, and the self care education (not measured) was very well received.

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