



Effectiveness of High Fidelity Simulation on Undergraduate Nursing Students' End-Of-Life Competency



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Background

- In 2015, approximately 2.5 million deaths occurred in the United States¹
 - Over 170,000 deaths occurred in Texas²
 - 28% of deaths occurred in a hospital setting with nurses in attendance³
- In January 2016, new competencies added for Palliative Care by AACN⁴
- End-of-life (EOL) is difficult to talk about for students and experienced RNs. RNs are uncomfortable, fearful, helpless, anxious, and often feel inadequately prepared in dealing with death and dying⁵.
- Few high fidelity simulation for a dying patient in a home setting⁶

Literature Review

Research studies were found to have positive outcomes for UG nursing students when simulation was used for end-of-life experiences.

- Improved students' satisfaction and confidence levels in an end-of-life simulation,⁷ which supported the qualitative themes showing the student benefited from the experiential learning, improved assessment and skills, and viewed the family as the client⁸
- Other researchers found statistically significant improvement in the students' knowledge of the patient's physiological changes and self-efficacy in caring for the dying patient using high fidelity simulation⁹.
- More common to high fidelity simulation is the mega code scenario resulting in an unsuccessful patient resuscitation¹⁰ or the withdrawal of life support in a futile patient situation¹¹. Researchers found that nursing student anxiety reduced and perceived competency for caring for dying patients significantly improved with the use of simulation¹¹.

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*Palliative Care (PC) Competencies by AACN⁴

1. Promote the need for PC for seriously ill pts from the time of diagnosis ...
2. Identify the dynamic changes in population demographics, health care economics, service delivery, caregiving demands, & financial impact on the pt ...
3. Recognize one's own ethical, cultural and spiritual values and beliefs about PC ...
4. Demonstrate respect for cultural, spiritual and other forms of diversity for pts ...
5. Educate and communicate effectively and compassionately about PC issues
6. Collaborate with members of the interprofessional team ...
7. Demonstrate respect for the pt values, preferences, goals of care, decision-making ...
8. Apply ethical principles in the care of pts ...
9. Know current state and federal legal guidelines relevant to the care of pts ...
10. Perform a comprehensive assessment of symptoms ...
11. Analyze and communicate with the interprofessional team ...
12. Assess, plan, and treat pts' physical, psychological, social and spiritual needs ...
13. Evaluate pt outcomes from the context of pt goals of care, national quality standards.
14. Provide competent, compassionate and culturally sensitive care for pts ...
15. Implement self-care strategies to support coping with suffering ...
16. Assist the pt to cope with and build resilience ...
17. Recognize the need to seek consultation [from PC experts] for complex pt needs.

*Abbreviated version of the AACN Competencies

EOL Simulation Scenarios

- Simulation 1 – Advance Care Planning and EOL wished with patient and family in a home environment
- Simulation 2 – Symptom management (pain, constipation, immobility) with a terminally ill patient
- Simulation 3 – Symptom management (dyspnea and anxiety) with a terminally patient

Study Methods

Students are enrolled in a Second Degree Accelerated RN Program for 12 month program beginning in January

Control Group without EOL simulations
Dec 2016 Baseline collection at 12 months

Experimental Group with EOL simulations
Feb 2017 Baseline collection at 2 months
Jul 2017 2nd collection at 7 months (Sim 1)
Oct 2017 3rd collection at 10 months (Sim 2,3)
Dec 2017 4th collection at 12 month

Four Tools

Frommelt Attitudes Toward Care of the Dying Scale, Student Satisfaction and Self-Confidence in Learning, Simulation Design Scale, and Educational Practices Questionnaire

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