Bringing Brains, Heart and Courage to End-of-Life Care Using Simulation

PRESENTED BY:
CHAVONNE WYATT MSN, APRN
AND
CAROLYN INSLEY MN, MS, RN
FORT HAYS STATE UNIVERSITY
Objectives

Describe a high-fidelity end-of-life simulation conducted with BSN nursing students
Describe application of Kolb’s Experiential Learning Theory to an end-of-life simulation
Discuss nursing student’s application of Kolcaba’s nursing theory to end-of-life care
Discuss the impact of the end-of-life simulation on clinical skills and judgment of nursing students
Discuss student response to simulation experience
Introduction

Baccalaureate nursing program in a rural area of Kansas
Thirty students in each class
Admit students twice a year
Prepare nurse generalists
End-of-life experiences for students limited
High fidelity simulation lab available
Program specialist available to assist with simulations
Faculty desire to provide more simulations to supplement clinical experience
Theoretical Framework

- Kolb’s Experiential Learning Theory
- Kolcaba’s Nursing Theory of Comfort
Concrete

Cognitive knowledge about end-of-life care
Reading assignments
Didactic presentation by hospice nurse and faculty
Hospice clinical with nurse
Prior to simulation given information about scenario
Participation in simulation
Application of Kolb’s Theory: Step Two

- **Reflection**
  - Students reflect on didactic information by participating in case study in class
  - Write a journal on hospice clinical
    - Reflect on feelings about working with end-of-life patients
    - Identify specific aspects of end-of-life care that they observed
    - Discuss various hospice team members
    - Apply a nursing theory to the care of end-of-life patients
    - Consider ethical issues that affect end-of-life care
    - Indicate their thoughts about communicating with end-of-life patients
Application of Kolb’s Theory: Step Three

- **Conceptualization**
  - Students analyze the dimensions of end-of-life care
  - Each team member’s role is examined and portrayed
  - During simulation students evaluate high-fidelity manikin's symptoms
  - Consider and carry out appropriate interventions
  - Apply communication skills with patient and family
Application of Kolb’s Theory: Step Four

- **Experimentation**
  - Debriefing after simulation
  - What was done well
  - What should be changed
  - Evaluate interaction with patient and family
Kolcaba’s Nursing Theory of Comfort

- Theory most identified by nursing students as applicable to hospice care
- Holistic comfort
- Three types of comfort
  - Relief
  - Ease
  - Transcendence
- Four contexts of holistic human experience
  - Physical, psychospiritual, environmental, & sociocultural
- Comfort is immediate desirable outcome of nursing care
Simulation Scenario

- **Patient:** Cecelia Schmidtberger
- **Age:** 81
- **Diagnosis:** Breast cancer with metastasis to lung cancer; Stage III ulcer to leg
- **Family:** Two daughters
  - One daughter has been caring for her mother in the home
  - Second daughter has been estranged
- **Admitted to hospice care**
- **Home setting for care**
Participants

- Simulation Coordinator
- Interdisciplinary Team
  - Portrayed by Nursing Students
    - Hospice Nurse
    - Certified Nursing Assistant
    - Social worker
    - Clergy
- Ancillary/Faculty Persons
  - Two daughters
  - Physician
  - Neighbor
Preparation

- Home like atmosphere set up in nursing department room
- High-Fidelity manikin dressed as elderly woman
- Script developed with faculty and program specialist
- Arrangements made for videotaping
- Medical supplies placed at bedside
- Other supplies placed in Hospice Care satchel
Procedure

- Orientation of students to logistics of simulation
- Students given roles
- Divided into smaller groups
- Three scenes of simulation represent three different days of home visits from hospice team members
Hospice Visit: Day 1

- Hospice team makes first home visit
- Introduction and explanation of hospice care to caregiver daughter and patient
- Physician called due to patient pain
  - Medication order received
    - Pharmacy informed
- Vital signs and admission assessment completed
Hospice Visit: Day Two

- Hospice team visit
- Estranged daughter arrives while hospice team in home
- Neighbor visits
- Social worker and nurse describe mother’s condition and hospice role to estranged daughter
- Patient having increased nausea – physician call required
- Basic hospice assessment and vital signs completed
Hospice Visit: Day Three

- Hospice team visit
- Patient deteriorates
- Comfort care provided
- Patient dies
- Hospice team comforts patient and family
- Physician notified
Debriefing

- Students shown video of simulation
- Reflection about experience
- Provides students with insight into performance
- Critical thinking encouraged by having students review and analyze care given
- Faculty urged students to consider alternative interventions that would improve care
Feedback

- Feedback obtained by student survey
- Predominantly positive
- Increased knowledge about end-of-life care (Brains)
- Developed empathy for dying patients and families (Heart)
- Felt so life-like (Heart)
- Improved confidence (Courage)
  - Providing end-of-life care
  - Interaction with dying patient
  - Interaction with family members
  - Working with interdisciplinary team
Suggestions for Improvement

- Provide more medication and symptom education prior to simulation (brains)
- Improve organization of hospice room (brains)
- More time to get to know family and patient (heart)
- Increase information regarding roles prior to simulation (courage)
- Have simulation before actual hospice clinical (courage)
Future Plans

- Continue to provide simulation each semester
- Include hospice nurse from agency
- Explore opportunities to include students from other disciplines in simulation
- Conduct further research to quantitatively measure learning
- Publish to disseminate information
References

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QUESTIONS?