Clinical Simulation in Nursing (2009) 5, e59-e62

ELSEVIER

Clinical Simulation in Nursing

www.elsevier.com/locate/ecsn

Featured Article

Death of a Simulator

Kim Leighton, PhD, RN

BryanLGH College of Health Sciences, Lincoln, NE, 68506, USA

KEYWORDS
simulated clinical experience;
simulated death;
psychological safety;
debriefing;
prebriefing

Abstract: Considerable controversy emerges when nursing educators discuss whether the patient simulator should be allowed to die during simulated clinical experiences. At the same time, there are numerous studies that show nursing students and practicing nurses do not believe that their end-of-life-care education has been sufficient. Patient simulation offers a safe environment in which students can learn to appropriately care for patients who are dying. This article outlines the concerns expressed by nursing educators and the benefits of using patient simulation for learning to care for dying patients. Debriefing and psychological safety of learners are emphasized.

Cite this article:
Leighton, K. (2009, March). Death of a simulator. *Clinical Simulation in Nursing*, *5*(2). doi:10.1016/j.ecns.2009.01.001.

"Nurses are privileged to have the unique and special opportunity to be present at the most remembered events during one's life—both birth and death. How you handle these situations will always be remembered" (Walsh & Hogan, 2003, p. 890). There is considerable controversy when nursing educators debate whether the patient simulator should "die" during a simulated clinical experience. On one end of the continuum are educators who believe that the simulator should never be allowed to die. On the opposite end are those who would allow the simulator to die at the hands of the undergraduate nursing student. There is little in the literature to guide development of best practice in this area. This article will describe three types of simulated patient death experiences, explore concerns and considerations related to simulated patient death, and discuss the challenges in proactively planning for the psychological safety of students when expected or potential simulator death is planned in the simulation laboratory.

Literature Review

There is no discernable research base related to the death of a simulated patient and the effects of such an experience on students. However, there is a revealing amount of research related to how well nurses and nursing students believe they have been educated to deal with patient death. Students and practicing nurses do not believe they have been adequately educated on this topic (Beck, 1997; Cooper & Barnett, 2005; Ferrell, Virani, Grant, Coyne, & Uman, 2000; Meraviglia, McGuire, & Chesley, 2003; Van Rooyen, Laing, & Kotzk, 2005).

Beck's (1997) phenomenological study of 26 nursing students who had cared for a dying patient revealed that participants reported anxiety that stemmed from feelings of personal inadequacy. This anxiety was exacerbated by the reportedly limited clinical experience those students had received in the care of dying patients. Van Rooyen et al. (2005) supported those findings in their qualitative study of nursing

1876-1399/09/$ - see front matter
doi:10.1016/j.ecns.2009.01.001

education in Africa. The student nurses in this study experienced significant exposure to death from the beginning of their course of study. However, these students still reported that they had preconceived ideas about caring for dying patients and were not prepared for the reality of that responsibility. Self-doubt led to fear and anxiety, and concerns that more could have been done for the dying patient led to feelings of guilt. Cooper and Barnett (2005) found that 1st-year student nurses in the United Kingdom also experienced feelings of inadequacy and fear of making mistakes. This qualitative study, designed to explore anxiety-causing aspects of caring for the dying patient, identified that shock over the patient's physical deterioration, lack of knowledge about how to communicate, and fear of making mistakes led to increased anxiety.

Practicing nurses have reported insufficient education about end-of- life care which affects their ability to provide adequate care to patients who are dying. In a survey of 352 registered nurses (Meraviglia et al., 2003), respondents expressed concern about providing direct nursing care to the terminally ill patient, citing fair or poor knowledge in areas of cultural diversity (75.7%), psychosocial issues (65%), terminal or hospice care (66.1%), and complementary therapies (77.3%). A survey (Ferrell et al., 2000) designed to study barriers to provision of quality end-of-life care revealed that of 2,333 oncology and generalist nurses, 62% rated their end-of-life education as inadequate. A review (Ferrell, Virani, & Grant, 1999) of 50 major nursing textbooks found that only 2% of the content was related to end-of-life care. Rabow, McPhee, Fair, and Hardie (1999) conducted a similar review of medical texts, revealing that useful end-of-life information was found in less than 25% of the materials. Lloyd-Williams and Field (2002) reviewed undergraduate nursing curricula in the United Kingdom, finding that an average of 12.2 hours of end-of-life education was provided in degree programs and an average of 7.8 hours in diploma programs.

Key Points

- End-of-life care education insufficient
- Simulation laboratory provides safe environment to learn to care for dying patient and their family
- Three types of patient death: expected, unexpected, as a result of action or inaction
- Attention to psychological safety of student is vital

It is apparent from the literature review that significant work needs to be undertaken by nursing educators to help improve the quality of care to patients who are dying. Patient simulation provides an opportunity for students to learn relevant concepts in a safe, nonthreatening environment.

Simulated Death as an Alternative Learning Experience

The experience of end-of-life scenarios in the simulation laboratory gives students an opportunity, in a safe environment, to care for a patient who is dying. Table 1 outlines the advantages and disadvantages of simulating patient death. With simulation, students can witness the consequences of their actions or inactions without harming a real person. The opportunity to provide repeat or multiple experiences across the curriculum may lead to pattern recognition of expected or adverse outcomes.

Although learning to provide physical care is important, learning in the simulation laboratory also provides a mechanism for students to improve student communication skills. Learning how to talk to the patient and the patient's family when death is near will likely increase students' comfort level when providing end-of-life care. Students may also benefit from the opportunity to notify a family member of the simulated patient's deteriorating condition or demise. Many students believe it is the sole responsibility of the physician to convey bad news and often do not realize that the nurse may be faced with this responsibility. It may also be valuable for educators to incorporate holistic aspects of patient care, such as spiritual, psychosocial, developmental, and cultural issues.

Simulated learning experiences afford an opportunity to talk about feelings. Students who have experienced death of a friend or family member may find it helpful to talk about their feelings during the debriefing. Others will want to learn more about the facilitator's experiences in caring for dying patients. Perhaps most important, students will learn that even when all care is provided correctly, patients may still die, and it is the nurse's responsibility to provide care at that critical time.

Types of Patient Death

There are three types of patient death that can be simulated in the laboratory: expected death, unexpected death, and death as a result of action or inaction.

Expected

This type of simulated death experience is well planned, and students are prepared for the experience. This preparation may come as a result of information given to the student prior to the experience or during report prior to providing care. This death does not need to follow a crisis or rapid deterioration in the patient's condition. Rather, this death follows the normal trajectory for the identified condition. Examples of an expected death suitable for the simulation laboratory are death from cancer or AIDS, in which the changes in respiratory and mental status during the last 20 minutes of life can be simulated.

Unexpected

This type of simulated death experience may come as a surprise to the students. This death may be the result of a crisis that occurs during the normal course of the patient's condition. Students who are prepared for the simulated clinical experience may have learned of the potential