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Short Communication

Filling a Gap: Fetal Demise Simulation in Nursing Capstone Course

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Abstract: Gaps exist in nursing education simulations involving scenarios of death and dying, especially with fetal demise. To fill this gap in a BSN program, a fetal demise simulation was introduced. This simulation involves presimulation work, assigned roles, a simulation involving care during the immediate postpartum period, communication regarding fetal demise, and debriefing. Student satisfaction with this type of simulation has led to more simulation development involving mortality/morbidity in other levels of nursing education within this BSN program.

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The fetal demise simulation was created to fill a need in the capstone nursing course. This course is a culmination of the entire nursing curriculum. Simulations for home health, medical—surgical, mental health, and critical care were designed specifically for the capstone course; however, there was also a need for a simulation from the women and children areas and one involving death/dying. To fulfill both needs, an immediate postpartum simulation that took into account the newborn period was considered. There are limited clinical opportunities for students to care for patients who have experienced a fetal demise or other perinatal death, as well as few situations in which students learn about or care for the deceased. This simulation addresses both of these clinical deficiencies and encourages senior students to critically think, develop, and implement a plan of care, work within varying family dynamics, practice advocacy, and educate patients and families.

What the Literature Shows

High-fidelity simulations to teach nursing students about end-of-life issues have been found to be an effective teaching tool to enhance skills, improve communication, and allow students to deal with highly emotional experiences in a safe setting. Simulations have included working with terminally ill patients and patients with cardiac events resulting in sudden death (Bartlett, Thomas-Writght, & Pugh, 2014; Fabro, Schaffer, & Scharton, 2014; Venkatasalu, Kelleher, & Shao, 2015).

The literature is sparse concerning the use of simulation to teach care of the family with a fetal demise. Only one study was found (Knight, Dailey, & Currie, 2015), and this study used an antepartum scenario (students unable to find fetal heart tones, diagnosis by ultrasound, calling obstetrician, and observing news being given to parents). Students in this study were noted to be able to process their own emotions and grief

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in a safe and supportive environment before experiencing it firsthand in practice as a nurse. Students reported learning how to be "present" with families and to communicate more effectively with grieving families. As experienced nurses, the authors believed that knowledge gained in a simulation of this type could be used in practice whether the student worked in maternal/family nursing or not.

Key Points

- Fetal demise simulations can prepare nursing students for safe, effective practice in high stress situations.
- Nursing students require presimulation preparation, thorough cues during the simulation, and substantial debriefing to benefit from a fetal demise simulation.
- Concepts of caring for a postpartum patient, newborn, grief, advocacy for patient, therapeutic communication, critical thinking, and patient education can be addressed in a fetal demise simulation.

Simulation Learning Objectives

Prior to designing the simulation, student objectives were developed. For this simulation, the following objectives were selected:

1. Students will perform postpartum assessment and care.
2. Students will maintain therapeutic communication with family and patient.
3. Students will determine parental desires for postmortem provisions of the infant and advocate for these desires.
4. Students will provide continuous safe care.

Several theoretical frameworks were considered in developing the simulation. Knowles' Adult Learning Theory and the Experiential Learning Theory were utilized during the creation of the fetal demise simulation.

Presimulation Preparation by the Students

Students are notified about the topic of the simulation and required to complete preparatory work before the day of the simulation. For this simulation, faculty reposted lectures that students had in previous semesters regarding fetal demise, immediate postpartum care, end-of-life care, and communication during family crisis to review. Also, online videos are recommended to be previewed. YouTube videos regarding parental thoughts of still birth (http://youtu.be/DnEelR-EgnI), family decision making when faced with birth of infant that will not live (https://www.youtube.com/watch?v=ToNWquoXqJI), and perinatal hospice (https://www.youtube.com/watch?v=tY7mq1g9pGk) were posted as presimulation requirements.

The Simulation

Students are assigned into groups of five people per simulation. Immediately before the simulation, the students are asked to volunteer for the roles of primary nurse, secondary nurse, family member 1, family member 2, and observer. From previous semester simulations, students are comfortable with the simulators and are familiar with the realism of the situations presented. Two weeks prior to the simulation, the students are counseled regarding the potential for strong emotions and reactions to this experience and it is recommended that they self-report any discomfort in participating. Special considerations are taken for students that are pregnant, have recently experienced a birth or death in their family, or self-report that they are uncomfortable with participation in the simulation after reviewing the presimulation preparation. These students can watch from a separate room if they wish or they are given an alternative assignment. This simulation is not graded and for the learning experience only. Faculty members assume the role of the patient (mother) and control the simulator from a separate control room.

Low- or high-fidelity simulators can be utilized as long as the students are able to collect normal vital signs and can "talk" to the simulators and get a response from the faculty in the control room. Simulators are placed in a hospital style patient room designated "Labor and Delivery Area." The simulator is given a saline lock or fluids running with Pitocin, an IV pump, and identity and allergy arm bands. Moulage is placed on sanitary napkins and blue pads around the simulator's vagina to represent normal immediate postpartum clots and bleeding. The patient room contains a straight catheter kit, oxygen delivery device, blue pads, sanitary napkins, ice packs, basin, pitcher, wash clothes, and towels. A patient chart is available with admission orders, emergency room notes, physician/nurse midwife notes, medication administration record, laboratory results (complete blood count, basic metabolic panel, and blood type and cross match report), ultrasound report of a fetal demise, consent for treatment, and a blank fetal remains disposal form. In addition to the patient simulator, a fetal demise manikin is used.

Prior to this simulation, students confirm orientation to the simulators, express understanding of the expectations for the scenario, and verbalize completion of the presimulation work. The entire group of students is given a report from the instructor who is acting as the labor and delivery nurse who is caring for the patient:

> The patient, a 25-year-old G2P1101 at 28 weeks gestation, was admitted to L&D from the emergency room. The patient has had prenatal care since 10 weeks and is visiting from out of town. She came in complaining of no fetal movement for 24 hours. Ultrasound showed no fetal movement or heart beat. Prostaglandin induction began 6 hours ago