Teaching and Learning in Nursing 11 (2016) 184–188

Contents lists available at ScienceDirect

Teaching and Learning in Nursing

journal homepage: www.jtln.org

# End-of-Life Patient Simulation: Lessons Learned

Michelle M. Sherlin, BSN, RN CHSE *, Patricia Taylor Quinn, MSN, RN

*Holyoke Community College, Holyoke, MA*

ARTICLE INFO

*Keywords:*
Patient simulation
End-of-life
Palliative care

ABSTRACT

Recent research suggests that nursing education may not adequately prepare nursing students to care for patients at the end of life. This community college program integrated an end-of-life (EOL) simulation into the nursing curriculum as a way to address this deficiency. In our unfolding EOL simulation, several essential elements were incorporated. The first experience with this simulation provided valuable lessons about how to improve our subsequent EOL simulations.



## Introduction

Educating nursing students in the continuum of care including end-of-life is widely accepted as an essential element in nursing education. Current literature supports the belief that preparation of student nurses is lacking in this area (Ferrell, Malloy, & Virani, 2015). Most student nurses will not experience the full scope of care from terminal diagnosis to hospice and palliative care to death, until they have been employed as a nurse. Faculty at this community college struggled to find ways to enhance our end-of-life (EOL) care curriculum beyond the lecture. We found patient simulation to be an effective pedagogy. Many valuable lessons were learned along the way.

### *Literature Review*

A review of current research on EOL education in nursing reveals that improvements are needed in both the areas of knowledge and attitudes around nursing care at EOL. Several sources (Ferrell et al., 2005; Hamilton, 2010; Leighton & Dubas, 2009) describe specific areas for improvement. Understanding how to communicate with dying patients and their families was a common deficiency among practicing nurses as was nursing students' ability to cope with EOL situations. Also recognized was a lack of education on how to effectively deal with ethical dilemmas inherently present when caring for a patient at EOL. Some dilemmas cited in research are decisions regarding withholding or withdrawing life-sustaining treatments, medication conflicts such as withdrawing or withholding therapeutic medications, and the administration of pain medications and other comfort measures at EOL (Ferrell et al., 2005). Highlighting the significance of the provision of adequate and competent nursing care at EOL is the notion that nurses spend the most time with dying patients and their families at EOL than any other health care professional (Hamric & Blackhall, 2007).

### *Simulation as the Solution*

Building adequate EOL simulation experiences into the nursing curriculum is essential in order to ensure that nursing students are prepared to provide quality patient care to dying patients and their families (Smith-Stoner, 2009). Simulation is considered a safe and controlled way to allow students to practice while utilizing knowledge, skills, and attitudes related to nursing concepts. Students reported that simulated interactive teaching strategies provide beneficial and enhanced learning (Neuman et al., 2009). Simulation is currently utilized throughout our associate degree (AD) nursing program. Surveys conducted at our center confirm student satisfaction with this modality and the effective achievement of student learning outcomes. "Simulation may present an innovative and creative method to promote self-competence and self-awareness in students through realistic situations that deal with EOL issues" (Hamilton, 2010 p.132). Subsequently, our faculty developed a unique EOL simulation scenario for AD student nurses in their final semester. The faculty felt that simulation would enhance and reinforce what was taught in lecture. It also allows students to practice EOL-specific and general nursing skills. Simulation presented an excellent venue for students to explore their personal feelings and how those feelings affect care. While conducting our EOL simulation for the first time, an extreme student reaction occurred. This provided some poignant lessons as we integrated simulated death into our nursing curriculum. This article will describe the unfolding format

* Corresponding author. Tel.: +1 413 552 2090.
*E-mail address:* Msherlin@hcc.edu.

http://dx.doi.org/10.1016/j.teln.2016.05.002
1557-3087/

of our EOL simulation, its essential elements, and our unique experience. In addition, it includes a narrative, shared with permission, from a student's point of view. We will discuss the learning opportunities that were presented, the modifications made, and our plans for the future.

## Overview

In order to include the various stages of the continuum from terminal diagnosis, to hospice care and, ultimately, to death, we chose to use an unfolding simulation scenario format. An unfolding scenario is essentially a case study conducted in the patient simulation environment, which progresses over a given time with built-in breaks for student discussion and reflection (Glendon & Ulrich, 1997). This allows a few students at a time to participate in direct care while others are observing through the use of video technology. Each group of two or three student caregivers participate in one 20-minute block called *a phase*. There are four phases in this scenario. When a student is not participating in the patient room, they are observers with the rest of the students in another room viewing a live video feed. This method allows a longer, more in-depth scenario to evolve and for each student to have time to participate as a direct caregiver. Because of the complexity of this unfolding format, student preparation and formal debriefing are essential.

The End-of-Life Nursing Education Consortium highlights nine key areas that are the focus of the recommended curriculum (Ferrell et al., 2015). Based on these recommendations, our simulation focused on pain management, patient comfort, communication, ethics, and nursing care. The following will discuss student preparation, details of each phase, and how the selected End-of-Life Nursing Education Consortium recommendations were incorporated.

## Student Preparation

Students prepared as they would for a clinical assignment. This included researching the diagnosis, patient care orders, and formulating a plan of care. Students were made aware that the patient would ultimately have a terminal diagnosis. On the day of the simulation, the faculty led a discussion reviewing the overall objectives as shown in Table 1. The information gathered by students in preparation for this session was also reviewed. The students were not told that the patient would die so as not to influence their decision making during the scenario. Prior to the start of patient care, the students were given additional information that would typically be shared during a nurse-to-nurse report (e.g., current vital signs, most recent assessment etc.).

**Table 1**
Student learning objectives

1. Demonstrate knowledge of geriatrics, cancer, palliative care, and current symptoms to establish appropriate plan of care.
2. Communicate with patient, family, health care provider, and other members of the health care team.
3. Manage pain for this patient utilizing medication and other therapeutic interventions as appropriate.
4. Interpret laboratory/diagnostic results.
5. Administer/Document medications utilizing the rights of medication administration.
6. Recognize psychosocial and ethical issues related to EOL care.
7. Formulate plan of care that addresses the needs of both the patient and family at EOL.
8. Identify physical and psychological manifestations at EOL and discuss palliative/hospice care.
9. Provide transition of care from acute care to hospice care.
10. Document findings and care provided.

## Implementation

Following report, we unfolded the case into four separate 20-minute phases with each phase representing a period of time in the continuum of care, in this case the patient's EOL experience. Phase one represents the day of hospital admission. Phase two represents 2 days from admission. Phase three represents transition to hospice care, 4 days from original admission. The final phase represents 1 week from original hospital admission and the end of life.

### *Phase 1 Admission*

In the first phase of the scenario, the patient was hospitalized for shortness of breath, bone fracture, general malaise, and syncope. The orders consisted of routine medical surgical interventions such as vital signs, diet, activity, pain management, intravenous management, and general nursing assessment. In this phase, there had not yet been a terminal diagnosis made. The student objectives were to conduct a general and focused nursing assessment; to manage pain; to care for an ankle fracture; to employ therapeutic verbal and nonverbal communication with the patient, the family, and the physician; and to interpret laboratory and diagnostic results. The patient had pain that was not adequately relieved by the existing pain medication, which required a telephone call to the physician and the provision of additional comfort measures. If the students failed to adequately advocate for the patient, they would not receive additional pain medication orders, and the pain would remain unrelieved. The second phase began after students gave a nurse-to-nurse report.

### *Phase 2 Terminal Diagnosis*

In the second phase of the scenario, the patient was diagnosed with terminal metastatic lung cancer. The orders remained largely the same; however, we expected the students to advocate for better comfort management through the addition of commonly prescribed hospice medications and interventions and to question inappropriate medical orders. In order to present an ethical dilemma or at least to prompt students to question the appropriateness of orders, the students were directed to discontinue oxygen therapy and intravenous access. Because the patient's oxygen saturation readings remained low, there was a confirmed lung metastasis, and pain was unrelieved with oral medications, this naturally presented an ethical dilemma, specifically designed to prompt students to consider different points of view around palliative care. To enhance the student experience with communication and to ensure that the students recognized the ethical dilemmas presented, we felt that family presence was critical. We recruited students from other health sciences programs to portray the family. These volunteers prepared for the role by reviewing the case history, diagnosis, and published accounts from families' experiences with death and dying. Family presence improved the realism of the scenario. It gave students an opportunity to practice communication and increased their competence in helping the family through the grief process (Leighton & Dubas, 2009). In this phase, the family prompted the students to consider alternatives such as questioning why the oxygen would be discontinued or why the patient still had to take cardiac medications. If the students failed to question the physician orders and advocate for the patient, the family members were cued to question the students' actions. Following a nurse-to-nurse report, we began the phase three.

### *Phase 3 Hospice*

In the third phase of the scenario, the patient was transitioned to "comfort care only." The patient care orders reflected a shift from acute care to palliative care and largely focused on comfort. The