Using simulation to support student development in End of Life Care

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Purpose of presentation

* Explore the use of a simulation experience focussing on End of Life Care to support student development near the end of an undergraduate programme leading to professional registration.

* Share our learning from facilitating this simulation experience.

* Promote discussion regarding the use of simulation to enable students to engage confidently in End of Life Care.

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The need to develop skills in End of Life (EoL) Care

* Policy in EoL care is developing rapidly worldwide with the objective of improving care quality.

* Health services to train health care professionals to work with dying people and their families in a more participatory way.

* Evidence suggests that for many, death and its related issues are anxiety provoking, and within healthcare may result in behaviours such as avoidance, withholding information and evasive treatment of dying patients.

* Clinicians can experience a sense of inadequacy and discomfort resulting in moral distress & emotional exhaustion.

* Provision of effective EoL care can be compromised due to a lack of palliative care skills including communication skills.

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Why use simulation as an educational strategy for EoL skills development ?

* Simulation can provide students with experiences that reflect real-life conditions without the risk-taking consequences of an actual situation.

* The interactive learning environments created can support reflection "in" and "on action" with the potential for re-conceptualising situations and deep learning to occur.

* The use of simulation in healthcare education curricula can have a positive impact upon learner's self- efficacy and confidence.

* Strategy able to meet areas of EoL practice where educational needs have been identified; particularly in decision making and communication skills.

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The Simulated clinical Experience (SCE): METI End of Life Care – Amira Quintona

* Students providing care for an 85-year old female with advanced ovarian cancer with extensive metastases. Students experiencing the patient's physiological changes at the end of life and the need to support both the patient and her family members at this time.
* Transition states of the SCE used:
* State 1 Active dying
* State 2 terminal bubbling
* State 3 restlessness
* State 4 death is near
* State 6 Apnoea 13 seconds

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Key issues we expected SCE to address

* Recognising key symptoms and signs of a person in the last hours of life.
* Symptom management
* Withdrawing treatments and interventions
* Advance care planning including Do Not resuscitate (DNR) orders
* Multidisciplinary team working
* Communication with patient and family
* Cultural and spiritual needs

Preparation for the SCE

* **Technical:** equipment, adapting scenario to the UK, (drugs, care pathways), local practice area charts (eg medicine, observation, DNR decision record, Liverpool Care Pathway)

* **Facilitators:** training in principles of simulation, clinically credible in practice area, knowledge of scenario, allocation of roles, mutually supportive relationship to underpin facilitation and debriefing activities

* **Students:** allocation of students to groups which promote clinical supervision, pre SCE reading so that focus of SCE and principles of good practice known by students.

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Practice/education issues arising from the SCE

* Giving explanations to relatives on treatments and symptoms
* Seeking out relatives wishes in EoL care (including involvement in care)
* Capacity, consent and confidentiality
* Opiate administration & potential patient deterioration
* Monitoring and Treatment (and withdrawal)
* Identifying and implementing appropriate nursing care
* Referrals to medical staff for advice

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Student responses to the SCE

* **Helplessness**; feeling that there was something else they should be doing, resulting in all student groups over referring to medical staff.

* **Knowing what to say / Not knowing what to say**

* **Authentic/inauthentic representation of practice**

* **Discomfort/Comfort**

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Facilitator reflections on the SCE

* **Technical:** familiarity of equipment to manage problems. Adapt scenario further to fit UK practice guidelines, preparation .

* **Personal:** emotional management of simulation for students and for facilitators. Different experiences with each group, some quite intense and need to manage this

* **Resources:** use of external people to take on role of relatives in future scenarios

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Key learning identified by students

* Recognition of a deteriorating patient in EoL care
* Identification of relevant nursing interventions to support a person in the last hours of life
* Multidisciplinary team working and communication in EoL care
* Communication with patients and families
* Ethical dimensions of EoL care

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Post simulation

* Individual discussion offered to all students if personally affected by issues arising from SCE.

* Lecture materials, policy guidance and references placed on student Virtual Learning Environment.

* E-learning module on Breaking Bad news made available to students for further skill development

* Student evaluation of the experience

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Future plans

* Update scenario to better fit UK practice and ? Size of mannekin!!

* Pre and post SCE evaluation against validated questionnaires (WYSNPP questionnaire on simulated learning and key items from Bugen's Coping with Death scale)

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