Evaluating simulation as a teaching and learning strategy to develop student skills and confidence in End of Life Care.

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Focus of presentation

- to explore how use of a simulation workshop focusing on care of a person and their family in the last days of life, may contribute to the development of student skills and confidence in End of Life Care.

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Background: Exploring student death anxiety
(Burden 2005)

1. Constructions of good and bad deaths put pressure on the students to perform to contribute to and provide a good death.

2. Appears to be an absence of choice for dying patients within acute care settings.

3. Decline in common cultural frameworks and increasing plurality of perspectives leads to less rules and prescribed norms of behaviour to guide student's actions which increases anxiety.

4. Student's lack of experience and exposure to suboptimal models of care within their clinical placements, fails to support the student as they learn to negotiate their involvement with patients in a social and professional culture that sequestrates death.

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Background: simulation as pedagogy

- *"...a person, device or set of conditions that tries to present problems authentically. The student or trainee is required to respond to the problems as he or she would, under natural circumstances."*

- (Yorkshire and Humber Strategic Health Authority, 2010, p 4).

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Reported benefits of simulation

- Providing a simulation experience engages students in activities that reflect real-life conditions but without the risk-taking consequences (Wilford & Doyle 2006).

- A range of learning objectives can be addressed, placing emphasis on cognitive skills, critical thinking and clinical reasoning (Arundell & Cioffi 2005, Murray et al 2008).

- Can be an effective teaching strategy for improving technical, communication and teamworking skills (Poore et al 2014)

- Exposing students to simulation training based on clinical scenarios enhanced clinical judgement and reduced the number of clinical errors (Mayville 2011)

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Simulation design

Scenario

- 'Lucy Bennett' a 79 year old with advanced ovarian cancer & extensive metastases. Acutely admitted yesterday from home with increasing discomfort, unrelieved by pain management, and carer distress. Abdominal paracentesis removed 3000mls. Now – has increasing dyspnoea, malignant ascites, distended & tight abdomen.

Learning objectives

- Formulate a care plan for Lucy and her family
- Identify the priorities for managing Lucy's care
- Evaluate outcomes of nursing care and modify care as needed
- Develop a plan for supportive education for Lucy and her family based on current physical status, history & diagnosis

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Simulation implementation

Student group (n=95)

- Year 3 adult health – simulation
- Year 2 workshops:

Loss & Bereavement

Progressive & terminal illness

- Identification of individual support needs
- Group allocations & size

Resources

- Mannekin
- Clinical skills room, observation room & recording facilities
- Actors
- Health professionals
- Scenario briefing & articles on VLE
- Faculty staff – academic, technical
- Observation schedule
- Debriefing framework

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Observation & Debriefing

EoLC simulation Observer feedback sheet

Learning Objective	Feedback
Formulates a nursing plan of care for the dying patient and family:	Plan of care for the patient: Plan of care for the family:
Nursing management of the dying patient:	Priorities of care: Clinical Skills used: Involvement of multidisciplinary team:
Evaluates outcomes of nursing care and interventions:	Evaluation of care: Modifies care as a result of evaluations:
Supportive education and communication with patient and family:	Communication with the patient: Communication with the family:

- Feelings
- Facts
- Enquiry
- Questions
- Summary of Learning

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Survey: Pre-simulation attitudes
Bugen (1980-81) Coping with death scale (30 items)

- For the statements identified below please rate, on a scale from 1 to 7, how much you agree with each statement.
- 1   2   3   **4**   5   6   7
- Do not   Neutral   Agree
- Agree at all   completely
-
- **Rating**
- **I have a good perspective on death and dying.**   **(91.3% rating 4-7)**
- I am aware of the full array of emotions that characterise human grief.
- I know who to contact when death occurs.
- **I know how to listen to others, including the terminally ill.**   **(96% rating 4-7)**
- I may say the wrong thing when I am with someone mourning
- **I am able to spend time with the dying if I need to.**   **(95.2% rating 4-7)**
- I can help people with their thoughts and feeling about death and dying.
- **I can communicate with the dying.**   **(87.8% rating 4-7)**

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Results: Pre-post simulation assessment of skill
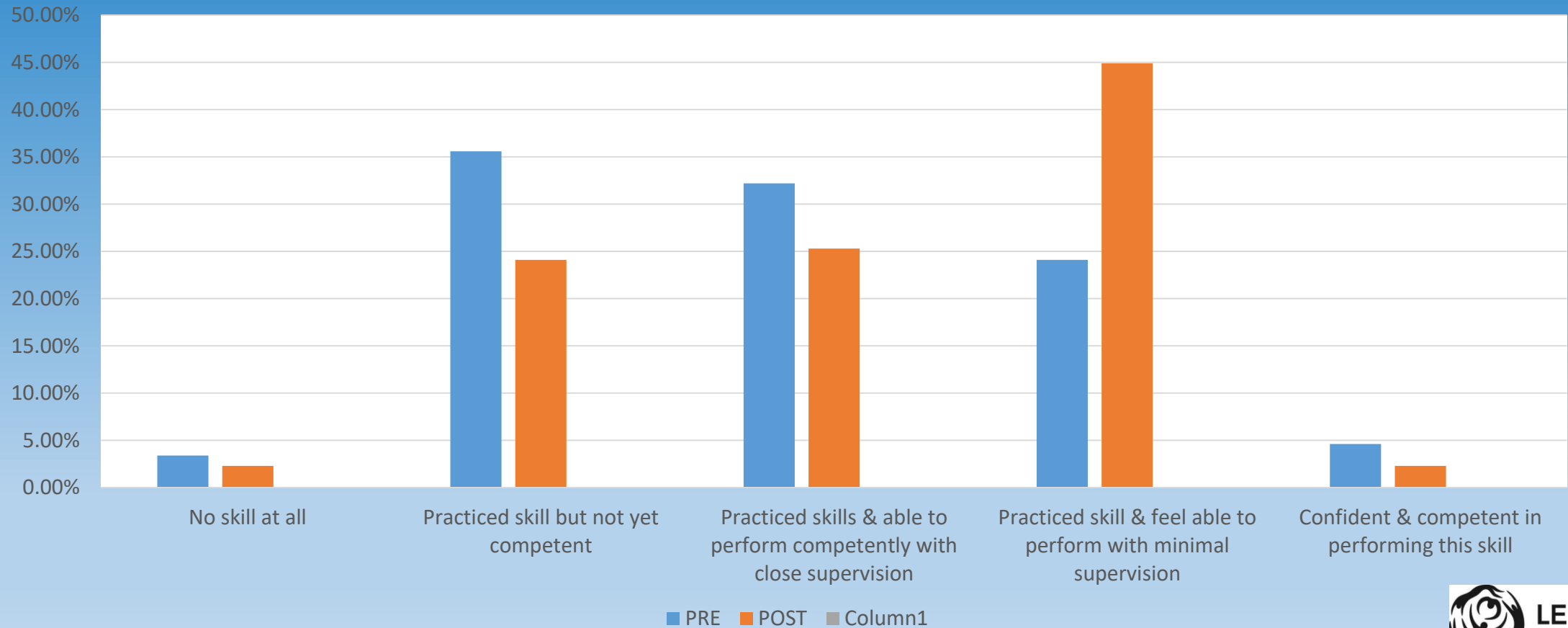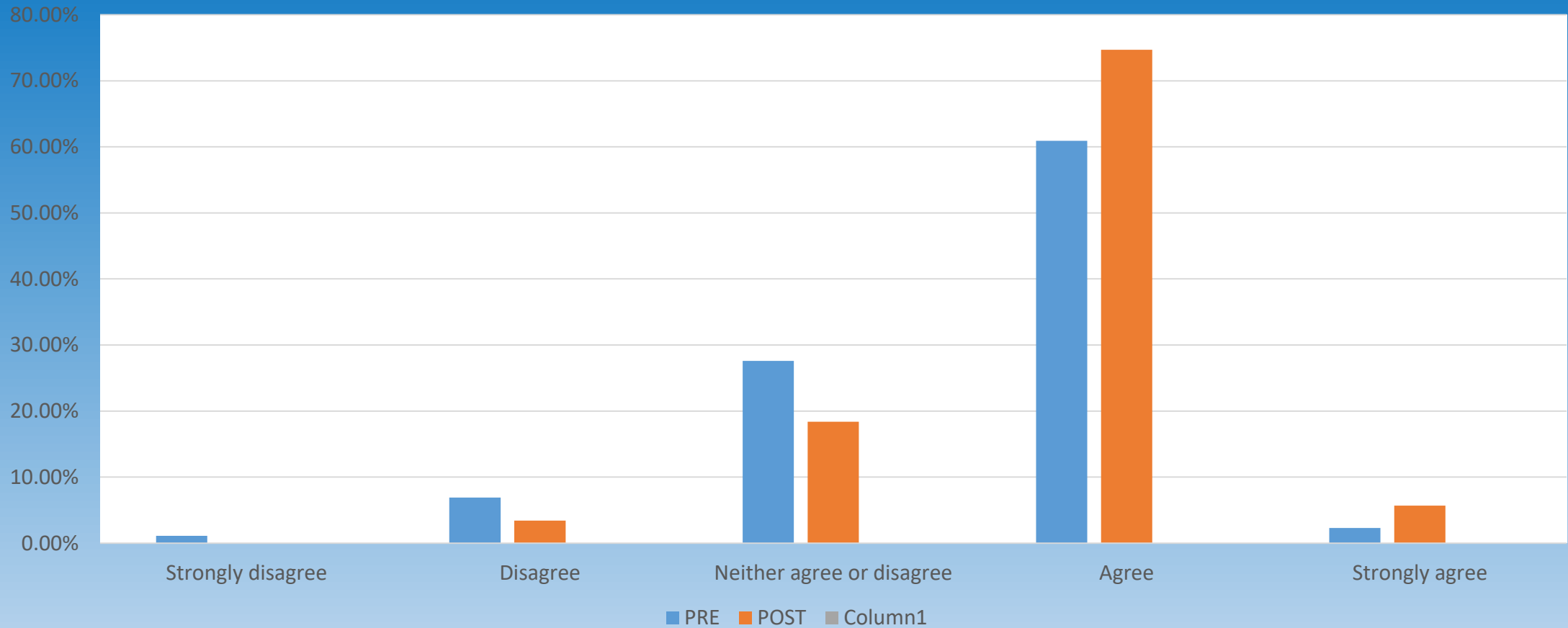
I feel able to talk to patients and their families who are terminally ill
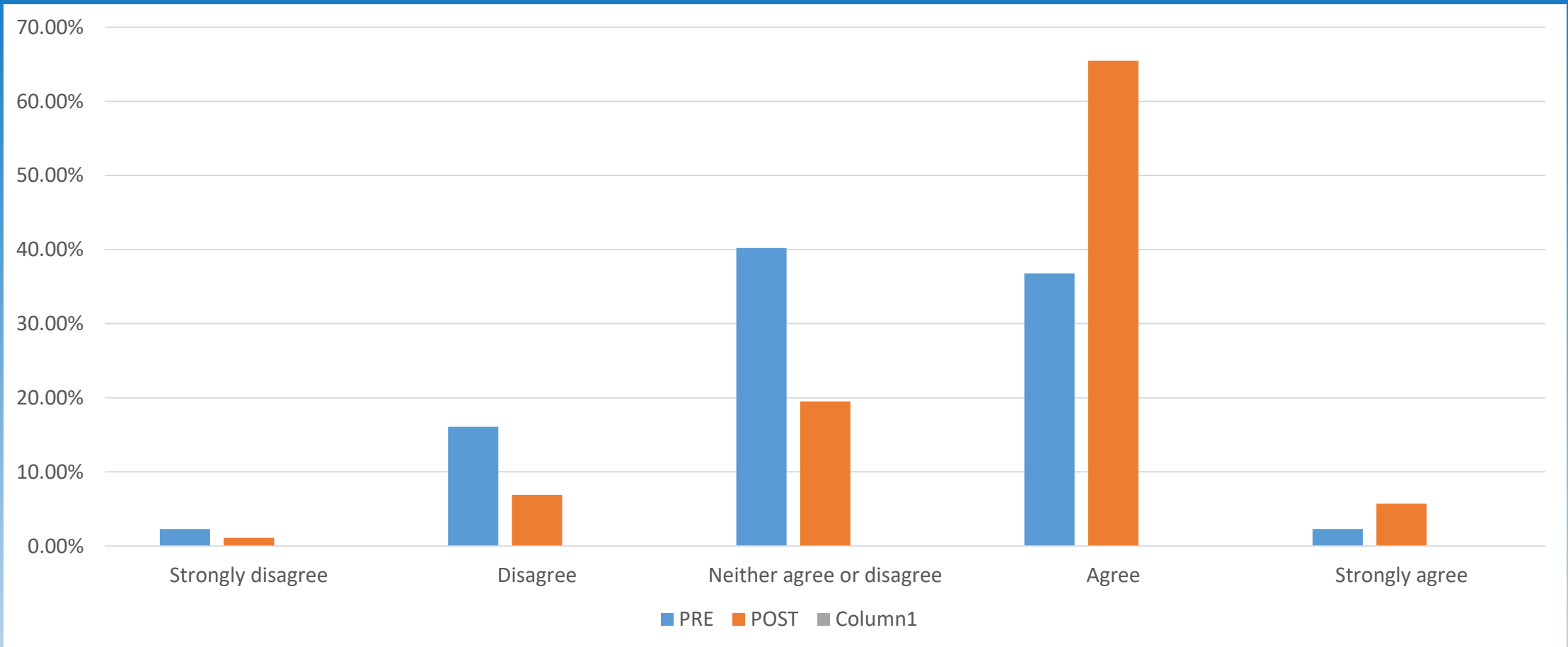
I am able to contribute to decision making regarding care for someone who is in the final hours of life

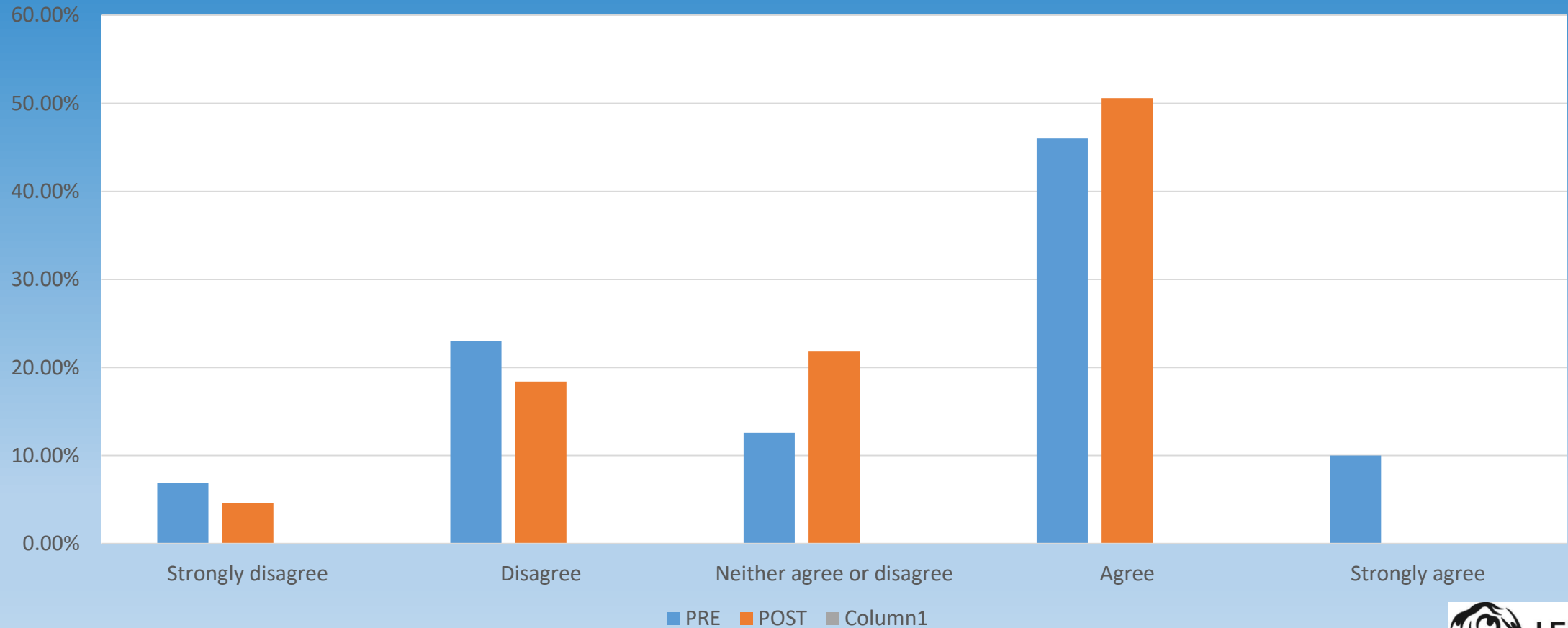# Kirkpatrick (2014) Level 1: REACTION

Kirkpatrick Level 2: LEARNING

Kirkpatrick Level 3: BEHAVIOUR

Evaluation: simulation & effect on student anxiety
I feel anxious about providing care for someone who is in the final days of life

Simulation as pedagogy in End of Life Care

- "made me question what I do" 70% of students agreed / strongly agreed with this
- Understanding of competing perspectives
- Decision making & communication to support wishes and decision making
- Understanding MDT working and need for staff support

BUT:
- May increase student anxiety
- Students may experience simulation as 'daunting', increasing anxiety, challenging confidence
- Staff skills, need for debriefing & support
- Sustainability

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