Effectiveness of High Fidelity Simulation on Undergraduate Nursing Students’ End-Of-Life Competency
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Background
• In 2015, approximately 2.5 million deaths occurred in the United States1
  − Over 170,000 deaths occurred in Texas2
  − 28% of deaths occurred in a hospital setting with nurses in attendance3
• In January 2016, new competencies added for Palliative Care by AACN4
• End-of-life (EOL) is difficult to talk about for students and experienced RNs. RNs are uncomfortable, fearful, helpless, anxious, and often feel inadequately prepared in dealing with death and dying5.
• Few high fidelity simulation for a dying patient in a home setting6.

Literature Review
Research studies were found to have positive outcomes for UG nursing students when simulation was used for end-of-life experiences.
  • Improved students’ satisfaction and confidence levels in an end-of-life simulation, which supported the qualitative themes showing the student benefited from the experiential learning, improved assessment and skills, and viewed the family as the client7.
  • Other researchers found statistically significant improvement in the students’ knowledge of the patient’s physiological changes and self-efficacy in caring for the dying patient using high fidelity simulation8.
  • More common to high fidelity simulation is the mega code scenario resulting in an unsuccessful patient resuscitation9 or the withdrawal of life support in a futile patient situation10. Researchers found that nursing student anxiety reduced and perceived competency for caring for dying patients significantly improved with the use of simulation11.

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* Palliative Care (PC) Competencies by AACN4

1. Promote the need for PC for seriously ill pts from the time of diagnosis ...
2. Identify the dynamic changes in population demographics, health care economics, service delivery, caregiving demands, & financial impact on the pt ...
3. Recognize one’s own ethical, cultural and spiritual values and beliefs about PC ...
4. Demonstrate respect for cultural, spiritual and other forms of diversity for pts ...
5. Educate and communicate effectively and compassionately about PC issues
6. Collaborate with members of the interprofessional team ...
7. Demonstrate respect for the pt values, preferences, goals of care, decision-making ...
8. Apply ethical principles in the care of pts ...
9. Know current state and federal legal guidelines relevant to the care of pts ...
10. Perform a comprehensive assessment of symptoms ...
11. Analyze and communicate with the interprofessional team ...
12. Assess, plan, and treat pts' physical, psychological, social and spiritual needs ...
14. Provide competent, compassionate and culturally sensitive care for pts ...
15. Implement self-care strategies to support coping with suffering ...
16. Assist the pt to cope with and build resilience ...
17. Recognize the need to seek consultation [from PC experts] for complex pt needs.

*Abbreviated version of the AACN Competencies

EOL Simulation Scenarios
Simulation 1 – Advance Care Planning and EOL wished with patient and family in a home environment Simulation 2 – Symptom management (pain, constipation, immobility) with a terminal ill patient Simulation 3 – Symptom management (dyspnea and anxiety) with a terminally ill patient

Study Methods
Students are enrolled in a Second Degree Accelerated RN Program for 12 month program beginning in January

Control Group without EOL simulations
Dec 2016 Baseline collection at 12 months

Experimental Group with EOL simulations
Feb 2017 Baseline collection at 2 months
Jul 2017 2nd collection at 7 months (Sim 1)
Oct 2017 3rd collection at 10 months (Sim 2,3)
Dec 2017 4th collection at 12 month

Four Tools
Frommelt Attitudes Toward Care of the Dying Scale, Student Satisfaction and Self-Confidence in Learning, Simulation Design Scale, and Educational Practices Questionnaire

References