Nursing Students End of Life Care Training

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June 7, 2013

Objectives

- Upon completion of this presentation:
  - 100% of participants will be able to defend the integration of end of life care training into nursing schools’ curricula.
  - at least 50% of participants will be able to design end of life care training for nursing students using hospice volunteers as live models.
  - at least 80% of participants will be able to summarize the correlation between the AACN Peaceful Death Competencies and end of life care training.

Why educate on end-of-life (EOL) care?

- All nurses face the reality of dealing with end of life issues with their patients and their families.
- Nurses spend more time with patients at the end of life than any other health care discipline (Foley & Gebland, 2003)
- Nurses do not feel confident in initiating EOL care (Meraviglina, et al., 2003)
- “Educational preparation for end-of-life care has been inconsistent at best, and sometimes neglected within nursing curricula” (Peaceful Death, 2000, para. 3).
- The literature search reveals that there is a need for adequate EOL care training in nursing programs (Barrero, et al., 2006)
- All nursing students should be prepared to provide compassionate and effective EOL care to patients across care settings (Wallace, et al., 2009)
Original Idea

Presentation on “Volunteer Based Simulation to Expose Students to Hospice”

By:
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Recruitment of Volunteers

- Hospice Volunteers
  - Well-trained
  - Understand the issues of death and dying
  - Great role models for students
Debriefing Tool retrieved from:
Benefits of EOL Simulation

• Simulation that includes role-play produces an opportunity for students to investigate their own feelings about death and caring for patients at the end of life (Smith-Stoner, 2009)

• This simulation correlates with the Essentials of Baccalaureate Education for Professional Nursing Practice – Essential IX (The Essentials, 2008)

• This simulation correlates with the Quality & Safety Education for Nurses [QSEN] – Patient Centered Competency (Patient –Centered Care, 2012)

• This simulation correlates with several AACN Peaceful Death Competencies

Simulation Outcomes

• At least 80% of students will express that EOL simulation was an awarding experience

• 100% of students will complete Edmonton System Assessment System (ESAS) on live model

• 100% of students will be able to identify at least 2 resources for EOL patients and their family

• At least 80% of students will express feeling more comfortable and confident in discussing EOL issues with patients and their family

• 100% of students will be able to identify at least 2 barriers to administering palliative care

• At least 80% of students will be able to model EOL conversations
Logistics

- Simulation conducted for 50 graduating senior baccalaureate-nursing students
- Students divided into 2 sections (20 in one section and 30 in the other section with groups of ten students)
- There are five scenario stations utilized in this simulation
- Students are paired off and experience only one scenario
- Volunteers conduct a specific scenario and its debriefing
- Faculty discusses each scenario with their clinical group

Scenario 1

A hospice patient is being taken care of by a family member in their home. The patient has become non-communicative, moaning at times and grimacing. The hospice nurse is making a visit today, verifying the care being given. The family member has questions regarding communicating with their dying relative and making sure their needs are being met.

Scenario 2

A woman in her late fifty has been in remission following ovarian cancer for six months. She recently had a follow-up appointment with her oncologist, which included blood work. She just returned from getting the results of her blood work and follow-up visit. Her doctor informed her that the cancer has returned and has spread to her lungs. They have already exhausted all chemotherapy and radiation options. She was given the prognosis of terminal cancer with 2 months to live. She is concerned about how she will break the news to her two young adult daughters. Her oldest daughter is pregnant with her first grandchild.
Scenario 3

A family has requested a hospice visit to discuss options for their dying father. The father is 80 years old and is in and out of consciousness. The family member is anxious about calling hospice in. Their fear is that once hospice care is initiated all hope is gone and that their father will die soon.

Scenario 4

In the intensive care unit a patient is near death. A family member is at his bedside. The nurse is present supporting the family through the process of dying. The family member has questions about what to expect in the dying process. The nurse encourages the family member to say their goodbyes.

Scenario 5

A family's elderly grandmother is dying in the hospital. There are specific cultural factors that influence how this family views end of life and the care that would be appropriate at this time. At the prompting of a good friend, who they trust, a family member has allowed hospice to come to talk with him/her about end of life care offered by hospice.
Simulation

- Trained hospice volunteers are the live models for the simulation scenarios, role playing the part of hospice patients and their family members.

- Focus of the simulation scenarios
  - End-of-life assessment
  - End-of-life communication

Scenario 3

Scenario 4

Scenario 5
Results of Student Surveys (49 students surveyed)

Student Demographics

Gender
- 9 Males
- 40 Females

Age Ranges
- 43 (18-25)
- 3 (26-35)
- 3 (36-45)

Ethnicity
- 9 African American
- 33 Caucasian
- 2 Hispanic
- 5 Asian
Results of Volunteer Surveys (11 volunteers surveyed)

An awarding experience                                               1    10
Paralleled real-life situations                                         1    10
Enhanced students learning of content 5 6
Students able to identify 2 EOL resources                    5    6
Students able to identify 2 barriers to palliative care     5    6
Students confident/comfortable with EOL issues          4    7
Effective teaching strategy                                            1    10

Volunteer Demographics

Gender
• 3 Males
• 11 Females

Age Ranges
• 1 (26-35)
• 3 (36-45)
• 4 (46-55)
• 4 (56-65)
• 2 (>65)

Ethnicity
• 1 African American
• 8 Caucasian
• 1 Hispanic
• 1 Asian
References


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