
Undergraduate Nursing Student Attitudes Toward Care of the Dying

Samantha Smeltzer, MSN, RN, CHSE

Sue Clark, MSN, RN

Nathan Magee, MFA, GLMCC

Nicole Custer, PhD, RN, CCRN-K



**Mount Aloysius
College**



Disclosure

- No sponsorship or commercial support was given to the author(s)



Learner Objectives

Upon conclusion of this presentation, the learner will:

- understand how simulation can be used to teach end-of-life nursing care and competencies to undergraduate nursing students.
- have a basic understanding of the Michael Checkov Acting Techniques.
- consider innovative ways to implement simulated patient/actors into simulation activities.



Background

- Death is reported cause of anxiety for nursing students^{1,4,16}
- Most nurses/students remember their first experience with death^{3,7}
- AACN recommends integrating educational activities that focus on end-of-life care such as communicating, coping, and grief management²
- Simulation scenarios can be used to prepare nursing students for end-of-life (EOL) issues²



Study Participants and Procedure

- IRB approval and consent obtained
- $N = 56$ 4th semester students enrolled in the Transition to Nursing Practice Course in an ADN program during Spring 2019 and Fall 2019
- Procedure:
 - Administered Frommelt Attitude Toward Care of the Dying Scale prior to educating students about EOL care
 - Students then received education on end-of-life care during class-time
 - Students participated in a simulation on end-of-life care two weeks later
 - Administered the Frommelt Attitude Toward Care of the Dying Scale after the simulation and debriefing



Simulation – Hybrid Approach

- A simulation was developed using High Fidelity Simulator and simulated patient actors from COMM 225: Improvised Simulation Performance course
- **Scenario Description:** Students were given a verbal report of the scenario. This patient is Charles Smith, a 60-year-old man, actively dying from esophageal cancer. He was made comfort measures only (CMO) and family is at bedside.
- **This Simulated Clinical Experience (SCE)** begins with the students getting a brief hand off report. The patient is actively dying. CMO were started the night prior and the patient is not expected to live. His wife and daughter are at bedside. Another family member is on the way



Student Objectives for the Simulated Clinical Experience

- Perform a physical assessment on a dying patient in a therapeutic manner
- Engage in therapeutic communication with family members
- Assess spiritual needs and provide culturally sensitive nursing care in EOL situations
- Examine personal beliefs that influence a nurse's ability to provide care to the dying



Improvised Simulation Performance Actors

- Standardized Participant Actors were prepared using modified Michael Checkov Acting Techniques
- In addition to the standard preparation, the actors were taken through a series of exercises designed to replicate a natural grieving state
 - The exercises included crossing the threshold, atmosphere building, and psychological gesture
- The actors' mental and emotional safety was paramount in all stages of the simulation; preparation, performance, and debriefing.



Debriefing

- Psychological safety
- Debriefing with Good Judgment[©]



Results

- Demographics
 - 95% of the sample were Caucasian females, in the age range of 18-24 years
 - 70% reported current employment in healthcare in some capacity
 - 92% reported having experienced death of a patient, friend, or family member



Results

- Non-parametric tests used due to convenience sample and small sample size
 - Wilcoxon Signed Rank Test
- Statistically significant increase in mean score measuring attitude toward care of the dying; $z = -2.07$, $p < .05$ with a medium effect size, $r = .44$



Implications for Nurse Educators

- This small study shed light on the importance of teaching nursing students to be prepared to care for the dying patient
- Remember to equip students to be prepared for all aspects of nursing practice, including patient death
- Consider incorporating EOL simulations early in the curriculum, with continued exposure to varying EOL situations across the curriculum



References

1. Allen, M. (2018). Examining nursing students' stress in an end-of-life care simulation. *Clinical Simulation in Nursing*, 14, 21-28.
2. American Association of Colleges of Nursing. (2016). Peaceful death: Recommended competencies and curricular guidelines for end of life nursing care. Retrieved from: www.aacn.nche.edu/el nec/publications/peaceful-death
3. Anderson, N., Kent, B., & Owens, R. (2015). Experiencing patient death in clinical practice: Nurses' recollections of their earliest memorable patient death. *International Journal of Nursing Studies*, 5(3), 695-704.
4. Heise, B. A., Wing, D. K., & Hullinger, A. H. R. (2018). My Patient Died: A National Study of Nursing Students' Perceptions After Experiencing a Patient Death. *Nursing Education Perspectives*, 39(6), 355-359.
<https://doi.org/ezp.waldenu library.org/10.1097/01.NEP.0000000000000335>
5. Institute of Medicine. (2015). *Dying in America: Improving quality and honoring individual preference near the end of life*. Washington, DC: National Academies Press.
6. Keene, E.A., Hutton, N., Hall, B., & Rushton, C. (2010). Bereavement debriefing sessions: an intervention to support health care professionals in managing their grief after the death of a patient. *Pediatric Nursing*, 36(4), 185-189, quiz 190.
7. Kent, B., Anderson, N. E., & Owens, R. G. (2012). Nurses' early experiences with patient death: The results of an on-line survey of registered nurses in New Zealand. *International Journal of Nursing*, 49(10), 1255-1265.



References

8. Rudolph, J. W., Palaganas, J., Fey, M. K., Morse, C., Onello, R., Dreifuerst, K. T., & Simon, R. (2016). A DASH to the top: Educator debriefing standard as a path to practice readiness for nursing student. *Clinical Simulation in Nursing*, 12(9), 412-417. <https://doi.org/http://dx.doi.org/10.1016/j.ecns.2016.05.003>
9. Rudolph, J. W., Simon, R., Dufresne, R. L., & Raemer, D. B. (2006). There's no such thing as "Nonjudgmental" debriefing: A theory and method for debriefing with good judgment. *Simulation in Healthcare: The Journal of the Society For Simulation in Healthcare*, 1(1), 49-55.
10. The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM: Debriefing. *Clinical Simulation in Nursing*, Volume 12, S21-S25. <http://dx.doi.org/10.1016/%20.%20j.ecns.2016.09.008>
11. The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM: Facilitation. *Clinical Simulation in Nursing*, Volume 12, S16-S20. <https://doi.org/10.1016/j.ecns.2016.09.007>
12. The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM: Outcomes and Objectives. *Clinical Simulation in Nursing*, Volume 12, S13-S15. <https://doi.org/10.1016/j.ecns.2016.09.006>
13. The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM. *Clinical Simulation in Nursing*, Volume 12, S48-S50. <https://doi.org/10.1016/j.ecns.2016.09.012>
14. The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM: Simulation Design. *Clinical Simulation in Nursing*, Volume 12, S5-S12. <https://doi.org/10.1016/j.ecns.2016.09.005>
15. The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM: Simulation-Enhanced Interprofessional Education (Sim-IPE). *Clinical Simulation in Nursing*, Volume 12, S34-S38. <https://doi.org/10.1016/j.ecns.2016.09.011>
16. Zheng, R., Lee, S. F., & Bloomer, M. J. (2016). How new graduate nurses experience patient death: A systematic review and qualitative meta-synthesis. *International Journal of Nursing Studies*, 53, 320-330.