Exploring the Impact of Chaplains in Interprofessional End-of-Life Simulation With Undergraduate Nursing Students

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Purpose:
According to The American Association of the Colleges of Nursing (AACN) undergraduate faculty in the United States believe that students are not effectively prepared to provide care to the dying (2016). Nurses are expected to have the knowledge and skills to provide care to patients and caregivers (International Council of Nurses (ICN), 2012). Many healthcare providers are ill prepared to provide high quality patient and family centered care to the dying patient. By 2060, the global death rates will increase 87% (World Health Organization, 2018). With this significant future burden, effectively preparing nursing students for the demands related to death and dying including providing spiritual care to the patients and family members at the end of life is imperative.

EOL care is a multifactorial process that incorporates the physical, psychological, and spiritual needs of the patient and integration of interprofessional members for optimal outcomes. Religion and spirituality are often not addressed in the client's care (Nelson-Becker et al., 2015; Balboni et al., 2014). In an effort to address educational needs of students regarding the care of the dying, an innovative interdisciplinary simulation was created using Judeo-Christian and Islamic chaplains to incorporate the spiritual elements of EOL care. The goal of the study was explore the impact of EOL simulation with and without chaplaincy on the levels of comfort, confidence, and competence with EOL care.

Methods:
An EOL 3-part simulation scenario was created to immerse students into aspects of the death and dying process. Standardized patients (SPs) played by students depicted the family member fo the patient. Three chaplains from multiple denominations participated in some of the EOL simulation with students. This interdisciplinary inclusion allowed for an in-depth experiential simulation experience exploring the impact of religion in the EOL process. The scenario presented a patient with pancreatic cancer entering the Emergency Room. The second and third (death of the patient) parts of the simulation included the chaplain providing spiritual support to the patient and family. An EOL competence, confidence and comfort scale (EOLCCCS) was administered pre and post simulation. The tool is a 36 item measure that elicits participants' self reported levels of confidence, competence, and comfort with EOL care using a 10-point scale.
Results:
One hundred and fifty-two students completed the study. Data yielded 32 matched pairs of data. Total scale scores were used. The scores with a chaplain present included a pre-mean of 158.75 and a post mean of 233.38. A significant time effect was found, p<.001. In comparison, the scores without a chaplain included a pre-mean of 133.09 and a post-mean of 203.46.

Conclusion:
EOL simulation with and without the addition of chaplaincy improves students' self-reported levels of confidence, competence, and comfort with the dying and it enhances the learning experience. Improving future healthcare providers' confidence, competence, and comfort with caring for the dying is an important step in readying them for professional practice. Educators should look for opportunities through simulation experiences for students to experience EOL and understand the role of chaplaincy during this process.

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Abstract Summary:
By 2060 the global death rates will increase 87% (World Health Organization, 2018). Nursing students are unprepared to provide end-of-life care (EOL) and address the spiritual elements. This study described an innovative EOL interdisciplinary simulation with and without multidimensional chaplains on levels of comfort, confidence, and competence with EOL care.

References:
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