

Virtual Patient & Simulation: Strategies to Teach End-of-Life Care

by Leona Konieczny, DNP, MPH, RN-BC, CNE

Central Connecticut State University

Objectives

- Identify the need for nursing care at end-of-life.
- Describe the use of technology to engage novice nursing students in providing care to the dying adult and support person(s).
- Discuss the concept of care (palliation) vs. cure.
- Apply different strategies to expand on the knowledge, skills, and attitudes in end-of-life care.
- Examine how learning in the virtual world can be applied to the actual clinical setting.
- Virtual patient learning will develop communication skills, reinforce physical assessment skills, document appropriately, and demonstrate clinical reasoning skills.

Disclaimer - No conflict of interest, No sponsorship or commercial support

Aging Population Data

- In 2011, 41.4 million in US (13.3%) and by 2030, anticipated increase to 72.1 million (20%) (AOA)
- Largest growth is 85+ years and between 1980-2010, 66% increase in centenarians (Tuohy & Jett, 2014)
- 1.6 million persons received hospice care (NHPCO, 2013).

Virtual Patient

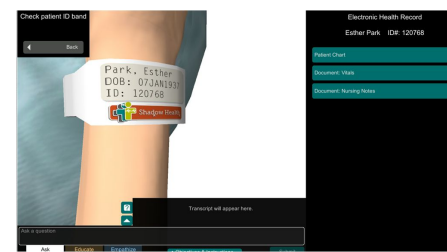
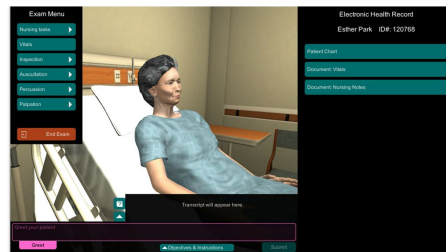
- Digital experience
- Students have multiple opportunities to complete assignment prior to due date
- 78 year old female of Korean Heritage
- Simulated electronic health record
- Reinforcement of health history & physical assessment skills

Virtual Activities

- Document vital signs, subjective & objective data.
- Reinforce a culture of safety with interventions such as client identification and handwashing.
- Perform virtual exam.
- SBAR report.
- Enter reflective journal on performance.
- Document the clinical reasoning used during the simulation.

Literature Review

- Education about end-of-life reduced death anxiety in nursing students if it allowed for reflection of attitudes & beliefs over time (Mooney, 2005).
- Experience in providing end-of-life care increases skill, knowledge, & empathy (Barrere, et. al., 2008)
- Five themes – importance of values & beliefs, personal & professional experience, good vs. bad death, ethics & legislation, education & knowledge (Adesina, et. al., 2014).

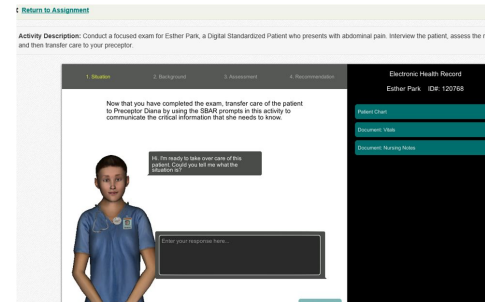
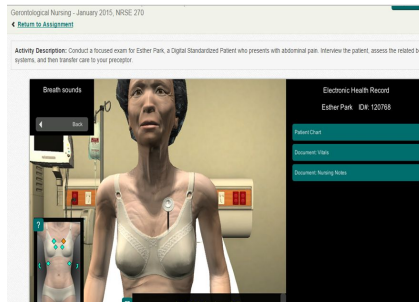


Use of Learning Management System

- Unfolding case study in preparation for next simulation
- Client's health status deteriorates from treatable/manageable condition to end-of-life situation
- Discussion board posting(s)

References

- Administration on Aging (AoA). Retrieved from: http://www.aao.gov/Aging_Statistics.
- Adesina, O., DiMello, A., & Zemanian, L. (2014). Third-year Australian nursing students' attitudes, experiences, knowledge, and education concerning end-of-life care. *International Journal of Palliative Nursing*, 20(2), 99-101.
- Barrere, C. C., Drobak, A., & Coatsworth, S. (2008). The influence of end-of-life education on nursing students. *International Journal of Nursing Education Scholarship*, 3(1), 1-21.
- Cass, R. T. A., & Cooper, S. J. (2010). Simulation-based learning in nursing education: systematic review. *Journal of Advanced Nursing*, 66(1), 9-15.
- Mooney, D. C. (2005). Textual reasoning to reduce death anxiety in undergraduate nursing students. *American Journal of Medical Education*, 22(5), 427-432.
- NHPCOA Facts and Figures: Hospice Care in America. (2013), 1-18. Retrieved from <http://www.nhpcoa.org>
- Shannon, R. (2014). Supporting end of life care for the elderly. *Nursing Standard*, 28, 51-57.
- Tuohy, T. and Jett, K. (2014). *Research in Nursing: Gerontological Nursing* (4th ed.). St. Louis, MO: Elsevier.



Simulation in Lab & Course Integration

- Human patient simulator with programmable tablet
- Role player of family member
- Critical elements in the scenario – determination of resuscitation status & advance directives, quality of life, family support, cultural and religious considerations at end-of-life
- Debriefing
- Digital experience is completed before experience in clinical setting in long term care
- After simulation in lab, submission of paper focusing on one aspect of end-of-life care such as comfort/pain relief, skin care, spiritual support, cultural considerations. Inclusion of current evidence to support nursing care.