IMPROVING ATTITUDES AND PERCEIVED COMPETENCE IN CARING FOR DYING PATIENTS: AN END-OF-LIFE SIMULATION

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DISCLOSURES

- Presented by Megan Pfitzinger Lippe, University of Texas at Austin School of Nursing
- The presenter has no conflicts of interest to report.
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OBJECTIVES:

- Discuss the impact of an end-of-life simulation, emphasizing communication, assessment, and basic nursing skills, on student perceived competence and attitudes in caring for dying patients.
- Describe a new instrument for assessing perceived competence in caring for dying patients.
BACKGROUND

- Increasing national demand for palliative care services
- Nursing students have anxiety and low perceived competence for caring for dying patients
- Effective strategies for teaching communication, assessment, and basic nursing skills are needed
- Most end-of-life simulations are hospice or oncology based
- Lack of simulations for sudden, unexpected critical illnesses requiring withdrawal of care
STUDY AIM & DESIGN

- **Aim**
  - Assess learning outcomes from an end-of-life simulation

- **Pretest-Posttest Design**
  - Compared perceived competence and attitudes in caring for dying patients
  - Three separate cohorts of undergraduate nursing students
SIMULATION DESIGN - THREE STAGES
CASE

- 65 year old male
- CHF exacerbation
- Day 7 on ventilator- failed weaning trials
- All other organ systems intact
- Physician to discuss tracheostomy with family
PART A: CONTINUATION OF CARE

- Practice report taking skills
- Enhance communication skills with patient’s family
- Explore strengths and weaknesses of student responses
PART B: CHANGE IN STATUS

- Practice report taking skills
- Perform assessment of critically ill patient
- Enhance communication skills with physicians
PART C: WITHDRAWAL OF CARE

- Engage in withdrawal of care for critically ill patient
- Provide support for family
- Engage in pronouncement of death

FINAL DEBRIEFING

- Explore nurse role in providing end-of-life care
MEASURES AND RESULTS
MEASURES

- Frommelt Attitudes Toward Care of the Dying (FATCOD; Frommelt, 1991)
- Concerns About Dying (CAD; Mazor, Schwartz, & Rogers, 2004)
- New Measure
  - Perceived Competence in Meeting ELNEC Standards (PC-ELNEC)
  - 15 items; 5-point Likert scale
  - Adapted from End of Life Nursing Education Consortium (ELNEC) Recommended Competencies and Curricular Guidelines for End-of-Life Care (AACN, 1998)
<table>
<thead>
<tr>
<th></th>
<th>Cohort 1 (n = 19)</th>
<th>Cohort 2 (n = 53)</th>
<th>Cohort 3 (n = 56)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5.3% (n = 1)</td>
<td>13.2% (n = 7)</td>
<td>1.8% (n = 1)</td>
</tr>
<tr>
<td>Female</td>
<td>94.7% (n = 18)</td>
<td>81.1% (n = 43)</td>
<td>98.2% (n = 55)</td>
</tr>
<tr>
<td>Missing</td>
<td>13.2% (n = 7)</td>
<td>5.7% (n = 3)</td>
<td>1.8% (n = 1)</td>
</tr>
<tr>
<td><strong>ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>68.4% (n = 13)</td>
<td>58.5% (n = 31)</td>
<td>64.3% (n = 36)</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>5.7% (n = 3)</td>
<td>3.6% (n = 2)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21.2% (n = 4)</td>
<td>20.8% (n = 11)</td>
<td>8.9% (n = 5)</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>9.4% (n = 4)</td>
<td>16.1% (n = 9)</td>
</tr>
<tr>
<td>Foreign</td>
<td>5.3% (n = 1)</td>
<td>0</td>
<td>1.8% (n = 1)</td>
</tr>
<tr>
<td>Two or More</td>
<td>0</td>
<td>3.8% (n = 2)</td>
<td>5.4% (n = 3)</td>
</tr>
<tr>
<td>Unknown</td>
<td>5.3% (n = 1)</td>
<td>1.9% (n = 1)</td>
<td></td>
</tr>
<tr>
<td><strong>PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional BSN</td>
<td>52.6% (n = 10)</td>
<td>100% (n = 53)</td>
<td>100% (n = 56)</td>
</tr>
<tr>
<td>ADN-BSN</td>
<td>47.4% (n = 9)</td>
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</tr>
</tbody>
</table>

*p < .001
### Table 3. Pretest and Posttest Student Means and Standard Deviations

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Mean Pretest (±SD)</th>
<th>Mean Posttest (±SD)</th>
<th>FATCOD**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Pretest (±SD)</td>
<td>61.58 (7.65)</td>
<td>67.11 (6.19)</td>
<td>124.95 (9.94)</td>
</tr>
<tr>
<td>Mean Posttest (±SD)</td>
<td></td>
<td></td>
<td>124.84 (8.51)</td>
</tr>
<tr>
<td>Cohort 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Pretest (±SD)</td>
<td>58.57 (8.60)</td>
<td>66.40 (5.86)</td>
<td>122.66 (9.29)</td>
</tr>
<tr>
<td>Mean Posttest (±SD)</td>
<td></td>
<td></td>
<td>128.94 (10.62)</td>
</tr>
<tr>
<td>Cohort 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Pretest (±SD)</td>
<td>55.77 (8.75)</td>
<td>64.08 (6.07)</td>
<td>120.51 (9.63)</td>
</tr>
<tr>
<td>Mean Posttest (±SD)</td>
<td></td>
<td></td>
<td>126.51 (9.54)</td>
</tr>
</tbody>
</table>

* Difference between cohort significant at p < .01 (F[2, 111] = 5.81). Difference over time significant at p < .001 (F[1, 111] = 45.33).

** Difference over time significant at p < .01 (F[1, 110] = 8.7)
PC-ELNEC

- **Internal consistency reliability:**
  \[ r_{\text{diff}} = .93 \] (pretest \( \alpha = .94 \), posttest \( \alpha = .93 \), and \( r = .04 \)).

- **Content validity - adapted from expert-developed competencies**

- **Exploratory factor analysis**
  - Principle components and varimax rotation
  - The first component accounted for 53% of the variance
  - Unidimensional construct assesses undergraduate nursing students’ perceived competence in caring for dying patients
CONCLUSIONS

- Robust teaching strategy that can provide students with a safe, controlled opportunity to provide care for a dying patient
- Allows students to improve their attitudes and increase their perceived competence in caring for dying patients
- May translate to improved attitudes and perceived competence in students’ future nursing practice
