

Partnership working with hospice educators to provide simulation-based education for student nurses



Outline

Introduction

What is simulation

How we have implemented partnership
working at UH

Sim in pre-registration curriculum

How to do simulation well – top tips

Benefits of partnership working in simulation



About me and how I got involved with hospice education network

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Simulation provides the opportunity for students to think critically, problem solve, use clinical reasoning and care for diverse patients in a nonthreatening, safe environment

(Seropian 2003)

Simulation utilises a clinical scenario which involves a student or a group of students providing care to a patient which is usually a mannikin, an actor or a [simulated] patient in a realistic clinical environment

(Jeffries 2012)

NMC Definition of simulation

“An educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.” 25 Apr 2023



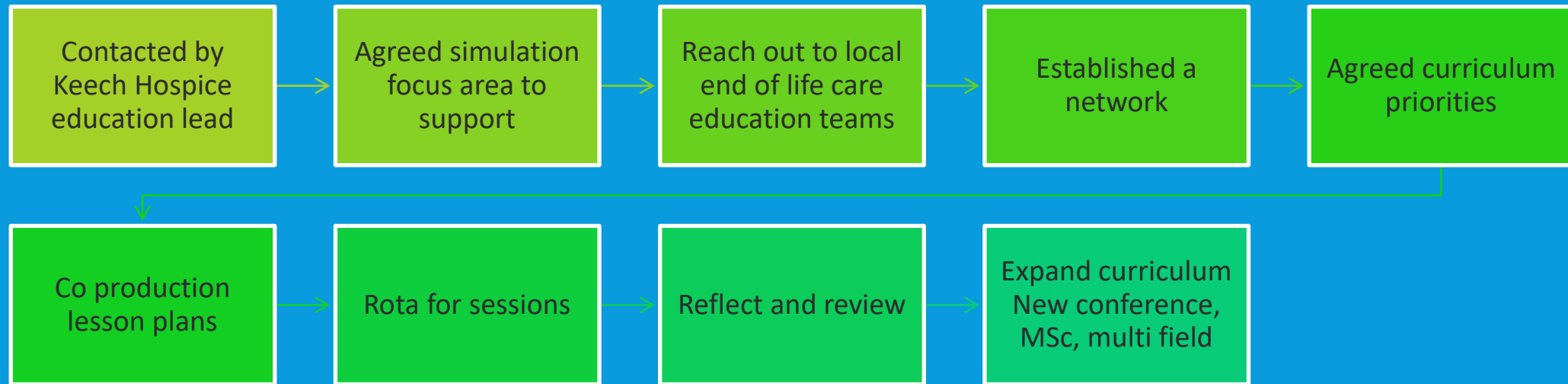
Simulated Practice Learning (SPL) NMC guidelines 2023

Simulated Practice Learning (SPL) can be used to replace practice learning

(up to 600 hours from total practice placement hours of 2300)

- Sim must meet NMC SSSA **standards and enhance** practice learning
- Students to practice and engage to meet Practice Assessment learning **outcomes**
- Sim should explore **diverse and infrequent** practice scenarios





How we started working with hospice education teams

EoLC Simulation in BSc adult nursing curriculum – Year 1



- Talking about death and dying (conference)
- What happens in the final days and hours before someone dies
- Trans cultural awareness, what is important to people
- Students practice 'What should I say or not say?'
- Care of the body after death in hospital and community
- Preparation for their own emotional response to death on placement

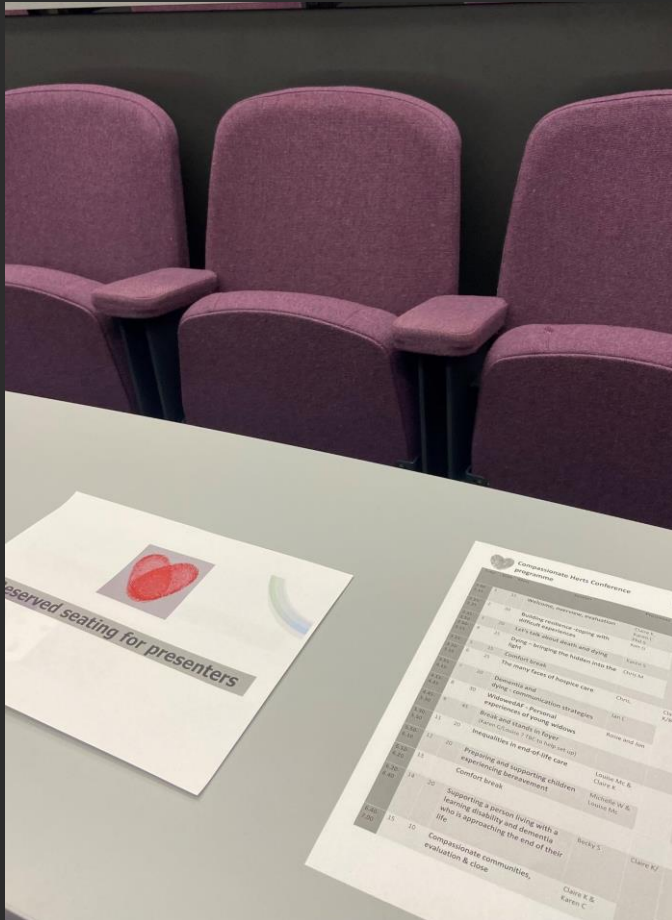


Emotionally engaging realistic simulation



End of life care conference for 1st year student nurses

A collaboration with local hospices, charities and NHS trusts



Compassionate Herts

An introduction to death, dying & bereavement for 1st year nursing students



This conference will help you to prepare for your 1st placement and experiences you may have with patients and their families/friends who are experiencing care related to death and dying

The conference will offer a range of perspectives on death and dying, challenge your assumptions and equip you with a toolkit to support patients, families/friends, yourself and your colleagues

Building resilience - coping with difficult experiences

Let's talk about death and dying

Dying – bringing the hidden into the light

The many faces of hospice care

Dementia and dying - communication strategies

Widowed AF

The gold standards framework for end-of-life care

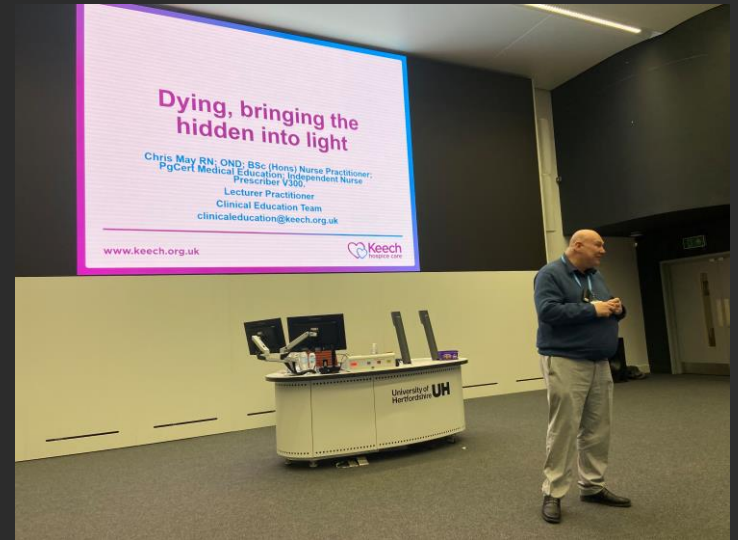
Inequalities in end-of-life care

Preparing and supporting children experiencing bereavement

Supporting a person living with a learning disability and dementia who is approaching the end of their life

Compassionate communities

University of Hertfordshire **UH**



339 responses

[illegible]

EoLC Simulation in BSc adult nursing curriculum - Year 2

- Reflection on placement experiences and making sense of learning
- Actors, relatives
- Changing care priorities and managing symptoms
- Decisions and advance wishes
- Escalation, discharge and care transfer
- Students practice 'What should I do or not do?'

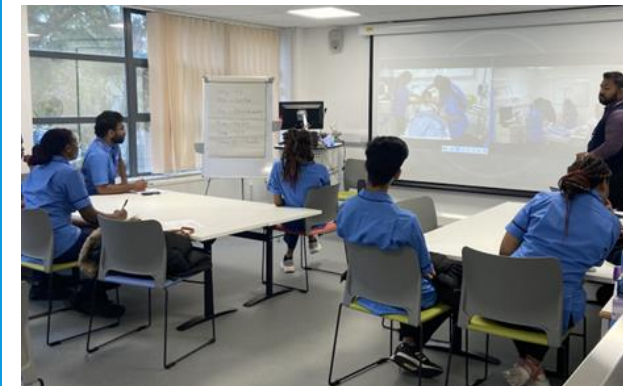


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EoLC Simulation in BSc adult nursing curriculum – Year 3

- Reflection on placement experiences and analysing personal development
- Actors, relatives
- Difficult conversations
- Patient and family perspectives
- Most feared questions
- Students practice 'What feels right for me?'



“Allowed students to speak about their emotions and made sure to highlight how they were normal emotions. Able to answer any questions we had.”

“The staff was able to explain the process and relate with students more like colleagues and to also manage agitated family members.”

“Really helpful, offered lots of advice and different perspectives on things.”

“End of life is a really difficult conversation with patients, families and their carers but in a way, I was able to pick how to communicate effectively and manage situations that comes up while caring for patients and their families.”

“Positioning - getting down to patients’ level and offering a slight sense of touch can bring comfort (touch to wrist is a good option).”

“Effective communication is important.”

“How to show empathy to patients and their relatives.”

“I actually learnt on how handle my own emotional well-being and also to support my patient at the end of life and supporting their family during hardship time.”

How will you implement learning into your practice?

“Not to feel so scared of these conversations, there isn't a right or wrong thing to say.”

“Using communication skills and letting the patient digest and ask questions.”

“I will be more open to talking about death and dying & listening to peoples preferences & wishes. I will also be sympathetic to the relatives who are unable to understand their loved ones wishes as this is just as difficult for them.”

“I plan to make handling difficult conversations one of my objectives on my management placement, so I can become more proficient in it.”

“I will show much empathy, sit down and offer those involved a seat which makes all of us relaxed, and gather much information about the situation before approaching the patient.”

“Listening and just being there for a dying patient is a form of care.”

Lesson plan and scenario script

University of Hertfordshire Clinical Skills Lesson Plan ProForma

Clinical skill	Communication Skills & End of Life Care
Cohort/field	Year 3 BSc
Length of session	3 hours
Written by/date	Karen Cairnduff March 2023
Aims	
Broad statement about the skill/proficiency This is an interactive and practical simulation session, which will provide students with a safe, supportive environment to practice, challenge, question, critically discuss, refine, and enhance their nursing skills in relation to difficult conversations, breaking bad news and end of life care.	
Learning outcomes	
Describe what learner will be able to demonstrate. 1. Practise, observe and critically reflect on sensitive and compassionate communication skills 2. Explore best practice approaches to symptom relief including medications via syringe driver 3. Discuss protocols and decisions that may apply during end-of-life care, including DNACPR 4. Reflect on experiences from practice placement in a group and explore implications for future practice and personal wellbeing.	
NMC proficiencies	
A 2.9 engage in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.	
B 10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices	
B 10.3 assess and review preferences and care priorities of the dying person and their family and carers	
B 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health	
B 10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions	
Pre-learning	
Underpinning theory and online guided learning to prepare for the session. Preparation reading and activities on canvas.	
Teaching resources and layout of the room: Bed – Clean and empty for actor, moulage to make face pale Chair - For relative (acted by staff member) Manikins - Life cast or Laerdal if no actor available Clinical equipment and consumables - IV fluid infusion in progress, Observation machine Syringe driver and documentation showing increase in rate last hour. DNACPR form. Tissues, Water/tea for actors	
Case scenario	
Mary (Name may change depending on actor preference)	
Part 1 Mary underwent surgery for a bowel resection earlier today. Surgical notes show that the primary tumour was inoperable, and there was a secondary tumour/metastasis on the liver. While Mary is still drowsy from the anaesthetic, the surgeon has told her about the metastatic spread to the liver. Student nurses are looking after Mary postoperatively on the ward.	
Part 2 Mary has deteriorated and developed sepsis (CT shows small bowel perforation due to tumour) post operatively. She has been referred to the palliative care team, a syringe driver with morphine has been commenced, and there is a documented DNACPR. Mary has become very sleepy and is no longer eating or drinking. She does not appear distressed or in pain, her partner is with her. Student nurses are looking after Mary and her partner.	

Pre-briefing	
Introduction to the practical session and how it will run.	
Explain how the session will run: The scenario is happening in the ward. Students will volunteer to participate (pairs) and go to the ward to practice communication skills. There will be a staff member in the ward to support them. The other students will observe on the Smots video.	
When the students come back to the room, they will reflect on the experience in the debrief. The group will explore similar experiences from practice and relate learning from the observed scenario.	
The scenario will repeat twice in part 1 and twice in part 2 to allow for repetition and practise of communication strategies.	
Overview 3-hour session:	
30 mins	Prebrief
30 mins	Scenario 1a and debrief
30 mins	Scenario 1b and debrief
15 mins	Break
30 mins	Scenario 2a and debrief
30 mins	Scenario 2b and debrief
15 mins	Final evaluation
Pre brief and psychological safety	
<ul style="list-style-type: none">• Ground rules, confidentiality, and respect• Role of the actor/staff member in role play• Expectations of the students in ward and in classroom• Clarify objectives – difficult conversations and understanding of process relating to end of life.• Acknowledge this will be difficult.• Accountable professionals - take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills.• Agree to get involved and engage with scenario to help everyone learn.• What to do if they feel upset• Introduction to the scenario (read bold section above)	
Simulation scenario 1	
1a. Mary will share with students what the surgeon has said, she will be upset and asking questions. 1b. Mary says that her partner is coming in soon and she is worried how they will react because they were angry that her treatment was delayed after a long wait for specialist referral and diagnosis. Mary says her partner wants her to try anything, but she doesn't want any further treatment.	
Debrief scenario 1a and 1b	
<ul style="list-style-type: none">• How did students feel? Why was it difficult?• Reflect on communication strategies used and alternative options.• Ask if students have experience in practice of difficult conversations.• Explore breaking bad news discussions and communication approaches.• Discuss possible response to a confrontational/angry relative in this scenario.• What will happen next for Mary (treatment, palliative care, wishes and preferences, advance planning).	
Comfort break and set up for scenario 2	
Simulation scenario 2	
2a. Mary's partner asks about DNACPR, what does this mean, will she still have pain relief? Can she come home? 2b. Mary's partner will share they are afraid that Mary is getting too sleepy, and not drinking or eating. They are afraid that Mary may die soon and asking what will happen, they don't want to leave, what should they do to make sure she knows I am here? <i>*This scenario can be adjusted by staff to allow for more challenging communication if appropriate for individual groups of students</i>	

Debrief scenario 2a and 2b
<ul style="list-style-type: none">• How did students feel, why was it difficult?• Reflect on communication and range of options.• Ask if students have had experience in practice they want to share.• May compare experiences during Covid with now.• Discuss symptom control at end of life.• Discuss options for Mary re: discharge from hospital – hospice? Home?• Discuss principles of hospice care, how might we apply these principles in a busy hospital ward?• Explore principles of DNACPR, advance directive, what matters when someone is dying?
Additional debrief: Equality, diversity, and inclusivity: Explore students understanding/experiences of differences and inequalities at end of life in relation to minority groups, (e.g.) lesbian/gay/bisexual/transgender, race, culture, language, religion, learning disability, mental health, dementia, homeless, travellers, prisons, age, other conditions (not cancer).
Final Debrief
<ul style="list-style-type: none">• Implications of learning from today for future practice• Personal wellbeing• Signposting for support, e.g., Cruse, student services, personal tutor, year tutor, practice supervisor/assessor

Script for actors

Mary underwent surgery for a bowel resection earlier today. Surgical notes show that the primary tumour was inoperable, and there was a secondary tumour/metastasis on the liver. While Mary is still drowsy from the anaesthetic, the surgeon has told her about the metastatic spread to the liver. Student nurses are looking after Mary postoperatively on the ward.

You are acting as the patient, Mary.

1a. Mary will share with students what the surgeon has said, she will be upset and asking questions.

Convey that you are upset and unsure of what you've been told. Start the scenario with....

"The surgeon told me the surgery didn't work, I'm not sure what that means?"

"She said something about not being able to remove the tumour and they found a new one on the liver"

"I'm just not sure what that means now."

Once the conversation has started, include....

"Will they do another surgery?"

"What happens now?"

"They said it might not work but I wasn't expecting this. I don't know how to feel."

Once you feel that students have given you the full situation...

"Thank you for telling me, it's a lot clearer now."

1b. Mary says that her partner is coming in soon and she is worried how they will react because they were angry that her treatment was delayed after a long wait for specialist referral and diagnosis. Mary says her partner wants her to try anything, but she doesn't want any further treatment.

You are acting as the patient, Mary.

Suggestions – respond to what it being said and loosely follow:

"My partner is coming in to visit me soon. I don't know what to say to him."

"What should I say?"

"I'm so upset it hasn't worked. We waited so long for this treatment, after waiting so long I'm just disappointed."

"I think my partner will be angry. It's like one bad news after another."

"My partner has always said to me not to give up, but after waiting so long and the surgery hasn't worked... I'm not sure what to do. I had chemotherapy before but I don't want to go through that again. I shouldn't be saying this... my partner won't like it. They want me to keep going. What do I do?"

Mary has deteriorated and developed sepsis (CT shows small bowel perforation due to tumour) post operatively. She has been referred to the palliative care team, a syringe driver with morphine has been commenced, and there is a documented DNACPR. Mary has become very sleepy and is no longer eating or drinking. She does not appear distressed or in pain, her partner is with her. Student nurses are looking after Mary and her partner.

2a. Mary's partner asks about DNACPR, what does this mean, will she still have pain relief? Can she come home?

You are acting as the patient (very drowsy, not really responding)

or

You are acting as the patient's partner.

You are the patient's partner. You are worried and appear on edge. Start the conversation with....

"I've only just got here, can you tell me what's happening? Mary said something about a palliative doctor coming to see her?"

Suggestions – react to what's being said/asked and loosely follow:

"The doctor said something yesterday about starting her heart if it stopped? I wasn't paying attention properly and can't fully remember what he said. What does it mean?"

Then in this conversation ask...

"So they won't treat her?"

"If she needs medication like she's in pain, does that mean she won't get it because of this no CPR?"

"How will I know if she's in pain? Will you give her something for pain? How will she take it if she's not drinking?"

2b. Mary's partner will share they are afraid that Mary is getting too sleepy, and not drinking or eating. They are afraid that Mary may die soon and asking what will happen, they don't want to leave, what should they do to make sure she knows I am here?

You are acting as the patient's partner.

Start the conversation with....

"She's very sleepy and I've been trying and trying to get her to drink but she's not taking anything. How can I give her drinks?"

Then...

"I've brought in her favourite dessert, but she doesn't even want that. That's not like her, she always wants to eat this."

Respond to what is being asked but convey you are concerned Mary is not eating or drinking.

Later in the conversation, ask...

"She's not woken up for a few hours and she's not talking back to me. I'm just sitting here with her. Does that mean she is getting worse? She could go soon?"

"Do you think she can hear me?"

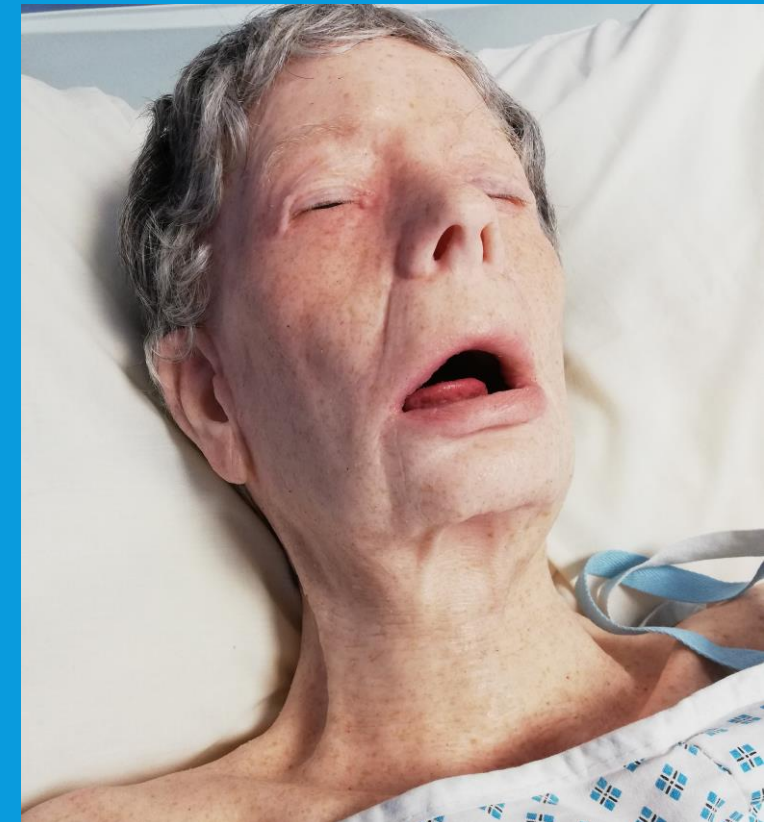
"I want her to know that I am here. She never likes being alone. Does she know that I'm here?"

And add...

"I'm going to stay here with her. Is that ok?"

Benefits and limitations of simulation manikins?

A Simulation Manikin is a full body trainer that simulates real human body and provides a means by which learners practice their healthcare skills in real-time before attempting to perform a treatment on a patient in real life



Benefits of simulated patients and family - 'real' people




Communications skills practice –
there should always be a real
person in the simulation scenario

Standards of best practice for simulation

SIMULATION-BASED EDUCATION IN HEALTHCARE STANDARDS FRAMEWORK AND GUIDANCE



 INTERNATIONAL NURSING ASSOCIATION
for CLINICAL SIMULATION and LEARNING

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EDUCATION

**HEALTHCARE SIMULATION STANDARDS OF
BEST PRACTICE™**

The [Healthcare Simulation Standards of Best Practice™](#) are designed to advance the science of simulation, share best practices, and provide evidence-based guidelines for the practice and development of a comprehensive standard of practice.

The Healthcare Simulation Standards of Best Practice provide a detailed process for evaluating and improving simulation


Quick Links

Endorsement Program

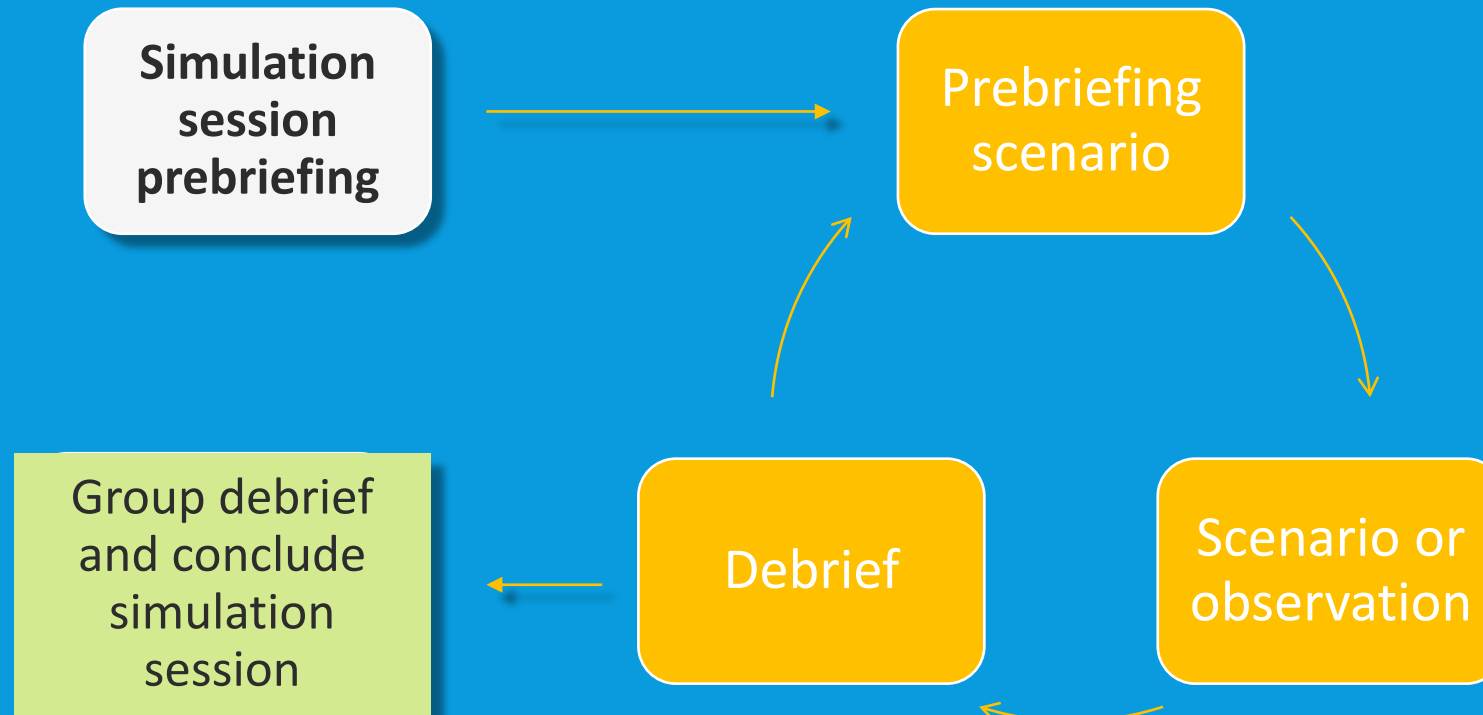
Clinical Simulation in Nursing

Healthcare Simulation Standards

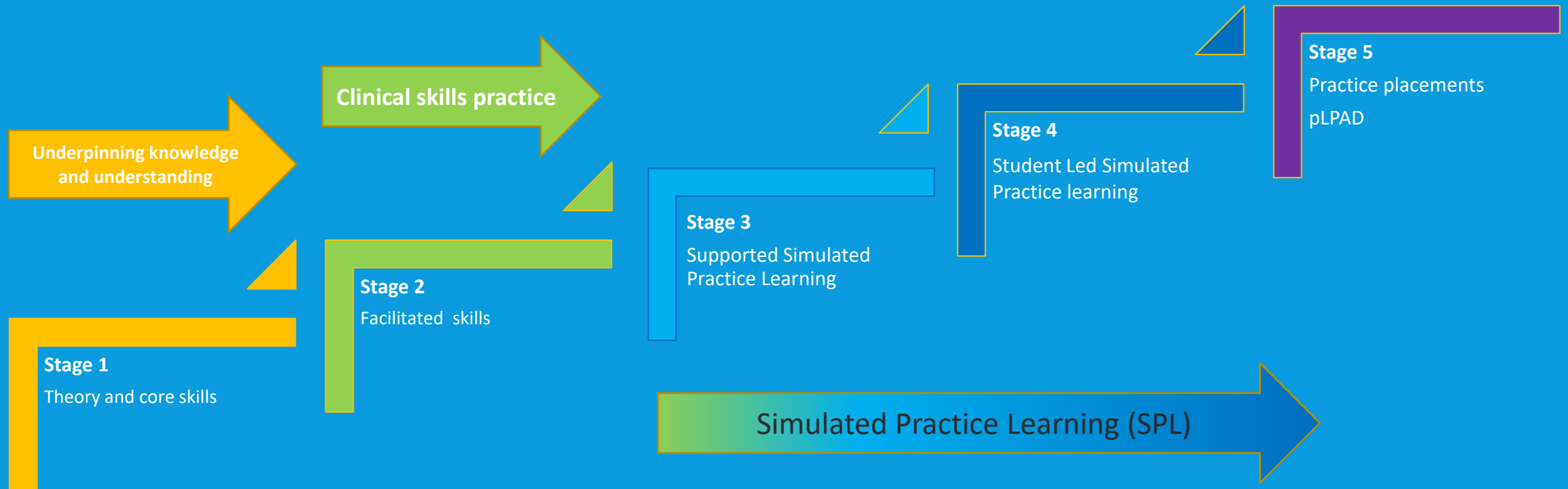
INACSL Center for Learning

 **ISEP**
INACSL Simulation
Education Program

Best Practice Design: UH standard simulation session framework



5 Stage approach to integration of simulation in the adult nursing curriculum



MY TOP TIPS FOR SIMULATION

- Be clear on what simulation is and is not – best practice
- Align simulation to organisational/curriculum aims and learning outcomes
- Use a lesson plan and scenario script
- Use varied ‘fidelity’ and modes to meet learning outcomes
- Include a patient (simulated patient, manikin, scenario) to embed patient perspective and non-technical skills
- Get additional staff support and technical provision
- Pilot test the session, scenario and allow set up time
- Help learners to prepare to meet objectives of the session
- Begin with a prebriefing
- End with a debriefing

Benefits of partnership working in End of Life Care simulation

- Safe place for supported clinical practice
- Reducing fear of the unknown
- Psychological safety to explore difficult scenarios
- Supported reflection and debrief on placement
- Sharing best practice and skills
- Updating academic staff
- Hospice insight - Simulated Hospice placement
- Recruitment and support for the speciality
- Deep, meaningful practice focused learning
- Confidence – to get end of life care right!

Time for questions

Please contact me if you have any questions or want to share ideas

Karen Cairnduff

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