End of Life Care Simulation

Date:	**File Name:**
Discipline: Nursing	**Student Level:** Senior Level
Expected Simulation Run Time: 8 minutes	**Guided Reflection Time:** Twice the amount of time that the simulation runs.
Location:	
Today's Date:	**Location for Reflection:**

Brief Description of Patient

Name: HT Tracey **Pronouns: she/her**

Date of Birth: **7/14/19XX** **Age:52**

Sex Assigned at Birth:F **Gender Identity:** F

Sexual Orientation: **Marital Status:** D

Weight: 140 **Height**: 5'8

Racial/ethnic Group: Black **Language**: English **Religion**: Baptist

Employment Status: **Insurance Status:** Private **Veteran Status:**

Support Person: Sister **Support Phone:**

Allergies: NKDA **Immunizations:** Up to date- COVID Booster

Attending Provider/Team: Dr. Amad

Past Medical History: Breast Cancer

History of Present Illness: End stage breast cancer

Social History: Divorced, 2 children

Primary Medical Diagnosis: Pain management

Surgeries/Procedures & Dates: Bilateral mastectomy T-6 months

Psychomotor Skills Required of Participants Prior to Simulation

- Manual Blood Pressure (BP)
- Use of Electronic Health Record (EHR); associated training

Cognitive Activities Required of Participants Prior to Simulation

- Pre-brief learning module on Death and spirituality
- Prebrief on Social Determinants of Health (SDOH)
- Prebrief on Breast Cancer

Terminology (concepts) that all disciplines should be familiar with prior to simulation

- SDOH
- Healthcare disparities

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives (limit to 3 or 4)

1. Nursing(NRSG):

- Identify one of the 6 stages of grief (denial, anger, bargaining, depression, acceptance, meaning) in family members within 15 minutes of the start of the simulation-based educational experience (SBE).

- Recognize 1 need for advocacy for the patient's death and dying practices (Patient Christian- last rights (sister is Catholic) vs wishes of children (agnostic- no practices, Muslim-bed facing Mecca) vs. patient is protestant; Hospice/Palliative care)

- Implement 2 strategies (deep breathing, stretching, meditation, allowing to take a break from bedside vigil, music) to decrease the stress of loved ones caring for patients who are dying by the end of the scenario.

- Discuss 1 way to advocate for health advocacy r/t risk factors for breast cancer in minority populations by the end of the SBE (encourage daughter to get screened, promote screening, ensure education to all patients, participate in health promotion)

Faculty Reference

(references, evidence-based practice guidelines, protocols, or algorithms used for this scenario, etc.)

The Healthcare Simulation Standards of Best Practice™
https://www.inacsl.org/healthcare-simulation-standards
See attached sheet

Setting/Environment

☐ Emergency Department	☐ ICU
☐ Medical-Surgical Unit	☐ OR / PACU
☐ Pediatric Unit	☐ Rehabilitation Unit
☐ Maternity Unit	☐ Home
☐ Behavioral Health Unit	☐ Outpatient Clinic
	X☐ Other: Oncology floor

Equipment/Supplies (choose all that apply to this simulation)

Simulated Patient/Manikin(s) Needed: Standardized Patient -Hispanic younger male- preferred

Recommended Mode for Simulator:
(e.g. manual, programmed, etc.)

Other Props & Moulage:

Equipment Attached to Manikin/Simulated Patient:	**Equipment Available in Room:**
X☐ ID band	☐ Bedpan/urinal
x☐ IV tubing with primary line fluids running at 20 mL/hr	☐ 02 delivery device (type)
☐ Secondary IV line running at __ mL/hr	X☐ Foley kit
☐ IVPB with __ running at mL/hr	☐ Straight catheter kit

x☐ IV pump ☐ PCA pump ☐ Foley catheter with __mL output ☐ 02 in room ☐ Monitor attached ☐ Other: **Other Essential Equipment:** **Medications and Fluids:** ☐ Oral Meds: X☐ IV Fluids: X☐ IVPB: ☐ IV Push: ☐ IM or SC:	☐ Incentive spirometer X☐ Fluids ☐ IV start kit ☐ IV tubing ☐ IVPB tubing ☐ IV pump ☐ Feeding pump ☐ Crash cart with airway devices and emergency medications ☐ Defibrillator/pacer X☐ Suction ☐ Other: Rosary beads coiled around hand by a sister, Bible open at feet per sister, Hair covered from chemo not a hijab. Daughter to have hijab on Son- jeans, t-shirt Sister- dress older style- more traditional

Roles

X☐ Nurse 1 ☐ Nurse 2 ☐ Nurse 3 ☐ Provider (physician/advanced practice nurse) ☐ Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	X☐ Observer(s) ☐ Recorder(s) X☐ Family member #1 Son Mark X☐ Family member #2 Daughter Barbara ☐ Clergy ☐ Unlicensed assistive personnel ☐ Other:

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate.

Report Students Will Receive Before Simulation

(Use SBAR format.)

Time:

Person providing report: Off shift Nurse

Situation: HT Tracey is a 52-year-old woman in for pain management due to breast cancer with metastases to bone and brain.

Background: She was diagnosed 6 months ago after an annual mammogram showed abnormalities in dense breast tissue. She was later diagnosed with the BRCA gene. She subsequently had a double mastectomy T-5 months and began chemotherapy which ended T-2 months ago with radiation. Mets and cancer seemed to be in "remission" per her sister however about 1 week ago the pain in her bones became unbearable and she was admitted via the ED to us (oncology).

Assessment: After discussion with the patient she declined another round of chemo in hospital but will resume upon discharge due to the reports of brain and bone metastasis. She wants to remain comfortable and discuss her options with the oncologist when she gets home.Her sister has been caring for her at home since she is retired. However, the pain was unbearable and IVP morphine was initiated upon arrival to the floor. She has a foley catheter in for comfort and the doctor has begun discussions with the family regarding palliative care. Patient is a full code. She has KVO in a in a Left antecubital site. She was recently given 2 mg IVP morphine t-2 hours ago. She does have Ativan as needed and Robinol.

Recommendation: I would recommend talking to the family about comfort measures. They do not seem to agree on care. She has two children 27 and 25 years old. Her older sister is at her bedside continually.

Scenario Progression Outline

Patient Name: **Date of Birth:**

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-2 min See script	Manikin in bed eyes closed, shallow breaths Family around bed, son pacing Dimly lit room	•	**Role member providing cue:** **Cue: Sister – states- Hello, she is moaning again**
3-6 min		**Learners are expected to**: • Begin to establish a rapport • Head-to-toe assessment • Check foley output (minimal dark concentrated urine)	**Role member providing cue:** **Cue: Sister-"She is sleeping, can't you just leave her alone"**
7-8 min		**Learners are expected to**: • Identify important elements of the grief process • Offer resources such as a social worker or chaplain	**Role member providing cue:** **See script- 1:1 conversations**
15-20 min		**Learners are expected to**:	**Role member providing cue:** **Cue:**

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

Themes for this scenario:

- Interdisciplinary collaboration- Did you think about calling in the chaplain? Chaplains are interfaith and can facilitate death and dying discussion; social work- resources for home transfer if dying at home, DC planning nurse for hospice
- Breast Risk Factors- Black, over the age of 50, BRCA gene (https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm)
- Conflict Resolution- family members and plan of care. Can lead to a discussion on healthcare proxy/

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). The debriefing questions for consideration are organized into the phases of debriefing, as recommended by the Healthcare Simulation Standard of Best Practice™ The Debriefing Process. The following phases are included below: Reactions/Defuse, Analysis/Discovery and Summary/Application. Remember to also identify important concepts or curricular threads that are specific to your program.

Debriefing Phase	Debriefing Questions for Consideration
Reactions/ Defuse	How did you feel throughout the simulation experience?
	Give a brief summary of this patient and what happened in the simulation.
	What were the main problems that you identified?
Analysis/ Discovery	Discuss the knowledge guiding your thinking surrounding these main problems.
	What were the key assessment and interventions for this patient?
	Discuss how you identified these key assessments and interventions.
	Discuss the information resources you used to assess this patient. How did this guide your care planning?
	Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?
	Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.

	What information and information management tools did you use to monitor this patient's outcomes? Explain your thinking.
	How did you communicate with the patient?
	What specific issues would you want to take into consideration to provide for this patient's unique care needs?
	Discuss the safety issues you considered when implementing care for this patient.
	What measures did you implement to ensure safe patient care?
	What other members of the care team should you consider important to achieving good care outcomes?
	How would you assess the quality of care provided?
	What could you do improve the quality of care for this patient?
Summary/ Application	If you were able to do this again, how would you handle the situation differently?
	What did you learn from this experience?
	How will you apply what you learned today to your clinical practice?
	Is there anything else you would like to discuss?

Guided Debriefing Tool

The NLN created a Guided Debriefing Tool to provide structure from which facilitator observations can make objective notes of learner behaviors in simulation in direct relationship to the learning outcomes. Download the NLN Guided Debriefing Tool.

Resources

Prebrief

1. Must watch a,b, and read article c,d,&e
    a. https://www.ted.com/talks/david_kessler_how_to_find_meaning_after_loss?utm_campaign=tedspread&utm_medium=referral&utm_source=tedcomshare
    b. https://www.ted.com/talks/nora_mcinerny_we_don_t_move_on_from_grief_we_move_forward_with_it?language=en
    c. https://minorityhealth.hhs.gov/cancer-and-african-americans
    d. Donesky, D., Sprague, E., & Joseph, D. (2020). A new perspective on spiritual care: Collaborative chaplaincy and nursing practice. *Advances in Nursing Science*, *43*(2), 147-158.
    e. Walsh, K., Jones, L., Tookman., A., & Blizard., R. (2002) Spiritual beliefs may affect outcome of bereavement: prospective study. BMJ. 2002 Jun 29; 324(7353): 1551. doi: 10.1136/bmj.324.7353.1551. https://www.bmj.com/content/bmj/324/7353/1551.full.pdf

Demographics

1. Breast Cancer
    a. Black people have the highest rate of cancer in US- https://www.cdc.gov/cancer/health-equity/groups/african-american.htm#:~:text=Black%20people%20have%20the%20highest,survival%20rate%20than%20White%20people.

i. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/

b. Black women are more likely to get diagnosed later than White women and die from it.
   i. https://seer.cancer.gov/statfacts/html/disparities.html
   ii. https://gis.cdc.gov/Cancer/USCS/#/Demographics/
      1. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in November 2023.

2. Religion
   a. Religions and most common in US
      i. https://www.pewresearch.org/religious-landscape-study/database/
      ii. https://www.pewresearch.org/religion/2024/01/24/religious-nones-in-america-who-they-are-and-what-they-believe/pr_2024-01-24_religious_nones_00-02-png/
         1. Order
            a. Christian 70.6% Protestant
            b. Unaffiliated 22.8%
            c. Nothing in particular- 63%
            d. Atheist 17%
            e. Agnostic 20%
         2. Non-Christian 5.6%
            a. Jewish 1.9%
            b. Muslim .9%

Content

3. Death/ Dying
   a. Stages of Grief
      i. Avis, K. A., Stroebe, M., & Schut, H. (2021). Stages of grief portrayed on the internet: A systematic analysis and critical appraisal. *Frontiers in psychology*, *12*, 772696.
      ii. Kessler, D. (2019). *Finding Meaning: The Sixth Stage of Grief.* New York, NY: Simon and Schuster.
      iii. Kübler-Ross, E., and Kessler, D. (2005). *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss.* New York, NY: Scribner.

4. Roles of the healthcare team for anticipated grief:
   a. Chaplain
      i. Campbell, D., Robison, J., & Godsey, J. A. (2023). Standardized spiritual screening increases chaplain referrals through the EMR: A nurse-chaplain collaboration for holistic acute healthcare. *Journal of Holistic Nursing*, *41*(1), 30-39.
      ii. Kirchoff, R.W., Tata, B., McHugh, J. *et al.* Spiritual Care of Inpatients Focusing on Outcomes and the Role of Chaplaincy Services: A Systematic Review. *J Relig Health* **60**, 1406–1422 (2021). https://doi.org/10.1007/s10943-021-01191-z

iii. Sharma, V., Marin, D. B., Zhong, X., Mazumdar, M., Keogh, M., Costello, Z., & Jandorf, L. (2021). Using the taxonomy: A standard vocabulary of chaplain activities. *Journal of Health Care Chaplaincy*, *27*(1), 43-64.

Medical

End of Life Medication

a. Adult
   i. Gerber, K., Willmott, L., White, B., Yates, P., Mitchell, G., Currow, D. C., & Piper, D. (2022). Barriers to adequate pain and symptom relief at the end of life: A qualitative study capturing nurses' perspectives. *Collegian (Royal College of Nursing, Australia)*, *29*(1), 1–8. https://doi.org/10.1016/j.colegn.2021.02.008
   ii. Saphire, M. L., Prsic, E. H., Canavan, M. E., Wang, S.-Y. J., Presley, C. J., & Davidoff, A. J. (2020). Patterns of Symptom Management Medication Receipt at End-of-Life Among Medicare Beneficiaries With Lung Cancer. *Journal of Pain and Symptom Management*, *59*(4), 767-777.e1. https://doi.org/10.1016/j.jpainsymman.2019.11.015

b. Pediatric:
   i. Rees, June Nicole MSN, RN, CPHON; Shields, Erin MA, CCLS; Altounji, Diane DNP, RN, CPHON; Murray, Paula PhD. An End-of-Life Care Educational Series to Improve Staff Knowledge and Comfort Levels. Journal of Hospice & Palliative Nursing 22(6):p 523-531, December 2020. | DOI: 10.1097/NJH.0000000000000704