

Using Qualitative Feedback to Adapt a Nursing Communication Simulation for Nursing Students and Novice Nurses

Presented by:

Amisha Parekh de Campos, PhD, MPH, RN, CHPN

Lauren Boule MSN, RN, NPD-BC

Laura Eiss MSN, RN, CNE

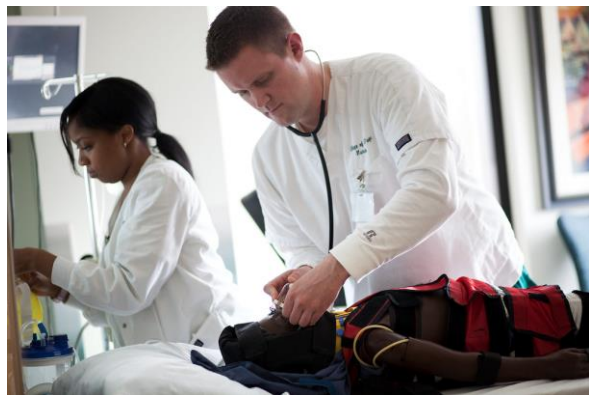
Valorie MacKenna, PhD, RN, CNE, CHSE

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Introduction & Background



Palliative Care

- Lack of training in prelicensure nursing education & professional development

Simulation Based Education (SBE)

- Provides a dynamic, interactive platform for developing critical skills vital in palliative care

Communication

- SBEs used to enhance communication competencies in palliative care

CHATT Simulation

Simulation Design Template

(Jane Franklin) Simulation

Date:	File Name: <u>ACP_Jane_Franklin</u>
Discipline: Nursing	Student Level: Registered Nurses
Expected Simulation Run Time: 10 minutes	Guided Reflection Time: Twice the amount of time that the simulation runs.
Location: Middlesex Health Simulation Laboratory	Location for Reflection: Middlesex Health Debriefing Room
Today's Date:	

Brief Description of Client

Name: Jane Franklin

Date of Birth: 6/25/1941

Gender: F Age: 77 Weight: 105lbs Height: 5'2

Race: Caucasian Religion: Catholic

Major Support: Daughter, Emily Support Phone: 860-523-0896

Allergies: Banana- hives Immunizations: Shingrix, Flu 10/2019

Attending Provider/Team: Dr. Leona Jenkins, hospitalist

Past Medical History: anxiety, arthritis, chronic respiratory failure, COPD, depression, eczema, emphysema, former smoker, history of GI bleed, hyperlipidemia, hypertension, hypothyroidism, lower extremity edema, oxygen-dependent, peptic ulcer disease, pulmonary hypertension, pulmonary nodules, shortness of breath

History of Present Illness: 77-year-old female coming from Wellington Park skilled nursing facility with a history listed above, who presented to the emergency department today with reports of having altered mental status and being unresponsive to staff.

The patient was just discharged to Wellington Park last week after being readmitted for acute on chronic hypercapnic respiratory failure due to possible malfunctioning BiPAP. She was stabilized in the hospital and was discharged to Wellington Park on BiPAP at 18/8. According to the daughter, she did well on discharge and was placed on CPAP for two nights after discharge, but she noted that the patient has been off it since Friday and the weekend and she wasn't sure why. Based on the facility's note, the



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ELNEC Faculty Corner

Welcome Faculty!

Welcome to the ELNEC Faculty Corner!

Located in Resources – Simulation



- Developed with the Jeffries Simulation Framework and Bandura's Self-Efficacy Study
- Assessed outcomes of changes in self-efficacy, attitudes, & knowledge
- Originally designed and tested on practicing RNs

Pre-licensure Program

Public University - R1 Institution

Traditional Undergraduate Nursing Program

- Enrollment 153 Phase I and 131 Phase II
- INACSL Healthcare Simulation Standards of Best Practice

Hospice/Palliative Care, Patient Centered Care and Effective Communication

- introduced in 3rd year Fundamentals of Nursing course

Reinforced throughout remaining semesters..

Capstone course has option for a Palliative care/Hospice Care clinical experiences

Unfolding Simulation

3rd year Students Phase I

Pre work/brief – Article review and reflection question

Scenario – Deteriorating COPD

Debrief – Code status vs ACP
Post reflection

4th year Students Phase II

Pre work – Communication tools

Scenario – End Stage COPD

Debrief – Resources for RN role in communication, post reflection

Student Outcomes

3rd year Students Phase I

Focused on Code Status Adv directives

- Cuing to get to ACP

Outpatient options

- Home care
- DPH program CODE status

Communication tools

- Vital tips app
- Role model (Living will etc.)

4th year Students Phase II

Use of communication tools

Interprofessional collaboration

Hospice and Palliative Care roles

Guiding a family meeting

Acknowledging the emotions and tips/tools for supporting patients/families

“Would you be comfortable having an advance care planning conversation with a patient?”

Pre Simulation:

Described by students as:
*daunting, uncomfortable, difficult,
and hesitant.*

“...I’m realizing that I do not know
any of information [on ACP....”.

...patients “would not accept my
thoughts or suggestions...”

"...stemmed from lack of knowledge
about ACP and anxiety about the
patient's reaction to the topic.."

Post Simulation:

“... I feel better equipped to have
conversations on this topic...”.

“...learning how to approach the family in a
calm manner and addressing their
questions.”

"...that their role was to answer questions
and be supportive.”

"...they felt comfortable, could at least
initiate a conversation, or knew they should
prepare before having these conversations"

Nurse Residency Program

Nurse Residency Program Background:

- Small community hospital in Connecticut.
- 10-20 Residents per cohort
- 6-time Magnet® designation and ANCC PTAP accreditation with distinction.
 - Focus on Best Practice and Outcomes
- Partner with Vizient/ANCC Nurse Residency Program™.
 - Alignment with healthcare standards, especially in end-of-life care.
 - New grads struggle with end-of-life care.
 - Difficulty providing compassionate, competent care.



Nurse Residency Program

Participation:

- 28 nurse residents completed ACP simulation.
- 14 residents per class over two years.
- Fewer participants than pre-licensure program but meaningful insights.

Structure:

- Whitehead article (2018) as pre-work.
- Pre- and post-reflections on ACP conversations.
- Facilitator reviewed palliative care concepts (less detail than for pre-licensure students).
- Participation in the ACP Simulation with debrief

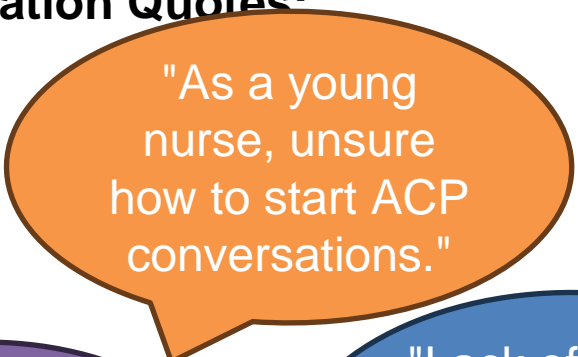


Nurse Residency Program

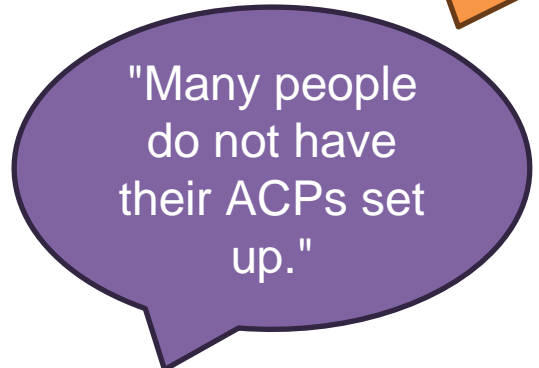
Pre-Simulation Reflections:

- Greater exposure to ACP than expected.
- Barriers identified:
 - Lack of ACP setup
 - Time constraints
 - Limited nurse experience

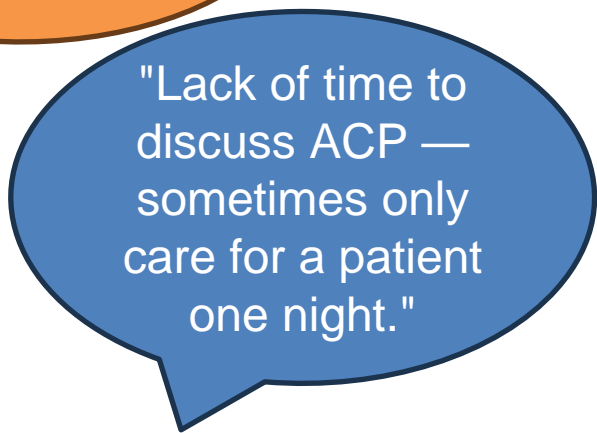
Pre-Simulation Quotes:



"As a young nurse, unsure how to start ACP conversations."



"Many people do not have their ACPs set up."



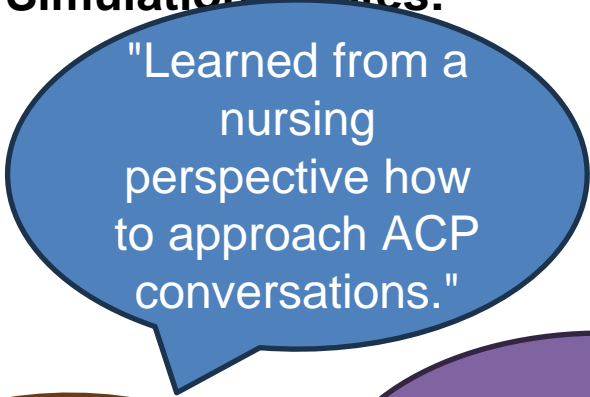
"Lack of time to discuss ACP — sometimes only care for a patient one night."

Nurse Residency Program


Post-Simulation Reflections:

- Increased awareness of sensitive communication
- Key skills:
 - Create a calming environment
 - Ensure patient understanding of disease and treatments


Post-Simulation Quotes:



"Learned from a nursing perspective how to approach ACP conversations."



"Need for consults and more staff training."



"Patients' goals may not align with what nurses think is right."

Clinical Implications

We avoid what we don't know or feel comfortable about



Palliative care simulations gives students the opportunity to learn about the nurse's role in death and dying



Clinical Implications

RNs can provide care without passing the responsibility to a provider or social work



*Don't pass
the Buck!*

Clinical Implications

Practice, practice, practice



Questions?



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