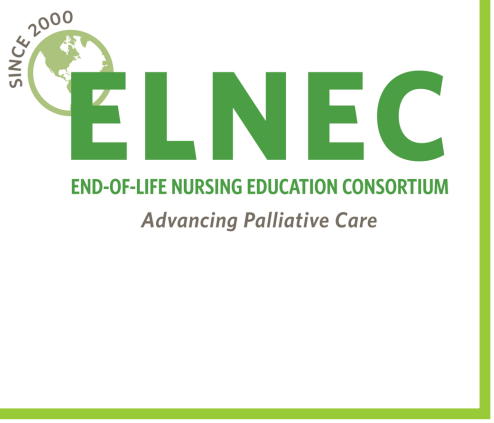
Using Simulation in Palliative Care Nursing Education: Panel Discussion

Facilitators

Megan Lippe, PhD, MSN, RN
Associate Professor
UT Health San Antonio, School of Nursing
2019 Cambia Health Foundation Sojourns Scholar

Andra Davis, PhD, MN, RN
Associate Professor,
University of Portland, School of Nursing
Co-Investigator, ELNEC Undergraduate/New Graduate & ELNEC Graduate



Support for Webinars

Dr. Betty Ferrell, Professor City of Hope

Principal Investigator ELNEC Project

Three-year grant to advance work strengthening the nursing workforce in caring for patients and families with serious illness (2021-2023)

Develop a regional model of excellence – targeting 4-state region (WA, UT, ID, OR)

Supports efforts to reach schools with high proportion of diverse students/faculty within underserved communities

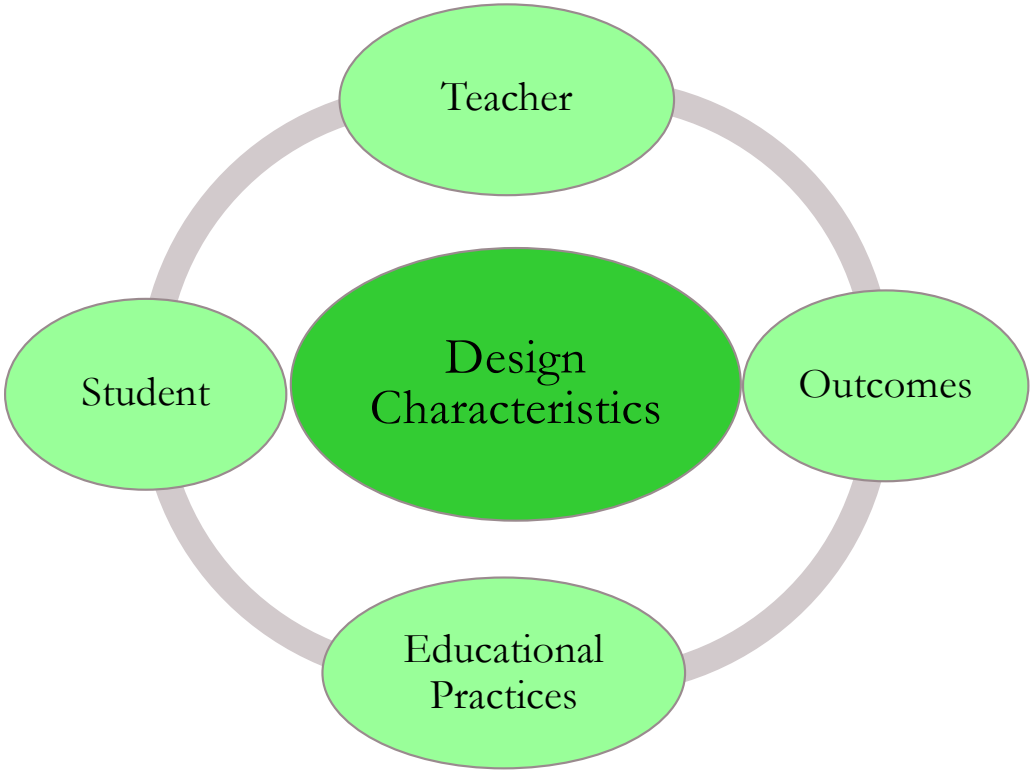
Objectives

Describe	Describe critical elements of high-quality simulation in nursing education and available resources
Explore	Explore different primary palliative care and end-of-life care simulations being conducted around the United States
Consider	Consider opportunities to implement primary palliative care simulation as a means of evaluating student competence

Introduction to Simulation

HELPFUL RESOURCES FOR DESIGN AND IMPLEMENTATION

NLN/Jeffries Simulation Theory



Critical Design Characteristics

- Objectives
- Fidelity
- Complexity
- Cues
- Debriefing

Jeffries PR. (2005). A framework for designing, implementing, and evaluating: Simulations used as teaching strategies in nursing. *Nursing Education Perspectives (National League for Nursing)*, *26*(2), 96–103.

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HEALTHCARE SIMULATION STANDARDS OF BEST PRACTICE™

- Professional Development
- Prebriefing
- Simulation Design
- Facilitation
- Debriefing Process
- Operations
- Outcomes & Objectives
- Professional Integrity
- Simulation-Enhanced-IPE
- Evaluation of Learning and Performance

https://www.inacsl.org/healthcare-simulation-standards

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National League for Nursing

Simulation Innovation Resource Center (SIRC)

SIRC

Simulation Innovation Resource Center

For Nurse Educators Developing Simulation Teaching & Learning Skills

https://www.nln.org/education/education/sirc/sirc/sirc

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Simulation Design Template

(revised May 2019)

(name of patient) Simulation

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

Brief Description of Client

https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/simulation-design-template-2019newlogo.docx?sfvrsn=d26a60d_0

NLN SIRC SIMULATION INNOVATION RESOURCE CENTER

An Interactive Global Simulation Community

Faculty Development Toolkit of Simulation Resources

https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/faculty-development-toolkit-february-2016.pdf?sfvrsn=4926a60d_0

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Low-Fidelity Manikins and Skills Trainers

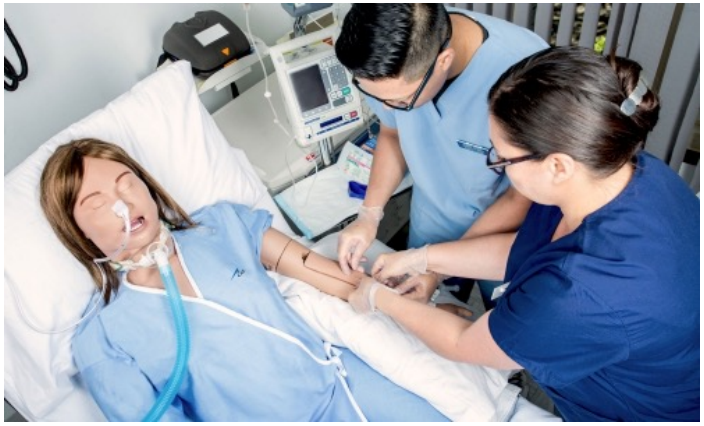
Designed for skills implementation

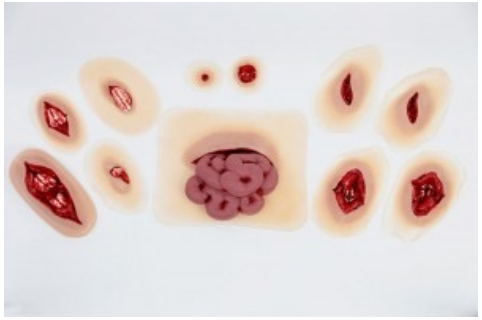
Less similarity with true anatomy and physiology

More cost efficient

Products shown from:

Laerdal, Gaumard, CAE Healthcare





High-Fidelity Manikins

Closely mimic human anatomy and physiology

Corresponding vital signs monitor

More realistic

Expensive

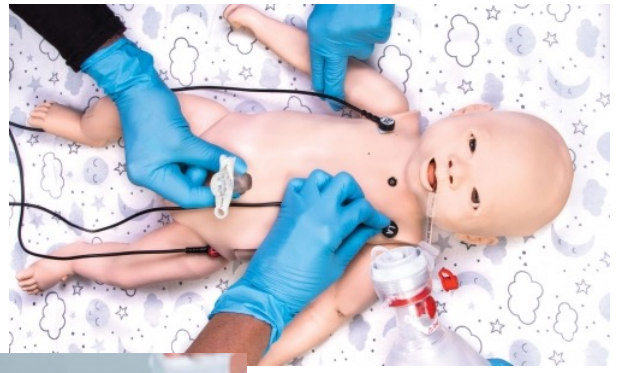
Require specially-trained operators

Pictures show products from:

CAE Healthcare- Lucina and Luna

Gaumard- Pediatric HAL

Laerdal- SimMan 3G Plus



REPOSITORY OF INSTRUMENTS USED IN SIMULATION RESEARCH

- Skill Performance
- Learner Satisfaction
- Knowledge/Learning
- Critical Thinking/Clinical Judgement
- Self-confidence/Self-efficacy
- Debriefing
- Video Training Tools
- Facilitator Competence
- Organization-level Evaluation

https://www.inacsl.org/repository-of-instruments

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Specialty Simulation Certification

https://www.ssih.org/Credentialing/Certification/CHSE

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Simulation Exemplars around the Country

Interprofessional Withdrawal-of-Life-Sustaining Measures Simulation

Megan Lippe, PhD, MSN, RN
Associate Professor
UT Health San Antonio, School of Nursing
2019 Cambia Health Foundation Sojourns Scholar

UT Health
San Antonio

- Conducted at University of Alabama Capstone College of Nursing
- Medical Residents (MR), Nursing Students (NS), Social Work Students (SWS)
- Perceived competence to care for dying patients
  - CARES-PC- Significant improvement
  - No difference between professions
- Interprofessional team communication
  - Gap-Kalamazoo Communication Skills Assessment Form

Lippe, M., Stanley, A., Ricamato, A., Halli-Tierney, A., & McKinney, R. (2020) Exploring end-of-life care team communication: An interprofessional simulation study. *American Journal of Hospice and Palliative Medicine, 37*(1), p. 65-71. doi: 10.1177/1049909119865862

Lippe, M., Davis, A., Threadgill, H., Ricamato, A. (2020). Development of a new measure to assess primary palliative care perceived competence. *Nurse Educator 45*(2), p. 106-110. doi: 10.1097/NNE.0000000000000682

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Phase One: Family Decision-Making

Objectives	Prebriefing	Performance Simulation Room	Performance Observation Room	Debriefing
• Communication with family • Treatment decision • Interprofessional communication	All participants • Introduction to patient • Principles of effective communication among team and with patient and family	MR, SWS, 3-4 NS • MR discusses goals of care, health status, treatment options • NS answer family follow-up questions • SWS discuss advanced directives (fall 2017) or manage family disagreements (spring and fall 2018)[a]	Remaining NS • Observe simulation room via live video feed	All participants • Team perceptions of communication

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Phase Two: Change in Patient Status

Objectives	Prebriefing	Performance Simulation Room	Performance Observation Room	Debriefing
• Patient assessment • Interprofessional communication	• MR leave room and receive written abbreviated report • SWS and NS receive status report and discuss team communication strategies for acute patient changes	MR and 3-4 NS • NS conduct assessment • NS provide bedside report to MR	Remaining NS and SWS • Observe simulation room via live video feed	All participants • Strategies to improve communication

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Phase Three: Withdrawal of Life-Sustaining Measures

Objectives	Prebriefing	Performance Simulation Room	Performance Observation Room	Debriefing
• Communication with family • End-of-life care	All participants • Conducting critical conversations about treatment plans • Concerns about breaking bad news	MR, SWS, 3-4 NS • Family meeting about patient condition • Withdrawal of life-sustaining measures • Bereavement care	Remaining NS • Observe simulation room via live video feed	All participants • Methods to improve end-of-life communication • Response to simulation • Questions or concerns

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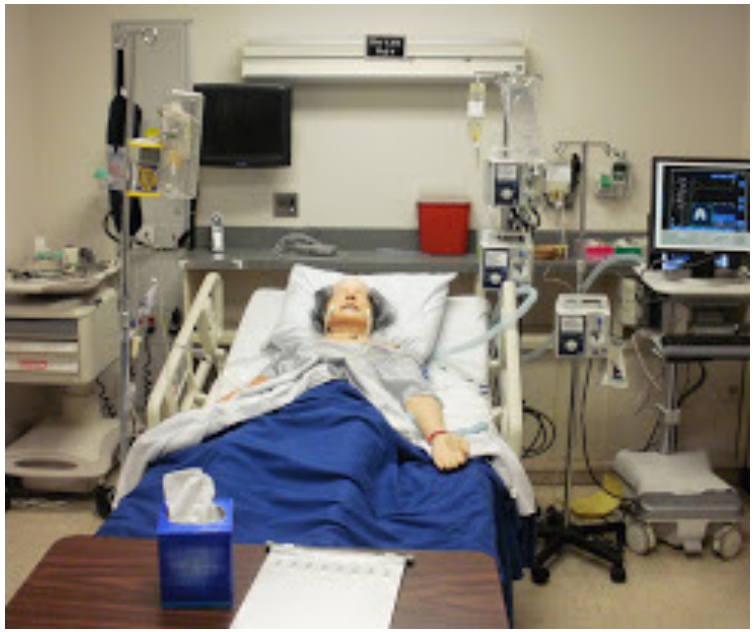
Nursing-Only Versions

- Jeffers, S., **Lippe, M.,** Justice, A., Ferry, D., Borowik, K., & Connelly, C. (in press). Nursing Student Perceptions of End-of-Life Communication Competence: A Qualitative Descriptive Study. *Journal of Hospice & Palliative Nursing*
  - Conducted at Widener University

- **Pfitzinger Lippe, M**. & Becker, H. (2015). Improving attitudes and perceived competence in caring for dying patients: An end-of-life simulation. *Nursing Education Perspectives*, *36*(6), 372-378. doi:10.5480/14-1540
  - Conducted at University of Texas at Austin



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Questions?

Simulation templates available upon request

Contact information: lippe@uthscsa.edu

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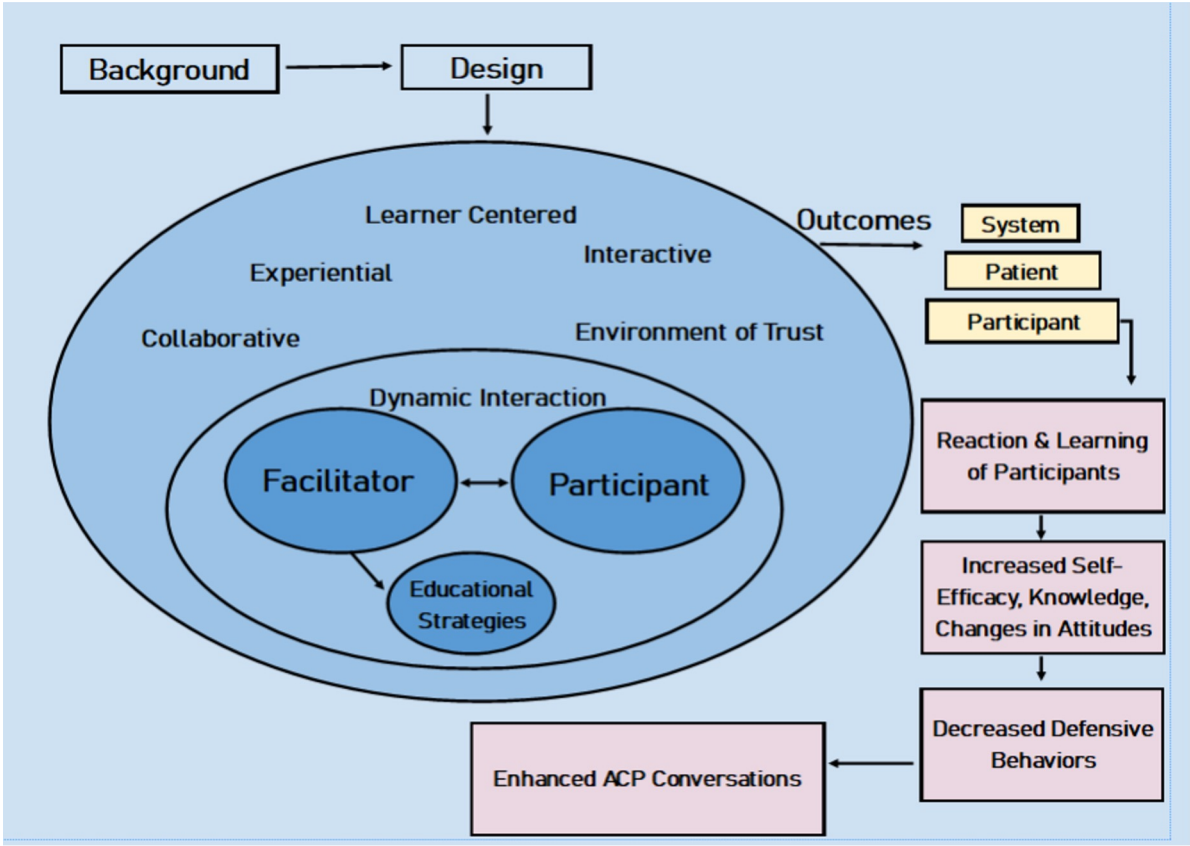
High-Fidelity Simulation: Conversations Had at Trying Times (CHATT)

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

UCONN | SCHOOL OF NURSING

Caring | Innovating | Advocating

CHATT Simulation Framework

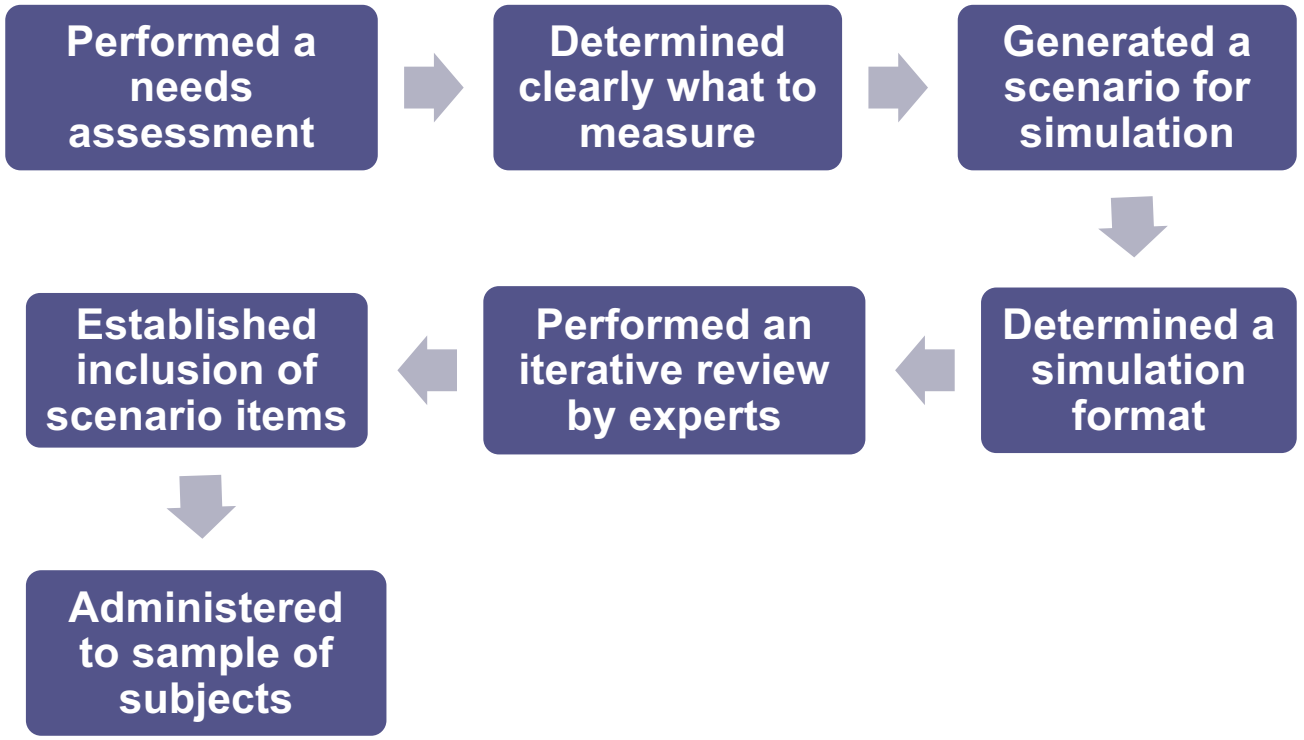


Methods

- Study consisted of 2 phases:
  - 1) Simulation Development & 2) Simulation Testing

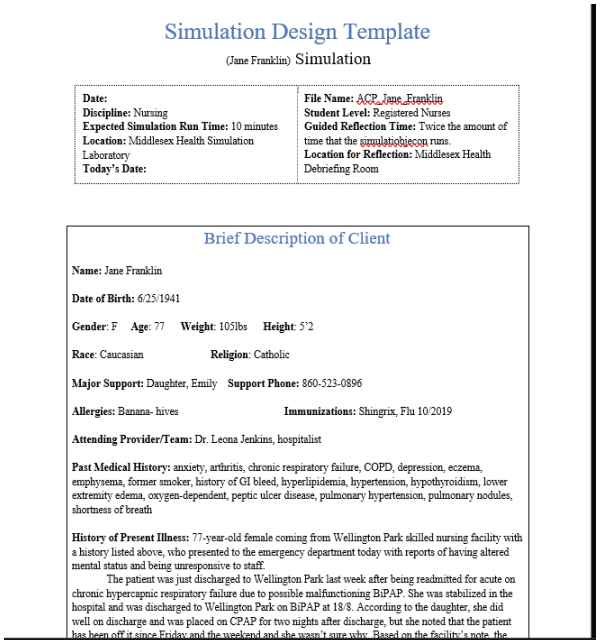
- Simulation Development:
  - Construct validity
    - DeVellis's Instrument Development
  - Content Validity
    - Expert review

Simulation Development (7 steps):



NLN Simulation Template

- Pre-brief script
- Sim learning objectives:
  - General
  - Specific
- Equipment/Supplies
  - SPs (2 – patient, adult child)
  - ID band, O2 tubing, standards Medical-Surgical Unit setup
- Report to participants
- Scenario progression outline
- Debrief through PEARLS
  - Plus additional resources



Simulation Design Template

(Jane Franklin) Simulation

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

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

Timing (approx.)	**Expected Interventions**
0-3 mins	• Introducing selves • Recognize distress between patient and daughter • Sits at eye level with patient and daughter • Provide education about Morphine and use
3-6 mins	• Provide information on specifics of advanced directives Explain the difference between DNR/DNI & the living will
6-10 mins	• Initiate discussion on ACP

Instruments

- Researcher-developed **Demographic Instrument**
- **Advance Care Planning Knowledge, Attitudes & Practice Behaviors Scale** (ACPKAP) (Zhou et al., 2010)
- **Caring Efficacy Scale** (CES) (Reid et al., 2015)
- Feasibility: (available through NLN) (Franklin et al., 2015; Unver et al., 2017)
  - **Simulation Design Scale (student version)**
  - **Student Satisfaction and Self-Confidence in Learning Scale**

Results

Knowledge	RNs overall improved ACP knowledge from pre-to post-simulation But still had a low percentage of correct answers
Attitudes	Younger participants Less experience in nursing Less experience in H&P care = Had the largest change in attitude between pre-and post-simulation
Self-Efficacy	As years of experience increased, self-efficacy in ACP increased

Implications for Nursing Practice…

- Nurse residency programs:
  - Entry-level nurses
    - Not prepared for ACP conversations
  - Communication skills
    - Multifaced skill difficult to develop in school
  - Mentorship
  - Staff development
    - Resources available through:
      - End-of-Life Nursing Education Consortium (ELNEC)
      - Center to Advance Palliative Care (CAPC)
      - National Hospice and Palliative Care Organization (NHPCO)

Questions?

Simulation template available upon request

Contact Information:
amisha.parekh_de_campos@uconn.edu

COMPARING ACTIVE VERSUS VICARIOUS LEARNERS' SELF-EFFICACY DURING A PEDIATRIC PALLIATIVE CARE SIMULATION

Stephanie Clark, EdD, RN
University of North Alabama

Barger, S., March, A., & **Lippe, M.** (2019, October). Comparing Active Versus Vicarious Learners' Self-Efficacy During a Pediatric End-of-Life Simulation. *Sigma Repository*. https://sigma.nursingrepository.org/handle/10755/18581

DESIGN AND INSTRUMENT

- Purpose: Examine vicarious learning as an effective pedagogy for increasing BSN students' perceived self-efficacy in therapeutic communication during palliative care simulation

- Quasi-Experimental Design
- Multi-site study
  - University of Alabama Capstone College of Nursing
  - University of Northern Alabama
- Self-efficacy in Communication Scale (SECS)
  - Measured perceived self-efficacy pre-sim, post-sim, post-debriefing

FINDINGS AND IMPLICATIONS FOR NURSING EDUCATION AND PRACTICE

- Vicarious learning equally efficacious as active learning
- Addresses common pitfalls of simulation
  - Requires less simulation lab space and time
  - Less expense by running fewer simulations
  - Fewer palliative care-trained faculty needed
- Effective simulation with larger student audience

CONCLUSION

- Vicarious learners: equal and sometimes greater improvement in perceived self-efficacy
- Vicarious learning: excellent alternative to traditional active learning in palliative care simulation
- Non-traditional pedagogy using simulated situations may transform the way palliative care is taught and may change the perceived negatively nature of the experience

QUESTIONS

- Simulation templates available upon request
- Contact information
  - sbarger1@una.edu

Palliative Care in Simulation: Logistics and Implementation

University of Portland

Kaleigh Barnett, RN, MNE, OCN, CHSE

University of Portland

Case Overview

- Unfolding over 4 semesters
- Scaffolding around course concepts
- No formal evaluation of competencies

Modalities

- Use of Standardized Patients (SP)
  - Focus on communication/critical conversations
  - Portrayal of family at bedside
- Lifecast manikin
  - Postmortem care
- High fidelity manikin, hybrid
  - Could be used depending on focus of sim

University of Portland

Logistical Challenges

- SP training and standardization
- Staffing challenges
- Heavy tech involvement
- Faculty directing and prebriefing responsibility

Interprofessional Palliative Care Simulations

Mandy Kirkpatrick, PhD, RN

Associate Professor

Brooks Scholar, College of Nursing FIRE Initiative 2021-2024

Josiah Macy Jr. Faculty Scholar 2019-2021

Jonas Nurse Scholar 2016-2018

Creighton University College of Nursing

Creighton
UNIVERSITY
Center for Interprofessional Practice, Education and Research

Palliative Care: An Ideal Platform for IPE

Who?

1. In-Person End-of-Life Simulation
   - Undergraduate BSN
   - Graduate DNP
   - Chaplain Residents
2. Online Distance Palliative & Hospice Sims
   - UG & Grad Nursing
   - Medicine & PA
   - Pharmacy
   - OT & PT
   - Social Work
   - Chaplaincy
   - Dentistry

Using Frameworks

JAN JOURNAL OF ADVANCED NURSING

DISCUSSION PAPER

Development of a shared theory in palliative care to enhance nursing competence

Jean-François Desbiens, Johanne Gagnon & Lise Fillion

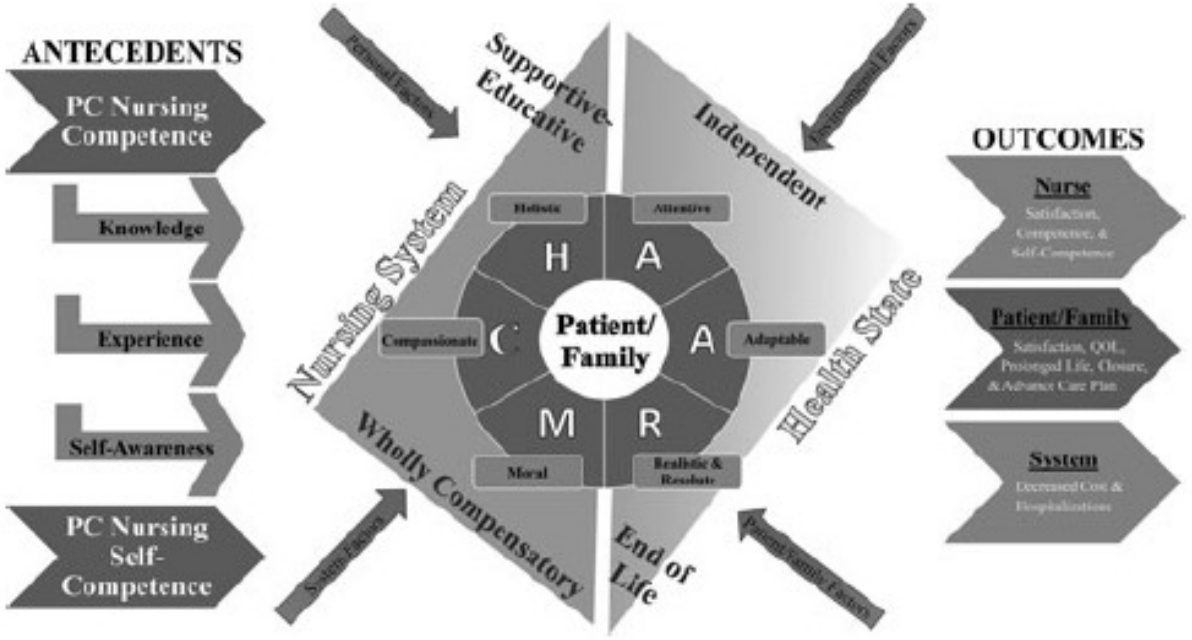


Figure. CHAARM concept model of palliative care nursing (including CHAARM approach) developed through a concept analysis using the Walker and Avant model.

Advances in Nursing Science
Vol. 00, No. 00, pp. 1–14

A Concept Analysis of Palliative Care Nursing

Advancing Nursing Theory

Amanda J. Kirkpatrick, MSN, RN-BC;
Mary Ann Cantrell, PhD, RN, FAAN;
Suzanne C. Smeltzer, EdD, RN, FAAN

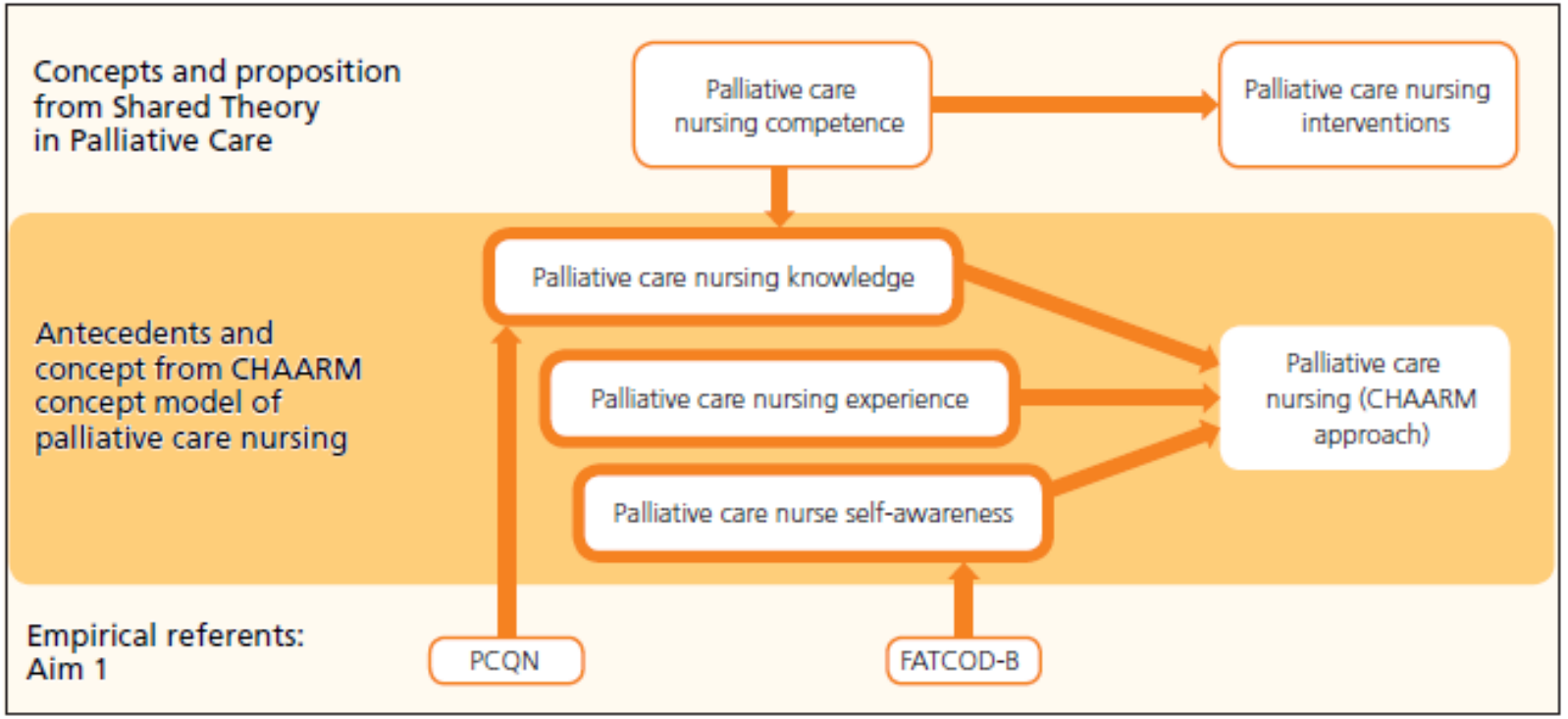


Figure 1. Theoretical framework diagram. PCQN=Palliative Care Quiz for Nursing; FATCOD-B=Frommelt Attitudes Toward Care for the Dying-Form B

Palliative care knowledge and self-awareness in active and observing undergraduate nursing students after end-of-life simulation

Amanda J Kirkpatrick, Mary Ann Cantrell and Suzanne C Smeltzer

International Journal of Palliative Nursing 2020, Vol 26, No 3

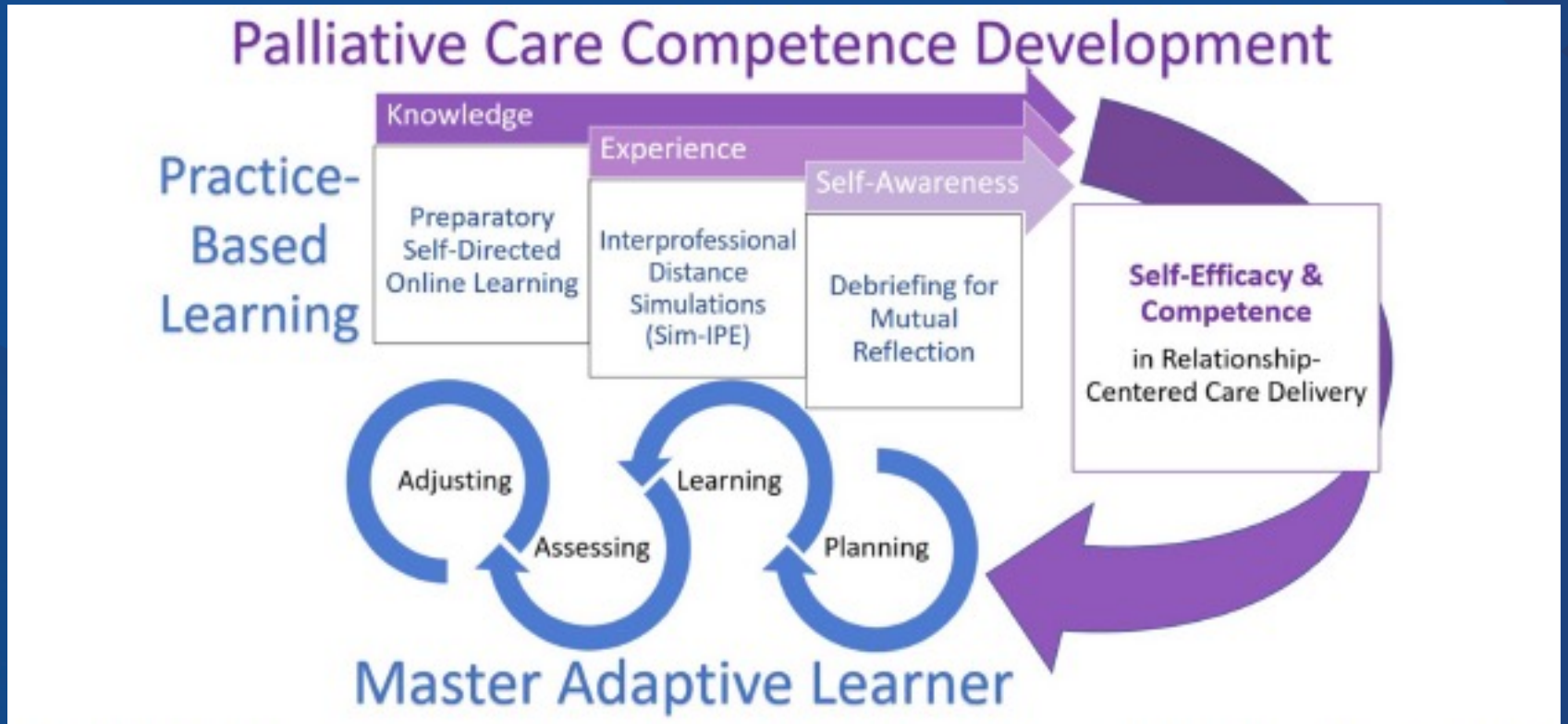


Fig. 1. Model for Palliative Care Competence Development. This visual model depicts how practice-based learning and pal
structure an online interprofessional palliative care course that fosters self-efficacy and competence in the performance of relation
adaptive learners.

Journal of Interprofessional Education & Practice 27 (2022) 100512

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/jiep

Building interprofessional team competence through online synchronous simulation of palliative care scenarios

Amanda J. Kirkpatrick [a,*], Andrea M. Thinnes [b,c], Cindy L. Selig [a], Helen S. Chapple [d], Lindsay M. Iverson [a], Kelly K. Nystrom [b,e], Nancy Shirley [a], Maribeth Hercinger [a], Diane Jorgensen [f], Gladyce O. Janky [g,h], Brianna F. Baumberger [a], Amy Pick [i]

Why?

- Mixing learner levels
- Distance learners
- Partnering institutions
- Flexible location
- Student connections

What/Where?

- Nursing Care Unit – Primary PC Nursing
  - Objective: Difficult Conversations & EOL Care
- Hospital Setting – Palliative Care Team
  - Objective: Goals of Care
- Home Setting - Hospice Team
  - Objective: Caregiver Support

How?

1. Pre-simulation module
2. Plan is transparent to students
3. Standardized patients are trained
4. Feedback using evaluation instruments

Preparatory Materials

Required Resources (Prelab for Simulation)

- Read student behavior and participation expectations for interprofessional simulation.
- View PHASE 1 Simulation Prequel Video

- Review **patient chart** (H&P, labs, advance directive, etc.).
  - Admit Day 1.docx
  - Admi
  - Hazel

Advance Directives Document (Page 1 of 4)

INFORMATION ABOUT MY SURROGATE DECISION-MAKER(S)

I, Hazel Smith, appoint Victor Smith, whose address is 111 Creighton Drive, Omaha, NE 68601 and whose telephone number(s) are: (home) 402-280-9999 (cell) 402-555-9999 as my surrogate decision-maker, known in this document as my "Attorney-in-Fact for Healthcare".

I appoint Bradley Smith whose address is 111 Somewhere, California and whose telephone number(s) are: (home) 919-555-3333 (cell) 818-555-4444 as my successor surrogate decision-maker (known in this document as my "Attorney-in-Fact for Healthcare") if the person named above is unavailable or unwilling to make decisions on my behalf.

I authorize these individuals to receive information and to make healthcare and treatment decisions on my behalf if and when it is determined that I am unable to make my own decisions. I give them responsibility for advocating on my behalf for healthcare and treatment that represents my values, beliefs and preferences, and ensures my physical, emotional, and spiritual well-being.

Creighton UNIVERSITY

Smith, Hazel	MRN: 123456 FIN: 654321 Allergies: None	Age: 80 Years Race: White Gender: Female	Admitted: Admit Day 1 Admission Reason: SOB Discharged:	Location: CSICU 14 Physician: Hill MD, Roberta DOB 02/5/1937

History of Present Illness

- Son was visiting from out of town, notices the condition of her apartment (normally very well kept and keeps a tidy apartment -- dishes stacking up, not vacuumed, and appears disheveled) and weight loss
- Son brought in through emergency department with SOB
- This is Hazel's 3rd admission in 2 months

Notes

80-yo female, pleasant lady, presents with PMH brought to ED by son. CXR reveals no acute disease

- **Past medical history (PMH)** – COPD, smoking history but quit in 1970's, non-O2 dependent; Heart Failure; Hypertension; Chronic Kidney Disease; Heart murmur detected by family doctor, diagnosed in her mid-70's, not a good surgical candidate for stenosis repair
  Has had 3 admissions in the last 2 months due to dehydration (dyspnea, fatigue, cachexia, loss of appetite, SOB w/ ambulation, delirious at NOC); managed with IV

Vitals	
BP	130/55
HR	
T	
RR	
SpO2	

Labs	
Potassium	4.6

Smith, Hazel	MRN: 123456 FIN: 654321 Allergies: None	Age: 80 Years Race: White Gender: Female	Admitted: Admit Day 3 Admission Reason: SOB Discharged:	Location: PINS 34 Physician: Hill MD, Roberta DOB 02/5/1937

History of Present Illness

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- Son brought in through emergency department with SOB
- This is Hazel's 3rd admission in 2 months

Notes

80-yo female, pleasant lady, presents with PMH brought to ED by son.

Vitals	
BP	132/60
HR	78
T	98.2
RR	20
SpO2 (1L O2)	94%

Labs	
K+	2.6
Cl	100
Creat	1.27
Na	138
Ca	8.6
CO2	30
Glucose	109
Creat	1.27
BUN	34

Current Medications	
Furosemide	40 mg IV once
Atenolol	50 mg oral, BID
Aspirin	81 mg Daily
Heparin	5000 Units SQ q 8h
Ipratropium-Albuterol	3 mL nebulizer q 6h while awake
Tylenol	500 mg oral q 6h PRN
Zofran	4-8 mg IV q 8h PRN

Cardiology Consult Note:

80 F w/ Hx of AVS, L vent. EF has fallen which is a very poor prognostic sign

Assessment-

- CXR reveals bibasilar atelectasis, Stenosis of AV from ECHO with mean gradient 59.0mmHG, peak velocity 4.74m/s, AVA 0.38 cm^2
- HFpEF – L ventricular EF 30-35%, Grade II LV diastolic dysfunction, severe aortic stenosis, EF has decreased from 60-65% 3 years ago
- Elevated troponin likely related to heart strain from Ao stenosis
- AKI resolving – Creat has come down to 1.27 today
- Mild confusion

Recommendation-

I would suggest that hospice care is probably appropriate but will defer to primary team to ultimately make that decision.

Recommendation: Treat her with diuretics as needed to keep her comfortable; Patient not open to TAVR, no surgical intervention warranted, Consult Palliative care for goals of care discussion, continue Atenolol and ASA, add subq Heparin, continue with Lasix 40mg po daily, request screenings/evaluation by PT, OT, and Social work for discharge planning.

Prebriefing & Psychological Safety

Required Resources (Prelab for Simulation)

- Read student behavior and participation expectations for interprofessional simulation.
- View PHASE 1 Simulation Prequel Video

- Review **patient chart** (H&P, labs, advance directive, etc.).

Notice: Standardized patient may die by the end of scenario. Student **may experience some emotional distress given the nature of the scenario and discussion regarding end of life.** The faculty wish to promote students' psychological safety and preparation for this event. There are also resources posted in the syllabus for those needing additional support following the simualtion.

Creighton UNIVERSITY

Smith, Hazel	MRN: 123456 FIN: 654321 Allergies: None	Age: 80 Years Race: White Gender: Female	Admitted: Admit Day 1 Admission Reason: SOB Discharged:	Location: CSICU 14 Physician: Hill MD, Roberta DOB 02/5/1937

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  Has had 3 admissions in the last 2 months due to dehydration (dyspnea, fatigue, cachexia, loss of appetite, SOB w/ ambulation, delirious at NOC); managed with IV

Vitals		Labs	
BP	130/55	Potassium	4.6
HR			
T			
RR			
SpO2			

Smith, Hazel	MRN: 123456 FIN: 654321 Allergies: None	Age: 80 Years Race: White Gender: Female	Admitted: Admit Day 3 Admission Reason: SOB Discharged:	Location: PINS 34 Physician: Hill MD, Roberta DOB 02/5/1937

History of Present Illness

INFORMATION ABOUT MY SURROGATE DECISION-MAKER(S)

and whose telephone number(s) are: (home) 402-280-9999 (cell) 402-555-9999 as my surrogate decision-maker, known in this document as my "Attorney-in-Fact for Healthcare".

I appoint Bradley Smith whose address is 111 Somewhere, California and whose telephone number(s) are: (home) 919-555-3333 (cell) 818-555-4444 as my successor surrogate decision-maker (known in this document as my "Attorney-in-Fact for Healthcare") if the person named above is unavailable or unwilling to make decisions on my behalf.

I authorize these individuals to receive information and to make healthcare and treatment decisions on my behalf if and when it is determined that I am unable to make my own decisions. I give them responsibility for advocating on my behalf for healthcare and treatment that represents my values, beliefs and preferences, and ensures my physical, emotional, and spiritual well-being.

RR	20	Na	138
SpO2 (1L O2)	94%	Ca	8.6
		CO2	30
		Glucose	109
		Creat	1.27
		BUN	34

Current Medications	
Furosemide	40 mg IV once
Atenolol	50 mg oral, BID
Aspirin	81 mg Daily
Heparin	5000 Units SQ q 8h
Ipratropium-Albuterol	3 mL nebulizer q 6h while awake
Tylenol	500 mg oral q 6h PRN
Zofran	4-8 mg IV q 8h PRN

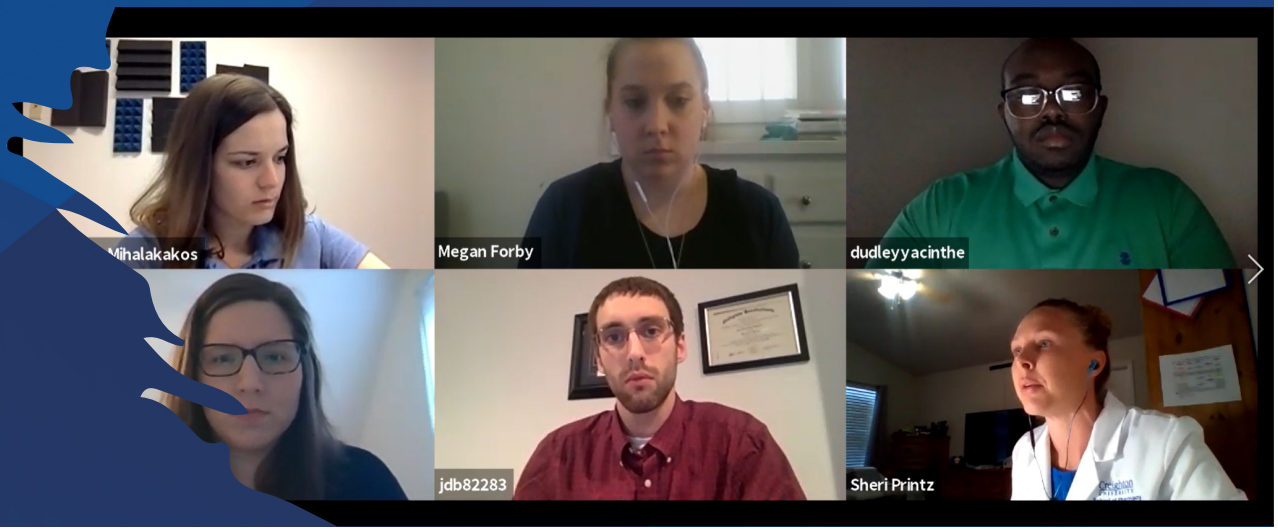
- HFpEF – L ventricular EF 30-35%, Grade II LV diastolic dysfunction, severe aortic stenosis, EF has decreased from 60-65% 3 years ago
- Elevated troponin likely related to heart strain from Ao stenosis
- AKI resolving – Creat has come down to 1.27 today
- Mild confusion

Recommendation-
I would suggest that hospice care is probably appropriate but will defer to primary team to ultimately make that decision.

Recommendation: Treat her with diuretics as needed to keep her comfortable; Patient not open to TAVR, no surgical intervention warranted, Consult Palliative care for goals of care discussion, continue Atenolol and ASA, add subq Heparin, continue with Lasix 40mg po daily, request screenings/evaluation by PT, OT, and Social work for discharge planning.

Example Simulation Plan

1. Team case discussion – Establish plan (20 mins)
2. Patient interview – (30 mins)
    1. Phase 1: Goals of care discussion
    2. Phase 2: Caregiver support
3. Team recommendations – “Consult Note” (10 mins)
4. Debriefing – Reflect on team dynamics (30 mins)



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Nursing Evaluation: CCEI-PC

Modified Creighton Competency Evaluation Instrument – Palliative Care Version© (CCEI-PC©)

Student Name:_____

Evaluator Name:

0=Does not demonstrate competency
1=Demonstrates competency
NA=Not applicable

Date: ____/_____/_____
MM / DD / YYYY

					COMMENTS:
ASSESSMENT	1. Obtains Pertinent Data [Holistic approach: includes assessment of patient and family member(s), identifies patient's preferences and/or reviews patient's advance directives, conducts systematic physiologic assessment (includes pain, oral, dyspnea, delirium), & performs cultural/spiritual assessment]	0	1	NA	
	2. Performs Follow-Up Assessments as Needed	0	1	NA	
	3. Assesses the Environment in an Orderly Manner	0	1	NA	
COMMUNICATION	4. Communicates Effectively with Intra/Interprofessional Team (Team STEPPS, SBAR, Written Read Back Order)	0	1	NA	
	5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching) a. Efforts to establish trust (through demonstration of empathy, active listening, and authentic presence)	0	1	NA	
	b. Uses language that is culturally/spiritually sensitive, age-appropriate, and situation-appropriate. (e.g. avoid medical jargon & *" I know how you feel..."*, instead *"This must be really hard for you..."*, use open ended statements/questions)	0	1	NA	
	c. Utilizes resource(s) to improve communication (e.g. education pamphlet, advance directives, coping techniques, etc.)	0	1	NA	

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Team Evaluation: C-ICE

Values/Ethics for Interprofessional Practice	0=Does not demonstrate competency 1=Demonstrates competency NA- Not applicable
Exemplifies patient-centered care (i.e. patient dignity, confidentiality, diversity, etc.)	Circle Appropriate Score for all Applicable Criteria
• Involves patient as a member of health care team (acknowledges, solicits information and listens to patient, NA if patient not present)	0 1 N/A
• Values patients' right to make their own health care decisions (references patient's perspective) – Team does not allow son to monopolize the conversation and ensures patient voice is heard in discussion	0 1 N/A
• Identifies factors influencing health status of the patient (verbalizes factors) – Addresses patient's diagnosis and what she understands about her chronic condition(s)	0 1 N/A
• Integrates patient-specific circumstances into care planning (considers factors in plan) – Considers patient safety factors (lives alone, son is not in the area) and patient values/preferences (may include spirituality, diet, etc.)	0 1 N/A
Demonstrates team goal setting	
• Identifies patient's goals (from patient's perspective, verbalizes goals) – Returning home	0 1 N/A
• Identifies team goals for patient (verbalizes goals) – Comfort and maximized QOL	0 1 N/A
• Prioritizes goals (NA if only one goal established) – Code status and symptom management as priorities in discussion (minimum requirements)	0 1 N/A

Fig. 3. Example Criteria for Performance Evaluation. This example shows faculty-identified criteria for evaluating student performance during an interprofessional palliative care distance simulation using the Creighton Interprofessional Collaborative Evaluation© instrument.


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Building interprofessional team competence through online synchronous simulation of palliative care scenarios

Amanda J. Kirkpatrick [a,*], Andrea M. Thinnes [b,c], Cindy L. Selig [a], Helen S. Chapple [d], Lindsay M. Iverson [a], Kelly K. Nystrom [b,e], Nancy Shirley [a], Maribeth Hercinger [a], Diane Jorgensen [f], Gladyce O. Janky [g,h], Brianna F. Baumberger [a], Amy Pick [i]

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Questions?

- Resources & reference list are posted
- Thank you on behalf of our faculty course team -

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Helen S. Chapple, PhD, RN, MA,
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You are here: End-of-Life-Care (ELNEC) / ELNEC Schools of Nursing Faculty Corner

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ELNEC Schools of Nursing Faculty Corner

Welcome | ELNEC Materials | Hall of Fame | Teaching & Evaluation Tools | Publications

Welcome

End-of-Life Nursing Education Consortium (ELNEC) project is a national and international education initiative to improve palliative care. Learn more. This corner was created to support faculty in schools of nursing.
Visit the ELNEC Materials tab for free faculty access to ELNEC Undergraduate/New Graduate and/or ELNEC Graduate curricula. Visit the Faculty Teaching & Evaluation Tools tab for materials and websites, from our palliative care colleagues. Visit the Hall of Fame to see if your institution is featured as one of ELNEC's champion sites.

Upcoming Webinars

- Evaluating Learning Outcomes in Palliative Care Nursing Education: Tools and Strategies - Facilitated by **Andra Davis**, PhD, MN, RN
  - **Monday, February 28th, 8:00-9:00AM PST/11:00AM-12:00PM EST** Click to Register
  - **Tuesday, March 1st, 3:00-4:00PM PST/6:00PM-7:00PM EST** Click to Register
- Teaching Innovation with Palliative Care - TBD, Facilitated by **Andra Davis**, PhD, MN, RN

Faculty Spotlight

Dr. Andra Davis interviews faculty who currently use ELNEC Undergraduate and/or ELNEC Graduate. Check back often to see updated interviews.
February 2022: **Casey Shillam**, PhD, RN, Dean & Professor, School of Nursing, University of Portland. **Watch Interview**

Past Faculty Spotlight Interviews

ELNEC
END-OF-LIFE NURSING EDUCATION CONSORTIUM

2022

Train-The-Trainer National Courses

Participants receive CEs, a textbook, syllabus, resources, and more...

FOR MORE INFORMATION OR TO REGISTER:

Advancing Palliative Care

SUMMIT COURSES ARE HELD SIMULATENOUSTLY. PARTICIPANTS MUST CHOOSE ONE

Spring Summit: Pasadena, CA
April 21-22

- APRN Adult
- APRN Pediatric
- Core
- Communication
- Critical Care
- Geriatric
- Pediatric

Fall Summit: Chicago Area (Oak Brook, IL) | October 20-21

- APRN Adult
- Core

AACNNURSING.ORG/ELNEC

FOR MORE INFORMATION OR TO APPLY:

Interprofessional Communication Curriculum (ICC)

Portland, OR - August 24-26

- NCI Grant Funded: FREE registration, hotel lodging, and more
- For Teams of Oncology Nurses, Chaplains, and Social Workers

CITYOFHOPE.ORG/ICC