Ethical nursing simulation: Using an interdisciplinary simulation approach

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Objectives

- Expose nursing students to a complex ethical simulation in a clinical setting
- Interdisciplinary collaboration to create a structured simulated experience in which students may experience in a real-life setting
- Create a transfer of ethical theory to clinical skill

Who is involved?

- Goal was to encompass all courses taken within the cohort's semester. The courses include:
 - Pediatrics
 - Maternal/child
 - Mental Health
 - Ethics

Theory Instruction

- Students receive theory on Nursing Ethical Virtues
- Instruction on the Nursing Code of Ethics
- Support development of the professional voice with multiple disciplines for the nursing student.
- Instruction of pediatric, mental health, and post-partum care
 - Listening to patient needs
 - Articulation of the problem

Development of Simulation

- Actual situation from clinical experience
- Research state law for care of minor
- Organization and planning of:
 - Ethics board members
 - Spiritual care components
 - Social service involvement
 - Patient and family members
 - Scenario information for students
 - Case study material for further facilitation of learning

Simulation Materials

- Information provided to the students prior to the simulation day to help develop a focus for the ethical component. Students are encouraged to work through the scenario using ethical theory, state law, and position
- Materials give to students
 - Prior to simulation students given the opportunity to plan and prepare as team
 - Objectives for the day
 - Scenario
 - Websites to view for the state laws pertaining to child welfare
 - Nursing Code of Ethics
 - Schedule of rotation
 - Peer groups are assigned based on student academic performance, clinical skills, and articulation of voice in the classroom. (4 per group)

Setting the Stage

• Situation:

- Mother has a diagnosis of bipolar disorder and heroin use while pregnant. No prenatal care. Other children are in the custody of the state.
- Father is in a half-way house and has a known history of heroin abuse.
- Parents are not together.
- Newborn is an encephalic and ventilator dependent
- Family has been informed of recommendations to remove ventilator support.
- Live actors present in simulation rooms which are set to mimic a postpartum room
- Mother and social worker initially present. Father arrives approximately five minutes into the simulation.
 - Mother wants to sustain life for the newborn
 - Father wants to follow the recommendations of the medical professionals

Rotation of Simulation Experience

- Arrival is 15 minutes prior to scheduled simulation time
- Student group to identify two people who will lead the discussion with the family. Other two people are involved in the ethics panel or can intervene if feel the peers need help during the simulation.
- Immediately after simulation ends group goes to a separate room to place thoughts together to support the needs of the patient and family. Given 15 minutes to develop
- Present to the ethics board the stance for the family.
 - Speak for 5 minutes
 - Ethic committee may ask questions for 10 minutes to clarify the stance of the group

Rotation (continued)

- After ethics board move to debriefing room to answer questions based on selfperception of student performance in simulation.
- Debriefing:
 - Half the class watched the recording of their simulation with verbal debriefing
 - Half the class had verbal debriefing only
- Move to case study work.
- Ethics committee and faculty meet to debrief to decide which group presented the strongest case for the situation.
- Meet with cohort to debrief about the experience
- Ethics committee discusses outcomes with faculty who facilitated the small group debriefing and social work actors.
- The group with the best articulation of the patient/family needs announced.

Ethical Decision Making Process

- Stop and think: This provides several benefits. It prevents rash decisions, prepares us for more thoughtful discernment, and can allow us to mobilize our discipline.
- Clarify goals: Before you choose a stance, clarify your short-term and long-term aims. Determine which of your many wants and "don't wants" affected by the decision are the most important. What is the important goal for the situation?
- Determine facts: Be sure you have adequate information to support an intelligent choice. To determine the facts, first resolve what you know, then what you need to know. Be prepared for additional information and to verify assumptions and other uncertain information. In addition:
 - Consider the reliability and credibility of the people providing the facts. Consider the basis of the supposed facts. Evaluate the honesty, accuracy, and memory.
- Develop options: Once you know what you want to achieve and have made your best judgment as to the relevant facts, make a list of actions you can take to accomplish the goal for the patient.

- Consider consequences: Filter your choices to determine if any of your options will violate any core ethical values, and then eliminate any unethical options. Identify who will be affected by the decision and how the decision is likely to affect them.
- **Choose:** Make a decision. If the choice is not immediately clear, try:
 - If everyone found out about your decision, would you be proud and comfortable?
 - Follow the Golden Rule: treat others the way you want to be treated, and keep your promises.
- Prepare statements: to give to the ethical panel support the decision you feel is the best for the situation. Some things to think about:
 - Can we rationally and honestly defend our decision?
 - How will the decision affect others?
 - Are the actions we propose legal?
 - Would our decision be considered unethical?

Ethics Board Criteria

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

- The group stated the ethical problem
- The entire group participated in presenting to the ethical committee
- The group was able to present their stance using ethical principles.
- The group answered the questions of the ethics committee clearly and concisely
- The group demonstrated a high level of professionalism and care for the ethical situation
- Please add any additional comments

Case Studies

- Focus on ethical processes
- Given five different scenarios keep students in the mind-frame of ethical thought processes with a concentration on ethical virtues
- Questions within the case studies required students to identify different ethical theories to help construct thought processes for the presentation to the ethics committee

Cohort Debriefing Session

- Discussion on the priorities of foundational work of ethical theory to support ethical case.
- Ethical board discussion on points of strength and areas for opportunities when working with a multidisciplinary group.
- Actors discussion on areas of strengths and opportunities for improvement in dialogue and physical interactions.
- Evoke conversation about the process in which groups dealt with the father vs. the mother.
- Allow time for students to ask questions about the outcomes of the simulation as it relates to clinical practice.
- Identify ways students may change their approach to the simulation if given an opportunity to be part of the simulation a second time.

Pearls of the Experience

- The importance of involving the entire family in the conversation
- Made aware of body language and becoming more mindful of words spoken
- Actual participation in de-escalating tense patient situations
- Identifying the importance of building trust with both parents
- "Personally, I have a lot of growing to do when it comes to intense situations, today was just another toe in the water for those experiences"
- Gives a real-life experience to help build confidence that I do know the "right words" to say.
- Asking specific questions to understand the patient's understanding of the situation first.
- Practice validating a patient's feelings
- "Made me aware to analyze the environment and the patient to keep myself and patient safe"

References

- American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*. Silver Springs, MD: American Nurses Association.
- Ball, J.W., Bindler, R.C., & Cowen, K.J. (2014). *Child health nursing: Partnering with children & families.* (3rd ed.). Upper Saddle River, NJ: Pearson.
- Butts, J. B. & Rich, K. L. (2020). *Nursing ethics: Across the curriculum and into practice*. (5 ed.). Burlington: MA: Jones and Bartlett Learning, LLC.
- Minnesota Department of Human Services. (2019). Family assessment response to child safety concerns. Retrieved from https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4242-ENG
- Minnesota Department of Human Services (2019). Family assessment response: Family investigation response: https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/programs-services/family-assessment-response.jsp
- Townsend, M.C. & Morgan K. (2018). Psychiatric Mental Health Nursing: Concepts of Care in Evidence Based Practice (9th Ed). Philadelphia, PA: F.A. Davis