

# NURS-kit: 3

## **COMPLEX CARE IN THE END OF LIFE FACILITATOR'S GUIDE**

Simulation training session for final year  
nursing students

## LEARNING OBJECTIVES FOR

The participant is able to assess the needs of a patient at the end-of-life and their family using appropriate communication techniques when dealing with difficult conversations.

The participant is able to recognize the current stage of grief in a patient needing palliative and end of life care and appreciate how this would influence the care management.

The participant is able to prioritize the needs of the patient at the end of life and show ability to apply clinical reasoning following patient assessment.

The participant is able to plan the nursing care required for the patient at the end of life.

## DESCRIPTION OF PARTICIPANTS

### Final year student nurse:

The student should be prepared in patient assessment techniques using a nursing framework e.g. Roper's activities of living. The student should be knowledgeable about the importance of documentation during patient assessment and may collect the necessary documentation from the facilitator before going to meet the patient. The student should also be knowledgeable about different communication skills (verbal and non-verbal) and be able to apply these appropriately during the assessment. In addition knowledge and understanding of the stages of grief is required and the student should have been prepared for this prior to undertaking the simulation. The student will need to be in uniform. **On completion of the assessment the student should be able to prioritise two problems and discuss how these will be managed.**

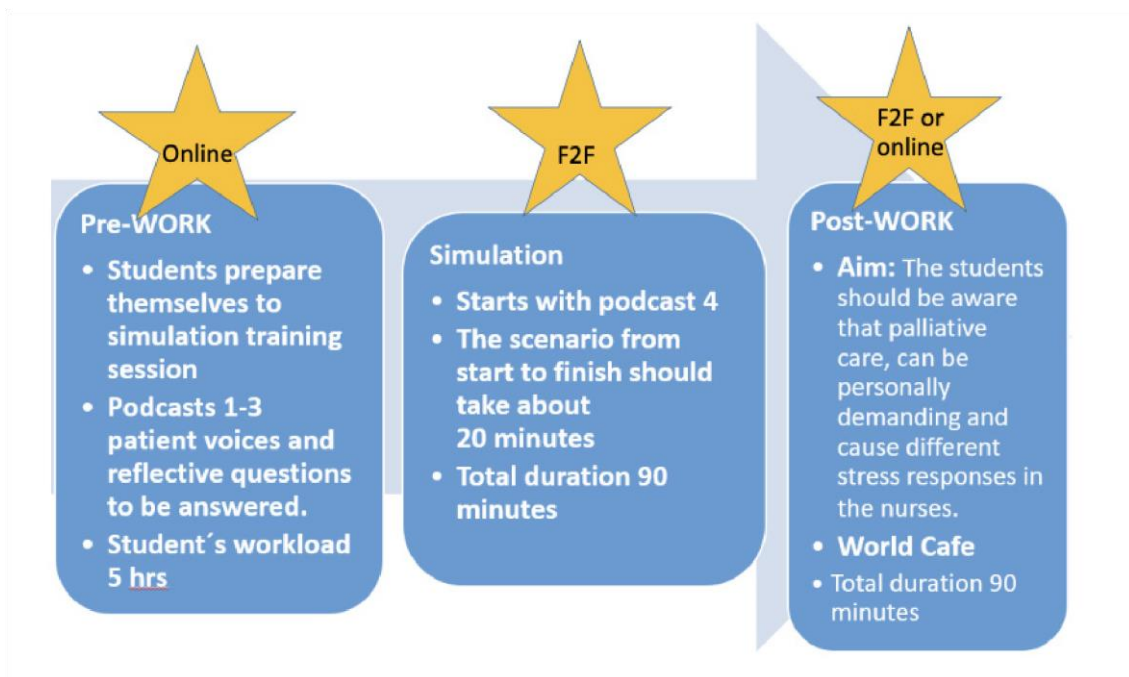
## PRACTICAL CLINICAL SKILLS REQUIRED PRIOR TO SIMULATION:

- Ability to undertake a physical assessment of a patient (to measure vital signs, temperature, pulse and respiratory monitoring, BP measurement, pain, neurological status)
- Ability to communicate effectively with the patient and pick up on the verbal and non-verbal cues during the assessment.
- Ability to recognize the current stage of grief and to plan care for a patient requiring palliative care .

## WORK TO BE CARRIED OUT PRIOR TO SIMULATION

Prior to simulation student needs to know about:

- Respective national standards for end-of-life care
- Symptom management
- Different stages of grief
- Communication strategies for dealing with bad news
- Knowledge and use of assessment frameworks e.g. Roper's model, Orem, Henderson



## PREWORK FOR STUDENTS – LISTEN TO REAL LIFE STORIES...

Podcast 1 - The Birds of Last Winter

Podcast 2 -The Hardest Thing is to Get Up

Podcast 3 - How Precious is Time

# SIMULATION TRAINING STARTS

Listen to the three different real life stories about terminal illness on the podcasts. The aim of the podcasts is to clarify your understanding about grief from the patient perspective. The podcast will focus on descriptions of shock and denial, depression and acceptance. Please, listen to them and prepare yourself for the simulation training session with the facilitator/s by thinking about the followings:

1. What kind of thoughts did these stories on podcasts 1-3 provoke in you?
2. How would you seek to be present with the patients or the patients' family? Would you be able to handle these situations?
3. Would you be able to take/handle the patients' feelings?
4. What do you think would you help these patients?

**The simulation starts with Podcast 4. The facilitator will play Podcast 4 which recounts the handover of a patient. The facilitator explains:**

“Simulation scenario starts with a phone call from the hospital nurse giving the background information about the patient for you. She will ask you to manage the patient in her home environment. As you are listening to this phone call you might want to write some notes for yourself...”

**Podcast 4 is then played and students are asked to listen, prior to the simulation activity.**

## **Simulation Session: instructions for role-play**

We recommend you to use simulated patient/ standardized patient for role-play. This simulation has three options for role-play. You should prepare your simulated patient to play either of the three options:

1. Denial
2. Depression
3. Acceptance of the situation

**Option 1:** The role to be played out will be one of a patient in denial of the current circumstances and this will be evident in them not acknowledging that the disease management is now palliative in nature. Although, she has stated that she wants to be with her family, it will be evident during the assessment that she is not prepared to discuss future plans about her care and what to do when symptoms worsen as she is fine and does not see why there needs to be such a discussion.

**Option 2:** The role played out will be that of a patient who is quite withdrawn during the visit, not making any eye contact during the assessment; body language will show evidence of lack of engagement with the nurse. Response to the questions being asked will be monosyllabic

**Option 3:** The role played out will be that of a patient engaging in the discussion with the nurse and talking about how they feel and what they would like to see happening with regards the plan of care. Body language will be open and eye contact will be maintained. The patient will also be asking questions

## SCENARIO FLOW

Scenario progression	Effective Management	Lifesaver
<ol style="list-style-type: none"> <li>1. Verbal handover from the hospital nurse; play podcast 4</li> <li>2. Assessment of the patient - focus on non-technical skills i.e. communication verbal and non-verbal with the patient also utilizing an assessment framework</li> <li>3. Summarize findings from the assessment and verify this with the patient to start formulating a plan of care</li> <li>4. Outlines the plan of care for the patient having completed the assessment; a minimum of two nursing problems are identified</li> </ol>	<p>Student is able to filter and summarise the information from the handover and start to formulate questions that may be asked to the patient using an (identified) assessment documentation</p> <p>Student shows awareness of the stage of grief for the scenario and is able to respond and engage appropriately with the patient</p> <p>Student is able to effectively mirror the discussion to the patient and the patient will acknowledge this for option 1/3. For option 2, must still summarize even though the Patient is not responding much.</p>	<p>If it is evident that the student has not understood the handover, a facilitator can ask the student, as a colleague, if they are clear about the handover.</p> <p>The standardized/simulated patient can verbally emphasize their responses again, if it is evident the student is not recognising the stage of grief. If student is still not able to achieve this, the facilitator is to stop the scenario and proceed to debrief.</p> <p>The standardized/simulated patient will become increasingly engaged.</p>
<p>Criteria for closing the scenario: If there is evidence that the student has not been able to establish dialogue and undertake the assessment then the scenario needs to be closed</p>		

# POST-WORK

## CAFE DESIGN /WORLD CAFÉ

**Just after the simulation session, having a debriefing session with your students is the next step**

### **In the debriefing session:**

Focus on the positive sides, that is on what your students did well. Let them to tell you how they feel they have managed the simulation session. You can also point out things that might have done differently.

We recommend that you leave a 1-2 weeks period to lapse between the simulation session and post-work. This allows students to do any missed pre-work.

## **OUTCOME FOR THE POST-CASE REFLECTION:**

### **Aim:**

The students should be aware that palliative care, can be personally demanding and cause different (stressful) responses in the nurses.

### **Outcome:**

- Students have knowledge about the different reactions that may occur when working with seriously ill and dying patients.
- Students recognize stress within themselves and have insight into their own reaction patterns.
- Students are able to seek help and address unfavourable reactions.

## **PRE-WORK FOR THE POST-CASE REFLECTION:**

### **NURSkit 3 post-work**

During the week following the simulation, students can prepare themselves by reading material on the suggested website noted below:

<https://www.caresearch.com.au/caresearch/tabid/2180/Default.aspx>

The post-reflection can be organized using a Café Design Method. The method is particularly useful for increasing understanding of complex problem areas. There is evidence to suggest

that it is suitable for reflecting and gaining knowledge regarding end of life care (Kanaskie 2011)

## THE WORLD CAFÉ DESIGN MODEL



**NURSkit 3 post-work**



In the cafe design model, groups come together in a room with visual cues that create a café like environment. Usually this will include the following cues:

- Good quality questions in order to promote in-depth discussions.
- Focus has to be clear and it has to MATTER to the participants.

### Cafe Etiquette:

- Focus on what matters
- Contribute your thinking
- Speak your mind and heart
- Listen to understand
- Link and connect ideas
- Listen together for insights and deeper questions
- Play, doodle, draw - writing on charts or tablecloths is encouraged.





# THE WORLD CAFÉ DESIGN MODEL

## NURSkit 3 post-work

- Tables with paper tablecloths – group of 4-6 participants at each table
- Coffee / tea / water that the participants can drink, and colourful markers to write, draw and doodle on the paper tablecloth.
- Menu containing task text/problem/ question on each table.
- Students rotate between tables and discuss all the questions.
- Participants are encouraged to write their own thoughts, opinions and reflections.
- This means that new table sets can bring inspiration and build on previous conversations that have taken place around the table.



- There will also be hosts on each table that can keep the continuity of the discussions.

# THE WORLD CAFÉ DESIGN MODEL

## NURSkit 3 post-work

- After all the students have answered all the questions, a summary of the discussions in plenary can be done.
- One person at each table is responsible for presenting a summary from their table.
- The whole session will take from 60- 90 minutes.  
For eg. 15- 20 minutes to discuss at each table, 15- 30 minutes on a summary discussion

### **You could use these questions in the world café tables:**

- How can you as a nurse be an optimal resource for a dying patient and their family?
- What underlying factor(s) can influence you as a nurse when you are working with seriously ill and dying patients?
- What actions can take, so as to take care of yourself, when you are working with seriously ill and dying patients?

# REFERENCES

## **NURSkit 3 post-work**

Kanaskie, M. L. (2011). Incorporating café design principles into End-of-Life discussions: an innovative method for continuing education. *Journal Of Continuing Education In Nursing*, 42(4), 166-171.

<http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/>

The following three Universities cooperated to produce this NURS-Kit

JAMK University of Applied Sciences. Finland

Oslo Metropolitan University, Norway

Middlesex University, UK

