Gaps in Adult Education: A Multimodal Approach to End-of-Life Nursing Education Karla Schroeder DNP, RN, MHA, ANP-BC, NE-BC & Judy Passaglia CNS, RN, NE-BC Stanford Health Care

Background

Nursing plays a crucial role in the improvement of end-of-life care. In an academic medical center high acuity, psychosocial factors, intense family dynamics and the emotional response to death make end-of-life care exceptionally challenging. This environment requires an innovative educational plan which addresses the intensity of the patient population, organization and nursing culture. There is little published literature on effective end-of-life multimodal education with the use of standard patient simulation in acute clinical nursing.

Objectives

- Provide interactive learning experience
- Provide focused end-of-life learning experience
- Provide fiscally responsible learning method
- Provide nursing staff with tools for practice in a safe environment

Methods

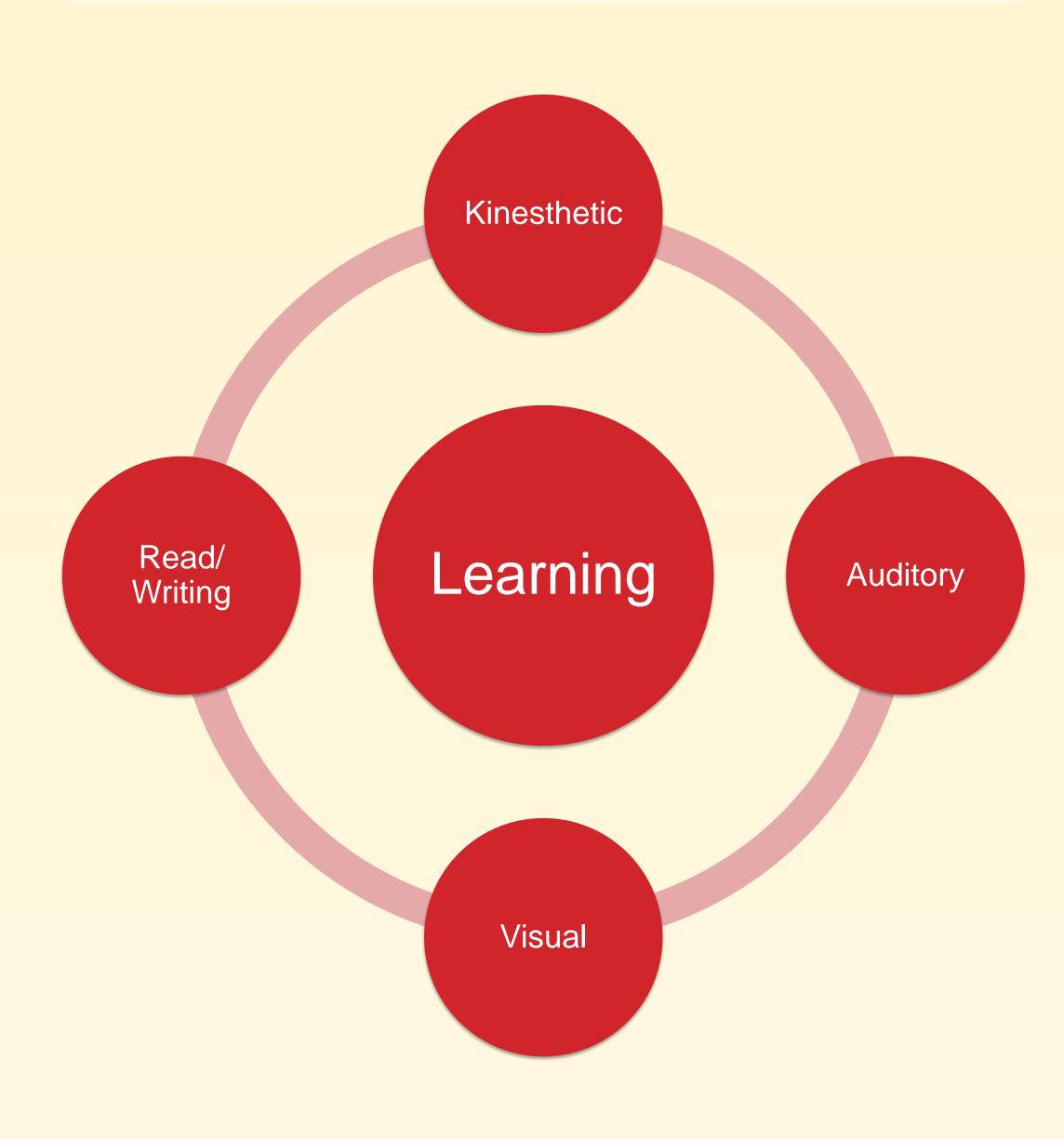
- Pre-evaluation
- Modular computer based introductory learning experience prior to didactic
 - General palliative medicine and end-of-life concepts
 - Pain management
 - Symptom management
- Post-evaluation
- Didactic lecture expanded on introductory learning experience by building on the following knowledge:
 - Pain management
 - Symptom management
 - Communication
- Putting it all together
 - Inter-professional standard patient simulation

Participants

- 50 RNs from a single medical surgical unit
- Experience varied from new graduate to 20+ years of nursing experience
- Nursing unit has the highest number of "comfort care" end-of-life patients
- Unit where General Inpatient Hospice service patients are co-located.

Results

Engaging Multiple Types of Learning



Standard Patient Simulation



Results

Comments From Nurses

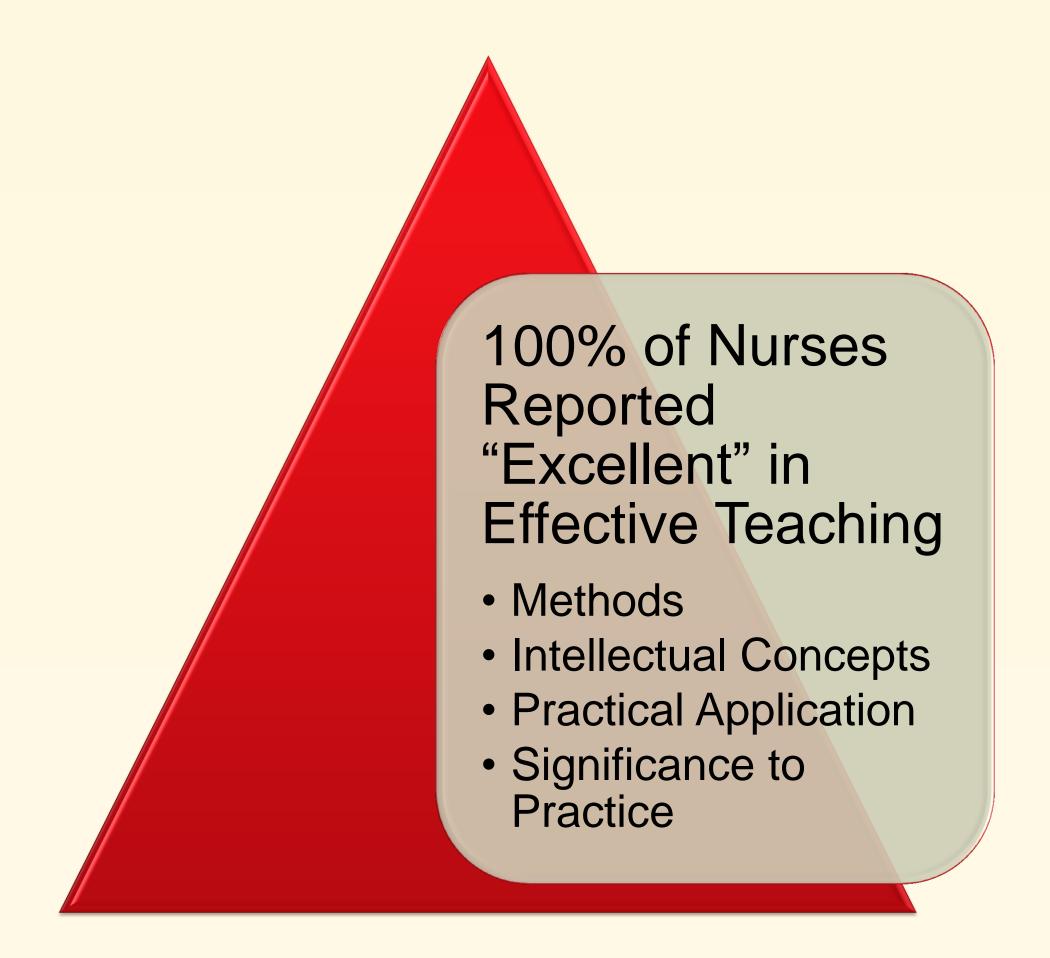
Impact of Education

- "I had no experience in death and dying.
 This helped to prepare me."
- "The techniques in communicating with families about using the words death or dying was so useful to use this in my work environment."
- "Simulation was awesome to practice."
- "Comfort care patients are not easy to take care of and this has really helped me to learn how to help them."
- "The content shared during these sessions was amazing."
- "I wish this information was taught prior to starting on the unit. Just knowing the signs and symptoms and what to say makes me feel so much more comfortable."

Nursing Time Invested

- 4 hours to complete 3 pre-content computer modules
- 4 hours of didactic classroom education
- 4 hours of standard patient simulation

Effectiveness of Teaching Methods



Conclusion

Incorporating three levels of learning allowed nursing staff to gain multiple levels of knowledge. The variations in learning styles engaged different learners. Incorporating standard patient simulation with online modules and didactic basic end-of-life education is just the beginning in improving care for the dying. This course will help to prepare nurses at all levels to be change agents within the prevailing health care culture (Ladd et al, 2013). There were many nurses from this initial course who showed interest in becoming end-of-life care resource champions. Teaching in this manner breaks down barriers and allows for a safe environment for learning as well as a culture of openness, curiosity, and commitment to improve the care for end-of-life patients (Gillan, Jeong, Van der Riet, 2014).

Future Directions

- Provide multifocal education for greater number of nurses throughout the organization.
- Expand material to include variation for critical care, geriatrics, pediatrics, and other specific patient/nursing populations.
- Expand education to include multidisciplinary team, social work, medical assistants, nursing assistants, chaplains, physical therapists, occupational therapists, pharmacists, dietitians, respiratory therapists, residents, fellows, physicians, and others who care for patients at end-of-life.

References

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