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Pediatric End-of-Life Simulation

A SIMULATION FOR COMMUNICATING IN DIFFICULT CIRCUMSTANCES©

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Pediatric End-of-Life Simulation Goal:

To promote senior nursing students' self-efficacy in provision of therapeutic communication to the dying child's loved one during and immediately following the simulated death of the pediatric patient

Objectives:

The student provides effective communication and psychosocial support to the dying pediatric patient's loved ones during the simulated end-of-life experience, AEB the student's ability to:

1. Initiate a discussion with the loved one about his or her concerns
2. Encourage the loved one to talk about emotional concerns
3. Explore the loved one's intense feelings like anger
4. Conclude an interview with the child's loved one regarding an agreed problem list and plan of action
5. Assess the child's loved one's symptoms of anxiety and depression
6. Break bad news to the dying/deceased child's loved one
7. Appropriately challenge the child's loved one, who denies the imminence of the child's death
8. Manage collusion (withholding of medical information about the person who is ill, such as diagnosis or prognosis)
9. Help the child's loved one with the uncertainty of his/her situation

*The 9 objectives for the simulation are based upon the 9 components of the SECS

Client Background for Simulation Experience

Meet Your Patient:

Brandon is a 9-year-old fourth-grade student and only child who comes from a single parent home. Brandon's parents have been divorced since Brandon was 2 years old. Brandon was first diagnosed with Acute Myeloid Leukemia (AML) when he was 7 years old, and was showing significant improvement, following a bone marrow transplant and two rounds of chemotherapy. While on the list for a stem cell transplant donor, Brandon began showing signs and symptoms of increased confusion, weakness, fever, and decreased visual acuity. After a complete work-up at the children's hospital, Brandon was diagnosed with an aggressive case of refractory AML; this time with metastasis to the brain. Repeat CT scans and worsening symptoms have led Brandon's doctor, Dr. Lawrence, to determine that Brandon's brain mass is growing at a rapid rate and is no longer responding to aggressive treatments. Based upon these findings, clinical expertise, and evidence-based practice, Dr. Lawrence believes Brandon's prognosis to be poor and estimates he has approximately 1 month left to live. Dr. Lawrence must break the news to Brandon's mother and requests the presence of the nurse manager and shift charge nurse during the conference regarding Brandon's prognosis and treatment options. Brandon's father has partial custody and is aware of Brandon's previous cancer diagnosis. Though he calls to check on him occasionally, he has not visited with him since his previous diagnosis, stating, "It's just too much for me to handle."

Student Simulation Roles

6 Student nurse roles:

Scene 1: Conference Room

Student #1: 2nd floor unit nursing manager

Student #2: Day shift charge nurse #1

Scene 2: Conference Room

Student #1: 2nd floor unit nursing manager

Student #2: Day shift charge nurse #1

Scene 3: Palliative Care Suite (Days) 1 week after prognosis given

Student #3: Day shift charge nurse #2

Student #4: Day shift RN

Scene 4: Palliative Care Suite (Shift Change Report)

Student #3: Day shift charge nurse #2

Student #4: Day shift RN

Student #5: Night shift RN

Student #6: Night shift charge nurse

Scene 5: Palliative Care Suite

Student #5: Night shift RN

Student #6: Night shift charge nurse

End-of-Life Pediatric Simulation

Children's Hospital 2nd Floor

Patient: Brandon Liles; Mom: Ms. Liles

Scene 1 Conference Room	Scene 2 Conference Room	Scene 3 Palliative Care Suite	Scene 4 Palliative Care Suite	Scene 5 Palliative Care Suite
<p>Conference Room meeting between Ms. Liles and Dr. Lawrence to discuss Brandon's prognosis.</p> <p>Dr. Lawrence has requested the 2nd floor unit nurse manager and charge nurse (<i>Student #1 & Student #2</i>) to be present during the meeting.</p> <p>Dr. Lawrence presents Ms. Liles with the news that Brandon's AML has returned and has spread to his brain. Dr. Lawrence then states that it appears the cancer is very aggressive this time and suggests hospice care be</p>	<p>Dr. Lawrence leaves the room, leaving the unit manager, the charge nurse and Ms. Liles.</p> <p>Ms. Liles just sits in silence, hands covering her face, as she leans forward (<i>await student response, #1</i>)</p> <p>Ms. Liles first asks the charge nurse, "Is this real? Is my boy really about to die?" (<i>await student response, #6</i>)</p> <p>Ms. Liles then displays anger by throwing her arms in the air and screams, "Why is this happening again? I believed in God to heal him!" (<i>await student response #2 & #3</i>)</p> <p>Ms. Liles asks the charge nurse, "So what am I supposed to do now? I have no support at home. I can't take care of him at home like this."</p>	<p>One week into hospice care within the hospital setting, Ms. Liles calls urgently for the nurses to come check Brandon. The new day shift charge nurse and the RN assigned to Brandon (<i>Student #3 & Student #4</i>) enter the hospital room, where Ms. Liles is leaning over Brandon crying out his name. When the nurses enter, Ms. Liles states "His breathing has changed and he won't open his eyes." (<i>await student assessment</i>)</p> <p>Assessment findings: Vital Signs: BP= 72/38 P= 132 and irregular R= 10 and wet</p>	<p>8 hours later, after a steady decline in Brandon's physical condition has occurred throughout day shift, Brandon's day shift RN and the oncoming night shift RN (<i>Student #4 & Student #5</i>) enter the room after exchanging report. They find Ms. Liles, asleep from exhaustion at Brandon's bedside, holding onto what appears to be his lifeless hand. They allow Ms. Liles to continue to sleep, while assessing Brandon. His mouth is slightly agape, lips are gray/blue, mottling is</p>	<p>Ms. Liles notifies the night shift RN and night charge nurse (<i>Student #5 & Student #6</i>) that she plans to use Victory Funeral Home for Brandon's service and that she has a clean pair of pajamas she would like him dressed in before he is taken to the funeral home (<i>await student response: Student should offer time alone with Brandon and offer Mrs. Liles the opportunity to stay/assist during post-mortem care</i>)</p> <p>Ms. Liles declines the offer to stay and states, "I better go call his father." She leaves the room sobbing.</p>

<p>started, as it is only expected that Brandon live another month, at the most. Dr. Lawrence discusses a DNR order. Ms. Liles responds, “I just want him to be comfortable if you don’t think anything is going to cure him.” Dr. Lawrence agrees to write the DNR order and orders hospice care to begin.</p>	<p>(await student response, #4 & #9)</p> <p>Ms. Liles then states, “Well if his dad calls, I don’t want him to know about Brandon’s condition. He has no business being here now, when he hasn’t bothered to come before.” (await student response, #8)</p>	<p>T= 103°F O2Sat= 78% Foley bag has scant amount of dark amber urine. There is slight mottling on Brandon’s knees and toes. His skin is moist, pale, and ashen. There are no reflex responses on assessment.</p> <p>After a nursing assessment is complete, Ms. Liles asks the nurses, “What’s going on with him? Is he dying” (the charge nurse should escort Ms. Liles out of the room to discuss the decline in Brandon’s condition. Ms. Liles then states, “This can’t be happening! Please, tell me this is just a horrible dream!” (await student response, #7)</p>	<p>covering his hands, feet, ears, and knees, and there are no visible or audible respirations. Upon assessment of vital signs and listening for a heartbeat for 1 minute, it is determined that Brandon has passed away. (await student response)</p> <p>The day shift RN nurse (Student #4) leaves the room to get the day shift and night shift charge nurses (Student #3 & Student #6), who verify Brandon has died. The day shift charge nurse (Student #3) leaves to call Dr. Lawrence, while the night shift RN and night shift charge nurse (Student #5, & Student #6) awaken Ms. Liles and explain that Brandon has no heart beat and</p>	<p>(Await Students #5 & Student #6 to perform post-mortem care)</p> <p>Dr. Lawrence and Ms. Liles enter the room after post mortem care is complete. Ms. Liles thanks the doctor and nurses for the wonderful care of her son. (await student response)</p> <p>The students will provide Ms. Liles a schedule of bereavement support meetings for parents who have lost children and contact information for a local support group, as well as the hospital’s bereavement coordinator.</p> <p>Again, Ms. Liles voices her appreciation and requests a few more minutes alone</p>
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			<p>does not appear to be breathing. (await student response #6)</p> <p>Upon awakening to the news that her son has died, Ms. Liles breaks down into tears and begins to exhibit symptoms of an anxiety attack and stating, “If he’s gone, I have no purpose to live anymore!” (await student response, #5 & #9)</p>	<p>with Brandon before the funeral home arrives. The doctor and nurses leave the room upon this request.</p> <p>End of Simulation.</p>
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Simulation Effectiveness Tool - Modified (SET-M)

After completing a simulated clinical experience, please respond to the following statements by circling your response.

PREBRIEFING:	Strongly Agree	Somewhat Agree	Do Not Agree
Prebriefing increased my confidence	3	2	1
Prebriefing was beneficial to my learning.	3	2	1
SCENARIO:			
I am better prepared to respond to changes in my patient's condition.	3	2	1
I developed a better understanding of the pathophysiology.	3	2	1
I am more confident of my nursing assessment skills.	3	2	1
I felt empowered to make clinical decisions.	3	2	1
I developed a better understanding of medications. (Leave blank if no medications in scenario)	3	2	1
I had the opportunity to practice my clinical decision making skills.	3	2	1
I am more confident in my ability to prioritize care and interventions	3	2	1
I am more confident in communicating with my patient.	3	2	1
I am more confident in my ability to teach patients about their illness and interventions.	3	2	1
I am more confident in my ability to report information to health care team.	3	2	1
I am more confident in providing interventions that foster patient safety.	3	2	1
I am more confident in using evidence-based practice to provide nursing care.	3	2	1
DEBRIEFING:			
Debriefing contributed to my learning.	3	2	1
Debriefing allowed me to verbalize my feelings before focusing on the scenario	3	2	1
Debriefing was valuable in helping me improve my clinical judgment.	3	2	1
Debriefing provided opportunities to self-reflect on my performance during simulation.	3	2	1
Debriefing was a constructive evaluation of the simulation.	3	2	1
What else would you like to say about today's simulated clinical experience?			

Leighton, K., Ravert, P., Mudra, V., & Macintosh, C. (2015). Update the Simulation Effectiveness Tool: Item modifications and reevaluation of psychometric properties. *Nursing Education Perspectives*, 36(5), 317-323. Doi: 10.5480/1 5-1671.