End-of-Life Experiential Learning for Newly Licensed Nurses

Abstract

Many newly licensed nurses begin their careers with limited knowledge and experience in end-of-life care. Findings from a literature review and a learning needs assessment of newly licensed nurses at a comprehensive cancer center guided the development of an 8-hour educational program on end-of-life care. An experiential learning approach was used to foster confidence and develop knowledge and skills in delivery of end-of-life care by newly licensed nurses.


Newly licensed nurses who have little personal experience with death and limited contact with palliative care content during their formal education may feel ill prepared as they begin their careers. These gaps in experience and preparation are of particular concern for new nurses who choose specialty care, such as oncology. Nurse educators in clinical settings are challenged to stimulate the acquisition of knowledge, promote the development of skills, and foster critical thinking about quality end-of-life (EOL) care among these novice nurses.

The last decade has seen a shift in nursing education from a teaching to a learning paradigm. Simulation is a strategy that is used to create an environment that is conducive to experiential learning, for a more learner-centered approach (Billings & Halstead, 2009). A systematic review of the literature suggested that the controlled environment of simulation helps to improve communication and the acquisition of skills (Norman, 2012). Commonly, computers and mannequins are used to create high-fidelity simulated health care situations. In contrast, with a low-fidelity approach, learners and educators play the human roles, giving learners an opportunity to develop communication and relationship skills. When used in EOL education, high-fidelity simulation has shown effectiveness in preparing students to think critically, self-reflect, and cope with complex, emotionally charged situations (Moreland, Lemieux, & Myers, 2012). In contrast, with a low-fidelity approach, learners and educators play the human roles, giving learners an opportunity to develop communication and relationship skills.

A process of debriefing and reflection after simulation provides learners with immediate feedback on their communication, decision-making, and problem-solving skills. The use of simulation along with debriefing allows learners to make decisions, solve problems, correct mistakes, and gain confidence in a safe environment before they encounter the real experience of EOL care. This column describes the use of experiential learning strategies in the continuing education of newly licensed nurses in EOL care.

Educational Program on End-of-Life Care for Newly Licensed Nurses

A nurse educator conducted a needs assessment of a cohort of 20 newly licensed nurses and identified the need for education in the care of the dying patient. A review of the literature conducted by Theisen and Sandau (2013) reinforced this need. Norman (2012) provided insight into the value of an experiential learning approach using multiple strategies. Aware that interdisciplinary teamwork is a core element of EOL care, the nurse educator collaborated with clinical nurse specialists, a chaplain, and a social worker to develop a program for this group. The objectives of the program were to develop knowledge, skills, and experience in providing EOL care for a patient and family. An 8-hour, single-day program was developed to meet these objectives, including preprogram as-
essment and preparation, lectures, multimedia presentation, simulation, debriefing, and reflection.

To promote self-reflection and engagement in EOL care before the program, the newly licensed nurses completed a self-efficacy instrument to measure self-efficacy in providing EOL care (Moreland et al., 2012). The nurses also read an article on palliative care communication (Goldsmith, Ferrell, Wittenberg-Lyles, & Ragan, 2013). The morning of the program, the nurses listened to formal lectures on EOL nursing care, including physical changes that occur in the last hours of life, grief and loss, spiritual considerations, and patient and surrogate decision-making concerns. This content was based on the Clinical Practice Guidelines for Quality Palliative Care and the interdisciplinary expertise of the program team (National Consensus Project for Quality Palliative Care, 2013). A 4-minute video clip from the HBO® special Wit (Bosanquet & Nichols, 2001) was played from YouTube. This clip featured a nurse sitting at a patient’s bedside informally discussing EOL topics.

In the afternoon, the nurses applied the concepts that they learned in a two-part simulated scenario of a patient and family facing EOL care. A hospital bed was brought to a conference room to simulate a hospital environment. Each part of the scenario was allotted 45 minutes. These scenarios were based on a case study from the National League for Nursing’s Advancing Care Excellence for Seniors (ACES). National League for Nursing. Retrieved from http://www.nln.org/facultyprograms/facultyresources/aces/julia_lucy.htm


Newly licensed nurses were assigned to the roles of direct care nurse, charge nurse, patient’s spouse, and patient’s adult child. A clinical nurse specialist played the role of the dying patient. A social worker, chaplain, and colleague acting as a physician were present and joined the simulation, as requested by participants. The remaining learners observed the simulation and were asked to reflect on the scene and provide analysis. The nurse educator directed the actors to stay in character and terminated the role-play when the objectives were met. After the simulation was complete, the program team offered a safe environment for debriefing. The debriefing session allowed for immediate feedback and reflection, including discussion of the new nurses’ personal values, beliefs, and experiences with death and dying.

EVALUATION OF THE END-OF-LIFE PROGRAM

Various instruments are available to evaluate learning through simulation. In this case, evaluation of the educational program was based on participant feedback, course evaluations, and the self-efficacy instrument (Moreland et al., 2012). The results showed gains in knowledge of the physical changes that occur at EOL and an increase in confidence in the delivery of EOL care. Participants highlighted the benefits of the simulation because it assisted with knowledge acquisition and helped nurses to cope with their personal feelings about EOL. Nurse responses on evaluations consistently showed the value of learning in a safe, supportive environment along with the “hands-on” approach. Suggestions by participants included involving a physician in the simulation and providing more content on Medicare’s hospice benefits (U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services, 2013). Participants did not report any limitations, but the planning group recognized that a conference room was not an ideal substitute for a patient’s hospital room. Program evaluations will help to guide revisions of the program for future cohorts of newly licensed nurses.

CONCLUSION

The use of multiple learning strategies, including a realistic, interdisciplinary simulation, can assist in the delivery of EOL education to newly licensed nurses. In the program setting, simulation-based learning was useful in creating a learning environment that contributed to participants’ knowledge, skills, and experience with patients requiring EOL care. The planning group found value in the collaboration of an interdisciplinary team in the development and delivery of a program to foster confidence in novice nurses. In the future, experiential learning in EOL care will be implemented in the continuing education of all newly licensed nurses at the cancer center.

REFERENCES


