End of Life Cultural and Spiritual Immersion Simulation

Immersing nursing students in cultural and spiritual end of life death scenarios using low and high-fidelity simulation and debriefing sessions

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Abstract

Not all nursing students are able to provide end of life care in their clinical setting. Nursing students do not consistently experience caring for a patient who is near death and then dies. A nurse is to provide physical, psychosocial, spiritual, and cultural appropriate care for the patient who is near death and support the family. If one has not had this experience, one may not know how to provide this care. Experiencing the death of a patient can be personally and emotionally difficult for a nursing student as it may bring into one’s memory personal death related losses. Utilizing simulation technology in the laboratory setting allowed faculty to immerse students in a simulated cultural and spiritual end of life death experience. Faculty attended low and high tech fidelity simulation conferences to become more skilled in simulation.

Second semester baccalaureate nursing students were provided a simulation opportunity to experience end of life care that is holistic, multidisciplinary, and appropriate to three Upper Midwest cultures: Christian Caucasian, Native American, and Islam Somali. Multidisciplinary health professionals and members of the different cultural communities were consulted to develop end of life scenarios that were culturally and spiritually authentic. These individuals acted as role players in the scenarios. The end of life simulation experiences impacted the nursing students’ knowledge, skills and affective learning for these culturally sensitive scenarios that culminated in powerful emotionally charged debriefing sessions.

Objectives:

1. Describe the process of developing an innovative authentic simulation experience that involves Upper Mid-West Christian Caucasian, Native American, and Islam Somali end of life scenarios 15 minutes before and after death which addresses the cultural, spiritual, physical, and psychosocial needs of the patient (manikin) and family of these three simulated scenarios.

2. Define how the low and high-fidelity end of life simulation experiences impacted the nursing students’ knowledge, skills, and affective learning for these culturally sensitive scenarios that culminated in powerful emotionally charged debriefing sessions.

Development Process

Faculty Prep
• Identified problem
• Reviewed literature of EOL and simulation
• Attended conferences on EOL and simulation
• Created Objectives

Scenario Development
• Selected dominant cultures from community
• Met with selected cultural community members and interdisciplinary health care professionals
• Created scenarios and verified with community members and healthcare professionals

Technology Preparation
• Improved technology in Nursing Science Lab
• Consulted with Laerdal representative
• Coordinated with technology support at university
• Learned how to use the simulation equipment in the laboratory

Simulation Props
• Identified props needed for each cultural scenario
• Purchased and gathered culturally specific props and supplies for moulage
• Organized prop kits according to scenarios
• Assembled medical records and supplies for EOL care

Student Preparation
• Discussed death and dying in classroom and clinical settings
• Completed own advanced directive, posted discussion and listened to presentation on honoring choices advanced directive
• Reviewed EOL cultural care to assigned cultural group
• Viewed video "Dying Wish"

Role Player Preparation
• Solicited health professionals and community members to role play
• Sent scenarios to role players and students
• Pre-briefed all role players before each simulation

Scene Preparation
• "Moulaged" manikin representing culturally specific dying person
• Set up scene in nursing lab using culturally significant props

Debriefing

• How are you feeling?
• What went well?
• What would you change?
• What did you learn?
• Open sharing?

Evaluation

Students: “It seemed so real.” “First time I have had to deal with my emotions in a simulation.” Role Players: “I couldn’t believe the emotions I felt.” Faculty: “Debriefing is so valuable to understanding.”