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Teaching End of Life Care: A Pilot Study

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Introduction

Background: In 1997, The Institute of Medicine (IOM) conducted an investigation to obtain data on the end of life care education and training practices provided to healthcare professionals and students of the health professions. According to their report, there was a tremendous lack of education on death and dying at all levels of healthcare [1]. The IOM mandated that the healthcare industry as a whole needed to do a better job in caring for dying patients. Their 2014 follow-up study showed that while some progress has been made in educating healthcare professionals on End of Life Care (EOL), it is clearly not enough [2]. Educators need to place greater emphasis in their curriculums on the care of the dying patient and their family.

Many nurses report feeling ill prepared through their formal education to competently care for dying patients and their families [3]. According to Dr. Franceschi-Todaro V [4], nursing professor at Hunter College in New York City, most nursing programs integrate death and dying into various courses. Unfortunately, when this is done, EOL content competes with other important topics and usually does not get the amount of time and attention needed for students to fully appreciate the nature of caring for a dying patient. The level of knowledge, experience, and comfort the faculty/instructor has with EOL plays a major role in how it is conveyed to students Boyd [5]. Some may find this topic sensitive and distressing and shy away from teaching it.

Method: This research study compared the use of the traditional pedagogical strategy, the interactive case study, to the innovative simulation experience to teach end of life care to baccalaureate nursing students. The researcher sought to compare these educational strategies, to determine which method provided the best outcome when teaching death and dying. The study measured teaching EOL care using instructional case studies and simulated experiences. Students in the simulation group were

experientially involved in caring for patients who were dying. Acting students played the role of the patients. David Kolb's Theory of Experiential Learning was used as the framework for this study [6].

The design for this study was a quantitative experimental two group pre-test and post-test design. The Pre-test was administered a week prior to the interventions and the posttest was given a week later immediately following the interventions. There were 24 students in the study. There were 16 females and 6 males. Ages ranged between 20-42 years old. Each group consisted of 12 students. The case study group consisted of 8 females and 4 males and the simulation group had 10 females and 2 males. The researcher attempted to measure knowledge gains, critical thinking abilities, and comfort levels with death and dying. Students were randomly placed in either the case study Group A, or the simulation Group B. Four case studies were used by both groups.

Findings: The results of this study showed a marginal increase in the mean scores of the simulation group as compared to the case study group. The pretest scores for the case study control group were: pretest mean = 707.18 and the mean of the posttest scores = 802.90. The mean of the pretest scores of the simulation group = 839.46 and the posttest mean scores were 914.50. The exact exams were given to both groups. Regarding comparison by gender, shows that the females had higher pretest scores $F = 799.94$, $M = 676.67$ and posttest scores $F = 886.06$, $M = 804.33$. However, males had the greater score change $M = 127.6667$, $F = 86.1250$.

Posttest results showed that students in the simulation group scored higher than those in the case study group. There were several key findings that emerged from the students' responses to the experience of caring for a dying patient in a simulated environment [7]; students expressed that participating in this research helped them to gain confidence, decrease their anxiety,

and most importantly, know what to say to patients and their families when they are experiencing traumatic events. This was significant as it was a consistent theme throughout the research.

Limitations

The pilot study was conducted in a single university with a small sample. Additional studies with a larger sample are suggested.

Conclusion

The goal of this research was two-fold. The main goal of this research was to increase interest and awareness of the tremendous need facing our profession and patients. An injustice occurs when nurses are not being provided proper and sufficient education on EOL care and, thus patients are not benefiting from EOL prepared nurses. The second goal was to conduct a comparison of two teaching methodologies and determine which one provided the best EOL learning outcome. Thus, providing nursing faculty with an experiential experience that will augment their lectures. This research has numerous implications for use in nursing practice, nursing academia, and in hospital settings.

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