Background One of the most important components in the repertoire of nursing communication skills is the ability to ‘break bad news’ to patients and families. This article presents a pilot role-play simulation conducted at a Portuguese undergraduate nursing program with senior-level students.

Methods The simulation was designed to aid nursing students to develop communication skills necessary to care for the critically ill patient nearing the EOL. This approach had two main learning outcomes: a) improve students’ ability to break bad news and build their confidence in that ability, and b) assist students to engage in the process of self- and peer reflection. Thirty students were recruited from palliative care nursing course, they had no previous experience with this type of simulation. The simulation took place on three separate theoretical-practical classes with ten students each one. Prior to each role-play, three students were randomly role-played both the nurse, the patient and the relative roles. Students who were not assigned active roles observed the simulation and provided feedback during the debriefing period. Students were encouraged to reflect on issues related to the communication of bad news using the Gibbs’ reflective cycle.

Results Themes of students’ responses during the debriefing included an overall positive feeling about the experience and their performance (n=25), nevertheless, students acknowledged they lacked confidence in their skills to communicate effectively (n=12). They indicated that they felt more prepared to meet the patient’s physical needs than emotional needs. All students also reported valuing working together as a team as it fostered meaningful sharing of ideas.

Conclusions As a result of this kind of learning, the student develops greater capacity for treating others with the respect and understanding required in palliative care nursing. This may inform his or her understanding and capacity to help the other person.

References


Virtual Response: An Educational Response to the COVID-19 Pandemic

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Background The Covid-19 pandemic resulted in a need for locality-wide pandemic-specific end-of-life education. Face-to-face teaching was cancelled due to social distancing measures. A hospice education centre, already an ECHO (Extending Community Healthcare Outcomes) Hub, adapted their existing education programmes to meet local needs.

Methods Five ECHO Networks, established in March, ran over 10 weeks supporting local care homes, district nurses and GPs. Topics were agreed by participants, sessions led by a Palliative Medicine Consultant with multi-professional colleagues, and cases presented by the homes. Supporting resources were available via virtual learning environment (Moodle).

Additional bespoke Zoom sessions met specific training needs of nurses (verification of death (126), syringe driver competencies (92)) and other groups (GP trainees, local psychiatry teams). The Palliative Care Services visited all hospital wards daily delivering point-of-care training and local Covid-19 End-of-Life Guidance. Training numbers were collated and feedback requested via survey monkey for ECHO network participants.

Results Over 1500 individual education contacts were recorded in 3 months (ECHO:625, Zoom:404, Point of Care: 471). A hospice education centre, already an ECHO (Extending Community Healthcare Outcomes) Hub, adapted their existing education programmes to meet local needs.

References