

Simulation Lab Training for Personal Support Workers in Long Term Care

Quality Palliative Care in Long Term Care
Alliance (QPC-LTC)

Participants Package



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And last but most certainly not least, thank you to Jackie and Lina (PSWs in LTC). Jackie and Lina walked us through a day in the life of a PSW" which gave a richness to the development of this simulation scenario and the creation of our resident „Carolyn" that could not have been achieved without hearing their stories and feeling the passion that they both hold for the important work they do.

3 Placing Value on Caring

(Jones, 2009)

*Oh, how to place a value on the things that cannot be measured?
What is it worth, when you receive a look that says I feel your pain?
What is it worth, when a hand reaches out to you in comfort?
What is it worth, to sit together in silence
and know that even without words, you have been heard?
And what is the cost, if these things had never occurred?
Oh, how to place a value on the things that cannot be measured?*

Introduction

The development of this resource was apart of a five year Community-University Research Alliance funded by the Social Sciences and Humanities Research Council (SSHRC) entitled *Improving the Quality of Life for People Dying in Long Term Care Homes*. The goal of the project is to develop, through Participatory Action methods, a palliative care philosophy in long-term care. The project developed a series of tools for long term care homes wishing to develop their own palliative care programs.

The content of this toolkit is based on the work of Kathy Kortés-Miller PhD(c) Lakehead University Faculty of Education and Collaborator on the QPC-LTC Alliance, Kristen Jones PhD(c) Lakehead University School of Nursing and Collaborator on the QPC-LTC Alliance and Stephanie Hendrickson MSW QPC-LTC Graduate Student Trainee.

What is a High Fidelity Simulation?

This type of educational experience uses high-fidelity manikins (with laptops, software, and compressors) to give a very realistic experience of being at a resident's bedside. Learning in this type of environment is very safe because at any time the scenario can be paused or „frozen“ in time to provide opportunity for questions to be asked and answered. The resident (manikin) has fully functioning blood pressure, pulse points, respiratory and cardiac sounds, as well as a chest that rises and falls with breathing! The simulated resident is also able to hold a conversation and usually has many questions for the health care providers. The Nursing Simulation Lab that you will be working in today had its grand opening in October of 2009. At this time, simulation technologies are integrated into all four years of the nursing education program.

Today's Agenda

45 minutes	Introductions, Description of Day's Activities & Meal Main Nursing Lab SN 1021
15 minutes	"Speed Date" Activity Nursing Simulation Lab SN 1008
20 minutes	Scenario #1
5 minutes	Parking Lot Discussion
20 minutes	Scenario #2
5 minutes	Parking Lot Discussion
20 minutes	Scenario #3
10 minutes	Acknowledging the Value of Caring Work
5 minutes	Parking Lot Discussion
15 minutes	Break
60 minutes	Debrief & Discussion Main Nursing Lab SN 1021

Section #1

Purpose:

The overarching purpose of this educational initiative is:

To *design, implement, and evaluate* an interactive participatory educational initiative to enhance the delivery of quality palliative care in LTC.

Project Goals:

To *examine* the use of high-fidelity simulation as a palliative care education pedagogical strategy for Personal Support Workers (PSWs)- and Life Enrichment Aids (LEAs)- in Long Term Care (LTC).

To *provide* an opportunity for PSWs/LEAs to contribute knowledge, insights, and practice wisdom during a palliative care simulation experience focusing on Long Term Care.

To *provide* an opportunity to increase competence and confidence in the delivery of quality palliative care for PSWs/LEAs in LTC.

To *evaluate* a high fidelity simulation experience focused on communication in palliative care provided to PSWs/LEAs in LTC.

Learning Objectives:

The overall learning objectives are:

To enhance PSWs/LEAs competence and confidence in discussing and responding to general issues related to dying, death, and end-of-life care with the resident and the resident's family.

To enhance PSWs/LEAs competence and confidence in providing holistic support (physical, emotional, social, and spiritual) for palliative and end-of-life care for residents and their families.

To enhance the PSWs/LEAs competence and confidence to communicate the holistic needs (physical, emotional, social, and spiritual) of the resident and their family during palliation and end-of-life care.

Section #2

Meet our resident Carolyn:

Carolyn Gladys McIntosh is 88 years old. She was born in 1923 at midnight, so she claims both June 1st and 2nd as her birthday. Happy Birthday Carolyn!!

She speaks fluent English but originally came from Paris, France where her family was based. Her father was Captain of the Canadian Army Base in Versailles. At the age of 18 she fell head-over-heels in love with a handsome Canadian soldier named Stanley McIntosh. They married in Paris after a whirlwind 6 month courtship and shortly after moved to Canada to begin their new life together. Carolyn and Stanley were happily married for 50 years! Who says there is no such thing as love at first sight! Sadly, Stanley died suddenly of a heart attack at age 65, which was a traumatic event for both Carolyn and her young son, Alex. This death challenged her faith and religious beliefs and she now considers herself to be an Atheist.

Carolyn worked as an elementary school teacher for many years where she taught home economics. After numerous miscarriages, Carolyn and Stanley were blessed with a beautiful baby boy named Alex. Alex is now almost 60 years old and drives a transport truck throughout Canada and the United States. He makes a point to visit whenever he is in town and calls when he can, but unfortunately this is never as often as Carolyn would like. It is not unusual for Alex to go a month or two without seeing his Mom. Carolyn considers him her pride and joy and misses him deeply in between visits and phone calls.

Carolyn's most frequent visitor is Ivy. Ivy lived next door to Carolyn for 30 years and misses her greatly since she moved into the LTC facility. Ivy was very sad about Carolyn's move to LTC and has been very supportive in Alex's absence. She calls once a day, every day, and visits as often as she can. She adopted Carolyn's beloved dog, Levi which has offered Carolyn some peace about her transition into LTC.

Carolyn first came to live at Bethgarth Nursing Home one year ago after a fall at home. It was at that time that she was diagnosed with dementia but her doctor suspected that she has probably had it for a number of years before. During her admission assessment, Carolyn was very clear that she did not want any extraordinary measures and wanted to allow a natural death. As such, she has a DNR order. (Please note the red dot on her name plate above her bed). She has multiple chronic health issues (ie. high blood pressure, osteoporosis, arthritis, glaucoma). Carolyn's condition appears to have declined in the past 6 months and many PSWs suspect that she would benefit from palliative care. However, this has not yet been officially determined by the clinicians at Bethgarth.

“Speed Dating”- Opening Activity (in the Sim Lab, at the bedside):

- 2 minutes is allotted for each participant to ask the resident a variety of different questions to provide them with an opportunity to get to know Carolyn better.
- Some examples of questions might include: What makes you happy? What makes you comfortable? What’s important to you? What is your favourite food?
- Alongside getting to know Carolyn better, the goal of this activity is also to present the participants with the opportunity to demonstrate how they learn about the essence of a person and maybe showcase their “signature” relationship building move.
- An underlying purpose for this activity is to facilitate the notion that a trusting relationship has been built with this resident and key information has been obtained. This will be necessary in order to „fast forward” the relationship into the upcoming three sim experiences where the PSWs/LEAs will require a relationship with Carolyn in order to have the personal conversations required in the scenarios



Trilogy of Care , Care, and Compassion

Scenario 1- “3am” (2 participants- 20 minutes)

Goals for Scenario 1: “3am”

Report (from group facilitator): *Carolyn had a quiet day, spent some time with the Life Enrichment Aid in the afternoon. She ate very little supper and was a bit agitated in the early evening shouting “just let me go to bed already!” She went to bed around 9pm.*

Participant Notes: *(Feel free to use this section as a place to record information you are learning about Carolyn and her family, any questions you might have or observations you might like to bring back into the debrief session.)*

Scenario 2- “Lunch Time with Family”- 1 week later (2-3 participants- 20 minutes)

Report (from 2 previous participants): Carolyn has been more confused lately. Staff suspect that she has had a small stroke because she can't seem to find her words. She becomes very aggressive and agitated if asked to eat in the dining room. She almost never eats the meals that are brought to her and as a result she no longer gets a full meal tray. She prefers a bit of apple sauce and apple juice now and then. Carolyn's care plan currently reflects that she is to receive palliative care and she has a palliative care flow sheet at her bedside.

Participant Notes:

Scenario 3- “Good Death”-3 weeks later, 7am (2-3 participants- 20 minutes)

Report: *Carolyn has been semi-conscious for the past 2 days. She seems quite peaceful. Her pain has been well controlled with a pain patch (Fentanyl). We expect her son to be here soon, he is on the road coming from Calgary. We hope he makes it in time. It almost seems like she is waiting for him to get here. Perhaps you could get her ready for when her son comes.*

Participant Notes:



Closing Activity

Group Facilitator to Lead: “*Acknowledging the Value of Caring Work*”

All participants are invited to resident’s bedside, invited to share a memory of caring for a resident at the end of life, and say a few words about how that interaction brought meaning to their work (or helped them to provide palliative care for other residents).

Blessing (led by Facilitator, group to respond: “*Blessed be the works of our hands*”). Each participant to extend hands out in front.

Facilitator: When we reach our hands out to provide care, we are saying to others, you are important, you are cared for by many who value you and your needs. Observe the appearance of your hands and think of all that you do with your hands each day which contributes value to the lives of the residents that you work with.

Blessed be these hands that touch life.

Blessed be these hands that have felt pain.

All: “*Blessed be the works of our hands*”

Facilitator: **Blessed be these hands that have embraced with compassion. Blessed be these hands that have clenched in anger, or withdrawn in fear.**

All: “*Blessed be the works of our hands*”

Facilitator: **Blessed be these hands that have cleaned beds and disposed of wastes. Blessed be these hands that have reached out and been received.**

All: “*Blessed be the works of our hands*”

Facilitator: **Blessed be these hands that have comforted the dying and held the dead. Blessed be these hands, we hold the future in these hands.**

All: “*Blessed be the works of our hands*”

Debriefing Session

10 min- Scenario 1- “3am”

Parking Lot Discussion Topics

Debrief Question: What is suffering? What can it look like? How is suffering communicated?

10 min- Scenario 2- “Lunch Time with Family”- 1 week later

Parking Lot Discussion Topics

Debrief Question: Is Alex in denial? Does that matter? Role for neighbour? How can you support Alex, Ivy, and Carolyn? (Advocacy for changes to plan of care? What other resources might be helpful?)

10 min- Scenario 3- “Good Death”-3 weeks later, 7am

Parking Lot Discussion Topics

Debrief Question: Was this a good death for Carolyn? For Alex? For Ivy? How could it have been improved?

Time Permitting: discuss Caring for the Caregiver (self-care, compassion fatigue, ritual development).

Discussion Questions

PSW/LEA High-Fidelity Simulation Experience

- To be audio-taped. Consents will need to be signed.
1. Overall, what did you think of the simulation lab experience?
 2. At what moment in the simulation lab experience did you feel most engaged with what was happening? Please describe in detail. What happened? How did you feel about this?
 3. At what moment in the simulation lab experience did you feel most distanced from what was happening? Please describe in detail. What happened? How did you feel about this?
 4. What action that occurred in your simulation lab experience did you find most affirming and helpful? Please describe in detail. Why did you feel this way?
 5. What action that occurred in your simulation lab experience did you find most puzzling or confusing? Please describe in detail. Why did you feel this way?
 6. What about the simulation lab experience surprised you the most? (This could be something about your own reactions to what went on, or something that someone did, or anything else that occurs to you).
 7. How do you see using this type of learning in continuing education for PSWs?
 8. Where do you see this type of experience as being the most effective? (i.e. unit orientation, on-going training, team retreats, etc.).
 9. How has this experience (participating in the simulation lab) changed the way you will provide care for people dying in long term care?
 10. Does anyone have any additional comments or constructive feedback that they want to share?

Note card Exercise:

What we would like to do is have you each write down on a note card three goals for yourself (no one else will see these goals in the sealed envelope) related to how you will change the way you provide care to residents based on this experience (or alternatively, three things that you already do and will continue to do). For example, one of your goals could be that instead of leaving the room when a resident is crying or upset, if that makes you uncomfortable, you will instead make an effort to stay and try and comfort or support the resident. Please self-address the card with your name and mailing address.

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