

Improving Communication around Death and Dying for Personal Support Workers in Long-Term Care using High-Fidelity Simulation

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Introduction

In Canada, long-term care (LTC) homes can be thought of as the hospices of the future, caring for older people with chronic conditions and a long trajectory to death. The most common condition is dementia.¹ Personal Support Workers (PSWs) provide 80% of direct care to LTC home residents, yet they receive little training in palliative care (PC).² Communicating about death and dying has been identified as a key challenge for PSWs in LTC. High-fidelity simulation (HFS) is an innovative tool that has shown potential for its use in both palliative care education and communication skills training.

This research is part of a five-year project entitled, *Improving the Quality of Life for People Dying in Long-Term Care Homes*, funded by the SSHRC (M.L. Kelley PI). The four study sites are in Ontario.

See www.palliativealliance.ca for details of the project.

Objectives

- The overall objective of this pilot-study was to develop, implement, and evaluate a HFS experience as an intervention that can be used to improve PC for residents in LTC.

RESEARCH QUESTION:

Is HFS an effective teaching strategy for improving confidence and communication around death and dying for PSWs in LTC?

Method

STUDY DESIGN:

- A HFS case-study was developed by Jones and Kortes-Miller based on PSWs' learning needs that were identified using 14 focus groups (N=50) in 2 LTC homes. The lab was then designed and manikin programmed.
- This simulation lab experience involved **2 groups** of nine participants. Each session was **3.5 hours** in duration and was facilitated using learning objectives. Participants were provided the case context and then they interacted with the dying manikin and her son who was played by an actor. A group debriefing session followed.
- Evaluation data included: 1) Pre-post surveys measuring self-efficacy, 2) Immediate post intervention focus groups, 3) Observations by the researcher during HFS, 4) Follow-up telephone interviews after 10 weeks.

SAMPLE: 17 PSWs and 1 Life Enrichment Aid participated

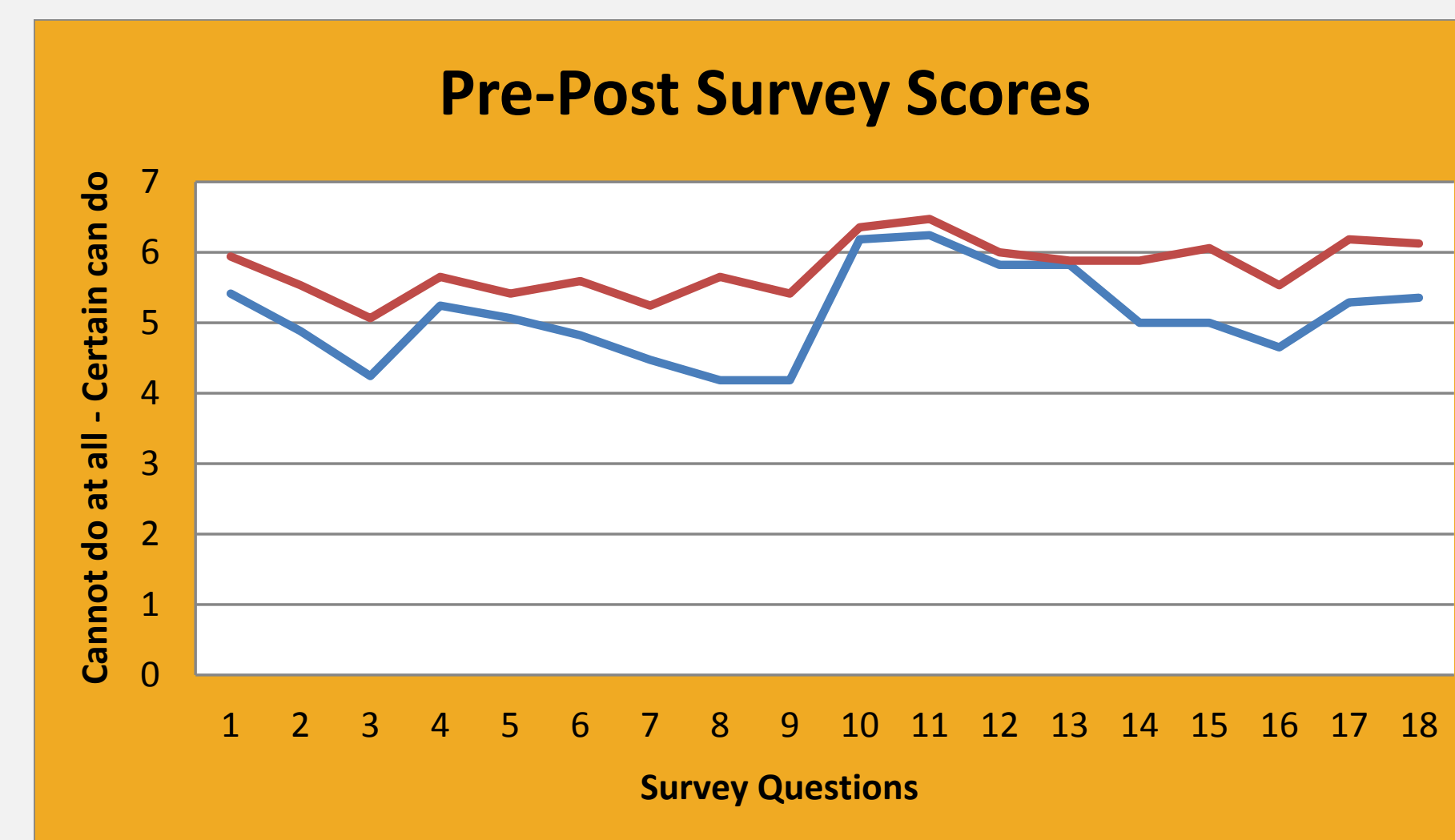


The photo on the left shows the HFS control room; the photo on the right is the resident 'Carolyn', created for this intervention.

Results

SURVEYS:

- Participants' scores indicated a statistically significant **improvement on self-efficacy related to the provision of end-of-life care** ($p = < 0.05$).



The line graph above depicts participants' ratings of self-efficacy. The blue line shows pretest scores; the red line shows posttest scores. The photo to the right is a study participant supporting 'Carolyn' at the end-of-life.

FOCUS GROUP DEBRIEFINGS:

- Participants reported a **positive and affirming experience**, believing that **HFS should be more widely used in PSW training**. Participants appreciated the opportunity for **mentorship** and the **fidelity** or realness of the intervention.

"When I was sitting there holding her hand, I felt comfortable with my conversation with her and that's, that's reassuring to know that I'm confident with that". [PSW]

RESEARCHER OBSERVATIONS:

- The participants demonstrated their **strengths** and **learning needs** related to palliative care during the HFS experience. A vast amount of **new knowledge** was shared and **numerous skills** were **learned** during the simulation.

FOLLOW-UP INTERVIEWS:

- Participants reported **improved confidence, communication skills, awareness** and **understandings of palliative care**, and an **increased comfort level discussing issues around death and dying** with both residents and their family members.

Conclusion

This study provides data supporting the benefit of HFS for PC education with PSWs in LTC. No previous research could be found regarding use of HFS for this purpose. Future research is needed to evaluate this intervention more broadly.

References

1. Abbey, J., Froggatt, K. A., Parker, D., & Abbey, B. (2006). Palliative care in long-term care: a system change. *International Journal of Older People Nursing*, 1, 56-64.
2. Brookman, C. (2007). *The Personal Support Worker: improving work experience – a comparison across two health care sectors*. Library and Archives Canada, Published Heritage Branch, ISBN: 978-0-494-39659-9.