Title: Creating a Withdrawal of Care Simulation within a Critical Care Setting
Authors: Megan Pfitzinger Lippe MSN, RN & Scott Hudson MSN, RN
The University of Texas at Austin School of Nursing

Topic and Its Relevance: This poster presentation will describe an innovative high-fidelity simulation of the withdrawal of care process for a status post stroke patient in the critical care environment. The conference topic addressed is: Experience the newest innovations in nursing simulation/learning resource center, and re-visit some tried-and-true methodologies.

Purpose: to engage nursing students in the withdrawal of care process in the critical care environment. Most undergraduate simulations addressing the withdrawal of care process take place within the hospice setting. Within acute care settings, undergraduate students are often only observers during withdrawal of care. This simulation allowed students an opportunity to actively engage with a patient (high-fidelity mannequin) and his family (live actors) during the withdrawal of care process.

Methods: This simulation was part of a four-hour critical care elective course for pre-licensure BSN and Alternate entry MSN students. The simulation was 90 minutes in length and students worked in groups of 7. The simulation was conducted twice to ensure all students could participate. All students ran through the simulation in one 4 hour class period. The simulation comprised three phases. In the first phase, Continuation of Care, students observed a filmed vignette of a physician and family discussing the need for a tracheostomy in a patient who had been intubated for one week following the development of aspiration pneumonia. Students discussed their ethical concerns and strategies for respecting the controversial family decision and keeping personal emotions in check. Then the students engaged with the family of the patient at the bedside. In the second phase, Change in Patient Status, the patient had developed septic shock during the night. The students had to conduct an assessment and report their findings to the physician using the SBAR (situation, background, assessment, recommendation) process for communication. In the final phase, Withdrawal of Care, a filmed vignette showed the family deciding to withdraw care. Students discussed their feelings as well as strategies to manage their emotional composure while in the role of bedside nurse. Students then interacted with the patient (high-fidelity mannequin) and family (actors) by withdrawing care and remaining at the bedside until after the patient was pronounced deceased.

Findings: Students wrote a one minute paper pre- and post-simulation in which they explored their thoughts about the withdrawal of care process. Student responses in the post-simulation paper demonstrated an increased compassion and awareness of the significance of the nurse role within the withdrawal of care process in critical care. This simulation offered students a safe setting to learn about the complexity and emotionally challenging aspects of the withdrawal of care process in critical care.

Conclusions: Withdrawal of care simulations within critical care are highly effective in enhancing student understanding and appreciation of the role of the nurse within this
process. Students are able to discuss ethical dilemmas and personal feelings related to withdrawal of care. This simulation helped prepare students for their role in addressing patients and their family with dignity and compassion during the dying process in critical care.