

IN PRACTICE

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**COLLABORATIVE END-OF-LIFE CARE
SIMULATION TO EMPOWER STUDENT NURSES
TO TALK ABOUT DEATH AND DYING ON
PLACEMENT**

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Introduction: Healthcare professionals need to recognise when someone is approaching the final days or hours of life and be confident to talk about death and dying. Undergraduate training in end-of-life care is inconsistent and students need more support [1]. In the UK, people are experiencing inequitable and suboptimal care before death, with delayed recognition of dying and poor communication resulting in inadequate support for

symptoms [2]. Many students will not have a supported experience of caring for someone who is dying, whilst others will experience death frequently. Student nurses report fear, anxiety, and overwhelm about death on placement, feeling vulnerable and unprepared. This can lead to emotional trauma and dropping out before registration [3]. Simulation is used to specifically focus on increasing resilience and decreasing fear of death. A partnership simulation was designed to prepare student nurses for talking about death and dying, to improve end-of-life care experiences.

Methods: Student nurses had an extended prebrief which aimed to breakdown the taboo of talking about death. Students participated in four simulation scenarios designed to develop confidence with conversations about death and dying. Scenarios were supported by end-of-life care educators and simulated patient actors to enable realistic conversations about dying. Student led debriefing was facilitated by clinicians with advanced communication skills training.

Results: There was a significant increase in the number of student nurses who felt comfortable to talk with patients and their families/friends about death and dying, with more than 60% of participating students confident to talk about death and dying on their first placement. Students reported a reduction in fear and felt more emotionally prepared for placement. Students were able to apply their learning. One first year student responded, 'My first death was in week one and I was able to draw directly from the simulation to support the family'. Students were able to recognise and understand dying enough to be able to bring reassurance to patients and families and support themselves and colleagues with the emotional response to death.

Discussion: End of life care simulation benefits from extended prebrief, partnership with expert clinicians and simulated patient actors to provide a transferable experience. The use of simulated experiences with actors increases realism and provides opportunity to bridge the gap between theory and real world practice. This collaboration is empowering student nurses to recognise dying and be comfortable talking about death; fundamental to person-centred compassionate care at end of life.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

1. White N, Oostendorp LJ, Minton O, Yardley S, Stone P. Palliative care training in undergraduate medical, nursing and allied health: a survey. *BMJ Support Palliat Care*. 2022;12(e4):e489–e492. doi: 10.1136/bmjspcare-2019-002025.
2. Marie Curie. Better End of Life Report 2024. [mariecurie.org.uk](https://www.mariecurie.org.uk/research-and-policy/policy/better-end-life-report). 2024 <https://www.mariecurie.org.uk/research-and-policy/policy/better-end-life-report>
3. Soerensen J, Nielsen DS, Pihl GT. It's a hard process - Nursing students' lived experiences leading to dropping out of their education; a qualitative study. *Nurse Educ Today*. 2023;122:105724. doi: 10.1016/j.nedt.2023.105724.