



Silver Hour Model

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Patient Centered Care

Silver Hour as a vehicle to teach and master:

- ▶ Team based care
- ▶ Utilizes a flexible framework for end of life care
 - innovative use of patient simulators provides clinicians with an opportunity to develop individual, team and organizational skills related to the complex needs of dying patients and their families.
- ▶ Examples of how to incorporate other innovative learning objectives using a simulator will be discussed.

Silver Hour: End of Life

- ▶ Last moments of life through the first moments of death
- ▶ Divided into three overlapping phases:
 - **Dying** – imminently dying
 - **Death** – pronouncement
 - **Dead** – from transport to morgue and removal of patient from facility

Phases

- ▶ Variability of length and intensity
- ▶ Difficult to know the patient's wishes when they cannot speak for themselves
- ▶ Family/clinician conflict may occur about goals of care
- ▶ Difficult to separate curative from comfort care
 - Often life saving and death preparation activities occur simultaneously

Imperative for Developing End of Life care Skills

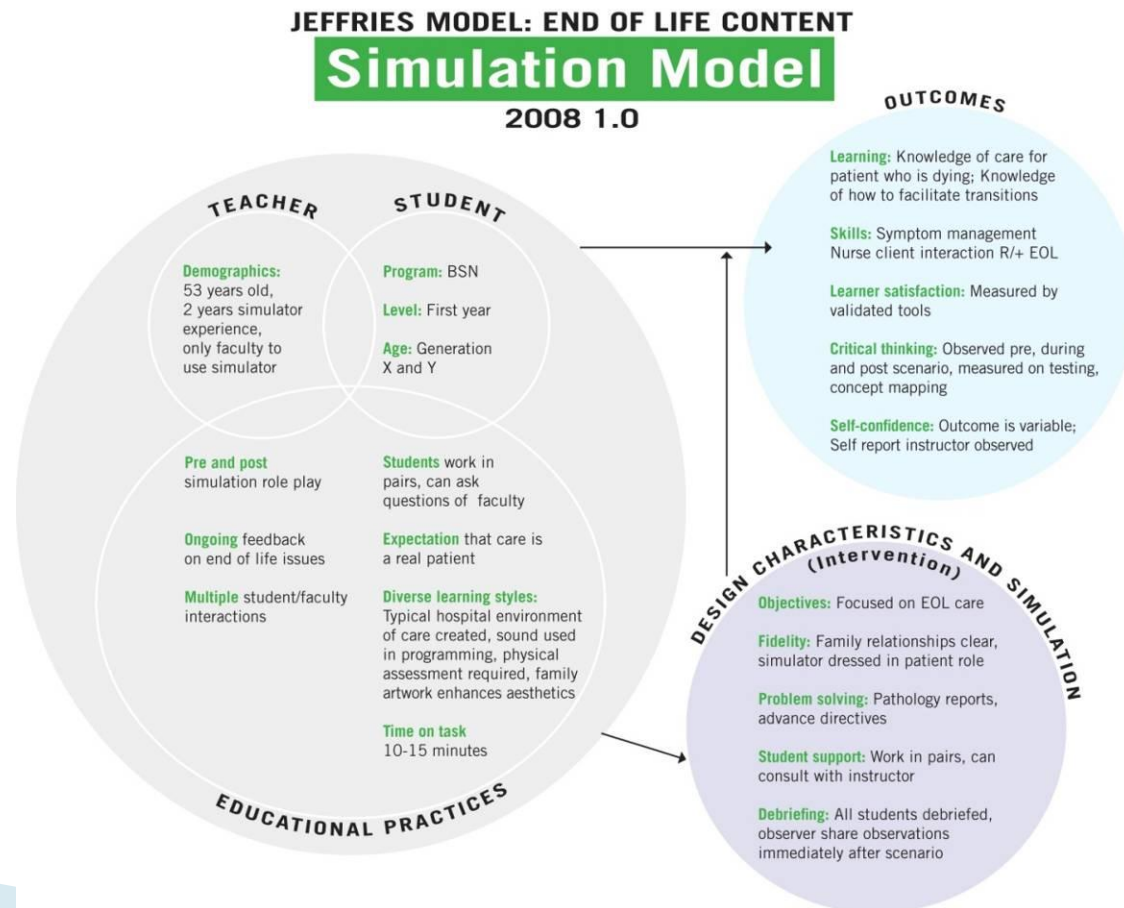
- ▶ Patient & Family Centered
- ▶ Speaks to the heart of health care
- ▶ Universal experience that is often unexpected and in which few people prepare
- ▶ Complex process that requires “translation”
- ▶ Communication is the single most important skill to acquire and practice often to maintain competency
- ▶ Wide variations in cultural, generational and other views of dying and death

Using Simulation in EOL —most focuses on nursing students

- ▶ Discussed in the literature by:
- ▶ Smith–Stoner, 2009, 2010, 2011
- ▶ Leighton, K. (2009, March). Death of a simulator. *Clinical Simulation in Nursing*, 5(2). doi:10.1016/j.ecns.2009.01.001.
- ▶ Lindsay, J. (2010). Introducing nursing students to pediatric end-of-life issues using simulation. *Dimensions of Critical Care Nursing*, 29(4), 175–178. doi:10.1097/DCC.0b013e3181dea111
- ▶ Sperlazza, E., & Cangelosi, P. (2009). The power of pretend: using simulation to teach end-of-life care. *Nurse Educator*, 34(6), 276–280. doi:10.1097/NNE.0b013e3181bc7491
- ▶ Hamilton, C. (2010). The simulation imperative of end-of-life education. *Clinical Simulation in Nursing*, 6(4), e131–8. doi:10.1016/j.ecns.2009.08.002

Planning for a Simulation

- ▶ All my tools are at <http://silverhour.info>
- ▶ Uses Jeffries Model for Simulation



Follows Best Practices

- ▶ Well designed, 10–15 minutes
- ▶ Focused on 1–2 objectives
- ▶ Adequate preparation of learners
- ▶ Staff developers / educators role model use of simulators by participating often with each other
- ▶ Fiction Contract
- ▶ Fidelity as realistic as possible
- ▶ Always debriefing

Example of a Simulation– Family Presence (Example of Dying Phase)

- ▶ Review your facility's policy regarding family presence during CPR
- ▶ Solicit comments from clinicians on the effectiveness of the policy
- ▶ Complete a literature search
- ▶ Utilize Jeffries Model to develop a simulation
- ▶ Pilot test the scenario with educators and supervisory staff
- ▶ Take the simulator to the areas where family presence is allowed and conduct simulation

The Moment of Death

- ▶ Utilize the same scenario as family presence during CPR
- ▶ Begin the simulation with the patient breathing 1–4 breaths, then turn off
- ▶ The majority of the simulation is conveying to the family that patient has died
 - In person
 - On the phone
 - Use validated communication models, such as GRIEV_ING (<http://emedicine.medscape.com/article/806280-overview>)

Post mortem

- ▶ Utilize the same scenario, however do not turn the simulator on
- ▶ Ask staff to demonstrate their individual versions of post mortem care
- ▶ Debriefing may take longer as staff share their experiences with post mortem care



<http://nursing.advancweb.com/Features/Articles/Holistic-Nursing-at-End-of-Life.aspx>

Jeffries Model

Change variables, not the scenario

- ▶ Isolation patient
- ▶ Murder victim
- ▶ Fetal demise
- ▶ Nights, holidays, weekends
- ▶ Multiple generations
- ▶ Diversity – atheists
- ▶ Communication – communication – communication -- DNR is NOT a treatment plan – help staff develop the language of comfort, caring and commitment to their loved one in the face of the last moments of life

Working Smarter not Harder

- ▶ Contact local nursing school and ask for a doctoral, master's or undergraduate student or group of students
 - They would LOVE this project
- ▶ You do not have to do it all!
- ▶ Focus on end of life care across your agency— be sure to have supervisors, administrators and CEOs come to the simulation—participate.
- ▶ Include representatives of pharmacy and other staff who have communication with grieving families

Utilize simulators in inpatient and outpatient services



Photos can provide great teaching tools for staff on proper procedures



Promote peer feedback on performance, just like a chart review



Quality Initiatives

- ▶ Once you have a stock of simulation videos, group them together and see the common threads in care
 - First look at units, teams and other groups to identify quality issues
 - Develop unit based goals
- ▶ Utilize standard tools for clinicians, rather than nursing students
- ▶ Satisfaction is high with simulation, do something other than that

Create Your own videos for training (reusable learning objects)



Video Transmission

- ▶ Utilize Kaiser's video conferencing to discuss simulations, show simulations and debrief

OR

- ▶ [Ustream http://ustream.tv](http://ustream.tv)

- ▶ Example:

<http://www.ustream.tv/recorded/7589292>

Other Uses



- ▶ Publicity on new advances in care:
<http://www.youtube.com/watch?v=o5MZL7n0gO0>
- ▶ Have the simulator record the orientation to the classroom, new unit or new policy – as a novelty for learners
- ▶ Don't just write out a policy – demonstrate what it looks like in action
 - Especially communication and documentation skills



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Other Uses for Simulation

- ▶ Testing out new policies and procedures
 - Functional mobility in ICU—develop transfer techniques and practice on mannequin before trying on a patient
- ▶ Just in time skill demonstrations - aseptic dressing change technique
- ▶ Adverse drug reactions, transfusion reactions
- ▶ Your 3G simulators can do so many things—very, very complex symptoms can be presented to staff

Silver Hour & related end of life care

- ▶ Smith–Stoner, M. (2011). Teaching Patient–Centered Care During the Silver Hour, *Online Journal of Issues in Nursing*, June.
- ▶ Smith–Stoner, M. & Hand, M. (2011). A disciplined analysis of post mortem care policies in California hospitals. Accepted *MEDSUG Nursing*, to be published in 2011.
- ▶ Wink, D. & Smith–Stoner, M. (2011). Teaching with Technology: Free Web Resources for Teaching and Learning. Accepted for publication, scheduled June 2011 *Nurse Educator*.
- ▶ Smith–Stoner, M. Video Broadcasting in Home Healthcare, *Home Healthcare Nurse*, .
- ▶ Smith–Stoner, M. (2011). End of Life Preferences for Atheists, Hospice Foundation of American, Chapter 16.
- ▶ Smith–Stoner, M. (2011). End of Life Preferences for New Age and Wiccans, Hospice Foundation of American, Chapter 17.

Simulation Related References

- ▶ Smith–Stoner, M. (2010). Web–Based Broadcast Simulation: Expanding Access to Learning. *Nurse Educator*, 266–70.
- ▶ Smith–Stoner, M. (2011). Using moulage to enhance educational instruction. *Nurse Educator*, 36(1), 21–24
- ▶ Stoner M, Hand M, Foley R. (2010). Patients with cancer: experiences of medication management. *Journal of Hospice & Palliative Nursing*; 12(2):99–106.
- ▶ Smith–Stoner, M. (2009). Using high fidelity simulation to educate nursing students about end of life care. *Nursing Education Perspectives*, 30(2), 115–120.
- ▶ Smith–Stoner, M. & Hand, M. (2008). A criminal trial simulation: Pathway to transformative learning. *Nurse Educator*, 33(3), 118–121.