

In this article...

- Methods and benefits of simulation-based learning for sensitive conversations
- The format of a session in which students role-played a conversation with a bereaved carer
- Students' experience of the session and what they learnt

Using role play to help student nurses with bereavement conversations

Key points

Communication with bereaved carers is a skill many nurses do not develop until after they qualify

Simulation can help student nurses build confidence to facilitate having sensitive conversations

A session was held in which student nurses role-played a conversation with a bereaved carer

Students reported valuing the opportunity to be 'in' the situation and practise active listening skills

To test simulation-based learning further, the session could be repeated in other practice settings

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Abstract Nurses require the knowledge and skills to have sensitive conversations with people when they are at their most vulnerable. These may occur when supporting bereaved carers, which can be an area of practice in which students lack preparedness. This article evaluates a simulated scenario developed to help student nurses conduct sensitive conversations; they role-played a conversation providing bereavement support to a patient's widow. Students' feedback indicates that they found this a valuable method of learning that was transferable to clinical practice.

Citation Coleman D, McLaughlin D (2020) Using role play to help student nurses with bereavement conversations. *Nursing Times* [online]; 116: 11, 23-26.

Communicating effectively requires nurses to develop knowledge and skills that enable them to have sensitive conversations with people who may be at their most vulnerable. Some of these conversations may occur in end-of-life care, such as when supporting bereaved carers. This can be an area of practice in which students are insufficiently prepared: they may feel inadequate or unsure of what to say because a lack of experience means they have little confidence in this area (Stevens, 2018).

It is important that student nurses learn how to cope with the death of a patient; throughout the dying and grieving process they must be able to support the patient, their family and their friends. However, Collins (2014) highlighted that it is not clear how they can learn and develop communication and interpersonal skills, arguing that they need opportunities to rehearse safely.

Simulation-based learning

The coronavirus pandemic has disrupted usual experiences of bereavement; this has required health professionals to modify the support they offer to ensure it includes

high-quality communication, advance care planning and self-care practices (Wallace et al, 2020). It is crucial that nurses feel confident when engaging in sensitive conversations but many nurses do not develop the communication skills needed in bereavement situations until they are experiencing the reality of professional practice (Donovan and Forster, 2015). Studies have highlighted the low efficacy of students' communication in sensitive situations, including end-of-life care and bereavement (Pike and O'Donnell, 2010).

As a way of preparing students, Nestel et al (2015) suggested using simulated role play as it allows them to:

- Immerse themselves in an experience in a protected, controlled environment;
- Receive valuable feedback, in this case from the patient or carer's perspective.

Simulated role players can be viewed as active facilitators, ensuring students achieve specific learning outcomes (MacLean et al, 2017). Cant and Cooper's (2017) systematic review of the use of simulation-based learning in undergraduate nurse education concluded that it can be a positive contribution to learning.



Clinical Practice Innovation

Box 1. Learning outcomes of the bereavement simulation session

- Discuss the importance of active listening with a bereaved carer
- Demonstrate the use of appropriate questioning
- Demonstrate the appropriate use of touch
- Discuss the importance of providing verbal and written information on bereavement, care and support services

Simulation-based training in health and social care uses a range of techniques, such as role play, virtual reality and patient simulators, to replicate practice scenarios in a safe environment (Kirkham, 2018). This can help students develop both technical and non-technical skills. Popular methods of simulation involve the use of:

- Standardised or simulated patients (people acting in prescribed roles);
- Human patient simulators (HPSs – anatomically correct, computer-driven mannequins).

Role plays using standardised or simulated patients can create interactions that replicate real-life practice more closely than those using HPSs. HPSs can show physiological responses but cannot demonstrate emotional responses and non-verbal communication, rendering standardised or simulated patients preferable.

Sideras et al (2013) stated that role play is the best option when:

- The focus for learning is on a person's psychosocial-emotional responses;
- Body language and physical movement are key parts of the learning situation.

Shin et al's (2015) meta-analysis also found that a standardised or simulated patient approach was more useful than traditional learning methods.

Teaching and learning approach Designing the bereavement simulation session

Simulation-based learning is embedded in nursing curricula and endorsed by the Nursing and Midwifery Council (2018). The School of Nursing and Midwifery at Queen's University Belfast, in which this evaluation took place, offers third-year student nurses the chance to take part in simulation as an experiential learning method. As its simulation-based teaching team began to expand, a need was identified to develop role-play scenarios so students could develop communication skills in sensitive situations. Schlegel et al (2011) posited that being able to rehearse conversations in this way offers a level of exposure to 'real-life' situations, with a high degree of realism.

The evaluation was undertaken with 20 third-year undergraduate adult student

nurses; it involved a bereavement simulation session enabling them to apply communication strategies with a patient's wife after his death. The session was developed to incorporate the theoretical underpinnings of bereavement care and support – outlined by Worden (2009) and Parkes (1996) – which the students had previously learnt in a classroom setting. The session and learning outcomes (Box 1) were peer-reviewed by the simulation team before use.

Bosek et al (2007) highlighted that involving a subject expert enhances the authenticity of the dialogue and stimulates characteristic responses to commonplace nursing situations; this is supported by Smithson et al (2015), who said the advantages of involving a member of staff in the role play are that they enhance feedback, have experience of assessment and grading, require less training than actors or other students, are accepted by staff and students, and can provide insight into the efficacy of the education. As such, a lecturer in palliative care and chronic illness facilitated the role play and played the role of a recently bereaved carer.

Consideration was also given to creating a realistic environment. As the use of props can increase the likelihood of meeting the objectives (Smith-Stoner,

2011), comfortable chairs and a small table were used to encourage student engagement in communication.

The bereavement simulation session was delivered on three occasions and consisted of four elements, outlined in Table 1.

Pre-session brief

Several authors have emphasised that certain types of simulation can elicit strong emotional responses and that facilitators need to be able to anticipate and respond to these appropriately, should they occur (Gillan et al, 2014). The session, therefore, began by ensuring the students were comfortable with the content, as the sensitive nature of bereavement support meant it was imperative to anticipate their potential emotional needs. Students were asked whether they had been recently bereaved and advised that if at any stage they did not wish to continue, they were free to step outside the room. All students reported that they were willing to participate. They were reminded of the session's learning outcomes (Box 1) and asked to reflect on them to guide their observation of the other students' performance. This helped them to identify what was done well and what could be developed further, and provided a framework for discussion and reflection during the debrief.

Simulated role play session

The simulated role play session was delivered as one of the simulated scenarios available to the teaching team when the third-year student nurses attended for a half-day of simulation training, during which three different simulated scenarios are used. Two student nurses were asked to

Table 1. Format of the bereavement simulation session

Stage	Content	Time allocated
Discussion	A review of students' existing knowledge and experience of bereavement support	10 mins
Pre-brief	An outline covering the format of the bereavement simulation session, the environment and orientation of the scenario	10 mins
Role play	A simulation session focusing on a bereavement care and support visit to a woman who has been recently bereaved. Students role play the conversation, offering bereavement support, practical advice and advice on accessing further support	10 mins
Debrief	A period of reflection and feedback, structured around the learning outcomes and the importance of self-care for students in dealing with death, dying and bereavement. A discussion about mechanisms of support and self-care, followed by a visualisation activity with a pleasant, different focus	15 mins

Table 2. Detailed plan of the bereavement simulation session

Sequence of events for simulated role play	Simulator parameters for role play	Minimal expectations of student	Teaching points and questions
<ul style="list-style-type: none"> You knock at the door; Jim's wife Ann opens Ann has been crying and becomes tearful again when she sees you She invites you in and asks you to take a seat 	<ul style="list-style-type: none"> Ann is tearful and looks pale, tired and upset She is alone in the house; her daughter Mary is not at home 	<ul style="list-style-type: none"> You are already known to, and involved with, the family as a community nurse You wait until invited into the house and asked to sit You do an initial observation and assessment of Ann 	<ul style="list-style-type: none"> Remembering you are in Ann's environment: you need to wait until invited in and asked to sit down Importance of care and sensitivity in interaction with Ann Observation of Ann's appearance
<ul style="list-style-type: none"> Ann talks about the events leading up to Jim's hospice admission Jim's abdominal pain increased and got worse during the night. You had visited that day and noted that Jim was taking oral analgesia (morphine sulphate tablets 120mg BD with sevredol 40mg for breakthrough pain) Ann tells you the Marie Curie nurse who was present rang the on-call GP, who administered diamorphine Jim settled, but the pain increased the next morning. He was very distressed and seemed to be deteriorating. Ann rang the GP who organised hospice admission that morning 	<ul style="list-style-type: none"> Ann is tearful and crying while talking 	<ul style="list-style-type: none"> You recognise the importance of a good death 	<ul style="list-style-type: none"> Discussion about the term 'a good death' and what it means for different people
<ul style="list-style-type: none"> Ann says she was very happy with Jim's hospice care and the support received. He appears to have had a good death She knows he wanted to die at home, however, and feels guilty that he did not 	<ul style="list-style-type: none"> Ann appears upset about the guilt she feels 	<ul style="list-style-type: none"> You ask if Ann is able to sleep and how her appetite is 	<ul style="list-style-type: none"> Guilt is recognised as a common part of grief Discussion about health promotion in the bereavement period
<ul style="list-style-type: none"> The hospice staff have told Ann they will arrange a home visit from their bereavement care and support service 	<ul style="list-style-type: none"> Ann begins to become less tearful and continues to talk about her husband's death 	<ul style="list-style-type: none"> You affirming this service can be very helpful for people who have been bereaved 	<ul style="list-style-type: none"> Discussion about the bereavement services available Known relationship between a good death and a good bereavement outcome People at risk of a complicated bereavement experience
<ul style="list-style-type: none"> You talk to Ann about collection of the hospital bed and equipment You tell her she can call you if she does not hear from the hospice and you will contact them for her 	<ul style="list-style-type: none"> Ann appears less distressed: talking with you seems to have helped a little 	<ul style="list-style-type: none"> You check Ann still has your contact details 	<ul style="list-style-type: none"> Benefits of a bereavement visit from a community nurse (acknowledgement of death, outlet for carers, chance for the nurse to have closure)

play the role of community nurses who had provided palliative care to a patient (named Jim) and were making a joint visit to provide bereavement support to his wife (named Ann) after his death. The students were given background information about the scenario and asked to demonstrate how they would support Ann sensitively and provide her with an information leaflet about bereavement that was given to them during the pre-brief. The role player and lecturer used a suggested sequence of events and simulator parameters to guide the session (Table 2), which allowed the scenario to unfold 'naturally' depending on how the students respond to the role player.

Debrief

Harder et al (2020) suggested that there is limited evidence of best practice in debriefing after patient deaths in a clinical or simulation setting, yet each can trigger a high degree of psychological or emotional stress. Following the simulated role play session, the students moved from the area where the scenario took place and returned to the main group, allowing them to 'come out' of the role they played. Group feedback and discussion took place and reflected the learning outcomes (Box 1). The discussion focused on the importance and use of active listening skills, the types of appropriate questions used and observed, and the appropriate use of touch

in supporting people who have been bereaved. The debriefing ended with a guided imagery activity that is thought to produce feelings of relaxation and a sense of wellbeing. Positive thoughts are believed to be generated by focusing people's concentration towards imagined situations that are soothing and calm, such as a walk by the seashore (Wood and Patricolo, 2013).

Evaluation

An evaluation was undertaken with the 20 students: data was collected using an anonymous five-question form that was developed by the facilitators of the simulated role play. In addition to questions on

their age and gender, students were asked to rate their simulated learning experience on a Likert scale of 1-5 and to answer four open qualitative questions on:

- What they found helpful;
- What they had learnt;
- How they thought their experience could have been enhanced;
- Whether there were other topics they thought would be useful to include in the programme.

All students were given the form to complete following the simulated session, and consent to take part was implied by return of the completed form to the facilitators. The qualitative data was analysed using codes and categories, and reviewed independently by two team members, to identify recurring themes. The quantitative data was analysed using frequencies.

The analysis showed that 18 of the students were female and two were male; all were aged 20-30. The students evaluated this learning experience positively and felt the simulated role play session was useful and enjoyable. Two key categories of data were generated from the open questions: being in and dealing with a situation and use of listening skills.

Being in and dealing with a situation

This category of data related to the value students appeared to place on role playing a sensitive conversation with a bereaved carer. They also found it valuable to obtain their peers' and lecturer's perceptions of what went well and what they could develop further. This is illustrated by the following comments from students:

"It was good to practise how you would react in that situation and to gain feedback about what was good or bad."

"[It] reminded me how important communication is and how to deal with bereavement."

Use of listening skills

This category of data reflected the learning articulated by students about the importance of using active listening skills. Students recognised that these should be a core part of their developing skillset, as seen in the following comments:

"In bereavement it's OK to be silent and have little to say to a grieving relative."

"[It] reminded me that there is more [to nursing] than just clinical skills."

Students rated their simulated learning experience on a scale of 1-5 (1 = poor, 2 = fair,

3 = good, 4 = very good, 5 = excellent); 18 rated their experience as excellent and the remaining two as very good.

The students' feedback suggests the experience increased their awareness of the importance of providing bereavement care and of supporting someone by giving them time, presence and a listening ear. They appeared to appreciate the opportunity to take part in the session and said they had previously found this type of situation difficult in their practice but understood that supporting people who are bereaved is a rewarding and valuable aspect of their nursing role.

Discussion and conclusion

Findings from this evaluation suggested that students perceived the use of simulated role play to develop communication skills in bereavement care to be a valuable method of learning that they could transfer to clinical practice. This supports the use of simulation to facilitate role play in this area within an undergraduate nursing curriculum and the developing evidence base of simulation as a positive and meaningful learning experience (Cant and Cooper, 2017; Shin et al, 2015; Nestel et al, 2015).

It is recognised that coming to terms with bereavement is a process that takes time (Wallace et al, 2020), however the nurse has a central role in supporting bereaved carers following the death of a patient. It is important for student nurses to appreciate that grieving is a normal response to loss that can be expressed in a number of ways, but also to have an awareness of when grief can become more complicated, creating a need for more in-depth counselling and support (Breen and Aoun, 2018; Machin, 2018). Student nurses have many opportunities during the degree programme to practise cognitive and psychomotor skills; simulation facilitates this as well as allowing them to develop the affective skills necessary to provide safe, quality care (Hamilton, 2010).

We recognise that this evaluation has several limitations. The sample size was small, and the work was conducted within a single institution. The use of one simulated bereaved carer in a community setting potentially limits the extent to which the findings are generalisable. Further research could use different methodologies, a larger cohort of students in other practice settings, and a range of difficult or challenging conversations and scenarios. This would add to our understanding of students' experiences. **NT**

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