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## Introduction

Nursing students are often unprepared to care for pediatric patients and their families at the end-of-life (EOL). As a pediatric nurse, childhood death is inevitable, yet many bachelor's of science nursing programs do not incorporate this care in their pediatric curriculum, leaving nurses entering the workforce feeling unprepared both skillfully, and emotionally, to care for this population.

This project focused on equipping nursing students for pediatric pre- and post-mortem care in a simulated setting with a goal of better preparedness in the clinical setting. A review of the literature shows that nurses inherently feel underprepared for what comes following pediatric patient loss (Waller, 2024).

The goal of this project was to determine if having a hands-on approach to learning sensitive topic such as pediatric end-of-life care makes nursing students more confident in their abilities to work with the death of pediatric patients.

## Results

Participants included 23 senior nursing students amongst two campuses at a public university in southeastern Georgia. Prior to the EOL simulation, participants, on average, scored themselves less than 6, on a 0-10 Likert scale, with 10 being the highest, in all the following categories:

- Knowledge of tasks performed by nurses at pediatric EOL
- Knowledge of how to support families after pediatric loss
- Physical and emotional needs of families dealing with pediatric EOL
- Emotional preparedness to care for pediatric EOL patients
- Individual comfortability caring for this patient population

Upon completion of the pediatric EOL simulation experience, participants showed an increase in their knowledge on tasks associated with pre- and post-mortem care (231.78%), and their ability to support families during pediatric loss (128.02%). Participants showed an increased in all measured categories with participants, on average, scoring greater than 7, on a 0-10 Likert scale post simulation, n = 23 (see Figure 1). Further, participants expressed overall satisfaction with the simulation experience during debriefing (see Figure 2).

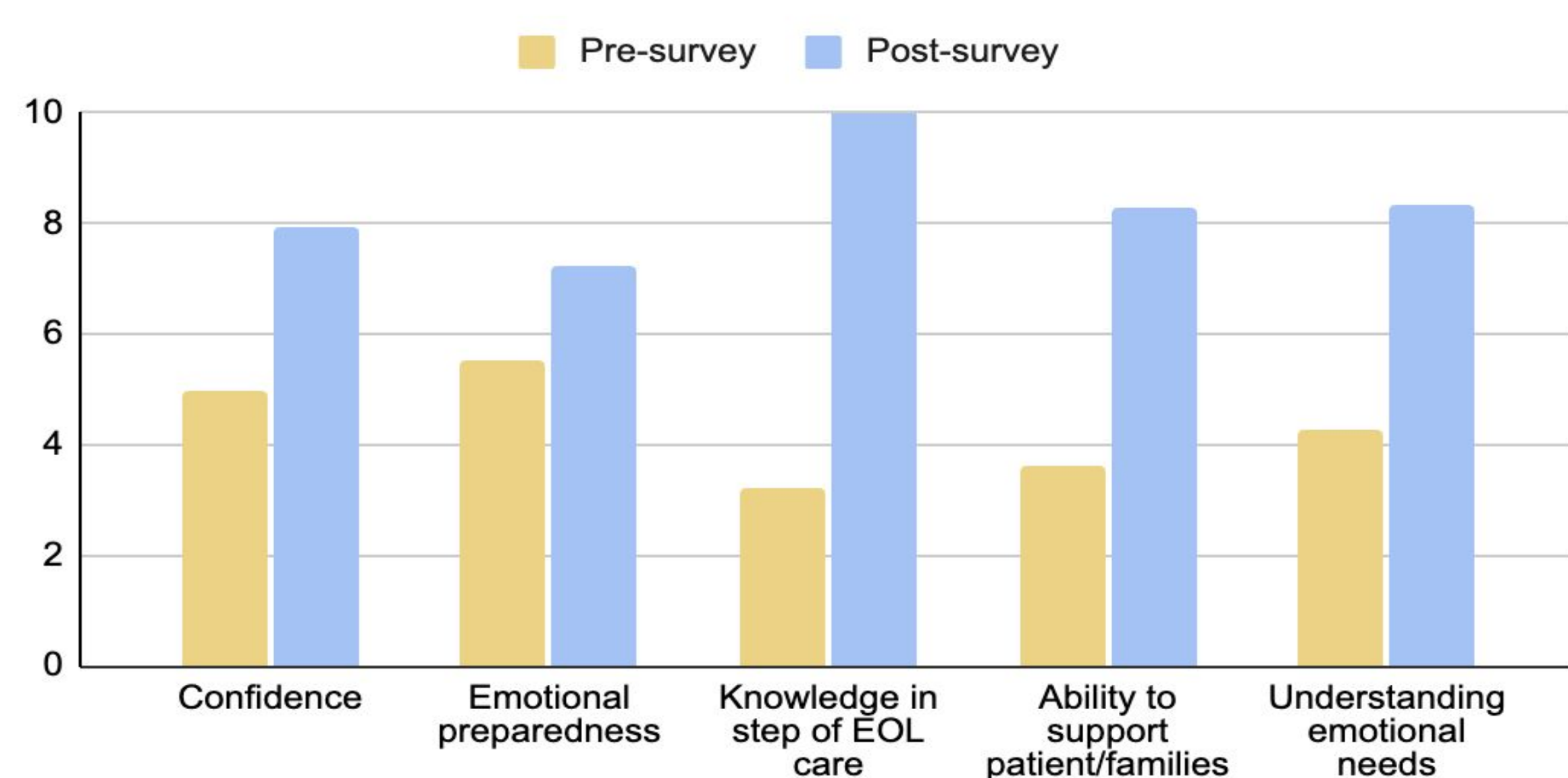


Figure 1: Comparison of Pre- and Post-Simulation Survey Data

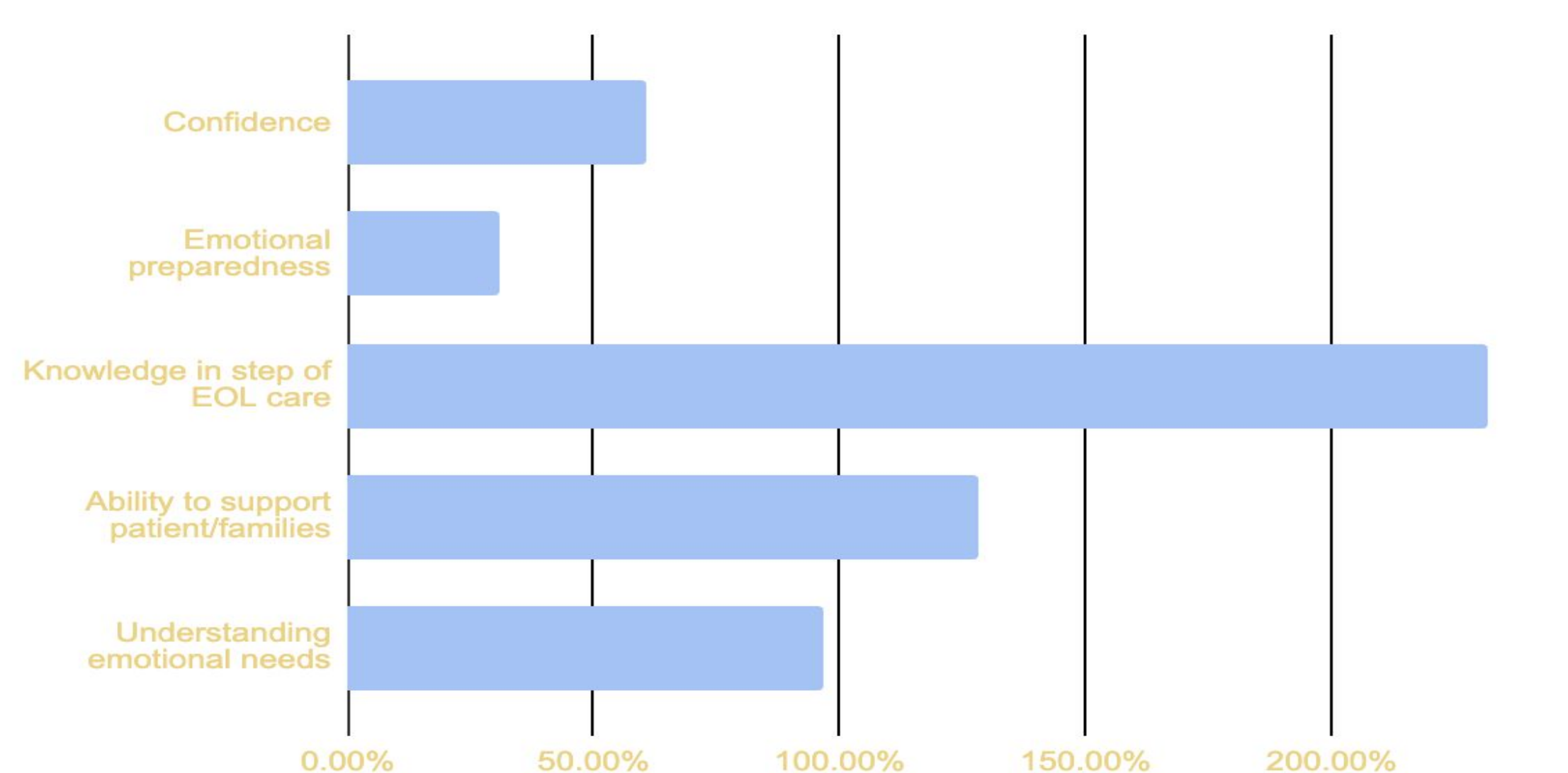
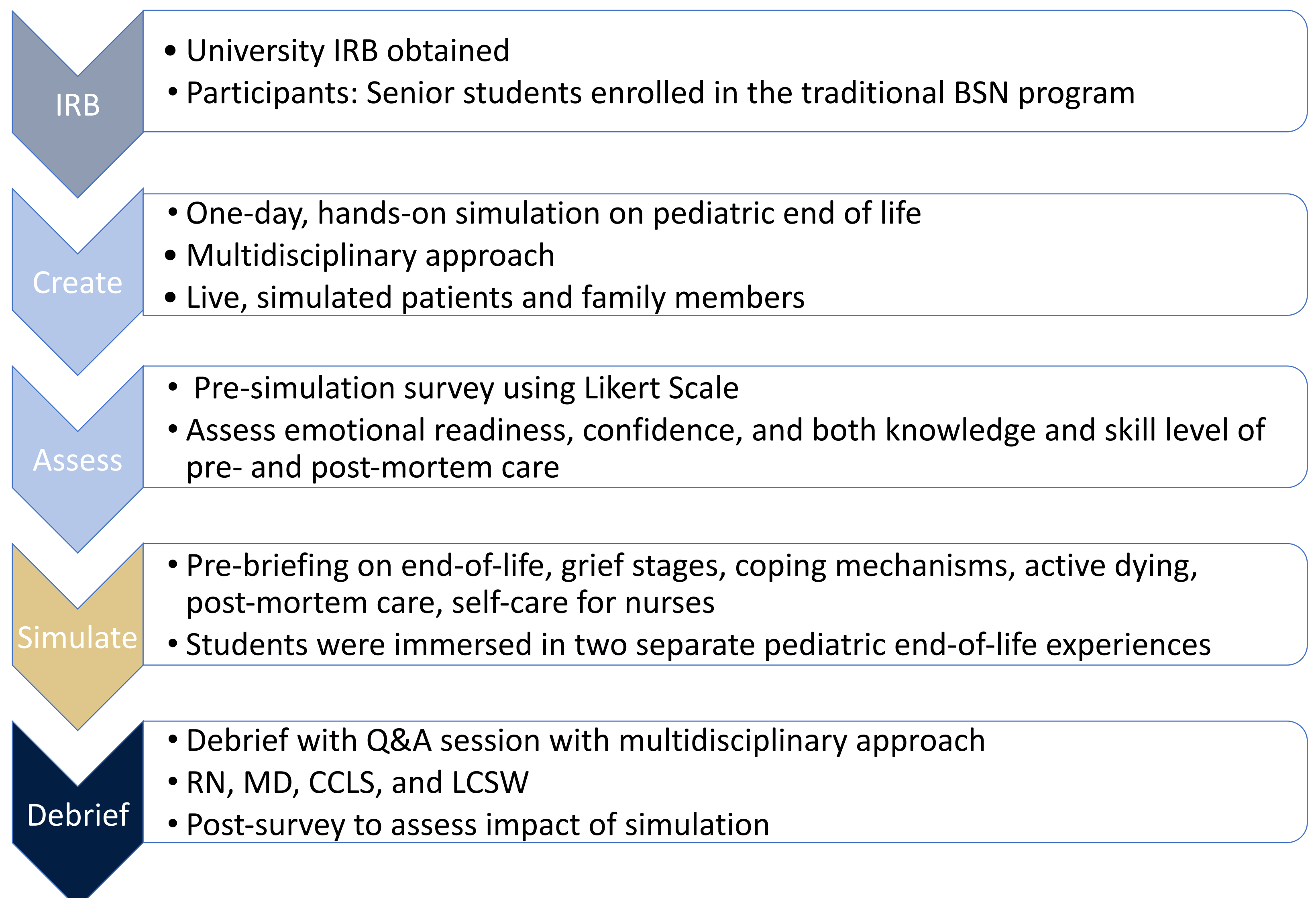


Figure 2: Percentage of Change

## Methods



## Conclusion

Pediatric nurses entering the workforce and working in areas of high mortality, such as intensive care, oncology, and emergency medicine, often lack emotional preparedness and knowledge regarding EOL and post-mortem care (Camera et al., 2024). Providing hands-on, realistic, emotional, simulated experiences during nursing school can better prepare nurses to care for these pediatric patients (Deravin et al. 2016). Participants in this simulation reported feeling better equipped to manage their own emotions during a pediatric EOL experience (n = 23) and improved their knowledge regarding expected task of a registered nurse post-mortem. Participants in this study expressed an appreciation for this learning style and a desire to continue EOL simulations throughout the program. Conducting a high-fidelity simulated experience utilizing live, standardized patients requires a great deal of resources. Further research is needed regarding the impact of pediatric mortality in the clinical setting for nurses post-graduation.

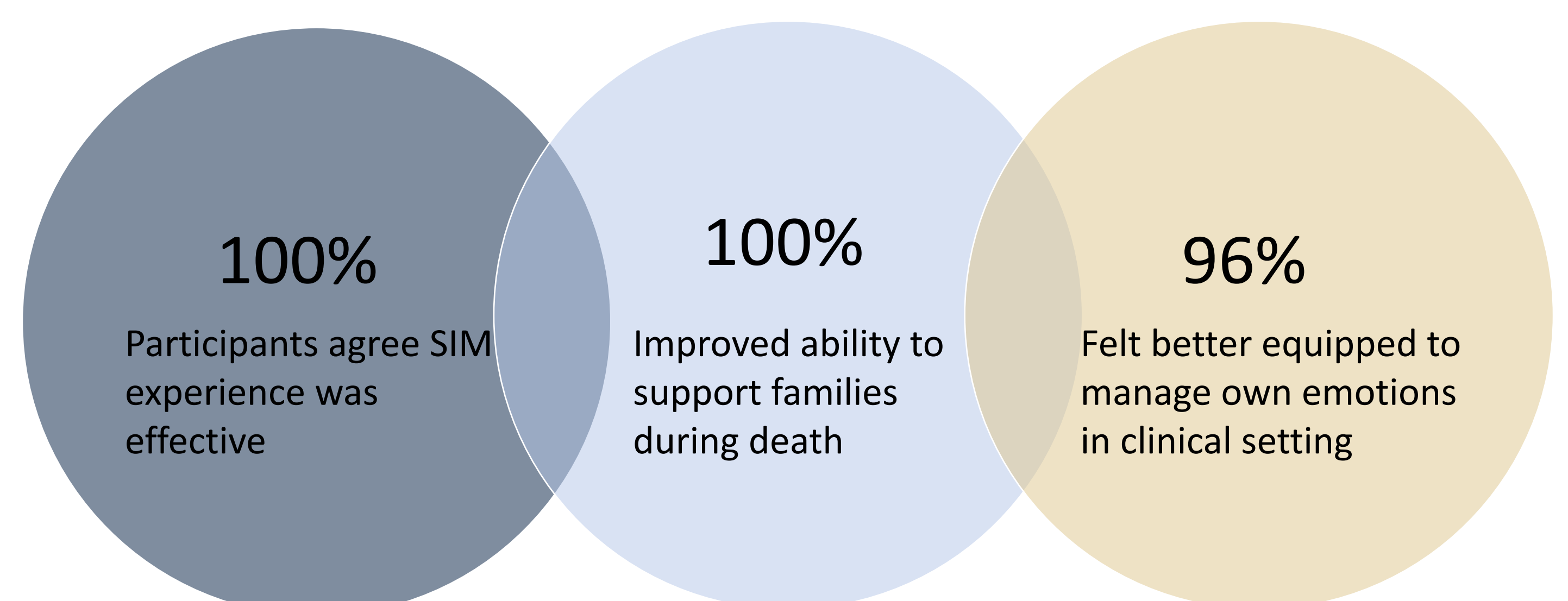


Figure 2: Student Satisfaction with Simulation

## References

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