Revitalizing End-of-Life Education: A Curriculum Redesign for RN Residents



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BACKGROUND

Novice nurses report feeling uncomfortable practicing End-of-Life (EOL) care, especially in pediatrics.8 The existing EOL education at Children's Hospital Los Angeles did not meet the RN residents' needs, revealing curriculum gaps.

PURPOSE

The EOL curriculum was redesigned to meet the needs of pediatric RN residents, equipping them to provide meaningful and supportive end-of-life care.

METHODS

- Analyze, Design, Develop, Implement, Evaluate (ADDIE) Instructional Design model.⁶
- Data collected from clinical experts, instructors, and RN residents were thematically analyzed to identify areas for improvement and practice gaps.
- Identified gaps
 - Lack of time for EOL discussion with experts.
 - Increased opportunities for roleplaying.
- New curriculum
 - End-of-Life Nursing Education Consortium materials. ⁶
 - Scenario-based and experiential learning. 1-2, 7-9

Original EOL Curriculum

- Passive lecturestyle format
- Traditional simulation

discussion

- Lack of role play and open
- Resiliency session occurred before EOL content

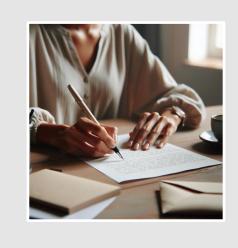
Redesigned **EOL Curriculum**

- Grounded in trauma-informed practice ³
- Deliberative practice simulation
- Role play and open discussion with experts
- Resiliency session moved to after EOL content

IMPLEMENTATION

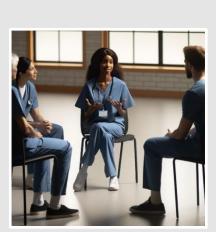
- Multidisciplinary team: Nursing Professional Development Specialists, Palliative Care Social Workers, Child Life Specialists, Chaplains, and Simulation Team.
- 2.5 -hour course delivered to 150 RN residents from acute care units.

KEY ACTIVITIES



Reflective Practice: Letter Writing

Storytelling and Narrative Case Studies





Partner with Child Life Specialist: Keepsake Making

Role Play with Child Life Specialist





Deliberative Practice Simulation: Postmortem Care

Morgue Walk



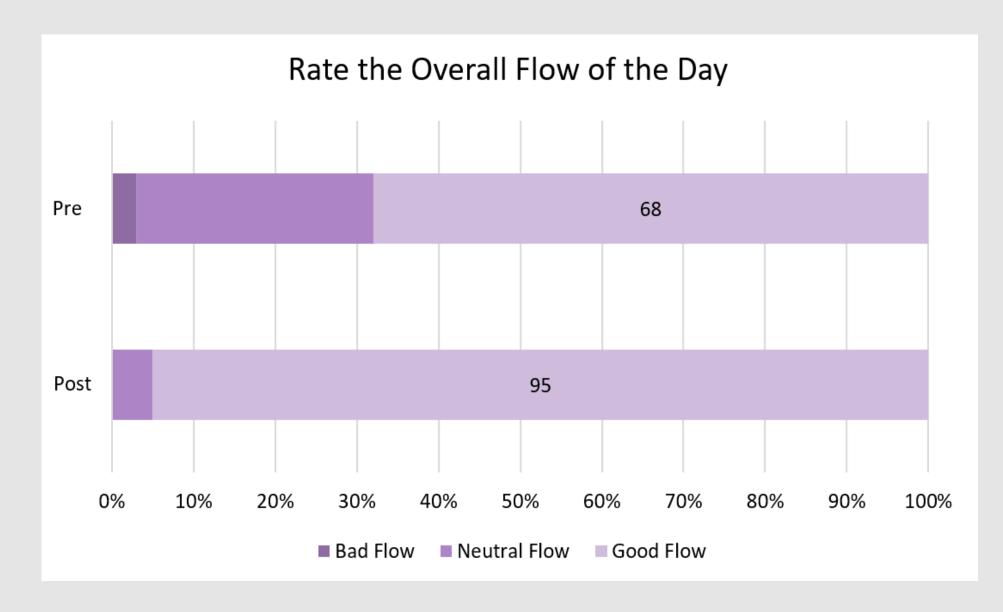


Resiliency Session with Chaplain

Images of people generated by Microsoft Copilot (2025).

FINDINGS

- New curriculum format improved RN Resident engagement and EOL care experience.
- Satisfaction with the flow of the day increased from 68% to 95%.



FINDINGS CONT

- Residents shared that the EOL experience was extremely helpful to their practice and created a safe space where they could explore topics of death and dying.
- Learners emphasized role-play, deliberative practice simulation, and resiliency session as preferred modalities for learning.

"Appreciated using hands on practice of skills. Adding a situation that is realistic into our sims was helpful for the real cases on the unit."

> "Glad to have been able to vent about sims and our grief experiences."

"Everyone was very engaging, and it felt easier to learn the content that way. The morgue and postmortem care was really helpful and meaningful."

IMPLICATIONS

- When providing education for delicate and specialized topics such as EOL care, educators should incorporate multiple reflective teaching modalities while establishing psychological safety.
- Future considerations:
 - Gather more quantitative and qualitative data before and after curriculum implementation.
 - Integrate peer support and wellness activities into EOL education.

REFERENCES & RESOURCES

