Advocating amidst conflict: Rehearsing ethical practice in simulation

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Dr. Lorretta Krautscheid is an Assistant Professor at the University of Portland. Her scholarship primarily focuses on pre-licensure educational strategies to prepare the future nursing workforce for to engage in ethical decision-making, develop moral agency, and promote resiliency in the face of moral distress. Dr. Krautscheid was the primary investigator of a three-site national study which measured moral distress and causative factors among nursing students, a study which inspired innovative educational strategies to support experiential ethics education.
Background

Students and novice nurses reported:
- Low confidence
- Feeling subordinate
- Inability to act on ethical knowing

(Krautscheid, Britton & Craig, 2015)
Mean Moral Distress Rating among Baccalaureate Nursing Students (n = 267)

Moral distress rating combined 3.12*
Academic agency 1 3.31
Academic agency 2 3.00
Academic agency 3 2.98

* Mild to moderate moral distress
Instrument: Moral Distress Thermometer
[Weiss & Moore, 2012]

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Educational Innovation

Learning Objectives:
1. Notice and verbally question unsafe and unethical activities.
3. Demonstrate ethically informed patient-centered care
4. Discuss and debrief professional ethical standards.

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Bloom’s Taxonomy

Deep Learning

Surface Learning

Cognitive
- Creating
- Evaluating
- Analyzing
- Applying
- Understanding
- Remembering

Affective
- Characterizing
- Organizing
- Valuing
- Responding
- Receiving

Psychomotor
- Coaching
- Applying
- Recognizing
- Modeling
- Observing

Outcome 1
Outcomes 2 & 4
Outcomes 1 and 3
Micro-ethical dilemmas embedded within existing high-fidelity simulation

Planning
- Curriculum assessment and placement of dilemmas within senior-level simulation.
- Select and write scenarios.
- Hired RN actor – unfamiliar to students (replicate clinical learning environment).
- Rehearse scenarios and debriefing questions.
- Students unaware micro-ethical situation would occur
  - purposeful strategy to replicate clinical learning environments.

Implementation
- Schedule actor(s)
  - Integrate micro-ethical dilemmas within simulation
    - Four hour medical-surgical sim. (Patient with DKA, infected foot ulcer)
    - Three ethical dilemmas / 4 hour sim.
    - 8 students and one faculty
  - Ethical situation debriefing integrated alongside assessment, pathophysiology, pharmacology debriefing.
  - Narrative reflections provided by students.
  - Recorded simulations – documented observed communication behaviors.

Scenario One - Avoiding
- Insert video here

Scenario Two - Advocating
Conflict Handling Styles — Fall 2014 (n=59)

*Kenneth Thomas and Ralph Kilmann (1978)

Frequency of conflict handling strategies

<table>
<thead>
<tr>
<th>Style</th>
<th>Description</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Competing</td>
<td>Assertive and uncooperative, power-oriented mode. Individuals pursue their own concerns at the expense of another person.</td>
<td>1 (1.8%)</td>
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<td>Accommodating</td>
<td>Unassertive and cooperative, the opposite of competing. Individuals neglect their own concerns to satisfy the concern of the other person. Characterized by self-sacrifice.</td>
<td>6 (10%)</td>
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<td>Avoiding</td>
<td>Both unassertive and uncooperative. The individual does not immediately pursue either his or her own concerns or those of the other person. The conflict is not addressed.</td>
<td>10 (18.9%)</td>
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<td>Collaborating</td>
<td>Both assertive and cooperative, the opposite of avoiding. Individual attempts to work with the other person to find a solution that satisfies the concerns of all involved.</td>
<td>12 (20%)</td>
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<td>Compromising</td>
<td>Middle ground between competing and accommodating. When compromising, the objective is to be expedient while finding a mutually acceptable solution that partially satisfies all parties.</td>
<td>21 (35.5%)</td>
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<td>Dilemma not noticed</td>
<td>Student did not notice the questionable unsafe nursing practice demonstrated by the RN.</td>
<td>9 (15%)</td>
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Student Reflection Narratives

“At first, I was like, uh, uh, uh, because you have to get over the first barrier of saying something. Then I was like, I really need to say something. So I said, well, she is not your patient and that would be a HIPPA violation. Even though it was just a simulation, it was still hard for me.”

“Ethics education is a hard thing because until people are in situations or experiences, they may not know how to handle the situation. I mean, you can get a lot from watching someone, but until you’re doing it yourself, you’re not getting the full experience.”

“Role play has less stress. For me, simulation is much more stressful because it feels real. In role play it is more like, well, this is what you would say. I was actually doing something rather than pretending.”

“Even though it’s a simulation, there was still that on the spot thinking and nervousness that grips you. It was a confidence thing for me. It felt really good, calling out the unethical behavior. That’s legitimately powerful!”
"I felt confidence in my ability to be an advocate. Because I stuck my neck out on the line and stood up for what I felt was right, regardless of what I thought the repercussions were, it has given me the strength to do it again."

"Now that I’ve experienced it in simulation lab, I feel like I’ll have those tools. I can use those same words that I used in simulation lab and be less afraid to speak out. We need more opportunities to practice and rehearse these situations because, when you do, it’ll be more natural."

Recommendations

• **Trans-disciplinary education** supporting ethical knowing, conflict communication techniques, and resiliency strategies.

• **Practice-partner collaboration**: provide continuing education for nurses who teach students in clinical settings.

• **Strengthen moral agency and advocacy** through integration of cognitive, affective and psychomotor strategies via high-fidelity simulation.

References


