End of Life Care/Medical Assistance in Dying: The Case of T. Eckert

Simulation Scenario Template

Adaptation of California Simulation Alliance (CSA)

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Scenario Overview

Scenario Title:	End of Life Care
Original Scenario Developer(s):	MAID TEAM
Date - original scenario	2020
Validation:	
Revision Dates:	Ongoing
Pilot testing:	Pending

Estimated Scenario Time: 15 mins **Debriefing time:** 45 mins

Target group:
BScN (Years 3/4, Year 2 Post-diploma program)
NP – Advanced Assessment II

Core case:
End of Life Care Options – MAID

Required Reading
Alberta Health Services Clinical Ethics Service (2017). Medical assistance in dying: Values-based self-assessment tool for healthcare providers (including physicians). Alberta Health Services. Accessible here.

College of Nurses of Ontario (2018). Guidance on Nurses' Roles in Medical Assistance in Dying. Accessible here.

CNO RN Entry to Practice Competencies (September 2020):

Clinician – 1.1, 1.2,1.3, 1.4, 1.5, 1.13, 1.14, 1.15, 1.21, 1.22, 1.23, 1.26
Professional – 2.1, 2.2, 2.4, 2.5, 2.6, 2.7, 2.9, 2.10
Communicator – 3.1, 3.2, 3.3, 3.5, 3.7
Collaborator – 4.1, 4.3, 4.4, 4.5
Leader – 6.4, 6.5, 6.6, 6.7, 6.9, 6.10, 6.11
Advocate – 7.2, 7.4, 7.6, 7.7, 7.9, 7.10
Educator – 8.3
Scholar – 9.2, 9.3, 9.6

NCLEX – RN BLUEPRINT (2023-36)

The 2023 Test Plan ("Blueprint") can be found here. **Please review the Test Plan** and reflect on what content areas are relevant to this simulation scenario. It is important to note that the Test Plan will be revised in 2026.

Canadian Patient Safety Institute (CPSI, 2020)

The CPSI website is accessible here. **Please review the tools and resources** available to healthcare providers and reflect upon concerns related to patient safety in this simulation scenario.

Canadian Interprofessional Health Collaborative National Interprofessional Competency Framework (CIHC, 2010)

The CIHC Framework can be found here. **Please review the framework** and reflect upon interprofessional collaborative patient-centred practice in the context of this simulation scenario.

Best Practice Guidelines (RNAO)

General information on BPGs can be found here.

Intraprofessional Collaborative Practice Among Nurses (2016). Accessible here.

Person and Family Centered Care (May 2015). Accessible here. Establishing Therapeutic Relationships (2002). Accessible here.

Evidence base/MAID references
Alberta Health Services Clinical Ethics Service (2017). *Medical assistance in dying: Values-based self-assessment tool for healthcare providers (including physicians).* Alberta Health Services. Accessible here.
Bill C-7: An Act to Amend the Criminal Code (Medical Assistance in Dying). 43rd Parliament, 1st session (2020). Accessible here.
Canadian Nurses Association. (2017). National nursing framework in medical assistance in dying. Accessible here.
College of Nurses of Ontario (2022). *Medical Assistance in Dying.* Accessible here.
College of Nurses of Ontario (2018). *Guidance on Nurses' Roles in Medical Assistance in Dying*. Accessible here.
Centre for Effective Practice. (2019). *Medical assistance in dying: Ontario pathway.* Accessible here.
McMechan, C., Bruce, A., & Beuthin, R. (2019). Canadian nursing students' experiences with medical assistance in dying. *Quality Advancement in Nursing Education*, *5*(1), 1-12. Accessible here.
Ontario Ministry of Health and Long-Term Care (2021). Medical Assistance in Dying. Accessible here.
Pesut, B., Thorne, S., & Greig, M. (2020). Shades of gray: Conscientious objection in medical assistance in dying. *Nursing Enquiry, 27*(1), 1-8. Accessible here.
Registered Nurses Association of Ontario (2020). *Best practice guideline: A palliative approach to care in the last 12 months of life.* Toronto, ON. Accessible here.
Ontario Ministry of Health and Long Term Care. *Medical Assistance in Dying: Information for patients*. Accessible here.
Government of Canada Canada's Medical Assistance in Dying (MAiD) Law (Criminal Justice site). Accessible here.
Government of Canada: Canada's Medical Assistance in Dying (End-of-life care). Accessible here.

Evidence base/general references
***Please note that the textbooks recommended below, are offered as recommendations/suggestions. Students are encouraged to refer to the pathology, pharmacology, health assessment and medical-surgical nursing textbooks in use in their programs to provide general and foundational knowledge of concepts relevant to the simulation.**
College of Nurses of Ontario (CNO) (2020). Entry to Practice Competencies for Registered Nurses. Accessible here.
Hannon, R.A., & Porth, C.M. (2017). Porth Pathophysiology: Concepts of altered health states (2nd Canadian ed.). Wolters Kluwer.
Jarvis, C., Browne, A., MacDonald-Jenkins, J. & Luctkar-Flude, M. (2019). Physical examination and health assessment (3rd Canadian ed.) Saunders.
Lilley, L L.; Snyder, J S., Sealock, K., Rainforth Collins S., & Seneviratne C., (2021). Pharmacology for the Canadian Health Care Practice (4th Ed.). Elsevier, Canada
Lilley, Terry Terry, Rainforth Collins, S., Snyder, J. S., & Swart, B. (2017). *Pharmacology for Canadian health care practice in Canada* (3rd Canadian ed.). Elsevier Canada.
Lewis, S. M., Bucher, Terry, Heitkemper, M. M., Harding, M.M., Barry, M.A., Lok, J., Tyerman, J. & Goldsworthy, S. (Eds.). (2019). *Medical-surgical nursing in Canada: Assessment and management of clinical problems* (4th Canadian ed.). Elsevier Canada.
Tyerman, J., Cobbett S., M. M., Harding, M., Kwong, J., Roberts, D., Hagler, D., Reinisch C., (2022). Lewis's Medical-surgical nursing in Canada: Assessment and management of clinical problems (5th Ed.). Toronto, ON: Elsevier.
McCance, K.L., & Huether, S.E. (2019). Pathophysiology: The biologic basis for disease in adults and children (8th ed.). Elsevier.
Pagana, K. D., & Pagana, T. J. (2019). *Mosby's Canadian manual of diagnostic and laboratory tests* (2nd Canadian ed.). Toronto ON: Mosby Elsevier, Canada.
Potter, P. A., Perry, A. G., Stockert, P. A. & Hall, A. M. (2019). *Canadian fundamentals of nursing* (6th ed.). Elsevier Canada.

Brief Summary of Case

T. Eckert is a 78-year-old client **in palliative care.** Approximately eight months ago the client developed discomfort in their lower abdomen accompanied by nausea that worsened over a two-month period. Following testing and diagnostic imaging the client was diagnosed with a stage IV pancreatic cancer diagnosis and a prognosis of six-eight months. The client was referred to an oncology team and underwent 8 cycles of chemotherapy. Folfirinox was administered via IV infusion at home over 2 days, every 14 days. It wasn't helping and the client suffered side effects of nausea, vomiting, diarrhea, severe fatigue, and decided not to continue treatment. The client was aware that the treatment might not be effective, and follow-up revealed that the cancer had metastasized to the liver, lungs, and spine. The client was admitted to hospital one month ago for worsening pain, nausea, weakness, loss of appetite and extreme fatigue. At the time of admission, the client had a discussion with their oncologist who shared that there were no active treatment options and referred the client to the Palliative Care Team for symptom management and exploration of end of life options.

The client expressed the desire and was approved for Medical Assistance in Dying (MAiD). The client's partner does not feel comfortable with pursuing MAiD but is supportive of the client's decision. The client has decided to carry out MAiD in the hospital and the procedure is planned for two days from now.

The client's past medical history includes: Hypertension x 20 years, controlled by medication. Past surgical history includes an appendectomy at age 10 and a tonsillectomy at age 13. The client is a retired high school teacher, with a partner of 55 years. They have three adult children and seven grandchildren aged 26 to 18.

Curriculum Integration and Learning Outcomes

Scenario Learning Objectives and Outcomes		
Learners will gain an increased understanding of the care of a client and support person in the context of end-of-life care options including MAID.		
Do What	With What	For What
Establish a therapeutic relationship with a client and/or family member	Terminally ill client and their support system who are requesting information and clarification regarding MAID	To demonstrate understanding of the importance of the nurse-client relationship in enhancing client well-being, including

		empathy and respect for client's right to choose To demonstrate ability to use therapeutic verbal and non-verbal communication to assist with difficult or emotional conversations (eye contact, touch, active listening) To demonstrate understanding of the importance of creating a safe space for clients and families
Identify roles and scope of practice within a healthcare team	Terminally ill client and their support system under a palliative care team	To demonstrate understanding and insight into own role and limits of practice To demonstrate understanding and insight of who to call to ask for assistance for a client in palliative care
Demonstrate understanding of end-of-life care options	Terminally ill client and their support system under a palliative care team	To demonstrate ability to assist clients and /or support persons in understanding of the MAID process and general palliative care options in order to assist clients and/or support persons to make informed decisions
Reflect on own values, beliefs and biases regarding end-of-life care	Terminally ill client and their support system under a palliative care team	To increase awareness of perceptions/beliefs of self and others when caring for palliative clients and support persons and recognize how this may impact delivery of care

Learning Outcome Assessment/Rubric			
Competency	Demonstrated attributes align with required competency	Demonstrated attributes need some improvement to align with required competency	Demonstrated attributes need major improvement to align with required competency

Demonstrates therapeutic communication skills for provision of genuine support, information, and education to client and/or support persons who are facing difficult decisions regarding end-of-life care.	1) Demonstrates effective active listening through verbal and non-verbal cues (i.e., eye contact, paraphrasing) 2) Demonstrates effective use of verbal and non-verbal communication between self and client/family 3) Communicates with client and/or family using clear, concise language they can understand 4) Establishes therapeutic rapport	1) Demonstrates some elements of active listening 2) Demonstrates some effective use of verbal and non-verbal communication between self and client/family 3) Communicates with client/family in a way that they have difficulty understanding 4) Partially establishes therapeutic rapport	1) Does not demonstrate active listening 2) Does not demonstrate effective use of verbal and non-verbal communication between self and client/family 3) Does not communicate with the client/family in a manner that the client can understand 4) Fails to establish therapeutic rapport
Demonstrates ability to discuss difficult situations with clients/family members, particularly end of life care and option to pursue MAID	1) Effectively demonstrates empathy and non-judgmental communication with client/family regarding any end-of-life care options and avoids own opinion, beliefs and biases in communication with client/family	1) Demonstrates some empathy when communicating with client/family regarding end-of-life care options, but allows some personal beliefs and biases to affect communication	1) Has difficulty demonstrating empathy when communication with client/family regarding end-of-life care options, allows own beliefs or biases to interfere 2) Explains minimal to no end-of-life care options and does not

	2) Demonstrates general knowledge and understanding of end-of-life care options which may include comfort care, MAID while supporting clients decisions	2) Demonstrates some knowledge and understanding of end-of-life care options while providing some support of clients decision	support clients decisions
Demonstrate knowledge of own role/scope of practice and roles/scope of practice of others related to end-of-life-care teams	1) Identifies own limitations and range of practice as outlined in current legislation and CNO guidelines 2) Demonstrates knowledge about various health care team member roles as they relate to end-of-life care and MAiD 3) Responds appropriately to inquiries regarding MAiD in accordance with regulatory body's relevant guidelines, standards and employer policies	1) Identifies some limitations and range of practice as outlined in current legislation and CNO guidelines 2) Demonstrates some knowledge about various health care team member roles as they relate to end-of-life care and MAiD 3) Responds hesitantly to inquiries regarding MAiD in accordance with regulatory body's relevant guidelines, standards and employer policies	1) Unable to Identify limitations and range of practice as outlined in current legislation and CNO guidelines 2) Demonstrates minimal knowledge about various health care team member roles as they relate to end-of-life care and MAID 3) Responds incorrectly to inquiries regarding MAiD in accordance with regulatory body's relevant guidelines, standards and employer policies

Demonstrates reflection upon own values, beliefs, and biases when providing end of life care caring for clients who choose comfort care and MAiD	1) Recognizes when personal beliefs, attitudes, and values limit one's ability to be present and provide person-centred care for clients receiving MAID 2) Demonstrates understanding of Conscientious Objection and collaborates with others to ensure optimal care is provided	1) Recognizes with some difficulty when personal beliefs, attitudes and values limit one's ability to be present and provide person-centred care for clients receiving MAID 2) Demonstrate some understanding of Conscientious objection	1) Unable to recognize when personal beliefs, attitudes and values limit one's ability to be present and provide person-centred care for clients receiving MAiD 2) Fails to demonstrate understanding of conscientious objection

PRE-SCENARIO LEARNING
● End-of-life/Palliative care, including MAiD ● Self-reflection and awareness regarding end-of-life care options ● Conscientious objection ● Therapeutic communication techniques ● IPE team members, roles and principles of teamwork and collaboration, communication with the health care team members (I-SBARR) ● Explicit and implicit biases in health care ● Scope of Practice ● Infection control principles, hand hygiene, universal precautions

Client Profile				
Last name:	Eckert		**First name:**	Terry
Gender: Any	Age: 78	Ht: 180cm	Wt: 85 kg	Code Status: DNR
Spiritual Practice: Spiritual but not religious		Ethnicity: Canadian		Primary Language spoken: English
Past History				
Hypertension x 20 years				
Primary Medical Diagnosis	End Stage (Stage IV) pancreatic cancer with metastasis to lungs, liver, and spine			

Review of Systems			
CNS	No cognitive deficits, alert, and oriented X 3		
Cardiovascular	Within normal limits, on Ramipril and Metoprolol for hypertension		
Pulmonary	Metastatic cancer, decreased air entry to bases, occasionally gets SOBOE		
Renal/Hepatic	Within normal limits		
Gastrointestinal	Poor appetite, abdominal pain, nausea		
Endocrine	Within normal limits		
Heme/Coag	INR 1.4		
Musculoskeletal	Generalized weakness, risk for falls, ongoing pain due to metastases in spine		
Integument	Pale		
Developmental Hx	No significant issues		
Psychiatric Hx	Within normal limits		
Social Hx	Has a partner of 55 years, three adult children and 7 grandchildren		
Alternative/ Complementary Medicine Hx	None		
Medication allergies	NKA	Reaction:	None
Food/other allergies:	NKA	Reaction:	None

Laboratory, Diagnostic Study Results					
Na:140 mEq/L	K: 3.3 mEq/L	Cl: 102	Glucose: 6.1	BUN: 11	Cr: 155
ALP: 180 IU/L	AST: 54 IU/L	ALT:403 IU/L	Total Bili: 70 mmol/L		
Hgb: 122 g/L	Hct: 0.4 L/L	Plt: 334	WBC: 12.7	RBC: 3.8 cell/mcL	
PT: 12	PTT: 34	INR: 1.4	Albumin: 19 g/L	LDH-4: 350 IU/L	

Current medications	Drug	Dose	Route	Frequency
	Ramipril	10 mg	By mouth	Twice a day
	Metoprolol	50 mg	By mouth	Twice a day
	Hydromorphone pump	1 mg/hr.	IV, infusion	Continuous
	Hydromorphone	0.5 mg	IV	Every 20 minutes, PRN
	Dexamethasone	4 mg	IV	Daily
	Ondansetron	8 mg	IV	Every 8 hours
	Acetaminophen	500-1000 mg	By mouth	Q 6h PRN (max 3g/day)
	Polyethylene Glycol 3350	17 g	By mouth	Daily
	Senna	2 tabs	By mouth	At bedtime
	Senna	2 tabs	By mouth	Daily, PRN

Client Name: T. Eckert **DOB: September 10** **Age: 78 years old** **MRN#: 1934104**		**Diagnosis: Stage IV Pancreatic Cancer**
No Known Allergies		
Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
T -1 Month	1800hrs	Admit to Oncology Palliative care
		Vital Signs every 12 hours and PRN
		CBC and Full Metabolic Panel (done)
		Abdominal CT (entered and done)
		Insert IV, infuse normal saline at 30 cc/hr (done)
		Ramipril 10 mg by mouth once daily
		Metoprolol 50 mg by mouth twice daily
		Hydromorphone 1 mg/hour IV infusion by pump
		Hydromorphone 0.5mg IV every 20 mins as needed
		Dexamethasone 4 mg IV once daily
		Ondansetron 8mg IV every 8 hours
		Acetaminophen 500-1000 mg every 6 hrs as needed for pain or fever >39
		Polyethylene Glycol 3350 17 g by mouth daily
		Senna 2 tabs daily at bedtime
		Senna 2 tabs once daily PRN for constipation
		Dr. K. Choi
T -1 DAY	0800	Move to comfort measures only
		Discontinue vital signs, bloodwork, imaging
		Spiritual care referral (done)
		Social work referral (done)
		Dr. K. Choi

Client Name: T. Eckert **DOB: September 10**	**Diagnosis: Stage IV Pancreatic Cancer**

Age: 78 years old **MRN#: 1934104**			
Date	Time	Discipline	Clinical Notes
T-1 Month	Adm	Physician	**Admission Summary:** T. Eckert is a 78-year-old with a diagnosis of Stage IV pancreatic cancer with metastasis to liver, lungs and spine. Client was admitted for worsening pain, nausea, weakness, loss of appetite and extreme fatigue. Client has had a discussion with their oncologist who shared that there are no longer active treatments. The oncologist referred the client to the palliative care team for goals of care, symptom management, and end of life options. On admission, the client independently expressed interest in being assessed for MAiD and their oncologist has completed a referral to the hospital's MAID program. The client completed their written request for MAiD. Client is having significant generalized body pain and nausea, and the palliative care team will continue to provide symptom management and support.
T-14 days		Team	Client has gone through the screening process and application and has been confirmed to receive MAiD, date to be determined. Client originally wanted to be at home to receive MAiD but has since changed their mind and wishes to remain in hospital for management of care. Although the client's partner is upset and saddened by the decision, they remain supportive.
Today		Nursing	Client received a dose of Dilaudid 0.5 mg 90 mins ago and Ondansetron 8 mg for complaints of nausea. Last set of vitals was completed approx. 90 mins ago: BP 130/85, HR 88, RR 16, O2 sats 95% on room air. Client and partner have just had a meeting with the Palliative care and MAID team.
Today		Spiritual Care	Client was seen as requested by attending physician re: spiritual care. Client has a friend who will be supporting client/family in provision of spiritual care before, during and after MAiD procedure. Client was appreciative of the visit and expressed their clear wish for MAiD. P Hakim, Chaplain
Today		Social Work	Met with client this afternoon upon request from the attending team. Client shared that they will be undergoing MAiD procedure in two days. Client states all arrangements for before, during and after have been made. Client requested resources for family regarding grief and bereavement support in the community. Social work will connect with family members and provide support as needed, along with a list of available resources requested. Will continue to follow. H Jameson, MSW