Editorial

Thoughts on the Evolution of Unexpected Death in Simulation

Letting the manikin die is a perennial favorite topic at the large simulation meetings for both nursing and medicine. These talks often take the form of debates or panel presentations and are thought provoking, prompting many of us to change policies and procedures over the past few years. Some of my friends look back with horror on things they said to learners back in the early days of simulation (not that long ago), for example, “too bad, you just killed the patient … let’s do it again and maybe you will figure it out this time,” or “your failure to notice this deterioration just killed the patient.” Youch! These were all well-meaning teachers who were some of the first to be able to actually let a patient care episode follow its natural trajectory with a novice learner who really did not know that a patient was “trying” to die. Many of us learned what this looked like, before simulation, with real patients. How lucky our learners are today—maybe some of those words came from a place locked away in many of us, as we tried to work through our own feelings about missing telltale signs in a patient we did not/ could not save.

Having the occasional student dissolve into tears or sobs over the past few years in these sorts of scenarios, or freeze up, or express the need to see a counselor after a scenario involving death might also have helped our cavalier thinking. Early in simulation, we did not seem to be aware that learners might come to us from a recent personal or family event that they might not have worked through, leaving them fairly raw with emotion.

With this as a backdrop, let me fast-forward to a Wednesday evening stroll through the Philadelphia Art Museum. I approached a painting of a woman in late 1700s attire, looking up in the picture from a very gray and still child on a bed, obviously sick or dying. In fact, the child is the painter’s own daughter; the woman is his wife, Rachael; the picture is entitled “Rachael Weeping.” Their daughter had succumbed to an illness, and the woman is grieving over their child. The look of pain on the woman’s face is marked; the viewer knows something bad has happened. What is more interesting, however, is the plaque next to the picture describing the painting. The painter kept it in the back room of his house/gallery with a curtain across it. There was a cautionary notice posted. It suggested that women and families who had recently lost a child might not want to view this particular painting. It is interesting that they were so cognizant of stirring potentially unpleasant memories in the 18th century. Granted, death was a lot closer back then for everyone. Children were lost in far greater numbers, but somewhere along the way, when we started teaching with simulation, we forgot.

There appears to be much more awareness now about what some of these unexpected death scenarios might be doing to our learners. Policies about psychological safety regarding potential death in scenarios are emerging. Alternative assignments for those with recent traumatic events are anecdotally reported for learners with recent losses, if requested. This is a good thing and demonstrates an increasing sophistication in the simulation community. There seems to be an emerging consensus of opinion that the manikin should not be killed or allowed to die unless that is the objective of the scenario and all learners are aware that this might/could occur. If less than ideal care is provided, the manikin might code but will be brought back or the scenario will be ended before the manikin dies. Our awareness of the fidelity we are producing and what it can do to learner emotions indicates a growing sophistication in the discipline.

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