Death and Dying and Postmortem Care: Essential Addition to Senior Skills Day

Death is a significant life event and one that occurs every day in hospitals across the nation, where most new graduate nurses obtain their first job. Often, students graduate and have never cared for a dying patient or performed postmortem care. Curricula often include a skills day as an essential part of the baccalaureate education in order to provide reinforcement and the opportunity for senior nursing students to practice skills prior to transitioning to that of a graduate nurse. Postmortem care is typically not one of the skills included to assess competency, nor is it one students are clamoring to perform. An encounter with death has been reported to be one of the most stressful experiences reported by nursing students during their clinical training (Edo-Gual, Tomás-Sábado, Bardallo-Porras, & Monforte-Royo, 2014). There can also be a sense of curiosity, apprehension, and even fear. For this reason, a station was added to senior skills day that addressed the topic of death and dying, as well as postmortem care review.

Method

Fourth-year (senior) nursing students participated in this death and dying/postmortem care station. This activity provided students with an opportunity to talk about the active aspect of a patient dying, as well as postmortem care. Goals of the activity were for students to:

- Describe the role of the nurse during a patient’s death.
- Consider the different cultural practices or spiritual needs that may occur during death and dying.
- Discuss the practice of the sacred pause that many organizations implement at the time of a patient’s death.

Policies and procedures for postmortem care vary by organization. One local hospital’s policy was obtained and reviewed, with students noting that they may experience differences dependent on where they are hired postgraduation. Postmortem care kits were used on simulation manikins, allowing students the opportunity for step-by-step hands-on experience. Aspects of care such as the physical care required, removal of tubes and drains, ligatures and ties, actual shrouding, discussions surrounding potential organ donation, autopsy, as well as proper identification and transportation were demonstrated and reviewed. Students engaged in dialogue as to their experiences in the clinical setting and had an opportunity to express their fears and anxiety and ask questions, including about cultural sensitivity. Plans of care must always be individualized—this includes postmortem nursing care specific to the individual who died, as well as consideration to family needs and preferences (Hand, 2014). Finally, the practice of performing a sacred pause at the time of a patient’s death was discussed. The fact that any member of the health care team can initiate this was shared. It was emphasized that the pause honors the sacredness of a life that has passed from this life to the next and recognizes the efforts and impact on the nurses and other members of the health care team (Lofton, 2015). After traumas or codes, the ritual of a pause can also promote closure and relieve some feelings of grief and distress (Kapoor, Morgan, Siddique, & Guntupalli, 2018).

Results and Conclusions

After completing the senior skills day, students were asked to volunteer their perspectives on the experience. Students praised the addition of the death and dying dialogue, as well as the postmortem care review to skills day and verbalized that it helped them to appreciate expectations when they encounter the death of a patient. In an unsolicited e-mail less than 2 weeks after the skills day, one student shared that she in fact cared for a patient who died in clinical:

I am happy I was able to be with the patient, I held her hand... I was feeling so many emotions, I began to tear up.

I got an opportunity to do postmortem care with my instructor and I thank you for making a section on postmortem in skills day, it truly helped.

Incorporating an activity into the curriculum such as a skills day is an excellent opportunity to discuss different aspects of death and dying and teach postmortem care to ensure that the next generation of nurses are adequately prepared to deliver the highest level of compassionate and quality care while also caring for themselves.

References


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