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Problem/Background

With the uncertainty of rapidly changing regulations/legislation/care options, APRNs must be prepared to care for families seeking access to a stillbirth induction and delivery.

Case Scenario

- Two Neighboring States:**
 - One with restrictive rules
 - One with full access to care
- Objective:**
 - APRNs & Undergraduate learners practice communication, professionalism, and ethical competencies.
 - Focus on caring for a grieving family through therapeutic conversation.
- Educational Alignment:**
 - Based on NLN/Jefferies Simulation Theory.
 - High-fidelity mannequins and standardized participants used.
 - Psychologically and physically safe environment for learners.
- Simulation Dynamics:**
 - Primary Standardized Participant (SP): Highlights emotional, physical, and financial challenges.
 - Secondary SP: Cues emotional states and asks questions to elicit performance indicators.
- Key Goal:**
 - Ensure learners feel their physical and psychological safety is preserved.



Standard 3: Simulation Design

Objectives founded upon the ACNM Core Competencies for Basic Midwifery Care, specifically Competency V, Components of Midwifery Care (G.f.6 Stillbirth care).

AACN Essentials reflect competencies from:

- ☐ Domain 2 :Person-Centered Care (2.1 Engage with the individual in establishing a caring relationship; 2.2 Communicate effectively with individuals);
- ☐ Domain 6, Interprofessional Partnerships (6.1b, 6.1e, 6.1k, 6.2c, 6.2f; 6.1i, 61.k, 6.2i, 6.2j)
- ☐ Domain 9, Professionalism (9.1b, 9.1d, 9.1 g, 9.2a, 9.2c, 9.2e, 9.2f, 9.5c; 9.1i, 9.2 h, 9.2 k,9.2 l).



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Standard 4: Facilitation

The simulation assigns pre-licensure students as primary nurses and graduate students as providers, with new learners rotating every 20 minutes. A pre-brief precedes the four-hour session, accommodating 12 graduate and 24 pre-licensure students. A CHSE-certified simulation expert leads, evaluates, and directs faculty. The setup includes a birthing bed, infant warmer, and a high-fidelity mannequin with voiceover support. Faculty provide expertise and feedback, while a standardized patient portrays a family member. The scenario includes a preterm infant mannequin to simulate third-trimester loss, integrating interprofessional roles like chaplain support, physician consultation, and social work resources.

Standard 5: Debriefing.

The course faculty encourages the learners to explore key elements of the stillbirth scenario to gain understanding and insight. Students are asked to reflect: 1. How did you feel during the simulation? 2. Why did you make the decisions you did? 3. Could you have done something better or differently? 4. What will you take away from the practice? 5. How will this experience inform or improve how you care for a patient? **These reflections help learners develop empathy, critical thinking, and confidence in handling sensitive situations, ultimately improving their ability to support grieving families and provide compassionate care in real clinical settings.**