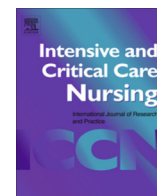




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Research article

Acceptability and feasibility of an interprofessional end-of-life/palliative care educational intervention in the intensive care unit: A mixed-methods study

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ABSTRACT

Objectives: This study aimed to describe a seven hour End-of-Life/Palliative Care educational intervention including online content related to symptom management, communication and decision-making capacity and an in-person group integration activity, from the perspective of the interprofessional team in terms of its acceptability and feasibility.

Research design: A mixed-methods study design was used.

Setting and sample: The study was conducted in a medical-surgical Intensive Care Unit in Montreal, Canada. The sample consisted of 27 clinicians of the Intensive Care Unit interprofessional team who completed the End-of-Life/Palliative Care educational intervention, and participated in focus groups and completed a self-administered questionnaire.

Main outcome measures: The main outcomes were the acceptability and feasibility of the educational intervention.

Findings: The intervention was perceived to be appropriate and suitable in providing clinicians with knowledge and skills in symptom management and communication through self-reflection and self-evaluation, provision of assessment tools and promotion of interprofessional teamwork. The online format was more feasible, but the in-person group activity was key for the integration of knowledge and the promotion of interprofessional discussions.

Conclusion: Findings suggest that an interprofessional educational intervention integrating on-line content with in-person training has the potential to support clinicians in providing quality End-of-Life/Palliative Care in the Intensive Care Unit.

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Implications for clinical practice

- End-of-Life/Palliative Care quality improvement educational interventions in the intensive care unit are feasible when online educational material is used.
- Complementary in-person educational activities are beneficial in integrating knowledge and addressing questions.
- An interprofessional focus is important in both intervention development and implementation to foster interprofessional collaboration for the improvement of End-of-Life/Palliative Care in the intensive care unit.
- Interventions should devote more resources to competencies that are difficult to master such as communication with patients and families, and the assessment of decision-making capacity.

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Introduction

More than 10% of patients die in intensive care units (ICU) and this percentage is expected to increase with a higher proportion of chronically critically ill being admitted to the ICU (Nelson et al., 2010; Zimmerman et al., 2013). Therefore, ICU clinicians of all professions must be prepared to provide end-of-life/palliative care (EoL/PC) (Hua and Wunsch, 2014). EoL/PC requires an approach that emphasises interprofessional efforts to promote comfort and dignity for patients with life-threatening illnesses (Gamondi et al., 2013a,b; National Consensus Project for Quality Palliative Care, 2013; Ciemins et al., 2016). End-of-life/palliative care focuses on aligning treatments and care with patients' values and wishes as well as providing intensive symptom management (National Consensus Project for Quality Palliative Care, 2013; Truog et al., 2008). To achieve this goal, clinicians must develop skills in symptom management, effective communication within the interprofessional team and with patients and their families and ethical decision-making (National Consensus Project for Quality Palliative Care, 2013; Schaefer et al., 2014).

Clinicians have identified several stressors in providing quality EoL/PC in the ICU such as the lack of assessment tools and competencies in symptom management of patients at high risk of dying, the assessment of patients' decision-making capacity because of cognitive impairments caused by medical conditions (e.g., delirium) or levels of consciousness altered by the administration of sedative agents and poor communication within the interprofessional team (Luce, 2010; Gélinas et al., 2012; Schaefer et al., 2014). The latter has been identified to contribute to decreased team cohesion, increased clinician burnout and negative impacts on the quality of patient care (Fassier and Azoulay, 2010; Gélinas et al., 2012; Mosenthal et al., 2012; Visser et al., 2014). Given the multiple stressors experienced by ICU clinicians in providing quality EoL/PC, there is an urgent need to implement interventions that assist them in the delivery of quality care for patients at end-of-life.

A recent systematic review of studies detailing 30 unique interventions summarised the effect of proactive palliative care interventions on patient outcomes in the ICU, such as decreased hospital and ICU length of stay without affecting mortality (Aslakson et al., 2014a), however, none have evaluated the acceptability and feasibility of these interventions from the perspective of clinicians. Given that the success of an intervention greatly depends on clinicians' adherence and meeting their needs, it is essential to evaluate the acceptability and feasibility of the

educational intervention from the clinicians' perspective (Black et al., 2013; Aslakson et al., 2014b).

Intervention development

SATIN (i.e. SATisfaction of the INTERprofessional team) is a research program aimed at improving EoL/PC in different care contexts including the ICU (Fillion et al., 2012). In the context of SATIN, a needs assessment survey was conducted with 47 ICU clinicians (i.e. 30 nurses (RN), seven respiratory therapists (RT), three social workers, one critical care physician, one manager, two orderlies and three others who did not mention their profession) in a university-affiliated hospital in Montreal. The survey was based on the eight domains of EoL/PC practice from the End-of-Life Nursing Education Consortium (ELNEC)-Critical Care program (Ferrell et al., 2010). The ELNEC project is an educational initiative whose mission is to improve palliative care internationally and has offered training to thousands of clinicians around the world. These domains were ranked from most important (1) to least important (8), where interprofessional communication and with patients/families, symptom and pain management, and ethical issues were main priorities. In addition to pain, clinicians identified anxiety (83%), agitation (75%), and dyspnoea (55%) as symptoms that were priority areas for training. Based on these findings, an educational intervention targeting the ICU interprofessional team was developed by the SATIN implementation committee formed by critical and palliative care clinicians including nurses, social workers, a RT, a critical care physician and a clinical ethicist.

The SATIN educational intervention is comprised of seven self-accessible online modules via Dropbox, and following their completion, participation in a one-hour in-person group integration activity (Table 1). The online modules were based on the most recent clinical practice guidelines and evidence. The modules presented PowerPoint slides with text, images and explanatory audio. Clinicians' engagement with the online modules was not monitored, but acquiring the knowledge presented in the modules was necessary to be able to participate in the interaction activity and to pass the knowledge test administered at the end of the interaction activity. Access to the online modules and the integration activity guide is available from the corresponding author.

Intervention implementation

The SATIN educational intervention was offered in the summer of 2015. Clinicians chose the preferred timing for completing the

Table 1
Description of the SATIN educational intervention.

Module (Duration)	Objective
Introduction (10 min)	Introduces the EoL/PC concept in the ICU
Assessment and Management of Pain (60 min)	Assess symptoms using validated tools Intervene according to assessment findings
Assessment and Management of Dyspnoea (45 min)	Reassess to establish effectiveness Document assessment findings in chart
Assessment and Management of Anxiety (30 min)	
Assessment and Management of Agitation (60 min)	
Communication (30 min)	Establish a standardized process for patient/family meetings Recognise emotional reactions of the patient/family and use appropriate communication strategies Document meetings in charts
Decision-Making Capacity and Substitute Decision-Making (60 min)	Describe the concepts of decision-making and substitute decision-making Document decision-making capacity in chart
Integration Activity (60 min)	Consolidation of knowledge through a complex case study

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