



Physiotherapy student responses to working in the critical care environment

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Overview

- Background
- Challenges to working in this environment
- Study Overview
- Presentation of one theme and its sub-themes
- Discussion/implications
- Future work

Critical Illness

- Caring for the critically ill is a key priority across healthcare
- As a specialty in 2015/16 critical care provided support to:
 - 9,500 people in Wales
 - 217,898 people in England
 - 14, 884 people in Scotland
- Survival rates are reported between 79%-85%
- Demand for critical care is projected to increase ~4-5% a year (WG 2015; NHS Digital 2017)

Role of the Physiotherapist

Physiotherapy is one of the principle and most consistent therapy services for Critical Care. Traditionally the role of the physiotherapist was maintaining bronchial hygiene for intubated patients, but as the role has developed with improved research, the focus for patients has been directed towards earlier engagement with their environment and physical activity as soon as possible^{1,2}.



Critical Care Environment: Challenges

- Stressful, due to high patient mortality and morbidity
- Daily confrontations with ethical dilemmas
- Tension-charged atmosphere
- Communication challenges; unrealistic expectations of patient's family
- Power imbalance in the patient-provider relationship
- Interprofessional collaboration: product of multiple factors

(Happ 2000; Beckstrand et al. 2006; Mealer et al. 2007; Kendall-Gallagher et al. 2017)

Study Overview (1)

Study Design

- Completed as an undergraduate dissertation, submitted in 2015
- Title: An exploration into physiotherapy students' experiences of patient death on critical care clinical placements
- Data collected through detailed, semi-structured face-to-face interviews

Sample

- Purposive sampling to recruit 3 final-year physiotherapy students that had experience of critical care placement

Study Overview (2)

Methods

- Interview guide based on literature review
- Pilot study completed
- Pseudonyms used
- Use of reflexivity

Analysis

- Interviews recorded and transcribed verbatim
- Respondent validation conducted
- Thematic analysis utilised
- Triangulation

Themes

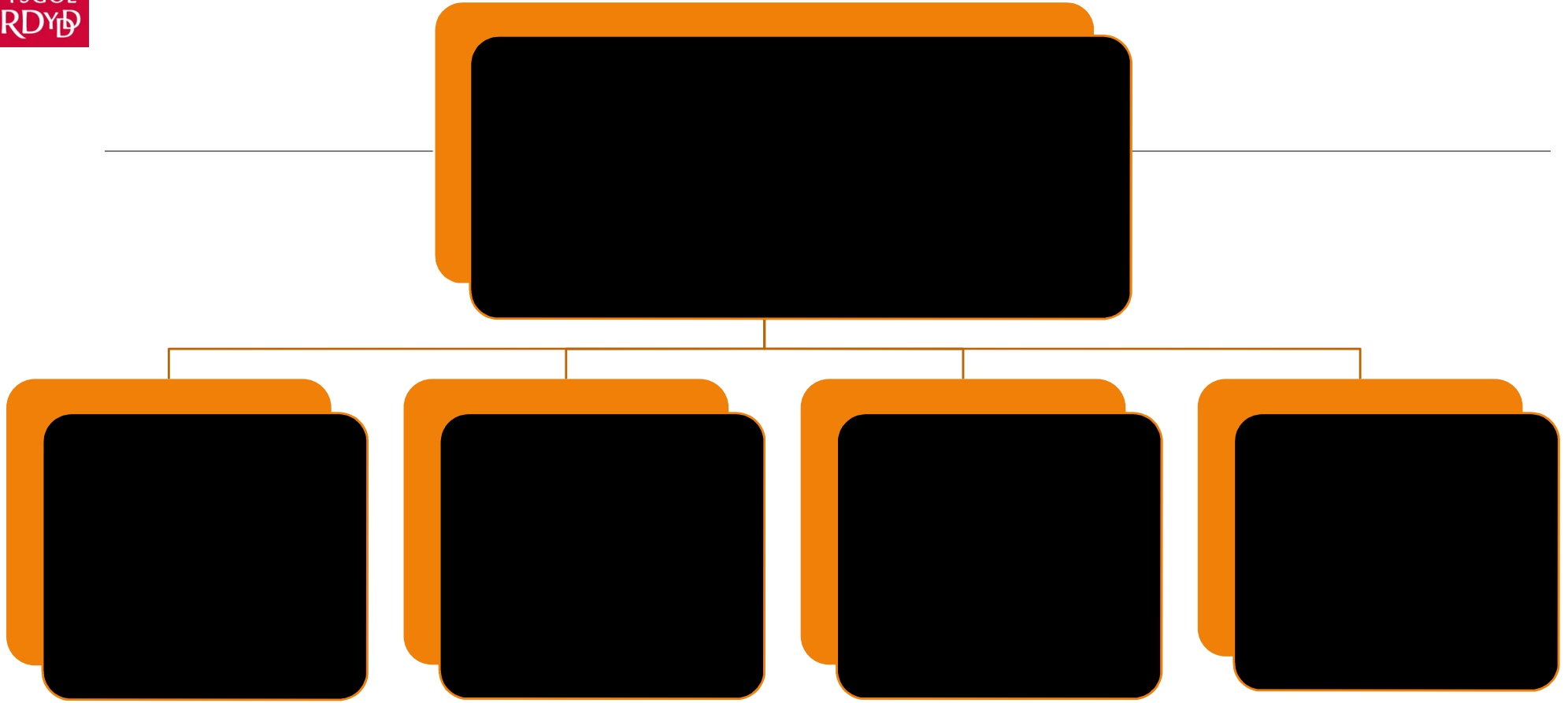
Response to
working in the
critical care
environment

The death
experience

Professional
reaction to patient
death

Coping strategies

Ethical awareness
and responsibility



A “different atmosphere” in which to work –1

“...I didn't really know what to expect and the first few days it was quite a shock, because people were a lot more ill than you kind of expect.....it was a bit of a shock initially” [Paul]

‘I was expecting the whole, lots of machines, lots of noise, lots of sort of hustle and bustle and actually I was quite surprised on ITU that it was a lot quieter and a lot more peaceful, because the patients, I didn't realise until I was there, their main role was to have a lot of sleep” [Jenny]

A “different atmosphere” in which to work –2

“...you had to be a lot more aware and it was very daunting at the beginning going into that kind of environment where you don't know all the noises. You recognise it and you recognise it from Casualty....” [Jenny]

“I expected everyone to be rushing around and there to be beeping going off everywhere and a very stressful environment, whereas things were quite relaxed” [Catherine]

Professional accountability of caring for complex patients

“I think the most responsibility is on the medical staff, because they seem to have the final decisions, but in terms of....the physio treatments and stuff, there were times when my Clin Ed. Said “No, we’re not going to treat this person today”You can kind of control your physio treatment, but I think the overall sort of picture is heavily controlled by the medical staff” [Paul]

“I think because of the intensity of their treatments, and because of the amount of time, and the amount of drugs and things the patients are on as well, it meant you had to be a lot more responsive to what was going on and I think that was the main difference that I noticed between physio on the wards and ITU” [Jenny]

Professional accountability of caring for complex patients

“.....it was quite strange, but I’m not sure if it’s the fact that I’m a student or I was more focused on kind of making sure I was doing the right technique and stuff like that, but I think I became quite detached from the patient. It was quite strange treating someone when you kind of knew there was no rehab potential. I think I was just more concerned with doing the right treatments and stuff like that. Rather than, I don’t know, sort of the patient’s overall outcome, it was more getting the physio side of things right and then if the medical things sort out then they do” [Paul]

“Working on ITU, you’re making a decision about someone’s life and that’s the biggest decision you probably could ever make’ [Jenny]

Challenges in communicating with people that are unresponsive - 1

“You felt, you just felt a bit odd, you just felt like it was just kind of a bit pointless, just speaking to someone that’s not talking back..... it was a very, very odd experience, especially to start with.....” [Paul]

“Really odd to start with, like really hard, it was really forced because you kind of say something like your normal spiel, and then nothing back, and then you say it again. But you can see why it’s quite important because every time there were people that sort of came round and said like, “I really hated it when you suctioned me,”But yeah, it was really odd to start with but then you just kind of get into a bit of a rhythm.....where you just talk to the patients and don’t really expect a reply....” [Paul]

Challenges in communicating with people that are unresponsive - 2

“....it was a very different case because the patient had been told that he was, we had been told, that he was brain dead and he was on ITU because they were keeping him alive, because they were doing organ donation. So the patient was, he had gone.....I found that quite different and challenging.....” [Jenny]

“I wouldn't say I particularly enjoyed it.....because I quite enjoy the communication aspect of physio and obviously with patients that aren't really able to communicate..... it was a good experience and I am happy that I have done it, but it wouldn't be something that I'd want to do long term really. ”

[Paul]

Challenges in communicating with people that are unresponsive - 2

“I just felt a little bit silly talking to somebody who couldn’t respond to me, but,the times it made me feel most uncomfortable was when my Educator would be standing over the patient and she’d be telling me a little bit about the patient and we’d be like discussingeverything that was on the monitors and the patient was just sort of in between you. I found that quite, quite strange because, when you’re just looking at it from like a physio point of view and you’re just thinking about all these, all the theory behind it, then you suddenly remember there is actually a person lying in between us who is in a pretty bad state and that felt quite strange” [Catherine]

The death of a patient – a frequent experience - 1

“ITU is an area that you do expect more death, because there is so much more going on and the patients have come in with a multitude of different conditions and problems.....it doesn’t become second, second to anything when ever anybody dies, but I think that you expect it more so, and your treatment is very different, because you’re not thinking about improving quality of life in the same way, you’re thinking about maintaining life.....I think you change your expectations, goals and outcomes.” [Paul]

The death of a patient – a frequent experience - 2

“It was a lot more real, it made placement a lot more real than other placements just because, you kind of do take a step back and sort of realise that you are treating people that are going to die” [Jenny]

“.....you know you’re going into an environment where something like that could happen any minute. I think in that environment you’re sort of a bit more prepared and you’re a bit more on edge, whereas if you’re just on an ordinary ward you’re not expecting people to keel over any minute, but yeah, I guess...you’re a bit more on edge when you are in Critical Care anyway so, death, it’s a bit more expected” [Catherine]

Discussions/implications

How best to prepare students for clinical placement?

Discussions/implications

How best to support students whilst on clinical placement?

Key messages

- Critical care presents a different clinical environment in which to work and learn
- Further work to ascertain the best methods for preparation and support is required:
 - To enhance practice education
 - May also promote retention within cardiorespiratory field

Many thanks for listening

