

Co-producing multimedia learning resources through interprofessional education (IPE): the PDoC way



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New project

healthtalk.org/peoples-experiences/nerves-brain/family-experiences-vegetative-and-minimally-conscious-states/experiences-hospital-ward-after-icu

Family Experiences of Vegetative and Minimally Conscious States

Topics | People's profiles | Resources & Information | Credits

Overview

- Definitions (4)
 - What is a 'coma' and 'what is a 'vegetative state'?
 - What is the minimally conscious state?
 - What is locked in syndrome?
 - What is brain death?
- Critical care (4)
 - The injury
 - Taking in information and imagining outcomes
 - Treatment decisions in the Intensive Care Unit
 - Craniotomy and craniectomy
 - Longer term care (6)
 - Experiences on the hospital ward after ICU
 - Rehabilitation centres and care

Experiences on the hospital ward after ICU

After intensive care patients were moved onto high dependency wards and then out into general wards. They sometimes stayed on general wards for many months until they were well enough to move to a rehabilitation centre or long term care setting.

Some families we interviewed felt there had been generally good care on hospital wards and had positive memories of individual staff members who they viewed as key allies in looking after their relative at this point. At the same time, families were often concerned about aspects of physical care and about insufficient rehabilitation.

Angela watched over her husband 'like a hawk' and valued the effective support offered by particular members of staff.



Purpose

This study explores:

- How AHPs understand and navigate practical, ethical and legal issues surrounding the care of patients in a prolonged disorder of consciousness
- The learning needs of both qualified and pre-registration AHPs
- How to use the data to create e-learning resources for AHPs and their students.

Interprofessional Education Workshops



- 6 hours of new research led curricula
- Piloted with 2 groups of OT students
- New IPE Module – Personal and Professional development
- Learning Outcome – complex decision making

Content and delivery

- **Section A: What is VS & MCS.** Definitions, Diagnosis, Prognosis
- **Section B: Core AHP care practices**
- **Section C: Communicating with families**
- **Section D: Law and ethics:** Mental Capacity Act 2005, Best Interests/LPAs/Advance Decisions. Providing and withholding life-prolonging interventions

The thoughtful classroom....

- Students were **facilitated** to enter into a **dialogue** where we encouraged them to think out loud – share ideas, experiences and reflections.
- They were asked to **draw** and sketch out ideas on paper and post-it notes.
- We created a **safe environment** by positively responding to students ideas and listening carefully to their thoughts.
- We helped them to **clarify** and understand their thinking.
- Students were also encouraged to **reflect on-action, in-action and for-action** both orally and in writing.

What happened in the sessions & why that mattered

Can't complete ADLs

Interaction problems

Problems

- Confusion
- lack of stimulation
- lack of control of limbs

Circulatory issues:

Needs

- different stimulus for each sense
- explanation of their condition / prognosis / whats happening each day.

Unable to verbalise Wants/needs or goals.

Can't complete ADLs

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Unable to verbalise Wants/needs or goals.

Desperate

Guilt

Confused

Optimistic

Lonely

Isolation

Grief

Emotionally

Staying in care to support carer

Lost

Angry

Scared

Can't complete ADLs

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Interactive components



Interactive components



CARDIFF
UNIVERSITY
PRIFYSGO
CAERDYDD



Students were asked questions...

Workshop 1 - Section A

- 1) What are the key things that you have taken from this workshop?
- 2) What one new piece of learning that stands out for you?
- 3) Has this workshop changed in any way, the way in which you think or feel about other health care professions and your future of working alongside them?

Workshop 2 - Section B & C

- 1) What are the key things you will take away from this session?
- 2) What did you find most useful/interesting?
- 3) How could this session be improved?

Findings

Themes

- power of research led curricula
- engagement through multi-media resources
- applicability to practice
- impact on interprofessional working
- impact on communicative skills and complex decision-making.

‘Enjoying the fact that the material is research-based’

‘Was interesting to hear about family responses to physiotherapy. Session was interactive with good use of videos to get the message across and very relevant’.

‘These are two brilliant sessions made much more relatable with real patient stories and videos’.

‘Engaging class discussions were extremely enjoyable and thought-provoking. It was good to have discussions with each other and questions provided to provoke discussions’.

‘I learnt about the bigger picture including definitions, impact on families, ethics versus law, weighing up what is best and what is needed.’; ‘I learnt how to apply best interest decision-making in practice’.

‘What I want to do is to be able to understand and be able to explain reasons of why patients are behaving in a certain way or why families might be negative to people who are frustrated with them and I really want to better understand the law around decision-making’.

Professional differences

- Physiotherapists loved the clinical teaching!
- The occupational therapists were fascinated by having their perceptions of families challenged and pondering best interest decision
- The therapeutic radiographers appreciated ethical debates surrounding life sustaining treatments and the application of this to their practice
- The Operating Department Practitioners were horrified by the consenting procedure (or lack of) of the diagnostic radiographers and fascinated by exploration of media and cultural influences over public perceptions of neuro-surgery.
- The Diagnostic radiographers revelled in bringing social, ethical and legal issues into their everyday practice and enjoyed thinking through the ethical implications of fMRI.

Multimedia resource

Materials –

- Filmed interview with families
 - Filmed teaching sessions and/or presentations (Julie Latchem & Jenny Kitzinger)
 - Initial ideas for interactive components
 - Specially designed guided reflective practice inserts
 - https://xerte.Cardiff.ac.uk/play_4755~page1section2
- **Section A: What is VS & MCS.**
Definitions, Diagnosis, Prognosis
 - **Section B: Core AHP care practices**
 - **Section C: Law and ethics:** Mental Capacity Act 2005, Best Interests/LPAs/Advance Decisions. Providing and withholding life-prolonging interventions
 - **Section D: Culture, coma and the media**

Implications

- Inviting final year AHP undergraduate students to experience and co-produce these multimedia resources has provided essential and helpful direction about what student learning needs are.
- There is also insight into how new knowledge might be applied in practice and how the resources might impact on personal and professional development.
- Ultimately, this pilot work has demonstrated the importance of involving the target audience in co-production of this type of CPD resource

Comatosed snoopy & alien life-forms!

