



An Inter-professional Approach to Teaching and Learning on the Psychological Aspects of Care in ITU

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Impetus and Rationale

Turnock's (1989) study, although small, suggests that ICU nurses felt that the priority was for physical healing - psychological needs became more important when the patient was recovering.

Further studies suggest it is a 'forgotten' area in the holistic care of a patient in critical care (Moseley et al 2003, Turnock 1989)

McGuire *et al.*, (2000) - psychological problems continued to be viewed as an aspect of ICU nursing that is poorly addressed.

Impetus and Rationale

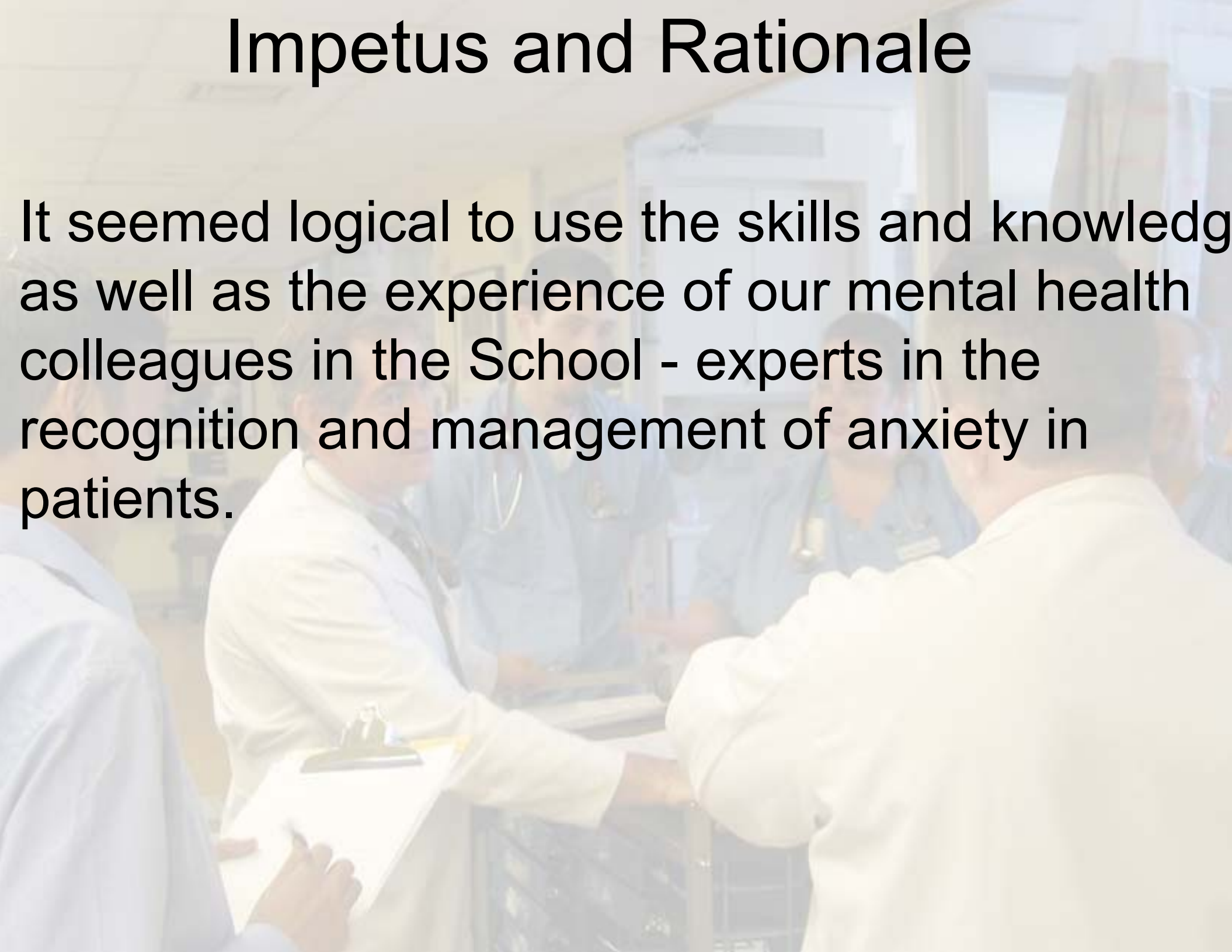
Students wished to explore this aspect of care - “apprehensive” with regard to the critical care placement, partly due to technology

Freeth & Fry (2005) state that practice in clinical skills labs help to reduce anxiety in students who are protecting the patients

Furthermore Practice Partners (Trusts) wish students to be more equipped to deal with what they termed ‘mental health issues’.

Impetus and Rationale

It seemed logical to use the skills and knowledge as well as the experience of our mental health colleagues in the School - experts in the recognition and management of anxiety in patients.

A group of healthcare professionals, including nurses and doctors, are gathered in a clinical setting. They are wearing white lab coats and blue scrubs. Some are holding clipboards and looking at documents, while others are engaged in conversation. The background shows a typical hospital or clinic environment with various pieces of equipment and a clean, professional atmosphere.

Approach and Delivery

“Discuss the impact of acute/life threatening illness on patients/significant others”

First session - lone teaching

Mental Health perspective - lack of knowledge of Critical Care environments

Total Institution, Brain Washing, Psychological Torture, ICU/ITU Syndrome.

Approach and Delivery



Teaching and Learning Style:

Scenarios

Role Play

Experience

Skills Demonstration.

Approach and Delivery

Joint - Inter-professional Teaching

Two instantly recognised faces (James/ Linda)

Mental Health input introduced as another perspective instead of *only* perspective

Three perspectives/experiences to help conceptualise information

Gender Mix

No fixed input from Lecturers

More effective role play.

Results and Conclusions

Result not subjected to statistical rigour

Two key sources for consideration:

1. Overall summative modular assessment
2. Session evaluations (100%) completed.

Results and Conclusions



Significant rise in exploration of psychological aspects

Psychological aspects prioritised

No significant deviation from immediate 'physical' care interventions

More emphasis placed upon a family centered approach.

Results and Conclusions

Bridged a 'gap' in practice

Session was 'essential'/ should be 'mandatory'

More understanding/ changed my approach

Increased my confidence

Approach gave 'more insight'

Developed communication

Session 'transcended' boundaries.

Results and Conclusions

Additional Results

Mental health focus

Highlighted the role of the nurse

Requests for more inter-professional sessions

Role play example contextualised the topic.

Results and Conclusions

Further Development

Innovative Approaches to Session (TSL & PBL)

Research/ Statistical Rigor

Input from Practice Partners

Placement in the Curriculum

Transition into other curricula areas

Transition into the Clinical Environment.

Results and Conclusions

Concluding Statement

The work of Fulbrook and Cockerell (2005) highlights the importance of Inter-professional education in critical care

Embedding this concept at a fundamental and influential level.