

**Methodology for validation of procedures designed in the Erasmus+ project Massive open online
courses with videos for palliative clinical field and intercultural and multilingual medical
communication Ref. no.: 2014-1-RO01-KA203-002940**

Participants: team members and co-workers of Palliative Care Clinic from Oncologic Regional Institute of Iasi

As soon as the procedures were agreed inside the task group of MedLang Palliative Care Erasmus+ Project to meet the intended requirements they were distributed to all participants with the help of head nurse of Palliative Care Clinic and of its head physician.

A 2 week interval was agreed for each block of four procedures to be individually assessed by each participant at his home.

Along with the specific procedure, a questionnaire (Doc. 1) was provided to the health care professional that were involved in this validation process. Using this tool, were addressed topics regarding:

- Identification of possible errors of scientific content;
- Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure;
- Identification of procedural steps likely of generating ethical disputes
- Opinions regarding the implementation, feasibility of such a procedure

All questionnaires were after that collected (Appendix 1) and summarized in the following week. (Table1)

After this interval a meeting was scheduled in a location suitable for practicing each procedure from the block of four. (Folder 1 - containing the body of evidences for these activities, as photos). Here the procedure was performed step by step by one volunteer from the participants, in front of all of his colleagues. At each step, debates were facilitated using as starting point, as warm up process, the summarized answers from the questionnaires, in order to test the correctness and the feasibility of written procedure. From this level of interactivity many other opinions emerged and discussions were lead to distinguish the practical aspects useful or not for the analyzed procedure. Conclusions emerged were implemented in the procedure improving it and so generating an upgraded version.



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This process was repeated for each block of four procedures until whole 20 of them were analyzed, tested and upgraded.

These upgraded versions were after that presented and discussed once more inside the taskforce of C1 – Training course held in Florence in January - February 2017. These agreed versions of procedures were marked as final and related movies adapted to them. They form the intellectual product that is consider to reflect the main objective of the Med part from the MedLang Palliative Care Erasmus + Project.



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Nume:

Prenume:

Profesie:

Loc de muncă:

Referitor la procedura de „” pe care ați parcurs-o, concepută în urma cooperării dintre profesioniști în îngrijiri paliative din Spania, Italia, Belgia și România, vă rugăm să vă precizați* punctul dumneavoastră de vedere asupra următoarelor aspecte:

Ați identificat erori de conținut științific?

NU

DA Care anume:

Ați identificat etape la care s-ar putea renunța fara a afecta calitatea și siguranța manevrei, pentru a o simplifica?

NU

DA Care anume:

Ați identificat etape ce reprezintă sau pot genera conflicte etice?

NU

DA Care anume:

Considerații asupra fezabilității protocolului, capacității lui de a fi implementat.
Comentați, vă rugăm.

.....
.....

* Precizările dumneavoastră să fie inserate digital (pe calculator) utilizând oricât spațiu considerați
dumneavoastră necesar pentru aceasta



Doc. 1: Template



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Table1: Summarization of answers to questionnaires, to serve as baseline for initiating debates and brainstorming processes regarding the procedures of produced inside MedLang palliative care Eras

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| Procedure name: | Communicating the diagnosis of severe illness (bad news) | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>Does not offer to the patient the possibility to refuse communication of severe illness – but this is offered at step 6</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible More time offered to the patient to sit with his thoughts</i> | |
| Structure of responders: | Nurses, physicians | |

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|---|---|--|
| Procedure name: | Pain assessment (cognitive impairment also) | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>When assessing pain we must detailed what we will explain to patient, what we will do, what he must do</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>Disinfection and use of clean gloves</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Pain assessment using AV scale is possible only in conscious patients able to communicate. Evaluation of awareness must be performed before the decision of using this scale Feasible Require adequate resources</i> | |
| Structure of responders: | Nurses, physicians | |

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|---|--|--|
| Procedure name: | To evaluate the awareness level of patient about his/her disease and illness | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> | |
| Structure of responders: | Nurses, physicians | |

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| Procedure name: | Active listening and empathic response | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>The priest does not communicate diagnosis</i> <i>Psychologist should be also involved</i> | |
| Structure of responders: | Nurses, physicians | |

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| Procedure name: | Nutrition /Feeding patient in bed | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>Good protocol</i> <i>Nothing on illness related recommendations for nutrition</i> <i>Not any patient admitted at a hospital could benefit from a nutrition adapted to his preferences</i> | |

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| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <p><i>The patient should not indicate what food he will prefer to eat first. If he will prefer to start with the desert this will affect his appetite in eating the rest of prepared food for him.</i></p> <p><i>In chronic patients we could skip to confirm each time his name and date of birth</i></p> <p><i>Weight could be estimated by health professionals</i></p> <p><i>To review observation sheet before procedure</i></p> <p><i>Only in selected situations we should assure a private space for the patient</i></p> |
| Identification of procedural steps likely of generating ethical disputes | <i>Some patients could be aggressive and refuse any kind of nutrition</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <p><i>Feasible</i></p> <p><i>Due to numerous steps that it consist of it requires a long time for realization</i></p> <p><i>Maybe too complex</i></p> <p><i>Lack of diversity in alimentary offer in governmental hospitals</i></p> <p><i>Not enough real time to implement it</i></p> <p><i>It require time, patience, communication skills</i></p> <p><i>Often patient condition does not allow us so many explanations</i></p> <p><i>If we force patient to eat against his will, he could perceive it as an aggression</i></p> <p><i>Patient could experience swallowing disturbances</i></p> |
| Structure of responders: | Nurses, physicians |

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| Procedure name: | End of life care - discussion about (place of care, aggressive treatment, DNR) |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> |

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| Structure of responders: | Nurses, physicians |
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| Procedure name: | Burn out syndrome prevention (debriefing) | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Difficulty in understanding the definition of secondary traumatic stress</i> | |
| Structure of responders: | Nurses, physicians | |

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|---|---|--|
| Procedure name: | Pain prescribing according to WHO ladder | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>Hands wash</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Steps that repeat</i> <i>Opioid naïve it is not equal with the patient that already is in opioid treatment</i> | |
| Structure of responders: | Nurses, physicians | |

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| Procedure name: | Approach to the conspiracy of silence |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible Very useful Also for kin information Procedure will be different if the patient knows the diagnostic Requires time, a lot of patience and empathy. You cannot simply act, you cannot dress the truth in something that does not exist Useful to be implemented from the moment of diagnostic</i> |
| Structure of responders: | Nurses, physicians |

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| Procedure name: | Transferring patient in bed + Medical positions of a patient in bed |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>Those of communication – due to lack of necessary time in real practice Too many questions addressed to the patient Maneuvers can be explained only once or only few times in patients with long period of hospitalization Patient weight is visible – no need to ask him every time In chronic patients we could skip to confirm each time his name and date of birth Evaluation of observation sheet can be done before going to the patient</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>Restless patient, not willing to cooperate Long explanations can disturb patient Pillows can be replaced with a mattress against pressure ulcers</i> |

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| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Long duration</i> <i>Lack of health care professionals</i> <i>Too complex</i> <i>Influenced by many factors</i> <i>In real life no time to give the recommended explanations</i> |
| Structure of responders: | Nurses, physicians, assistant nurse |

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| Procedure name: | Mapping patients network |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> |
| Structure of responders: | Nurses, physicians |

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| Procedure name: | Terminal phase- management |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> |
| Structure of responders: | Nurses, physicians |

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| responders: | |
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| Procedure name: | Prevention/management of pressure ulcers & skin lesions | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Mandatory</i> <i>Useful</i> <i>Use of gloves</i> | |
| Structure of responders: | Nurses, physicians | |

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| Procedure name: | Spiritual assessment | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> | |
| Structure of responders: | Nurses, physicians | |

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| Procedure name: | Female patient – urethro-vesical catheterisation |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>Insertion of distilled water to verify integrity and functionality of the balloon</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>To eliminate verification of integrity and functionality of the balloon Require involvement from two nurses Explanations should be condensed in 2-3 sentences on patient comprehension Evaluation of observation sheet can be performed before seeing the patient – this can result in an economy of 10 – 15 minutes The same about maneuvers to trigger patient urination Technique by itself last less than associated explanations Depends on patient diagnostic</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>Patient generate sex discrimination when he ask that the maneuver to be perform by a nurse of specific gender Big risk associated with the procedure Patient can be bashful Patient can develop pain at probe insertion Most patients prefer to perform by them ones the hygiene of perineal region For patient privacy a curtain is enough, no need for the use of bath blanket</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible Simplification is required Lack of time and personnel</i> |
| Structure of responders: | Nurses, physicians |

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|---|--|
| Procedure name: | How to address the needs of caregivers |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |

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| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Needs for financial resources in order to be able to help caregivers</i> |
| Structure of responders: | Nurses, physicians |

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| Procedure name: | Oral Care |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>Step 8 – previous experience of oral care</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Require a lot of time</i> |
| Structure of responders: | Nurses, physicians |

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|---|--|
| Procedure name: | Patient bath |
| Main responses associated with the addressed issues: | |
| Identification of possible errors of scientific content; | <i>None</i> |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>Step 2 – hand wash before gloves</i> |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>Use of gloves no matter to the presence or not of skin lesions</i> |
| Structure of responders: | Nurses, physicians |

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|---|--|--|
| Procedure name: | Automatic syringe - subcutaneous perfusion | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>None</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>No</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>From personal experience venous catheter does not last 14 days</i> | |
| Structure of responders: | Nurses, physicians | |

| | | |
|---|--|--|
| Procedure name: | Paracentesis | |
| Main responses associated with the addressed issues: | | |
| Identification of possible errors of scientific content; | <i>Marking the site of puncture with an X performed using the tip of the nail</i> | |
| Identification of possible steps inside procedure that can be safely skipped in order to simplify it, but without interfering with the desired outcome of the procedure | <i>Require emergency kit, vital functions monitor, need for oxygenotherapy, emptying urinary bladder, local anesthesia, recording results</i> <i>Patient consent with the procedure</i> <i>Mark the site of puncture using a pen</i> | |
| Identification of procedural steps likely of generating ethical disputes | <i>No time, shorter explanations</i> <i>Patient can be traumatized due to paracentesis or to be uncomfortable with the needle</i> | |
| Opinions regarding the implementation, feasibility of such a procedure | <i>Feasible</i> <i>To be performed strictly by the physician. The nurse could only assist him</i> <i>Time consuming</i> <i>Complex</i> <i>Any maneuver performed to a patient must be first explained to him and understood by him</i> <i>Continuous surveillance of patient</i> <i>Puncture needle choice accordingly to abdominal wall thickness</i> | |
| Structure of responders: | Nurses, physicians | |