

## Dr. Nikolaos Efstathiou: final report- EONS Research Travel Grant 2013

### Report on visit to the School of Nursing (Nursing Palliative Care Research and Education Unit) at the University of Ottawa, Canada

The announcement of the EONS Research Travel Grant 2013 came at a point in my career when I had just completed a qualitative study exploring critical care nurses' experiences of providing end-of-life care after withdrawal of treatment (Efstathiou & Walker, 2014) and I was looking for my next research direction. The Travel Grant seemed a great opportunity to meet other researchers with similar interests and identify future research directions in my career.

A requirement of the application was to identify the research facility that would be visited. I contacted Dr Randall Curtis, Director of the University of Washington Palliative Care Center of Excellence and Professor Frances Fothergill Bourbonnais, Emeritus Professor at the University of Ottawa Nursing Palliative Care Research and Education Unit. Both contacts lead research teams that have published widely in my area of interest (Table 1).

#### Table 1 Curtis R. and Fothergill-Bourbonnais F. publications

Curtis J. R. *et al.* Curtis J.R., Treece P.D., Nielsen E.L., Downey L., Shannon S.E., Braungardt T., Owens D., Steinberg K.P., Engelberg R.A. (2008) Integrating palliative and critical care: Evaluation of a quality improvement intervention. *American Journal of Respiratory and Critical Care Medicine*, 178, 269-275.

Curtis J.R., Nielsen E.L., Treece P.D., Downey L., Dotolo D., Shannon S.E., Back A.L., Rubinfeld G.D., Engelberg R.A. (2011) Effect of a quality improvement intervention on end-of-life care in the intensive care unit: A randomized trial. *American Journal of Respiratory and Critical Care Medicine*, 183, 348-55.

Au D.H., Udris E.M., Engelberg R.A., Diehr P.H., Bryson C.L., Reinke L.F., Curtis J.R. (2012) A randomized trial to improve communication about end-of-life care among patients with COPD. *Chest*, 141, 726-735.

**Curtis J.R.**, Engelberg R.A., Bensink M.E., Ramsey S.D. (2012) End-of-life care in the intensive care unit: can we simultaneously increase quality and reduce costs? *American Journal of Respiratory & Critical Care Medicine*, 186, 587-592.

Starks H., Wang S., Farber S., Owens D.A., Curtis J.R. (2013) Cost savings vary by length of stay for in-patients receiving palliative care consult services. *Journal of Palliative Medicine*, 16, 1215-1220.

Fothergill

Vanderspank-Wright B., **Fothergill-Bourbonnais F.**, Brajtman S., Gagnon P.

Bourbonnais F. *et al.* (2011) Caring for patients and families at the end of life: The experiences of nurses during withdrawal of life-sustaining treatment. *Dynamics*, 22 (4), 31-35.

Kilgour K., **Fothergill Bourbonnais F.**, McPherson C. (2010) Informal caregiver's transitional experience of admitting a family member from home to the palliative care unit. *Journal of Palliative Care*, 26, 216.

Perrault A. & **Fothergill-Bourbonnais F.** (2005) The experience of suffering as lived by women with breast cancer. *International Journal of Palliative Nursing*, 11, 512-519.

Perrault A., **Fothergill-Bourbonnais F.** & Bouvette M. (2004). The experience of family members caring for a dying loved one. *International Journal of Palliative Nursing*, 10, 133-143.

Hall P., Weaver L., **Fothergill-Bourbonnais F.**, Amos S., Whiting N., Barnes P., Legault F. (2006). Interprofessional education through popular literature: A palliative care model. *Journal of Interprofessional Care*, 20(1), 51-59.

After receiving confirmation from Professor Fothergill-Bourbonnais, I decided to pursue this option since the Nursing Palliative Care Research and Education Unit (UoO) interests and paradigms of research were closer to my interests/philosophies.

The main objectives of my proposed visit to the University of Ottawa were: to increase knowledge about research designs applicable to palliative and end-of-life care; build a network for future collaborations; and develop a draft research proposal (preferably a collaborative project). I was pleasantly surprised to find on 22 May 2013 that I was one of the successful applicants. I informed Professor Fothergill-Bourbonnais of the outcome and we started organising my visit. I was glad I had chosen the University of Ottawa, as communication was always efficient. Being a lecturer in nursing with the unusual longer curriculum, it was very difficult to free up time to undertake the trip. Finally, the trip was organised for March 2014.

I arrived at Ottawa late in the evening of the 15<sup>th</sup> of March 2014. The weather was extremely cold with temperatures well below zero. I met Prof Fothergill-Bourbonnais early on the 17<sup>th</sup> of March who had organised for me to spend the day with Mrs Maryse Bouvette, an Advance Practice Palliative Care Nurse.

**Meeting with Maryse Bouvette**

*Maryse Bouvette*

We met Maryse at her office at the Elisabeth Bruère Hospital. Bruère's palliative care programme has international reputation for excellence and is leading in improvements in the area of palliative care, providing inpatient and outpatient services. Maryse explained her daily routine, which was the usual work of a community palliative care nurse, and we talked further about her research. It was evident that there was a focus on the elderly and especially the care of patients with dementia who usually have other comorbidities, such as cancer. Maryse and her colleagues had just completed a study on the benefits of educating relatives of patients with dementia about end-of-life care and had created an educational programme based on their findings.

We visited a long-term care facility where Maryse delivered the educational session to relatives of demented patients. It was a great opportunity to see findings of research being implemented in practice.

**Regional palliative care committee meeting**

Later in the day I attended as observer the regional palliative care planning committee meeting. It was interesting to observe that the topics of discussion were very similar to challenges faced in other countries (staff and resources shortages, lack of training in palliative care, euthanasia etc.). One of the problems identified was the lack of palliative services in more rural communities and a suggestion was made to introduce 'floating' palliative care beds in small district hospitals, an intervention that could be evaluated as part of a research project. Maryse is one of the most enthusiastic and motivated persons I have ever met and we had long discussions about difficult scenarios in palliative care that require personal judgement and sensitivity. The long day ended with a visit at a family's home where an advanced cancer patient had died earlier that day to offer condolences.

The following days, meetings had been arranged with other lecturers/researchers from the Nursing Palliative Care Research and Education Unit. I met with the Director of the School of Nursing, Professor Dave Holmes, and we discussed about his interest in forensic nursing and the use of the Michel Foucault's and other post-structuralists' theories in nursing research (Murray & Holmes, 2013; Holmes & Murray, 2011) . Professor Holmes suggested applying for an adjunct professorship post in order to develop and maintain links in the future and work together in projects.

I also met with Associate Professor Christine McPherson, whose research interests include family caregiving, symptom assessment and management, and psychosocial issues in the context of advanced disease, who also chaired the committee for the development of end-of-life nursing guidelines for the Registered Nurses Association of Ontario (RNAO, 2011; McPherson et al., 2013). Our discussions concluded that research is required in the assessment and management of symptoms at the end of life for the elderly.

### **Visit to Ottawa Hospital: Emergency Department, ICU and Cancer Centre**

Following the theme of the elderly care, it was interesting to visit the Ottawa Hospital and more specifically, the Emergency Department (ED), the ICU and the Cancer Centre. An emphasis in the provision of care to the elderly was evident in most of the departments. I met with Jo-Anne O'Brien (O'Brien & Fothergill-Bourbonnais, 2004; Wilding et al., 2008) a nurse specialist in geriatrics who was working in a specialist unit called Geriatric Emergency Management (GEM) within the ED of the hospital. GEM, is a programme aimed at identifying seniors at the ED who will be discharged home, in order to initiate early referral to community and specialised geriatric services. This service could be trialled in other countries to evaluate its effectiveness. This could be imperative since the world population is rapidly ageing and it is expected that between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22% (WHO, 2013).

### **Role of palliative care nurses in critical care**

Prior to my visit to the ICU, I met with senior nurse Cate Burney, and we discussed end-of-life care in ICU. A lot of the discussion was around the Liverpool Care Pathway and the reasons why it was withdrawn. The Ottawa Hospital ICU has a checklist for the withdrawal of life support and a chart for comfort care orders for the withdrawal of life support. We also discussed about the work of the RACE (Rapid Assessment of Critical Events) team and their response to critical events of dying patients. RACE or outreach teams provide support in acute care wards when patients deteriorate or step down from higher levels of care (Coombs & Dillon, 2002). It would be interesting to investigate the support provided for patients at the end of their lives and RACE's (or similar) decision making process in these situations. Another interesting aspect is the possible role of palliative care nurses in critical care. During my visit at the ICU, I met the palliative care nurse and we discussed her role in critical care. This service has been evolving in a lot of countries and it would be interesting to evaluate its contribution to improving end-of-life care in ICU.

During my visit I had the opportunity to read widely on end-of-life care and the trajectories of dying for various types of patients (Murray et al., 2005). One area that still concerns researchers is end-of-life care in haemato-oncology. Haemato-oncology patients due to their complex condition tend to receive intensive treatments even the last few days of their lives (Niscola et al., 2014), making this area a priority for further research. I finalised a research proposal which was reviewed by researchers both in UoO and UoB. A Master's student, haemato-oncology nurse, will be undertaking this study this academic year.

My visit at the UoO concluded with a meeting with Associate Professor Thomas Foth and librarian Lee-Anne Ufholz (President of the Canadian Health Libraries Association). They were in the planning process of a systematic review of the use of Delphi Technique in nursing research and I was invited to join their efforts considering my expertise in Delphi Technique.

I also took the opportunity to travel after my research visit and get to know the eastern part of Canada. The lecturers/researchers at the UoO, apart from the research interests we explored, provided me with a lot of information and tips for my travelling. Due to the long distances between the cities I visited, I had the opportunity to reflect further and consider other research areas. It was evident that in Canada, a great emphasis was given in elderly care. Considering that the number of elderly people with dementia and other comorbidities is increasing, and the significant lower survival rates of cancer patients with cognitive impairments (Robb et al., 2009), there is a need to investigate the experiences of carers looking after cancer patients with dementia.

### “Opportunity of a lifetime”

I consider the Research Travel Award the opportunity of a lifetime. Despite the cold weather in Canada, I met very interesting people with great warmth. Not only I explored research ideas but I experienced a culture where there was evident interest for the elderly, acceptance of cultural and language differences and willingness to collaborate. On reflection, I feel I achieved all the objectives I set up in my application and I am really glad that I have become an Adjunct Professor for the School of Nursing at the University of Ottawa, which means that we will continue to collaborate in the future. I cannot thank EONS enough for the opportunity I was given.

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