



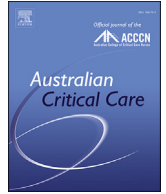
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Research critique

Application of the READY framework supports effective communication between health care providers and family members in intensive care[☆]

Benjamin R. Mackie, RN, PhD^{a, b, *}Marion Mitchell, RN, PhD^{c, d}Jessica Schults, RN, PhD^{c, e}^a Army School of Health, School of Nursing and Midwifery, Menzies Health Institute Queensland, Griffith University, Australia^b School of Nursing, Midwifery and Paramedicine, University of the Sunshine Coast, Australia^c School of Nursing and Midwifery, Menzies Health Institute Queensland, Griffith University, Australia^d Intensive Care Unit, Princess Alexandra Hospital, Brisbane, Australia^e Department of Anaesthesia, Queensland Children's Hospital, Australia

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Effective communication between intensive care health care providers and family is crucial to support surrogate or shared decision-making and to individualise care. Despite its importance in health care standards and policy, the quality of communication with families in intensive care is regarded as sub-optimal. Furthermore, an intensive care admission is an extremely stressful event for families, which may impact their understanding and subsequent decision-making. Communicating with family members is a routine practice in intensive care; however, health care providers often receive no formal communication training. To date, family-focused communication interventions in intensive care have targeted end-of-life care and are not generalisable across all types of family–health care provider communication interactions. Mugweni et al. recently reported the results of a multiprofessional training intervention involving 26 health care professionals to improve the delivery of different news to families during pregnancy and at birth. A critique of this article has been undertaken to inform routine communication with critically ill family members and optimise the delivery of care in intensive care units.

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1. Study synopsis

1.1. Introduction

In the intensive care unit (ICU), effective communication between the health care provider (HCP) and family is paramount to support surrogate or shared decision-making [1] and to individualise patient care [2]. Despite its importance in health care

standards and policy, the quality of communication with families in the ICU is regarded as suboptimal [3]. This is problematic as communication with families is fundamental to improving the quality of care patients receive [4] and consumer satisfaction with care [5]. Furthermore, a core strategy of patient- and family-centred care (PFCC) is communication that supports information sharing and shared decision-making.

In response to this identified need, the Australian College of Critical Care Nurses released a position statement detailing standards for PFCC in the ICU (*Partnering with Families in Critical Care*) [6]. These standards recommended the development of strategies to facilitate the development of family rapport in everyday communication and during pivotal events [7]. In recognition that an ICU admission is an extremely stressful event for families, it is important to acknowledge that family members' cognition may be impaired [8]. This can impact their understanding and subsequent decision-making. Research studies have investigated some family-

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* Corresponding author at: Latchford Barracks, Bandiana MILPO, Victoria, 3694, Australia.

E-mail addresses: benjamin.mackie@defence.gov.au (B.R. Mackie), marion.mitchell@griffith.edu.au (M. Mitchell), j.schults@griffith.edu.au (J. Schults).

focused communication interventions in the ICU [4,9]; however, interventions were targeted at end-of-life care [4,10] and not generalisable across all types of family and HCP communication that occurs in the ICU.

Using the best available evidence is a fundamental aspect of quality health care [11]. Of interest to ICU HCPs is the article by Mugweni et al. [12] that reports the results of a multiprofessional training intervention to improve how HCPs delivered different news to families. In this study, delivered different news referred to when HCPs communicate with parents about their child having a congenital anomaly. For ICU clinicians, this could equate to delivering news around the development of secondary morbidities, permanent disability, and escalations in care to invasive ventilation or emergent surgery. In this article, we explore how the intervention of Mugweni et al. [12] could transform how we deliver different news in the ICU both in the Australian health care setting and internationally.

1.2. Aim

The aim of the study by Mugweni et al [12] was 'To assess the feasibility and acceptability of a training intervention to improve how HCPs deliver different news to parents' (p.2).

1.3. Method

The researchers used a sequential mixed-methods design. In phase 1, qualitative family data led to the development of the training intervention and READY mnemonic (Right language; Environment; Assessment of families' readiness to communicate; Do your preparation; You have the opportunity to deliver different news) (Fig. 1) [12]. The READY mnemonic was introduced within an education/training intervention in phase 2 and is the focus of this research critique. The READY framework intervention was guided by the Theoretical Domains Framework (TDF) and the Behavioural Change Taxonomy [13].

The study sample included HCPs who delivered different news within the National Health Service in South East England. The training intervention was delivered by the research team and a parent representative during a half-day face-to-face workshop. Real-life case studies were discussed, and the parent representative described his/her own journey of receiving different news and the impact of the news on his/her family unit, during the workshop.

Data were collected through pretraining and post-training questionnaires (5-point Likert scale, ranging from 1, indicating *strongly disagree*, to 5, indicating *strongly agree*) on participants' skills, knowledge, and attitudes related to delivering different news, as well as semistructured interviews. An interview guide was used; all interviews were audio recorded, were transcribed, and lasted between 25 and 45 min. Recommendations for pilot and feasibility studies guided the sample size for the study.

For data analysis, the paired *t*-test was used to compare the pre–post questionnaire scores. The 'Framework Method' and TDF, version 2 [13,14], were used to analyse the interview data to produce themes.

1.4. Results

Twenty-six multidisciplinary HCPs participated in the training and included midwives (54%), paediatricians/neonatologists/trainees (15%), paediatric nurses/neonatal nurses and managers (12%), and sonographers (4%). Eight HCPs were interviewed.

The training intervention was deemed acceptable and feasible by participants. There was a significant improvement in domain 1 (of the TDF), which related to knowledge, skills, and beliefs about

capabilities. Specifically, there were increased mean postworkshop scores relating to understanding of the effect of different news, importance of empathy when delivering different news, confidence to deliver different news, and skills to deliver different news ($p < .001$). Domain 2 related to social/professional roles and identity and social influences. All participants believed that HCPs who deliver different news needed appropriate training; however, only 30.8% ($n = 8$) of the participants had received formal training in delivering different news. Domain 3 was related to environmental context and resources, wherein it was recorded almost all participants (96.2%; $n = 25$) agreed that the training covered topics relevant to their practice. Domain 4 was optimism, wherein there was a significant improvement in understanding how to provide a balanced description of a condition ($p < .001$). Domain 5 related to beliefs and consequences. All participants stated they would recommend the training to colleagues.

Domain 6 was emotion. There was a significant improvement ($p < .001$) with participants' rating being better able to manage their emotions related to delivering different news. The interview findings confirmed the quantitative data, and examples of how HCPs had integrated the content of training on delivering different news into daily practice were revealed. Furthermore, parental testimony and case studies were viewed as a powerful interpersonal influence by participants. The results of this study suggest that the training on delivering different news is feasible, is acceptable, and improved the confidence and skills of HCPs to deliver information, which may reduce the negative impact of the different news on parents, families, and the HCP.

2. Critique and application to the ICU



This educational intervention comprised five components that may be readily adapted to the ICU environment, in which effective communication between HCPs and families is paramount. Poor communication in the ICU can result in unclear information on patient status and a lack of guidance and support for family members [5]. Communicating with family members is a routine practice in the ICU; however, HCPs often receive no formal communication training. The READY mnemonic and training intervention has been shown to prepare HCPs to communicate with family members in very challenging situations. Contextualised to the ICU environment, the READY framework could be implemented to support effective PFCC communication, thus recognising further evaluation in the ICU would be required. The widespread restrictions on the presence of family members in ICUs during the coronavirus disease 2019 pandemic have highlighted the need to be creative in the way we communicate with families who may be limited with regard to the amount of time they can be at the bedside. Optimising effective HCP–family communication is vital.

HCPs in this study found that personal stories, i.e., case studies/testimonials, by family members were the most powerful influences on their engagement in the intervention [12]. The inclusion of parents as key stakeholders in the intervention design and delivery aligns with the PFCC philosophy and is a key recommendation within the Medical Research Council Framework to help ensure the relevance and sustainability of a complex intervention [15]. A further strength of the study design was how the researchers actively explored barriers and facilitators to intervention uptake by adhering to the TDF, and this would need to be repeated in the ICU setting. The TDF is founded on psychological and organisational theory that recognises HCPs' behaviour change is key to improving the quality of patient care [13].

Although promising, the study by Mugweni et al. [12] is not without limitations. The study relies on self-reported measures of confidence and skills, and as a feasibility study, this study only

examined a small sample of HCPs from a single health service and was not powered to detect statistical significance. Thus, a larger scale multisite study is needed that should also evaluate the effectiveness of the intervention from the perspective of the family member. Furthermore, the cost of delivering this intervention is unclear—no economic evaluation was reported. The findings from this study suggest that the ‘active ingredient’ for this intervention

was the personal ‘voice’ of a parent during the workshop. The Australian Commission on Safety and Quality in Health Care advocates for the inclusion of patients and family members in hospital governance processes and HCP education [16]; however, uptake is slow, and the cost of supporting consumer volunteers to actively engage in quality improvement programs has been identified as a barrier [17].

Delivering different news

Are you READY?

This mnemonic supports the delivery of different news and is for use by any professional with this responsibility e.g. obstetricians, paediatricians, midwives, sonographers. This is a challenging task for the professional at a very traumatic time for parents. Taking an evidence-based approach can have both short term and long-term positive impact for parents. A lack of preparation may leave parents re-experiencing that moment in a traumatic way for many years after.

R **ight Language**

Have you found the right words using plain language that parents will understand? Is the message balanced in what it conveys?
 Have you thought about how you will pace yourself when you deliver the message?
 When you think you have the words ready - stop, reflect and imagine yourself as the parents. Are the messages in the order you would wish to hear them?

E **nvironment**

Is the most environment appropriate? Is the physical, social and emotional space conducive to delivering different news?
 Does it offer sufficient comfort, privacy and freedom from interruption?
 Will both parents be present and who else should be there?

A **ssessment**

Have you undertaken an assessment of parent readiness and your own readiness to engage in delivery the news?
 Are there any immediate medical concerns for the mother or the baby?
 Can the timing of delivery of the news be optimised?

D **o your preparation**

Are you prepared? Have you read the medical records and liaised (if necessary) with other professionals?
 Have you checked availability of local or national support?
 Have you checked if someone is available to stay with the parents if needed?
 Are you confident that you can finish the conversation without being called away?


Y **ou have one opportunity at delivering different news – BE READY**

Remember that you are central to the safe delivery and receipt of potentially life-changing news.
 You are about to create a memory that will be revisited in the lifetime of the family.
How do you want this moment to be remembered by the family?

Version 1 - August 2018

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Fig. 1. READY mnemonic (Mugweni et al. 2019; Reprinted with Permission).

Involvement of family members in blended learning platforms (e.g., family stories via YouTube videos) to improve nurses' knowledge of family assessments has shown promise [18] in affording a more cost-effective and sustainable approach in the ICU, given the current pandemic restrictions. Furthermore, a recent study in the acute care setting used a digital storytelling methodology to promote effective nurse-family communication and support PFCC-focused interventions [19]. Future researchers should examine and report the cost of implementing the READY framework in the ICU, and the Template for Intervention Description and Replication checklist [20] can be used to inform this process.

2.1. Conclusion

Communication between family members and HCPs is routine practice and influences all aspects of patient care and how families cope during their relatives' stay in the ICU. Critical illness and recovery is difficult for both patients and family members, which is why honest, accurate, PFCC-focused communication is fundamental. The READY framework allows HCPs to prepare themselves to deliver information in a supportive family-focused manner to minimise the distress, anxiety, and depression associated with receiving distressing information. The effectiveness of this framework should be examined further in the ICU context and include both economic and family member evaluation.

Declaration of competing interest

None declared.

CRediT authorship contribution statement

Benjamin R. Mackie: Conceptualisation, Data curation, Formal analysis, Methodology, Writing - original draft, Writing - review & editing. **Marion Mitchell:** Conceptualisation, Data curation, Formal analysis, Methodology, Writing - original draft, Writing - review & editing. **Jessica Schults:** Conceptualisation, Data curation, Formal analysis, Methodology, Writing - original draft, Writing - review & editing.

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