

October 30, 2024

IIA: Demonstrate one's ability to access and understand the main points of a research article and any major limitations.

Doing so will lead to

- Improved spiritual care
- Greater professionalism
- Bringing in diverse voices that can inform our practice
- Interaction with the interdisciplinary team
- Increased capacity to take in data to support their practice
- Become a lifelong learner

Use of the 3 Wishes Project to Help Individualized EOL Care

End-of-Life Care



USE OF THE 3 WISHES PROJECT TO HELP INDIVIDUALIZE END-OF-LIFE CARE IN A MEDICAL INTENSIVE CARE UNIT

By Brittany H. Harrison, DNP, AG-ACNP, CNL, Elizabeth Hundt, PhD, NP-C, ACNS-BC, and Claren Wiencek, PhD, RN, ACNP

Background Multiple organizations recommend that individualized end-of-life (EOL) care should be standard practice. However, a standardized approach does not exist because EOL care should be individually tailored. The 3 Wishes Project is an EOL intervention that provides direction for individualized care with 3 goals: dignify death, celebrate the patient's life, and support family members and the intensive care unit clinicians caring for the patient. Patients and families are given the opportunity to choose 3 wishes during the dying process.

Objective To ascertain if the implementation of the 3 Wishes Project allowed the medical team to provide individualized EOL care.

Methods The Iowa Model was used for this evidence-based project. The project was implemented in the medical intensive care unit at an academic medical center. Outcomes were evaluated by the collection and analysis of qualitative and quantitative data.

Results From the 57 patients who died during the 2-month implementation period, 32 wish forms were collected; 31 patients participated and 1 declined. Overall participation among patients was 56%. The top 5 wishes were cloth hearts, blankets, heartbeat printouts, fingerprints and handprints, and music. The total cost was \$992, and the average cost per wish was \$6.98. Eighty-five percent (33 of 39) of the respondents to the medical team survey indicated that they either agreed or strongly agreed that the project allowed the medical team to consistently provide individualized EOL care.

Conclusions The survey data support the 3 Wishes Project as a method that allowed the medical team to individualize EOL care and as a valuable tool for incorporation at the bedside. (*American Journal of Critical Care*. 2024;33: 9-17)

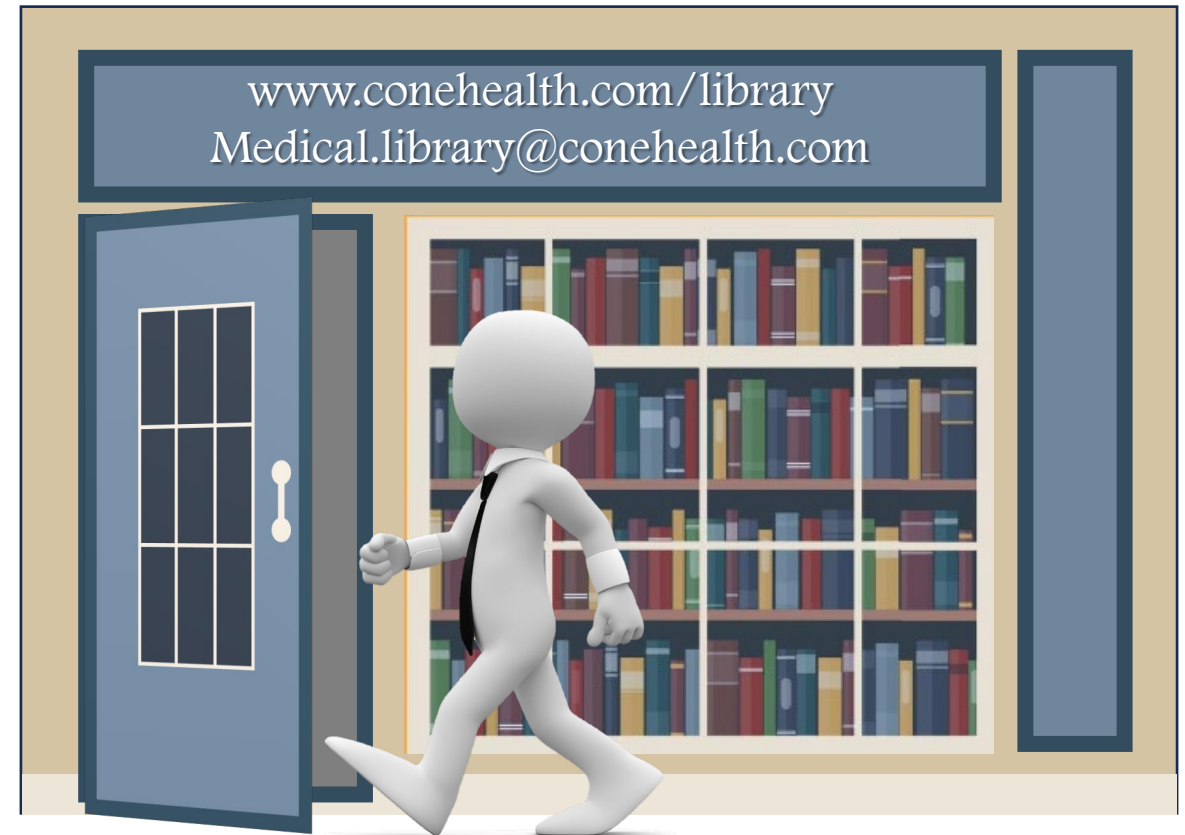
CE 1.0 Hour

This article has been designated for CE contact hour(s). See more CE information at the end of this article.

This article is followed by an AJCC Patient Care Page on page 18.

▶ VIDEO ONLINE

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doi:https://doi.org/10.4037/ajcc2024985



3 wishes

Search

3 wishes

User Guide

3 wishes project

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Page 1 of 10

Association between the Dietary Inflammatory Index and Sleep Quality among Lebanese University Students.

El-Ali Z, Hebert JR, Wirth MD, Mitri R.

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Page 1 of 10

The 3 Wishes Project: toward spiritual care at the end of life.

Cook DJ, Clarke FJ, Neville TH, Hoard N, Boyle A, Woods A, Dionne JC, Dennis BB, Toledo F, Tam B,

Swinton M, Reid J, Vanstone M.

Pol Arch Intern Med. 2023 Mar 29;133(3):16465. doi: 10.20452/pamw.16465. Epub 2023 Mar 29.

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PMID: 36994496 Free article. No abstract available.

"3 wishes project"

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Page 1 of 1

Innovative Strategies for Palliative Care in the Intensive Care Unit.

Harrison BH, DeGennaro R, Wiencek C.

Cite AACN Adv Crit Care. 2024 Jun 15;35(2):157-167. doi: 10.4037/aacnacc2024761.

PMID: 38848573

Share

This article reviews 2 evidence-based practice projects, a serious illness support tool and the 3 Wishes Project, to add to the palliative care toolkit for registered nurses and other team members....

Any Initial Reactions to the Process

Putting the content aside at this point...

...any comments on the process?

Generally Good Ideas

- A scientific article is not like a textbook (or good mystery).
 - You are not going to read it from beginning to the end.
- There will be a lot of data and information coming at you.
 - Pause & reflect as you read
 - Take notes and highlight



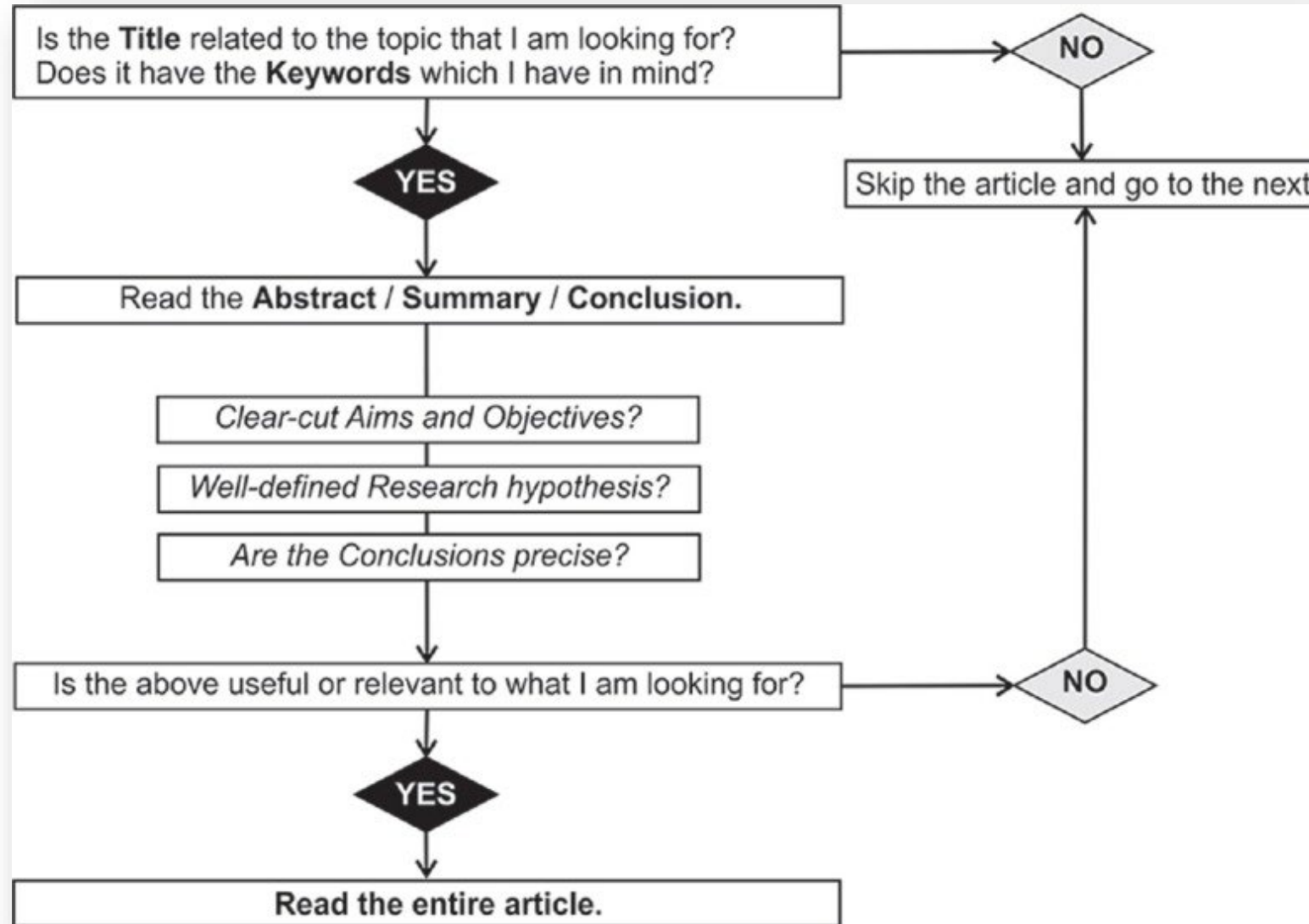


Scientific Papers use IMRD

Most journals use an IMRD structure w/ conventional features

- Abstract
 - quick overview
- Introduction
 - background information
- Methods
 - how they did the experiment
- Results
 - data on what they found
- Discussion
 - author's interpretations, areas to further explore

Title → Abstract → Summary



Skim → Ask → Read → Recite

SURVEY

1. Look @
 - title
 - author's affiliation
 - journal details
2. Lightly Examine (in this order)
 1. Abstract
 2. Discussion & Conclusion
 3. Introduction
 4. Methods
 5. Results

QUESTION

- For each section, write any questions.
- Make preliminary notes.

READ

- This time more slowly and measured.
- Go in the same section order as before.
- Take notes
- Use a highlighter

RECITE

- Explain back to yourself what you just read.
- Can you answer the questions?
- Note any additional questions you need to get answered.

Our Exercise-A Bit Tricky

TABLE

Table 1

Evidence-Based Practice Versus Research Headings

EBP Headings	Research Headings
Title/author/institution	Title/author/institution
Purpose/rationale	Research question or aim
Synthesis of evidence	Background
Practice change	Sample
Implementation	Methods
Evaluation	Results
Implications for practice	Implications for practice

Applying the General Approach Principles

Skim the article

- This should only take you a few minutes.
- Goal is a basic overview to determine relevance and interest.
 - Title → Abstract
 - Conclusions → Discussion
- Return to the Introduction
- Methods and Results get into the ‘weeds’ with detail and data



What Caught Your Attention?

Looking ONLY AT THE TITLE & ABSTRACT

- Any initial impressions?



What Caught Your Attention?

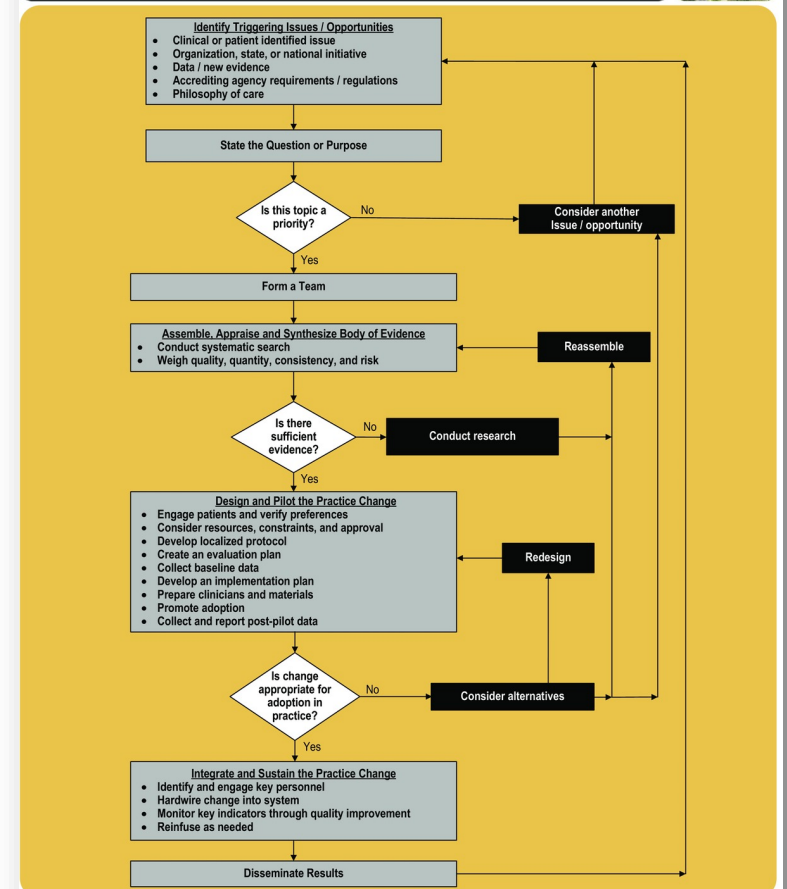
Title

- “Use of...” was a clue it was QI or EBP
 - Adapt approach to cherry pick principles
- Half-page title ‘not the article I’m familiar with’
- “CE” gave me info on type of content

Abstract

- Catch 22 moment of pause on parsing
 - “standard practice” vs “standardized approach”
 - “standard approach” doesn’t exist B/C care is individualized, but then looking at if implementation allows for it
- Iowa Model was used-Cone Nursing adopted
- Both qualitative and quantitative methods

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care



What Caught Your Attention?

CONCLUSION or DISCUSSION

- Any initial thoughts?



Things that caught my eye

Conclusion

- Thought it was pretty light-weight and superficial
 - only 4 sentences

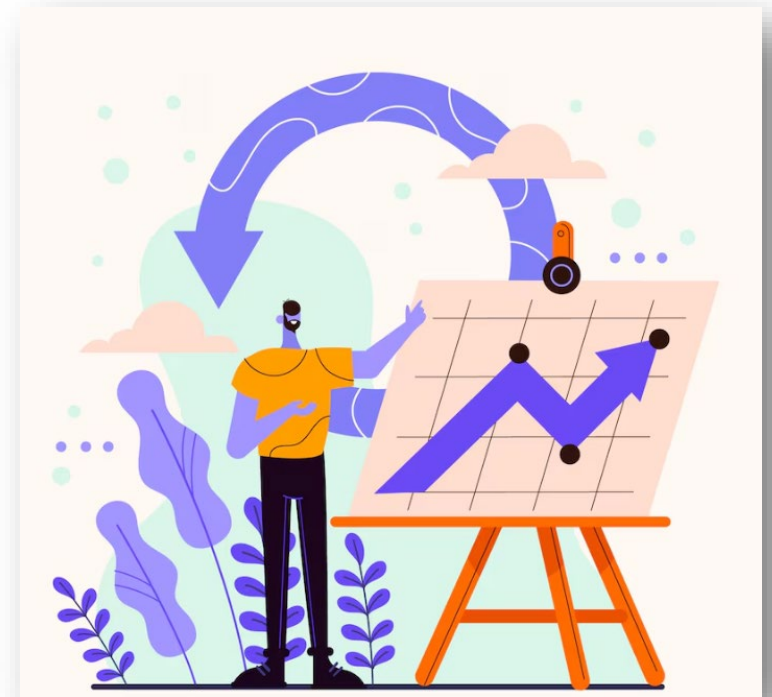
Discussion

- Paused on citation to “13”??
- + for strengths and limitations
- Seemed like ‘orientation’ was limited
 - How could small unit ‘not’ be aware of project?
 - Forms laying around??
- Is 40% (\$7 v \$5) “slightly” more expensive?



Slow Things Down

- Read and Reflect and draw conclusions
- Jot down questions that come to mind
 - *Have I taken time to understand all the terminology?*
 - *Do I have any reason to question the credibility of this research?*
 - *What specific problem does the research address and why is it important?*
 - *How do these results relate to my interests?*



Other Components Beyond IMRD

- Author's list
- Conflict of Interest/Disclosures
- Keywords
- Appendix
- References
- Supplementary Materials



What Caught Your Attention?

Upon a more thorough read...

...thoughts?



Things that caught my eye

- Introduction

- First 8 (40% of 20 references) are from organizational standards...so how does the remaining 12 stack up for providing 'evidence'.
- Perhaps some clarity on my 'standard' thoughts
- McMaster University...birthplace of EBM.
- PICOT defined... 'does 3WP affect individualized EOL care'
 - Affect is usually a verb meaning "to produce an effect upon," as in "the weather affected his mood." Effect is usually a noun meaning "a change that results when something is done or happens,"
 - "Comprehensive"? with "3-wishes" (very particular) and only three synonyms.

- Details on the lit search

- 4 databases; 9 records (enough for 'evidence'?)

- Citations: 6 for patient/families but 3 for team



Things that caught my eye

- Methods
 - Education 'is' discussed addressing my thought on it.
 - Phones 'obtained'? Tell me more...
 - Fig. 1: 31 "nonduplicated" articles becomes 19 'after duplicates removed'.
- Results
 - Cost was 50% higher than published..."how did list compare to others?"
 - Interesting didn't need to implement in order to report out
 - 3-week survey period
 - Recall bias??
 - Paused on "Free Text"
 - Numbers vs percentages and value of such.





Further Things I Noted

- Even if not taking the CE, the given objectives make for a nice ‘check’ on your comprehension of the article.

A Break for Definitions

Research

- aims to generate new knowledge through rigorous scientific inquiry

QI

- focuses on improving existing processes within a specific setting using readily available evidence

EBP

- integrates the best available research evidence with clinical expertise to make informed patient care decisions

How could this have been turned into a Research project?



How could this have been turned into a Research project?

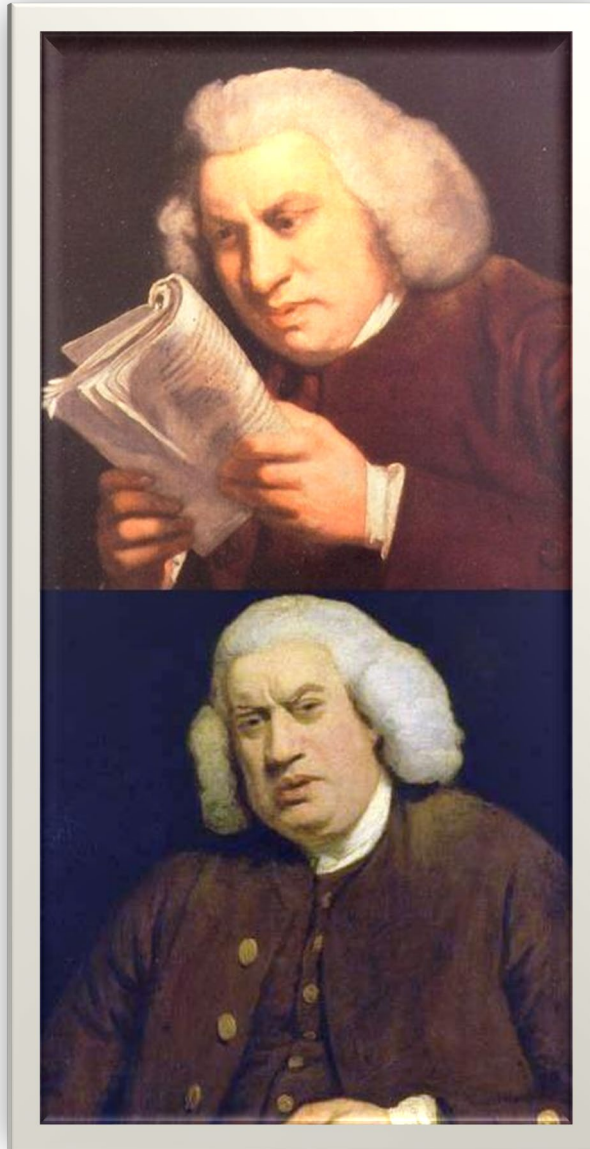
- One survey per patient and not one per project period
- Pre and Post Implementation
- Impact on patient
- More quantitative in assessment



Going Once, Going Twice...

- Any Further Discussion on the Content?

OK, But Is It Any Good!?



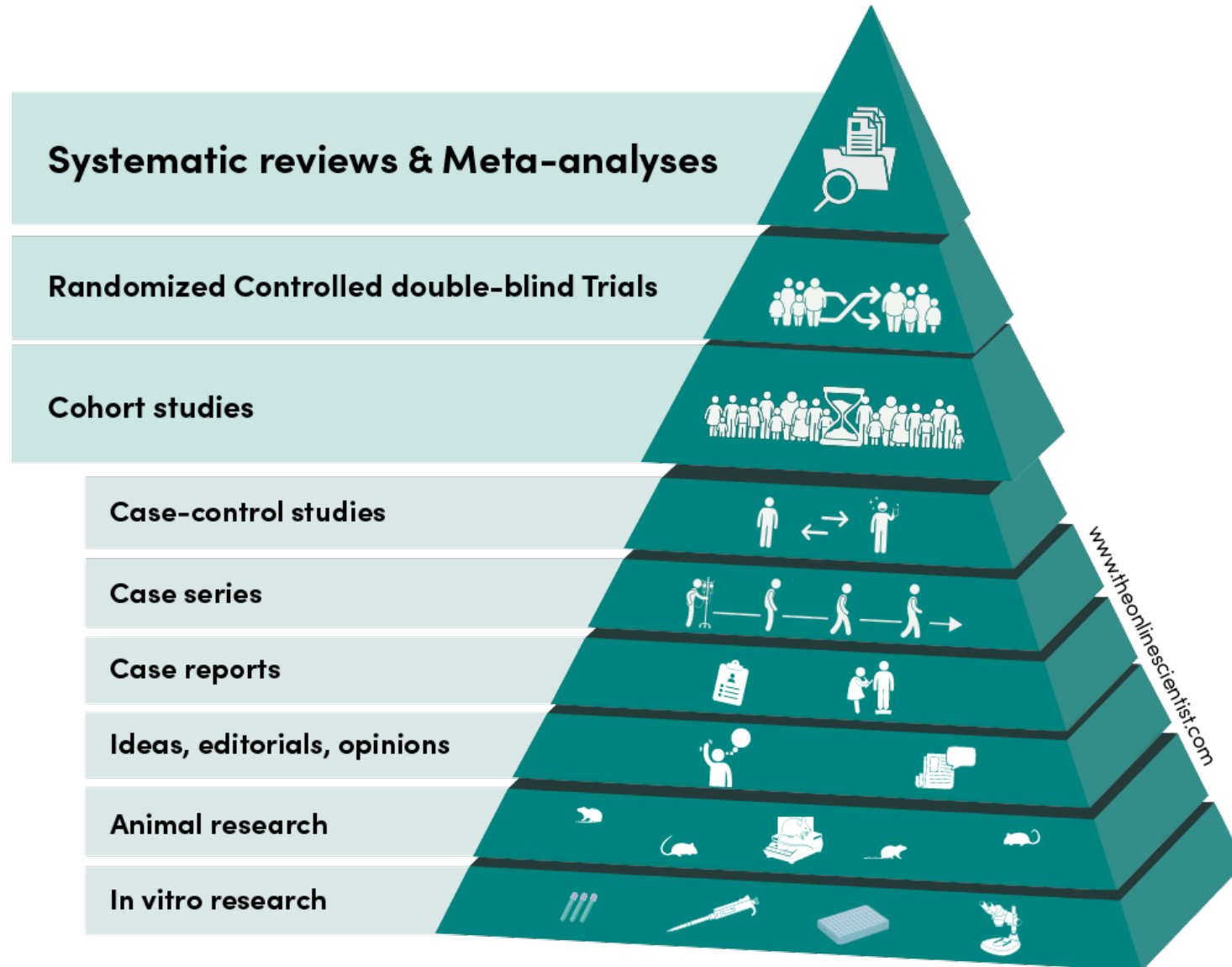
EVALUATION

- Research process includes **evaluating the information**
 - What is the quality
 - Do you keep or discard
 - What is the information telling you
- Crucial to develop information literacy skills
- Be aware of Predatory Publishing
- Impact of AI TBD



Predatory Publishing Illustration by David Parkins

“The Pyramid”



Grading the Quality

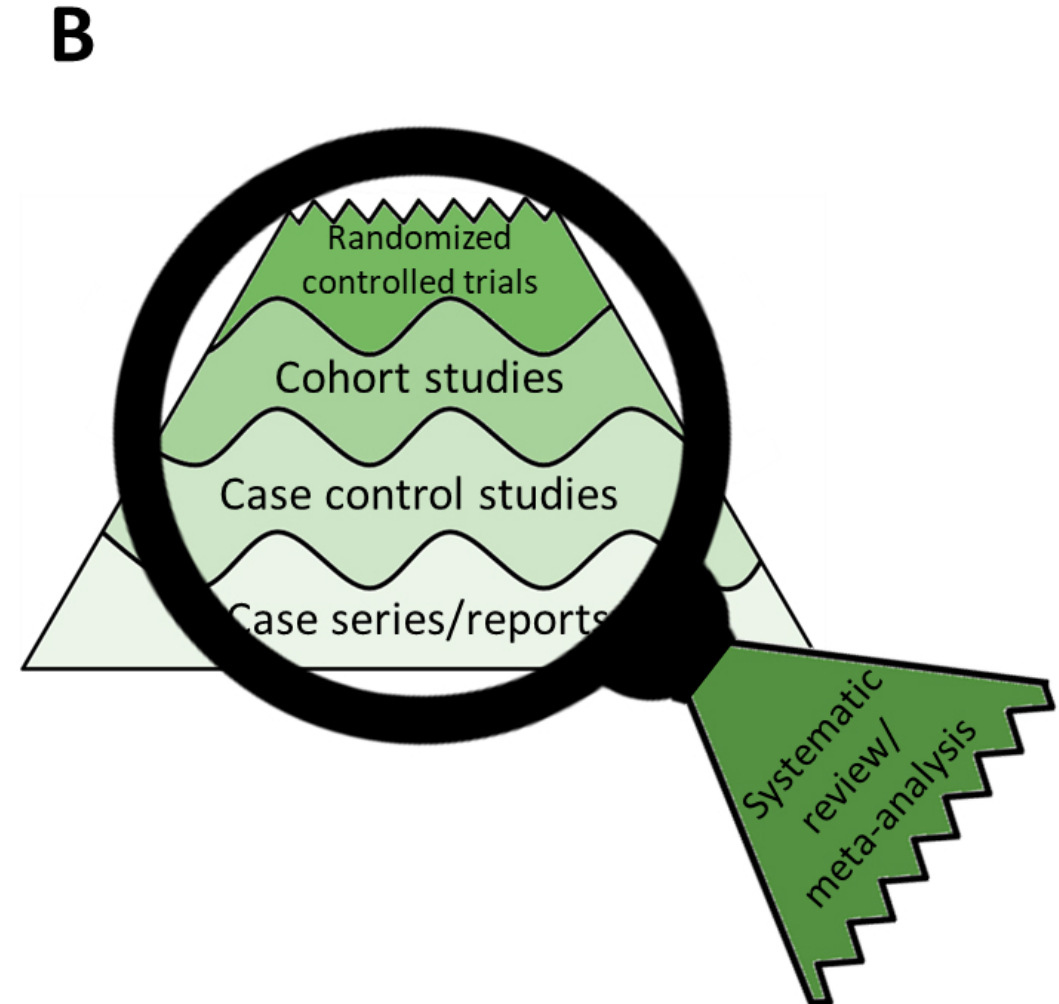
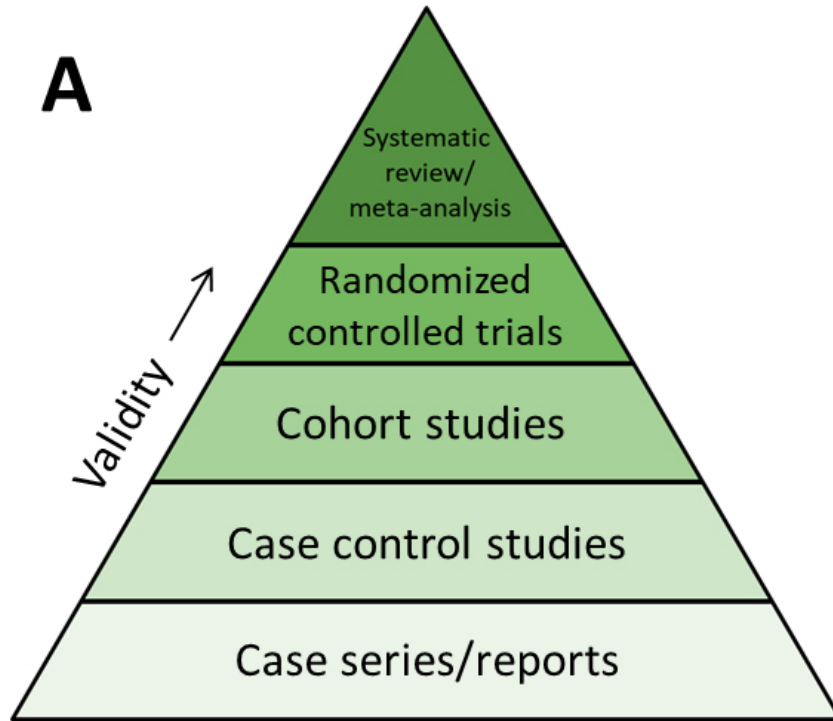


Meta-Analysis of RCTs	Best	A+
Systematic Review	Really Good	A
Evidence-Based Practice Guideline	Very Good	B+
Randomized Control Trial (RCT)	Good	B
Cohort / Case Control Study	Fair	B-
Case Report / Case Series	Poor	C+
Expert Opinion	Very Poor	C

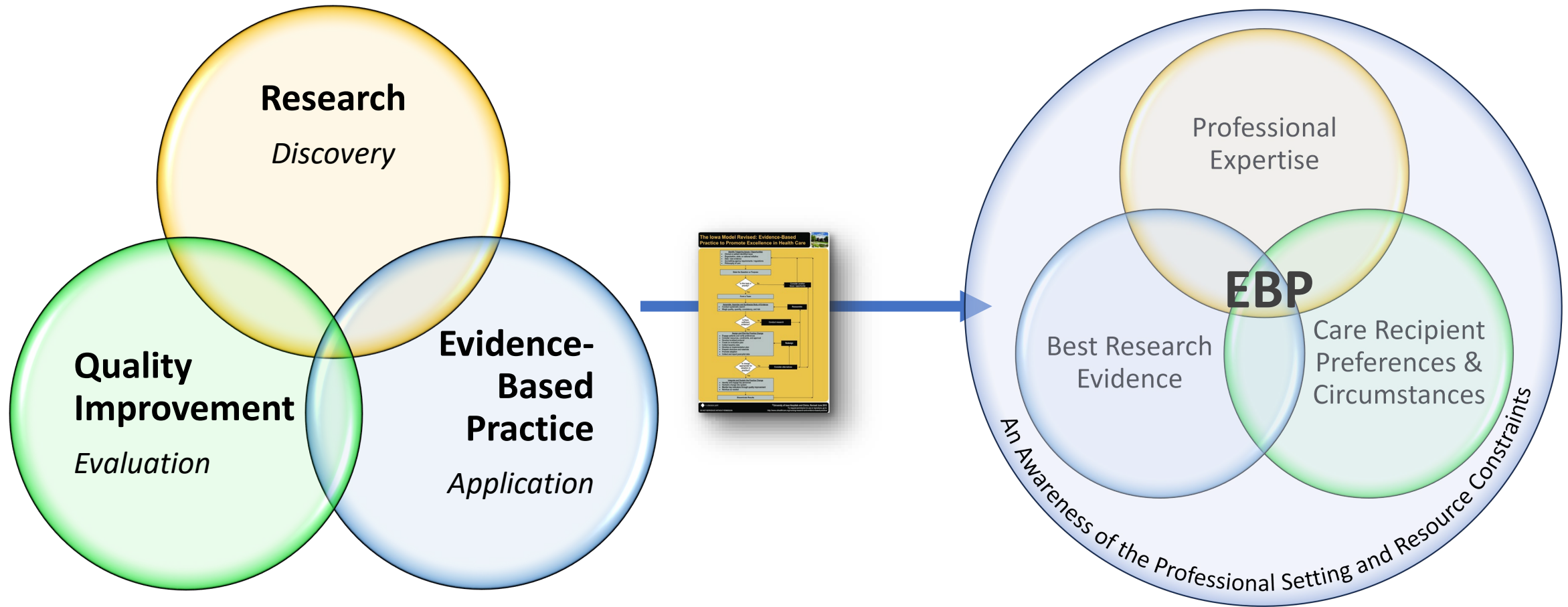
	Lower if...	Raise if...
Question	<ul style="list-style-type: none"> Difficult to determine; not clearly focused or defined. 	<ul style="list-style-type: none"> Easily identified; Focused and well defined.
References	<ul style="list-style-type: none"> Missing or minimal 	<ul style="list-style-type: none"> They are extensive and from the primary literature.
Sample Size	<ul style="list-style-type: none"> Very small (not appropriate); Large # of drop outs. Selection & exclusion criteria missing. 	<ul style="list-style-type: none"> Appropriately large; small # of drop outs. Reflects demographics of larger population.
Methods	<ul style="list-style-type: none"> You can't follow; understand what they did. Very low response rates to data collection. 	<ul style="list-style-type: none"> You can easily follow and understand. Appropriately high response rates to data collection.

Bias	<ul style="list-style-type: none"> There is evidence of bias or conflict of interest. There is no disclaimer to conflict of interest. 	<ul style="list-style-type: none"> There is clear evidence and acknowledgement of no (or minimal) bias and conflict of interest.
Results	<ul style="list-style-type: none"> They are incomplete, difficult to understand. No statistical significance shown. 	<ul style="list-style-type: none"> Easily interpreted, variables identified. Statistical significance is shown.
Conclusions	<ul style="list-style-type: none"> Are unclear. 	<ul style="list-style-type: none"> Are an honest objective interpretation of results. Provide implications for your practice.

Perhaps a More Realistic Visual



The Context for Our Exercise



Grade the Quality...Considerations

- Study design (*e.g., randomized controlled trials generally start with a higher quality rating*)
- Risk of bias (*within studies/potential publication*)
 - Author (*a specific point of view or opinion; sponsored motivation*)
 - Recall (*respondents past memories*)
 - Confirmation (*looking for info to support prior belief*)
 - Selection/Availability (*convenience sampling or not representative*)
 - Observational (*your cognitive biases or recognition of observation*)
 - Cultural (*interpretation based on own ideas and values*)
- Imprecision (*e.g., small sample size*)
- Literature review (*well defined; included studies current/relevant*)

Grade the Quality...Considerations

- Analysis of the evidence
- Clarity (*research question; findings; tables and figures*)
- Appropriateness of the methodology
- Discussion of limitations and implications
- Soundness of implementation strategies (*education; champions; feedback*)

Grade the Quality...The Process

1. Initial assessment (*Based on study design, evidence is usually assigned an initial quality rating*)
2. Adjustments (*Downward & Upward*)
3. Categorized (*High, moderate, low, very low quality*)



Consult Mamma G for Appraisal Tool ?s

Introduction

- Were the aims/objectives of the study clear?

Methods

- Did study design align with aims?
- Was sample size justified?
- Was the target/reference population clearly defined?
- Is it clear what was used to determine statistical significance and/or precision estimates?
- Were the methods (including statistical methods) sufficiently described to enable them to be repeated?

Results

- Was data adequately described?
- Does the response rate raise concerns about non-response bias?
- If appropriate, was information about non-responders described?
- Were the results presented for all the analyses described in the methods?

Discussion

- Were the authors' discussions and conclusions justified by the results?
- Were the limitations of the study discussed?

Other

- Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?
- Was ethical approval or consent of participants attained?

Critical Appraisal Tools

Article Review Worksheet

Use the *Article Review Worksheet* below to make notes on the article you read. *Print out one for each article.*

Author(s):				
Article Title:				
Publication Information				
Name:				
Date:	Volume:	Issue:	Pages:	Database/Source:
Link/DOI:				
Brief Summary of the Article: (e.g. type of study, overall description)				
Methodology: (e.g. what was done, sampling: size & populations)				
Results/Findings: e.g. (e.g. outcomes, implications)				
Your evaluations (e.g. strengths, limitations, relevance to your question)				

Research Summary Outline for Critically Reading Research

Introduction

1. This section makes the case for the study. What is the background for the study (review of the literature)? This should tell us what is already known about this area of research. It should also tell us what is not known about this area of research and how this study will help fill that gap.
2. What were the study aims, research questions, or hypotheses?

Methods

3. Summarize the following information about the research methods:

a. Sample

Who were the people that provided the data? How were they recruited? How representative of people with this condition is this sample? Did the authors get permission from the IRB?

b. Study design

Was the data collected from each respondent just once (cross sectional design)? Was the data collected at the beginning of the study and a later time(s) (longitudinal design)? Was there an intervention? Was there a comparison group (clinical trial)?

c. Measures

What was the main outcome measure(s) (the results they were studying)? What was the main measure(s) of the associated factors (aka predictors or independent variable)? What possible confounders (covariates) were also included in the analysis?

From the Research Program, Department of Religion, Health, and Human Values, Rush University Medical Center
December, 2014 ver 3

any important information about how the study data was analyzed. What the authors say they used? What tests did they plan to use? Were they tests n of groups? Were they tests of association? Did they plan do any analyses? If they collect data from each person at more than one time, how as there between the first survey and the second?

the results of the study?

the investigators' discussion of the following:

with other research: Were the findings from this study similar to or n previous studies?

ns of the study

ns of the study for further research

uation: What do you think are the strengths and weaknesses of this research?

lication:

the implications of this research for your ministry, if any?

research have implications for the work of other clinicians (or clergy)?

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How would you rate the article?



What Did You Think?

Your evaluations (e.g. strengths, limitations, relevance to your question)

Your Thoughts

6. Critical Evaluation: What do you think are the strengths and weaknesses of this research?

How did you approach the assignment?

7. Critical Evaluation: What stood out to you?

Where there any surprises?

b. Does the research have implications for the work of other clinicians (or clergy)?



smiling now that you're done reviewing the paper

realizing it is just the first of many papers



