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WORKSHOPS AND PROFFERED PAPERS

### A03-B

#### The Spiritual Challenge of Perinatal Bereavement

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**Objective:** Perinatal bereavement is a challenge to the spiritual and faith beliefs of parents. In Ireland, the absence of termination for fetal abnormality means that many parents enter a palliative journey when they are given the news that their baby is unlikely to survive up to or beyond birth.

**Study Design:** This study explores the impact of perinatal death on the faith and spirituality of parents who were cared for in an Irish tertiary maternity hospital (8,500 births per annum) where the stillbirth rate is 3.7/1000 births. Semi-structured qualitative interviews lasting 31-104 minutes were conducted with a purposive sample of 12 mothers and 5 fathers bereaved following stillbirth. The data were analysed using Interpretative Phenomenological Analysis.

**Results:** Parents expressed that their faith and spiritual beliefs were challenged following the diagnosis that their baby would die or had already died. One parent felt that their faith was stronger following the death of her baby: 12 expressed that their faith was weaker or challenged and 4 expressed that their faith was unchanged. The data revealed that grieving parents questioned their core beliefs through the themes of theodicy/suffering, the place/salvation of their baby, anger towards God and challenged belief. Only a minority of parents felt their spiritual needs were addressed adequately while in hospital. All parents highlighted the importance of ritual in the expression of their grief and the attribution of spiritual significance to the life of their baby.

**Conclusion:** Perinatal bereavement poses immense spiritual challenges for grieving parents. This study, the first of its kind in Ireland, reveals the lived experience of spiritual pain in perinatal bereavement. These findings identify a practice gap in the provision of adequate spiritual care in this area of bereavement support.

### A03-D

#### The End-of-Life Spiritual Care Service Package in the Newborn Intensive Care Unit(s)



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**Objectives:** Despite current advances in child care scientific models, most children are at risk of dying in the neonatal period or immediately before delivery. Parents experience deep pain and suffering because of the death of their infant. Several studies mentioned that the most agonizing experience in the parents' life is their child's death which causes them extreme suffering and could remain fresh even many years after the infant's death. Researchers' experiences revealed that, families after their infant's death in the Newborn Intensive Care Unit (NICU), did not receive appropriate end-of-life and spiritual support care. The aim of this study was to provide a service package of spiritual care at the end of life in the NICU to support infants and families.

**Methods:** This study was approved by organizational ethics committee No.393, 003. In this research, triangulation method was used in four phases. The method of the initial phase of study was qualitative content analysis to explore the spiritual needs of families with an infant in his/her end of life in the NICU. The second phase of study was done by review of the literature to develop the primary draft of the service package based on the categories of the initial phase. In the third phase, the primary draft of the service package was reviewed and revised by experts from different areas of a Muslim country who attended different expert panel sessions with the support of the Neonatal Health Office in the Ministry of Health (NHOIMOH). In the fourth phase, we calculated the mean score of the applicability of the service package's recommendations in clinical settings from the perspective of nurses in the NICU.

**Results:** The qualitative phase of the study revealed six main themes of a family's spiritual needs in the end of

life of an infant in the NICU(s) including: human dignity for newborn; need to comfort the soul; spiritual belief in supernatural power; supportive and preparation needs in the infant's death; reliance on information and communication needs; spiritual and compassionate care needs for infant and family. In the literature review phase we searched and accessed 2147 related articles and finally carefully chose and analyzed 55 more related articles to prepare service package's draft. Finally, based on the results of qualitative and quantitative phases the service package was prepared in three sections including: the spiritual end-of-life care for Infant; spiritual care for infant's family in NICU; and spiritual care for family in bereavement.

**Conclusions:** According to the results of this study we recommend implementation of this culture based service package in the national NICU(s) with support of NHOIMOH, and other NICU(s) in the world with the same cultures to assess end-of-life spiritual needs of infants and families in NICU(s) and to provide best and appropriate care for them based on this clinical guideline.

**Key Words:** Spiritual Care, Family, End-of-life Care, Infant, Service Package, Newborn Intensive Care Unit (NICU)

### A06-A

#### **Memorable Learning and Professional Identity Formation in Palliative Care: A Study of Canadian Family Medicine Residents**

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**Background:** Canada has an aging population with a growing need for palliative care. Palliative care is a domain of the "Triple C: competency based curriculum", the accreditation standard for family medicine postgraduate training in Canada. Review of the literature does not provide a consensus on how to train family physicians who are confident and competent in palliative care. This study explores the question: what is memorable learning in palliative care and how does this contribute to professional identity formation for palliative care practice.

**Methods:** Fourteen graduating residents from a Canadian family medicine program participated in interviews about memorable learning in palliative care. Thematic analysis of 42 narratives of memorable learning was used to construct a thematic framework.

Narrative analysis was undertaken to deepen the understanding between emotion, action and professional identity formation for palliative care.

**Results:** Analysis of narratives of memorable learning generated themes that fell under three broad areas: what is learned, how it is learned and the impact of learning. Participants' narratives of memorable learning were most commonly situated in family medicine directed workplaces and occurred through meaningful participation. Memorable learning was not described in terms of knowledge, skills and attitudes acquired but how the experiences challenged the way the participants saw themselves as physicians. This constituted identity work within memorable learning narratives.

**Conclusion:** Findings suggest complexity of learning beyond the acquisition of knowledge, skills and attitudes. The results support learning opportunities that validate the role of caring as well as competence and creation of meaningful space for reflection to help learners understand and manage the impact of their work on their emerging professional identity.

### A06-C

#### **Towards Skilled Feedback on Challenging Conversations – A Simulation-Based Faculty Workshop**

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**Objectives:** Discussing goals of care with patients can be difficult for trainees, and faculty describe challenges in providing meaningful feedback on these conversations. The era of competency-based medical education will require faculty to be skilled in direct observation and feedback on trainee communication skills. Our objective was to implement and evaluate the impact of a simulation-based goals of care conversation feedback workshop on faculty confidence and skills.

**Methods:** We developed a workshop that applied the Promoting Excellence and Reflective Learning in Simulation (PEARLS) model to feedback on goals of care conversations in a simulated clinical setting. The 4 hour faculty workshop consisted of an interactive presentation, instructor role-modeling, and 3 simulated practice scenarios with a standardized resident followed by feedback from an expert facilitator. Faculty were video recorded participating in one simulation scenario before and two scenarios after the presentation and role modeling. Following the workshop, they completed pre/post-workshop self-assessment

