



School of Healthcare

FACULTY OF MEDICINE AND HEALTH



UNIVERSITY OF LEEDS

Using audio-visual vignettes to explore how nurses make the decision to restrain a delirious patient on the critical care unit.

Angela Teece PhD student, RN, MSc, PG Cert Ed, BMedSci (Hons), BA (Hons)
Supervisors: Professor John Baker & Dr Helen Smith



Background

Delirious and agitated patients are at risk of disrupting life-sustaining therapies, for example, dislodging an endotracheal tube or vascular access devices. Chemical or physical restraint are often cited by staff as the main method of preserving patient safety (Benbenishty et al., 2010).

This study aims to use **audio-visual vignettes** and **'Think Aloud'** to explore how nurses make the decision to restrain a delirious patient on the critical care unit.

Vignettes in research

Vignettes are short stories about hypothetical characters in specified circumstances (Finch, 1987). Audio-visual vignettes allow complex clinical scenarios to be addressed in an immersive and realistic decision-making environment (Brauer et al., 2009). A range of vignettes were developed, showing delirious patients with differing levels of risk inference.

From illustrated storyboards...

- Each vignette was created as a storyboard, with patient behaviours developing over a period of approximately three minutes.
- The storyboards provided the simulated patients with a behaviour guide.
- Prior to filming, the storyboards were peer reviewed by a clinical expert.
- All six vignettes were filmed over half a day in the University clinical skills suite with ambient noise added in later.
- Pause points were added in editing after changes in patient behaviour.
- The participant was encouraged to 'Think Aloud' at these points.



... to short audio-visual vignettes.

The influence of handover

Each vignette begins with a verbal handover using **subjective** or **objective** patient descriptors. This intends to explore whether the way we describe a delirious patient has any impact on how they are perceived and managed by the nurse. Agitated behaviours are unpopular amongst critical care nurses (Williams, 2007), and subjective handovers can contribute to the establishment and sharing of labels and social judgements.

'Think Aloud'



- A qualitative method.
- Captures sequential thoughts and decisions as participants work through a scenario.
- **BUT...**
- Thinking aloud is not a natural state.
- Only conscious thought processes are reported.

What have we learnt from the vignettes?

- YouTube-hosted audio-visual vignettes are a user friendly and novel data collection method.
- Participants have found the vignettes to replicate a realistic environment in which to make clinical decisions.
- The vignettes facilitate reflection on clinical assessment and management strategies.
- The linear structure and lack of responsiveness to management changes was frustrating.
- **Recruitment is on-going and hopes to inform future clinical restraint guidance.**

With thanks to Phil Faulks (University of Leeds videographer) for filming and editing.

References

- BRAUER, P. M., HANNING, R. M., AROCHA, J. F., ROYALL, D., GOY, R., GRANT, A., DIETRICH, L., MARTINO, R. & HORROCKS, J. 2009. Creating case scenarios or vignettes using factorial study design methods. *Journal of Advanced Nursing*, 65, 1937-1945.
- BENBENISHTY, J., ADAM, S. & ENDACOTT, R. 2010. Physical restraint use in intensive care units across Europe: The PRICE study. *Intensive Crit Care Nurs*, 26, 241-245.
- FINCH, J. 1987. The vignette technique in survey research. *Sociology*, 21, 105-114.
- WILLIAMS, C. 2007. Unpopular patients in the intensive care unit: is holistic care achievable? *Nursing in Critical Care*, 12(2), pp.59-60.