Improving how clinicians communicate with patients with life-limiting illness - Immersive Compassion

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KEYWORDS

Conversations	Empathy	Safe
End of Life	Compassion	Family
Artificial Intelligence	Medical	Justice
Virtual Reality	Timely	Harm
Confidence	Dying	Resuscitation
Exposure	Planning	
Education	Normal	

EXECUTIVE SUMMARY (100 words maximum)

Good Communication can support care that meets patient and family preference at the end-of-life. Despite improvements in care and the existence of several evidence-based tools, discussion about end-of-life planning are not delivered in a timely manner, maybe ineffective, or of poor quality. There is increasing recognition for the need for comprehensive, high quality and timely end of life care communication.

This project proposes a novel approach to improve clinician discussions in this critical context. By leveraging Virtual Reality (VR) and Artificial Intelligence (AI), healthcare professionals will be exposed to realistic scenarios, fostering skill development, and enhancing the quality of end-of-life discussions. The aim is to empower clinicians; medical, nursing, and allied health to initiate and conduct meaningful, empathetic, and culturally sensitive conversations.

INTRODUCTION

Improving how clinicians communicate with patients with life-limiting illness is a work-in-progress project aimed to provide education to the multi-disciplinary workforce, with high focus on medical. The project will enable clinicians' exposure to "real life" scenarios and feedback free from peer vulnerability and patient harm using a virtual reality platform. It is intended this platform will have a variety of scenarios specifically around end-of-life care, conversations, and planning. These scenarios will include goals of care conversations, challenging family dynamics, opportunistic conversations, and delivering bad news.

The aim of the project is to improve the timing, delivery and experience of consumers, their loved ones, and the MDT throughout a normal and expected period of life. The education platform will be through headpiece or mobile device for ease of availability.

HIGHLIGHTS

- WIP - *Improving how clinicians communicate with patients with life-limiting illness.* Currently analysing data from 20 face to face interviews with MDT clinicians.
- Strong themes presenting from interviews already evident; poor/no training, confidence, vocabulary, timing, responsibility.
- 360-degree scenario in a virtual reality platform using artificial intelligence to allow clinicians to interact, practice, absorb, and repeat!

METHODOLOGY/ PROCESS

- This study will assess the feasibility and potential effects of an intervention and implementation strategy to improve communication and shared decision-making in end-of-life discussions with medical, nursing, and allied health staff.
- A pre-test post-test design (n=45) will be used to evaluate a multi-component intervention which comprises:

  a) Online learning package, including training videos that depict unexpected end-of-life conversations between a patient, their family member and a nurse, a doctor, a physiotherapist and a planned conversation (patient, family member, nurse, and doctor together). The videos show first a novice response and a more skilled response.

  b) Simulation lab training, AI-driven conversational agents and virtual reality sessions will be used for participants to practice and review end-of-life communication strategies acquired through immersive online training.
- The online content and training videos have been developed in collaboration with consumers (n=3), our multidisciplinary team (n=13). Overall, feedback from phase 2 qualitative interviews was generally positive with an understanding of the need for change. This project is ongoing and preliminary findings will be presented at the conference.
- Following a repeated measures design, quantitative and qualitative acceptability, feasibility, and outcome data will be collected from participants at baseline and after intervention delivery.

RESULTS/ OUTCOMES

Early themes identified have displayed.

- Lack of confidence in vocabulary
- Burden of responsibility from medical
- Not supported in the current medical model
- Ownership

CONCLUSION

The findings will determine whether the intervention and implementation strategy is appropriate for further testing in a larger trial and/or integration into routine practice.