PS-ICU GROUP
Newsletter 1
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Report of the ESICM meeting in Barcelona

Spain, 28 September 2014

Photo 1 : The pioneer group in Barcelona, PS-ICU project meeting !

PARTICIPANTS

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PURPOSE OF THE MEETING THE IMPLEMENTATION OF THE PS-ICU PROJECT

- Introduction and welcome remarks
- Rationale of the study
- Description of the different steps of the PS-ICU project
- Scope of the project, population recruitment
- Ethics committee, funding
- National organisation, contract person
- Panel of experts and process
- Methodology: socio-professional categories included
- Calendar of the research

DISCUSSION

Our discussion was centred on the different steps (Table 1). We described the target, the samples, the needs and the schedule of each step.

Table 1: steps of the PS-ICU research

STEPS	SAMPLE	REQUIREMENT	CALENDAR
STAGE I Construction and validation of the PS-ICU scale			
Step 1 **Generation of items** Review of the literature Exploratory interviews Thematic analyses	**Exploratory interviews:** 40 professionals in intensive care 20 doctors 20 nurses **Thematic analysis and selection of items**	- Ethic committee - Contact person (involvement of staff) - Psychologist and/or psychology student *40 interviews (lasting about one hour each) over 1 month* - Verbatim transcription - Rules for selecting the items - 2 Psychology researchers 1 month Nvivo (qualitative data analysis) software - Translation procedure (translation/back translation)	2014 - 2015
Step 2 **Construction of the list of items** Selection of items, structure of the scale		Panel of experts: - Definition of the dimensions of stress - Choice of items and adequate understanding, relevance of items - Scale instructions Translation procedure (translation/back translation)	2016
Step 3 **Pre-testing** Administering the PS-ICU scale version 1 Statistical analysis	**Administering the PS-ICU scale 1** 60 professionals in ICUs per country (doctors and nurses)	ICUs involved per country Contact person (involvement of staff) Expert panel	2016 - 2017
Step 4 **Validation of psychometric properties** Administering the PS-ICU scale Statistical analysis	**Administering the PS-ICU** 300 professionals in ICUs per country (doctors and nurses)	ICUs involved per country CRF Contact person (involvement of staff) Statistical analysis	2017 - 2018
STAGE II Scope of application: Stress, mental health and security of care			
Administering the PS-ICU scale Large international sample Data Analysis	**Test assumptions** 6 000 professionals in ICUs	ICUs involved per country eCRF Contact person (involvement of staff) Statistical analysis	2019 - 2020

Several questions were raised during the discussion

1. Distribution of the socio-professional category

The group exchanged their views on the distribution of the socio-professional category: why don't we include assistant nurses in the sample?
In Europe, assistant nurses are involved in the care of ICU patients and are part of the ICU staff. They often feel a lack of recognition. It would be important to add this socio-professional category in the sample in Europe and take into account stress factors specific to this group (if there are any).

Questions:
Are Canada and Australia concerned with assistant nurses in ICU? the question is whether we have to increase the number of interviews in the first step or apply the second step to this population, assuming that their stress markers won't be that different but rather will be estimated differently.
Are there other care providers directly involved in daily care who need to be investigated (pharmacists, physiotherapists, social workers, etc.? In fact, despite their own risk, they may represent a small subset of the team with less impact on the global health of the unit. We need to keep in mind that at the end, the project will look for some relationship between stress and quality of care.

2. Nurses' experience

The sample is divided into four categories: senior physicians, residents, novice nurses and experienced nurses.
But at what point could a nurse be considered experienced? A two-year period was validated by the group as sufficient for the caregiver to adapt to his or her position.

Questions:
We were interested in the point of view of the Canadian and Australian groups:
how will they define the level of experience of intensivists and residents in their own country and practice? Are there recommendations from critical societal or university groups?

3. Distribution of the units and contacts

Each country in Europe (Italy, Spain and France, pending Irland's answer) has designated units and the number of professionals necessary to start steps 1 to 3. In each of the units involved in the project, a contact to be in charge of the development of the program (recruitment of caregivers for the different steps, etc.) needs to be identified.
In each country, the PS-ICU project team will rely on one psychologist, one nurse and one doctor. At this stage, the Australian and Canadian groups have not encountered any difficulties in enrolling the required number of units and caregivers.

4. Qualitative analysis

In order to do the qualitative analysis, we need:
- 2 researchers in psychology who will work on the qualitative data.
The 40 interviews will be analysed using the method of Interpretative Phenomenological Analysis. The IPA method will enable us to identify the stress factors and understand the psychological process of stress. The two psychologists will have to code all the interviews independently.

In order to help the process:
- we are going to publish a practical guide about the IPA method in "PS-ICU Newsletter 2"
- we are going to elaborate a coding framework which could be modified in each country according to the specificity of the interviews.

All of the 40 interviews will be analysed using the coding framework and Nvivo software. This software will facilitate the organization of the stress factors in the form of a coding table and will enable us to generate a list of factors organized according to the coding framework. Harmonization meetings will be held regularly to make an inter-judge agreement about the stress factors retained.

The goals:
- This analysis could serve as a basis for publications in each country. The specificity of stress factors in ICU and other issues highlighted by the thematic analysis may be published.
- The group of psychologists (Italy, Spain, Ireland, Canada, Australia, France) could meet during the 14th European Congress of Psychology in July 2015 in Milan, Italy (http://www.ecp2015.it). It will be a good opportunity to present and discuss our qualitative data in a symposium.
- Each country will create a database of stress factors and we will centralize all the factors. Then, the panel of experts will meet in order to choose the stress factors (according to the rules for selecting the items), to check the adequate understanding and relevance of the items, and to create instructions for the scale.

5. Panel of experts

The panel of experts will be composed of the "national leaders of the PS-ICU", in other words one psychologist, one nurse and one doctor times the number of countries involved.
To increase the credibility of the group, external experts might be approached. We welcome any suggestions from the group.

6. Involvement

Step 4 and Stage 2 will require a large sample of participants. It is obvious that we need the involvement of the professional and trial groups.

In France, the SRLF (French Intensive Care Society) has supported the project since the early phase and has provided financial aid.
We hope that the other critical care societies and research groups will officially support our project, and we are formally asking for their endorsement. We hope to get an answer before the end of the year

7. Rules for publication

Will be published:
A review of the literature and a position paper
Descriptions of the scale developed: Trial methodology
Qualitative data (individual and pooled data)
Validated PS-ICU scale
Results of Stage 2

Stage 1-Phase 2 and -Phase 3 will not be published.
Publications of the PS-ICU project (Results of Phase 1 Step1 in each country) should include the name of the developers (AL, GC) as co-authors (in second position for AL and before last for GC) and should mention the PS-ICU project. The timing must be approved by the panel of experts.
The final PS-ICU scale may not be published by anyone other than its developers and the other members of the PS-ICU team as co-authors according to their involvement (N patients included) or after round table discussions.
The Module Developers should, in principle, have the right to publish their data first.

8. Grants and provisional budget

STAGE I and STAGE II	GRANTS	GRANTS APPLICATION
Stage I Construction and validation of PS-ICU scale	SRLF Région Franche-Comté Centre Hospitalier Régional Universitaire de Besançon	*What are the opportunities in each country?*
Stage II Scope of application: Stress, mental health and security of care		ANR "collaborative research project" *What are the opportunities in each country?*

Table 2: Grants available and grants application

Applying for grants is an important part of the last steps of the project. Current grants might help to start the different national projects but local grants are necessary: pending application for a large one (EEC, ESICM, other?).

TASKS		FRENCH BUDGET
STAGE I Step 1: Generation of items	**Ethics committee**	0
	Interviews 40 interviews 1 hour/interview	1 480€
	Transcription 3 hours/interview	4 200€
	Data analysis 2 hours/interview: 2 psychologists Nvivo Software (1 licence – 2 computer stations)	5 920€ 349€
		Total: 11 989 €

Table 3: The provisional budget for Stage I step 1: A French example

Upcoming meetings

The panel of experts will meet next year in order to define the rules for selecting the items.

The group of psychologists will need to meet (visioconferences) in order to conduct the same thematic analysis procedure.
The group of psychologists has proposed a symposium at the 14th European Congress of Psychology in July 2015 in Milan, Italy (http://www.ecp2015.it). It will be a good opportunity to present and discuss our qualitative data.

Meeting about Step 2 : The next meeting with each country involved will be held in Paris at the SRLF congress in 2016. The goal of this meeting will be the **construction of the list of items (Step 2)**

What's next?

1) Each country has to define a group of 3 (if possible a doctor, a psychologist and a nurse) who will implement the protocol in their own country
2) Letters of endorsement from a society or research institution are more than welcome. Each group will receive copies to help obtain local funding.
3) In accordance with the material provided by the French group, each group will submit an application for a grant to cover Phase1 Steps 1 and 2. A simplified format of the budget will be sent to the referent.
4) Each group has to submit an application for ethical approval or to any authority as required by local regulations.
5) Meeting of the group of psychologists to finalize the interviewing and analytical processes.

Research team

FRANCE	**CHRU Besançon**	ICU ICU Methodology and quality of life - Epidemiology	Gilles Capellier Emmanuel Samain Franck Bonnetain
	University of Franche-Comté	Laboratory of psychology	Alexandra Laurent Laurence Aubert (Phd Student) André Marlage
	CHU Dijon **CHU Grenoble**	ICU ICU	Jean-Pierre Quenot Carole Schwebel Claire Chapuis Mathilde Lagabrielle Silvia Calvino Carole Rochietti
ITALIA	**Policlinico A. Gemelli**	ICU	Massimo Antonelli Maria Grazia Bocci Antonio Pesenti
IRELAND	**St. Vincents Hospital**	Department of Critical Care	Alistair Nichol
SPAIN	**Hospital de Sabadell**	Department of Critical Care	Lluis Blanch Torra Maria Cruz Martin Delgado Jordi Macebo
AUSTRALIA	**Alfred Hospital** Monash Alfred Psychiatry Research Centre	ICU	Jamie Cooper Jason McClure Steve McGloughin Stuart Lee
CANADA	**CHUM Montréal**	Critical care Research program, Quality of health	Paul Hebert Romain Rigal

In summary

It was a great opportunity to exchange about the project. Even if all the countries involved were not present at the ESICM meeting, most of them showed signs of interest. We have not yet decided to expand the process. An endorsement by ESICM might change our minds. We will have a meeting with them soon. Barcelona was a great place to start working. During the coming year, we will have to organise a conference call before we get together for the next ESICM meeting 2015.
We are all excited about the project despite the large amount of work involved. Alexandra and Gilles would like to thank everyone for their involvement and we look forward to working together.

Photo 2: Besançon and its surroundings (we suggested that each group send a photo of their city)

PS-ICU GROUP
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