PROJECT CALM-PATH
Addressing Stress in Oncological Critical Care

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AIMS & OBJECTIVES

- PTSD as a contemporary ICU issue
- Evidence-based solutions
- Solutions tailored to OCCU
- Rationale & Implementation for CALMS and PATH
- Results & auditing
- Evaluation & development
PTSD

A normal response to abnormal events (Timms, 2015)
Acute & Prolonged Stress Responses

1. Alarm stage
2. Resistance stage
3. Exhaustion stage

Stress curve and phases (General adaptation syndrome)
Broken sleep

Physical restraint

Lack of privacy

Hallucinogens & sedation

Invasive devices

Altered levels of consciousness

Constant noise & stimuli

Tight masks

Lack of natural light
‘Nurses at breaking point as number off work with stress soars’ (Kirk, 2015)

60% of nurses considered leaving the NHS, 83% attribute this to stress (RCN, 2013)

‘Overworked nurses leaving in despair’ (Whitehead, 2015)

NHS intensive care 'at its limits' because of staff shortages (Campbell, 2017)
THE EVIDENCE

• Acute stress in ICU > PTSD (Davydow et al., 2013; Wade et al., 2011)
• ICU psychologists: effective but expensive!
• Symptom reduction (21% vs 57%) at 12m (Peris et al., 2011)
• Easy to learn, implement & practice
• Learning culture essential
• Empowering staff & patients through self-care
The Mindfulness Cascade

Mindfulness Training

Control over thoughts/emotions

Self-Efficacy

Making Time & Space

Relaxed, calm, peaceful

Agency

Perspective

Improved Caring

Considerate listening, preparing for encounters, handling difficult situations, less judgemental, increased presence, mindful of patient experience, involving others

Reflect, plan, focus

Step back, notice positives, accept the ordinary and every day, value self, acceptance, letting go, bigger picture

(Hunter, 2016)
KEEP CALM & CARRY ON
Our Secret Weapon
Implementation

• Expert teaching & guidance

• Link nurse to improve training & implementation
  (Forrester et al., 2018)

• ICU peer support & self-care  (Mealer et al., 2014; Lee et al., 2015; Steinberg et al., 2017)

• Training during induction to OCCU – high turnover & stress of new nurses  (HEE, 2014)

• Bedside tools and range of techniques
Therapeutic Nursing Interventions based on Project CALM

Please indicate which Therapeutic Nursing Interventions have been utilised

- Grounding techniques
- Low Tone in Voice
- Kind Eyes Soft Gaze Approach
- Progressive Muscle Relaxation
- Breaths to calm
- Moist Mouth
- Eye Focus

Which of the above have been beneficial and why?

Core Calm Techniques
Super Nurse! And the mysterious attempt at impossible standards.

Holy Healthcare Supernurse! Watch out for that nagging sense of failure and despondence…
PATH

To Refer or Not to Refer?
Psychological Assessment Tool for Holistic Wellbeing

- Adapted from validated IPAT tool (Wade et al., 2014)
- Oncology Specific
- Short & simple
- Auditable
- Reducing unnecessary referrals
- Improving nurse confidence
CALMS for everyone!
PATH Assessment Tool

**PATH Assessment & CALM Interventions**

- **Step 1 - Indication**
  - Does the patient have any of the following contraindications to completing the PATH assessment?
  - Yes
  - No
  - Passport completion: [ ]

- **Step 2 - Assessment**
  - Please select the feelings disclosed or experienced by the patient whilst in OCCU.
  - [ ] Tense/panicky/frightened
  - [ ] Sad
  - [ ] Documented Hallucinations
  - [ ] Hopeless
  - [ ] Lack of control
  - [ ] Difficulty Sleeping
  - [ ] Worrying about the cancer
  - [ ] Difficulty communicating
  - [ ] Uncomfortable
  - [ ] In need of more information
  - [ ] Relieved
  - [ ] Content
  - [ ] Safe
  - [ ] Hopeful
  - [ ] In control
  - [ ] Well-rested
  - [ ] Positive
  - [ ] Able to communicate freely
  - [ ] Comfortable
  - [ ] Well-informed

- **Step 3 - Acute Stress Score & Action Required**
  - 0 - 4 = Low Risk
    - All patients scoring >0 to receive nurse-led CALM intervention (see CALM Tab) and Complementary Therapy referral
  - 5 - 10 = High Risk
    - Patients scoring <5 to receive nurse-led CALM intervention (see CALM Tab). Complementary Therapy referral AND Psych-Oncology.

Refer to Complementary Therapy (with consent)

Please tick when complete: [ ]

Refer to Psycho-oncology (with consent)

Please tick when complete: [ ]
“Helped my patient feel in control”

“Good to recognise something we do already”

“Useful technique for drain insertion”

Breaths to Calm

Our Survey Said...
CALMS IS FOR LIFE, NOT JUST FOR BACCN.
To conclude

• Reducing Acute Stress in ICU
• Culture of self-care & empowerment
• Nurse-led, simple, effective and acceptable
• Parity of esteem for psychological support
• Opportunity to practice techniques
• Auditable and constructive feedback
• Supportive environment & partners
If no-one has any questions?
Reference List

• Legg, M.J. (2011) ‘What is psychosocial care and how can nurses better provide it to adult oncology patients.’ Australian Journal of Advanced Nursing, 23(3) pp. 61-67
Reference List


