

Critical Incidents in the Operating Suite

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Critical Incidents in the Operating Suite

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Critical Incidents in the Operating Suite

What is a critical incident?

- A critical incident is an event that overwhelms our abilities to cope in a situation.
- Critical incidents are traumatic events that cause powerful emotional reactions in people who are exposed to those events.

Differences between critical incidents and burnout

Burnout refers to the negative feelings that are associated with an individual's workplace.

- Burnout:
 - gradual onset
 - an erosion of the individual's emotions and engagement with their job

Differences between a critical incident and burnout

Burnout:

- Is not associated with trauma or a critical incident
- Can occur in any profession
- The precipitating cause may be due to institutional stress
- Increased occupational workload
- Disempowerment in decision making
- Work that has started out as rewarding and satisfying becomes meaningless and stressful

Differences between critical incidents and burnout

- Burnout is a process of loss through which the mismatch between the requirements of the work and person become greater.
- This mismatch may be attributed to work overload, insufficient reward and a non supportive work environment (Maslach & Leiter, 1997)

Differences between critical incidents and burnout

Critical Incident:

- is a sudden event and the stress/distress does not occur over a long period of time
- Each and everyone of us will respond to incidents differently
- What may be a critical incident for one person may not be for another

Critical Incidents Implications for Nurses

- As nurses we need to recognise or be aware of events that may cause people to suffer from emotional stress
- We also need to give ourselves permission to experience the reactions and feelings that occur following a critical incident

Critical Incidents

Some examples:

- Death on the table
- Organ Harvest
- Death of a child
- Delivery that results in the unexpected stillborn

Critical Incidents

- Well intentioned behaviours that are poorly executed the so called concept of bleeding staff
- Practical jokes
- Being bullied
- Assault by a colleague

Critical Incidents

- A more insidious form of a critical incident is where an event triggers a re-experiencing of a previous critical event
- For new graduates and inexperienced staff the sudden exposure to a surgery that they are unprepared for may be classified as a critical event if it overwhelms their coping abilities

Critical Incident Implications for Rural Nurses

- Victim is known to the nurse
- Could be a staff member
- Neighbour
- Friend
- Relative

Note: This type of incident is frequently experienced by rural emergency workers, such as fire fighters, rescue volunteers & police

What is the outcome of a critical incident

- The individual becomes distressed
- This distress can be manifested in a number of ways that can be considered in terms of **hyperarousal**

Hyperarousal

- Acute Stress Response
- Flight or Fight
- The sudden release of adrenaline and cortisol
- As a primitive response it serves us very well if we are under a direct physical threat

Hyperarousal

Physiology of the stress response

- Increased heart and lung action
- Inhibition of stomach and intestinal action
- Blood constriction in certain parts of the body
- The release of nutrients to facilitate muscle readiness
- Dilation of blood vessels in muscles
- Inhibition of tear and saliva production
- Dilation of the pupils
- Relaxation of bladder
- Diminished hearing
- Tunnelling of vision

Short Term Responses

Physical symptoms

- Nausea
- Backache
- Diarrhoea
- Dizziness
- Headache
- Chest pain
- Trembling
- Sweating
- Sleep disturbance
- Fatigue

Behaviours

- Isolation
- Withdrawal
- Absenteeism
- Apathy
- Violence

Psychological Reactions

- Self Blame
- Confusion
- Nightmares
- Flashbacks
- Disorientation
- Amnesia

Psychological Reactions

- Fear
- Panic
- Anxiety
- Frustration
- Anger
- Depression
- Guilt

Memory

- In a critical incident we often feel we are running on autopilot due to the flight or fight response
- In the situation we are unable to process the circumstances of the event properly
- In these circumstances our memory is stored under high arousal conditions and these particular memories are controlled by the Limbic System
- The Amygdala is the danger control centre of the brain
- This part of our brain is always scanning for danger
- The Limbic System is involved in mediating the effects of emotional arousal on the strength of the memory for the event
- These memories do not go through our normal filtering processes they tend to remain as 'raw memories' and we need to process them in our own way

The outcome of a Critical Incident

- Broad range of early reactions:
 - Physiological
 - Emotional
 - Behavioural
 - Memory disturbances

The outcome of a Critical Incident

Stress reactions:

- May occur up to several weeks after the event
- Are a way of processing what has occurred
- Are not necessarily an indication of serious psychiatric illness.

The outcome of a Critical Incident

Effects diminish with time

Most people are resilient and recover from a critical incident without any therapeutic intervention

For the majority most people do not go on to develop PTSD

For some seeking assistance from family and friends may be all they require in the acute situation

For others support and education may be useful

Interventions in response to a Critical Incident

- Critical Incident Debriefing
- Psychological First Aid

Critical Incident Stress Debriefing (CISD)

Debriefing is a technique based on the concept that those who are involved in a critical event

- Participate in a structured session
- Talk about the event and ventilate their emotions, especially in the company of peers who have experienced the **same incident**

Critical Incident Stress Debriefing (CISD)

According to its advocates, debriefing works because it

- Is delivered shortly after the event
- Provides psychosocial support
- Is an opportunity for expressing emotions and thoughts about the event
- Provides tips on coping and education about stress and its management

Critical Incident Debriefing

Key elements:

- Many people believe that it is better to talk about one's feelings than to “bottle them up inside”
- Express emotions about the event within a supportive environment
- Discuss one's thoughts, feelings, and reactions with a trained professional or peer
- The professional provides psycho education about traumatic stress responses and attempts to normalize these reactions

Research on CISM Debriefing

Current research now argues that critical incident debriefing is not recommended following an event due to issues around re-traumatising the affected individual

- Resilient people and acutely distressed individuals
- Risk of stigmatising
- Personal disclosure
- Voluntary??

Psychological First Aid

- The concept of Psychological First Aid or Mental Health First Aid
- Same principals as First Aid
- Do no harm
- Modular Approach

Psychological First Aid

- Minimise Exposure
- Normalise make the person feel that the event was abnormal and not their reaction
- Provides an opportunity to monitor a person's reactions, so that any further help can be tailored to suit their individual needs
- It is based on the understanding that individuals who experience a critical incident may experience a broad range of emotional reactions

Psychological First Aid

- Establish safety and security.
- Connect to recovery resources, including provision of information
- Reduce stress-related arousal reactions
- Foster adaptive coping
- Enhance natural resilience

Psychological First Aid

There are eight core components of psychological first aid.

1. Contact and Engagement

Goal: To respond to contacts initiated by the affected individual, or initiate contacts in a nonintrusive, compassionate and helpful manner

2. Safety and Comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort

Psychological First Aid

3. Stabilization (if needed)

Goal: To calm and orient emotionally overwhelmed or disoriented individuals.

- Keep them in role
- Allow them to regain control

4. Information Gathering: Current Needs and Concerns

Goal: To identify immediate needs and concerns, gather additional information and tailor Psychological First Aid interventions

Psychological First Aid

5. Practical Assistance

Goal: To offer practical help to the individual in addressing immediate needs and concerns

6. Connection with Social Supports

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends and community helping resources

Psychological First Aid

7. Information on Coping

Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning

8. Linkage with Collaborative Services

Goal: To link the individual with available services needed at the time or in the future

Psychological First Aid Core Action

- Normal person in an abnormal environment
- Give the person permission to feel the way they do
- Don't be inquisitive
- Allow the person to talk about it as much as they want
- Do not try to debrief the individual
- Offer practical support
- Take them out of the area or time out of work
- Allow them to speak to a relative
- Acknowledgement of the event by more senior staff

Individual Self Care

Do

- Spend time with people who care
- Give yourself time
- Find out about impact of trauma and what to expect
- Try to keep a routine going – work, study
- Return to normal activities
- Talk about how you feel or what happened when ready
- Things that help you relax
- Things that you enjoy

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Individual Self Care

Don't

- Use alcohol or drugs to cope
- Keep yourself busy and work too much
- Engage in stressful family or work situations
- Withdraw from family and friends
- Stop yourself from doing things that you enjoy
- Avoid talking about what happened at all cost
- Take risks

Post Traumatic Stress Disorder

- Following a critical incident few individuals develop PTSD
- Most individuals recover from trauma without professional help
- Usually there tends to a history of early childhood abuse or trauma

When to get help?

If someone:

- Doesn't feel any better after two weeks
- Feels highly anxious or distressed
- His or her reactions to the traumatic event are interfering with home, work and relationships
- Is thinking of harming themselves or someone else

When to get help?

Some of the signs that a problem may be developing are:

- Being constantly on edge or irritable
- Having difficulty performing tasks at home or at work
- Being unable to respond emotionally to others
- Being unusually busy to avoid issues
- Using alcohol, drugs or gambling to cope
- Having severe sleeping difficulties

(www.acpmh.unimelb.edu.au)

Natural Resilience

Natural resilience is a term that describes an active process of

- Self righting
- Learned resourcefulness
- Growth
- Characterised by the individual's ability to function at a psychological level far greater than expected given the individuals experience and capabilities

Natural Resilience

Following a traumatic event an individual may develop

- More self awareness
- Tolerance for ambiguity
- Greater emotional stability

Natural Resilience

For emergency workers their sense of community (i.e. feelings of belonging and attachment to a place) is another factor that assists these emergency workers in maintaining compassion satisfaction

Post Traumatic Growth

- This experience can be represented by parents that have lost a child due to an accident who then may take on a role in accident prevention or become an advocate for changes to occupational health and safety.
- Post traumatic growth may be the best descriptor of this effect as it identifies that the person experiencing this phenomenon has developed beyond their previous level of adaptation, psychological function or life awareness (Tedeschi, Park & Calhoun, 1998).

Clinical Supervision

Clinical supervision is a way that nurses can reflect on their practise in a non critical fashion

- The supervisor does not work in the area or in the facility
- There is a contract between the participants and the supervisor
- There is a major emphasis on confidentiality
- It is reflective
- It is not critical
- It can be offered on an individual or group basis

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