



Managing end of life care in the critically ill child:  
Family, legal and professional perspectives  
6<sup>th</sup> July 2018

# Impact on staff and staff resilience

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# Outline

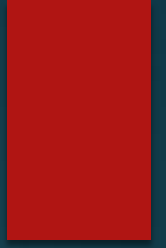
- ▶ Managing end of life care
- ▶ Recent controversies and wider context
- ▶ Impact on staff of a recent case
- ▶ Moral distress
- ▶ Wider implications
- ▶ Staff wellbeing

# Managing end of life care

- ▶ Part of the job
- ▶ Not necessarily the most distressing part of job
- ▶ Concept of 'good death'
- ▶ Pros and cons of Family Centred Care

*Coats et al, Am J Crit Care 2018*

# Recent controversies





iPad 11:48 27%

alfie evans alder hey

×



2 days ago

Liverpool Echo

Heartbreaking video of baby Alfie stretching while in coma

Watch (0:46)

# Wider context

- ▶ New ethical challenges of modern medicine

“Our data compared with the historical data suggests that pediatric critical care may have exchanged **mortality** for **morbidity** over the last several decades.”

*Pollack et al 2014*



# Wider context



- ▶ New ethical challenges of modern medicine
  - ▶ Growing acknowledgement of staff stress
- 

# From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

*Thomas Bodenheimer, MD<sup>1</sup>*

*Christine Sinsky, MD<sup>2,3</sup>*



*Ann Fam Med 2014;12:573-576.*

# From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

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*Ann Fam Med 2014;12:573-576.*



Special Article

# **An Official Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Healthcare Professionals: A Call for Action\***

Marc Moss, MD<sup>1</sup>; Vicki S. Good, RN, MSN, CENP, CPPS<sup>2</sup>; David Gozal, MD, MBA<sup>3</sup>;  
Ruth Kleinpell, PhD, RN, FAAN, FCCM<sup>4</sup>; and Curtis N. Sessler, MD, FCCP, FCCM<sup>5</sup>

# Wider context

- ▶ New ethical challenges of modern medicine
- ▶ Growing acknowledgement of stress on ICU staff
- ▶ 24/7 media and social media coverage



# How I first became a



By Vanessa Allen, Sarah Rainey and Jim Norton

THE devastated parents of a desperately ill baby last night vowed to fight on after a judge ruled their son should be allowed to die.

Chris Gard and Connie Yates rushed to eight-month-old Charlie's hospital bed after an emotional hearing at the High Court. The couple have three weeks to launch an appeal - a decision friends said they would not hesitate to take. "They will fight to the bitter end, they won't give up. They love that little boy and while there's still some hope that will keep on," a family friend



# How I first became



**GREAT BRITISH**  
**WIDE HUNT**

By Vanessa Allen, Sarah Rainey and Jim Norton

**THE devastated parents of a desperately ill baby last night vowed to fight on after a judge ruled their son should be allowed to die.**

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The couple have three weeks to launch an appeal - a decision friends said they would not hesitate to take.

"They will fight to the bitter end, they won't give up. They love that little boy and while there's still some hope that will carry on," a family friend said.

**Parents' devastated**

**TWEETS**

Gard case yesterday from the Pope and Donald Trump.

By Sarah Greenhill

Prime Minister Theresa May said she would not intervene in the case.

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**HEA**

Parents' devastated

**THE Sun**

**PM BEGS JEZ TO HELP BREXIT**

By STEVE HAWKES, London Political Editor

Theresa May's plea for EU officials to help her to help the country out of the biggest economic crisis since 1945.

**OVER 260**



**ON CHARLIE**

parents vow...

# How it first became

GREAT BRITISH  
HIDE HUNT

THE



PM BEGS JEZ  
TO HELP BREX

By STEVE HAWORTH, London Editor  
THIRTEEN Years after the EU, Britain's Prime Minister David Cameron has begged Jez to help Brexit.

OVER  
260



Donald J. Trump

@realDonaldTrump

Follow

If we can help little [#CharlieGard](#), as per our friends in the U.K. and the Pope, we would be delighted to do so.

7:00 AM - 3 Jul 2017

32,754 Retweets 102,993 Likes

parents vow...

T ON  
ARLIE

By Vanessa Allen, Sarah Ralney  
and Jim Norton

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## Family of Jahi McMath who was declared brain dead four years ago say they will keep fighting for her as long as she wants them to - as they prepare for a jury trial that will determine if teen is still alive

- Jahi McMath was declared brain dead by California doctors in 2013 after undergoing surgery to remove her tonsils when she was 13
- She has become the center of a national debate over brain death since her mother Nailah Winkfield refused to take her off life support
- Her family have been fighting ever since to have her death certificate rescinded
- She was moved to New Jersey in 2014 because it is the only state where families can reject a brain death ruling for religious reasons
- In a win for the family, a judge ruled last September that Jahi may not be dead and ordered for a jury to decide
- That trial date has not yet been set but an initial hearing is scheduled for March
- Jahi's mother said in a New Yorker interview this week that she will keep fighting for as long as her daughter wants her to

By [EMILY CRANE FOR DAILYMIL.COM](#)

**PUBLISHED:** 02:03, 2 February 2018 | **UPDATED:** 04:09, 2 February 2018



 [View comments](#)

## Orthodox Jewish family wants brain dead son's death certificate rescinded because faith won't accept he's deceased

*The crowd cheered and applauded repeatedly as a judge issued a temporary injunction preventing Humber River Hospital from taking Shalom Ouanounou off life support while the case is ongoing*



## Brampton family asking for more time for daughter declared brain dead

Taquissha McKitty's family believes she is still showing signs of life after being declared brain dead last month, lawyer said.



# Wider context

- ▶ New ethical challenges of modern medicine
- ▶ Growing acknowledgement of stress on ICU staff
- ▶ Lengthy legal process around disputes in end of life care decisions
- ▶ 24/7 media and social media coverage
- ▶ Poor public understanding of science

# Brain tumour girl couldn't see or walk... now she's doing cartwheels

SOPHIE GOODCHILD | Tuesday 28 November 2017 11:02 |  0 comments

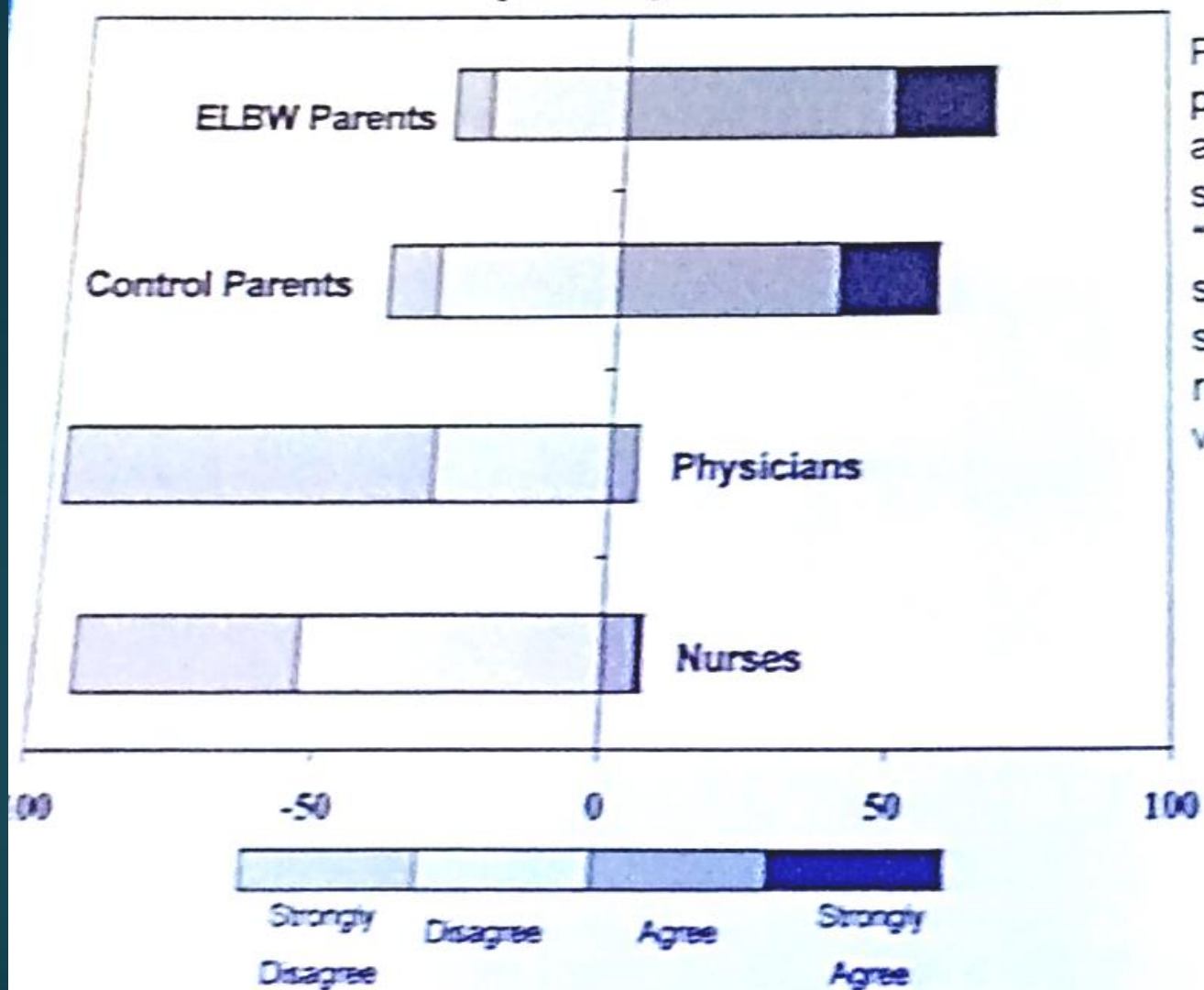


Click to follow  
The Evening Standard



Cartwheels: Indigo McGregor at home in south London

## Most say they want “everything.”



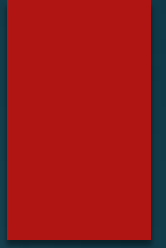
Parent and professional agreement with the statement:  
“I believe an attempt should be made to save all infants regardless of birth weight.”

Streiner et al  
Peds, 2001

# New anti-expert culture?



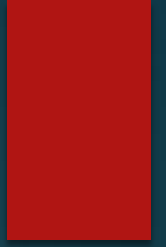
# Impact of a recent case




- ▶ Child's suffering
- ▶ Parents' behaviour
- ▶ Parents' distress
- ▶ Dealing with colleagues' distress
- ▶ Impact on other families



*The child first and always*



- ▶ Pervasive nature of media coverage
- ▶ Not being able personally or institutionally to fully counteract what was being said in media
- ▶ Abuse from public on phone and in street
- ▶ Being accused of lying, being murderers and not caring




“What can we legally say in defence of one’s colleagues and the wonderful work we do?”



“Is there a way to defend our decisions  
without causing big discussions on  
confidentiality?”



“It has affected me for all futile cases.  
I find I now have no reserve”



“With medical advances these cases are  
going to become more common .....  
we really need to learn from the  
experience”

# Post-traumatic stress 3 months later

► Clinically significant total score

15%

# Post-traumatic stress 3 months later

► Clinically significant total score

15%

Experienced **at least twice** in the past week:

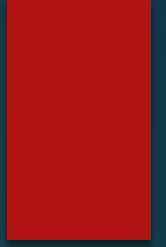
► “Feeling upset by reminders of the event”

68%

► “Heightened awareness of potential dangers  
to yourself and others”

53%

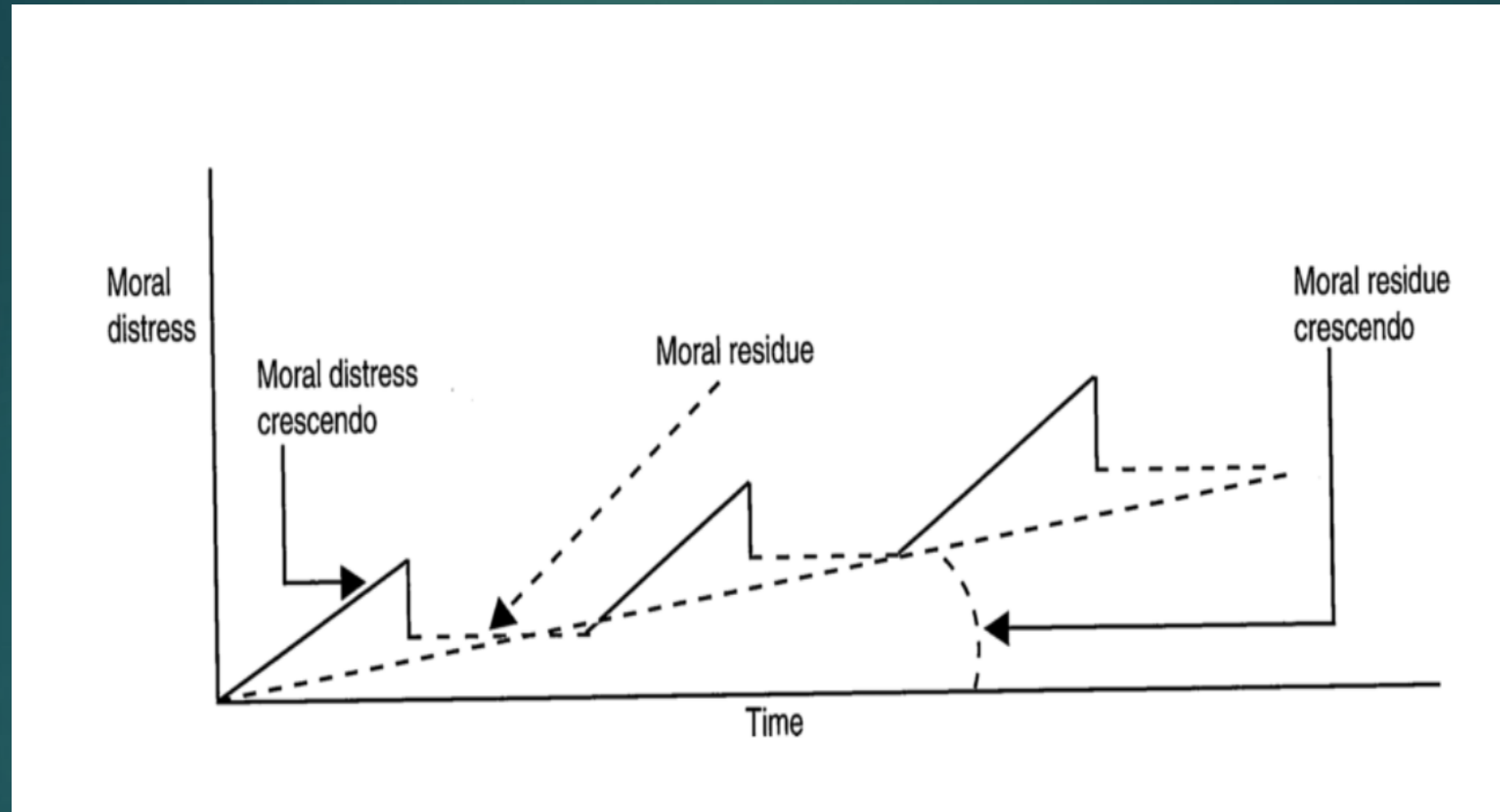
# Moral distress



Moral distress definition:

“when you know what  
the right thing to do is,  
but you are unable to do it”

# Moral residue – crescendo effect

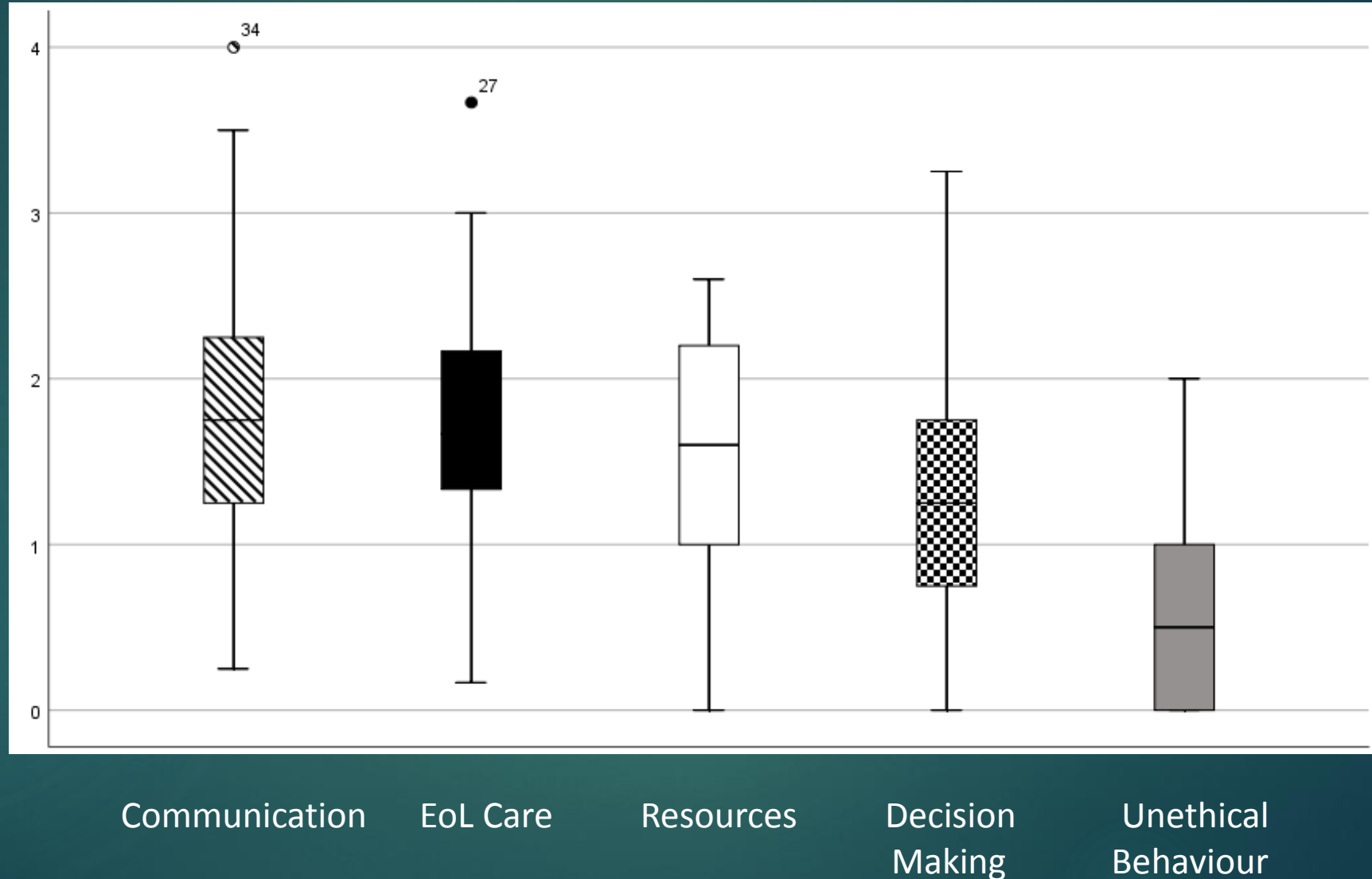


Epstein & Hamric, J Clin Ethics 2009

# Main sources of moral distress

Very  
frequently

Never



# Moral Distress

- ▶ 25% considering leaving as a result of moral distress
- ▶ Association between feeling unsupported re moral distress and considering leaving ( $p=0.01$ )



Moral  
distress

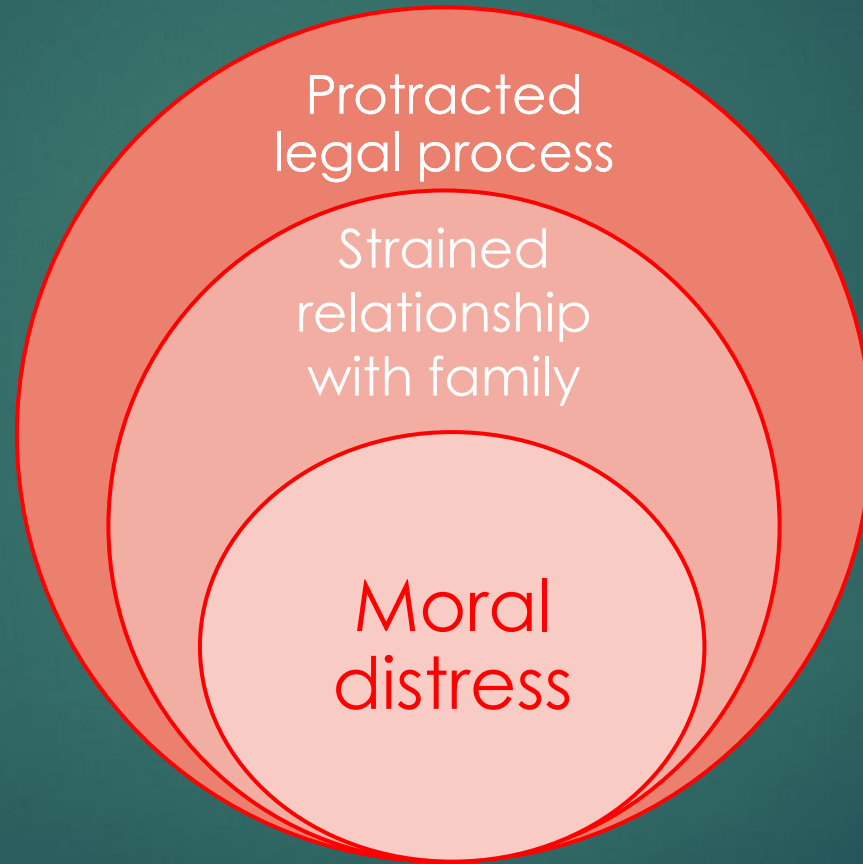


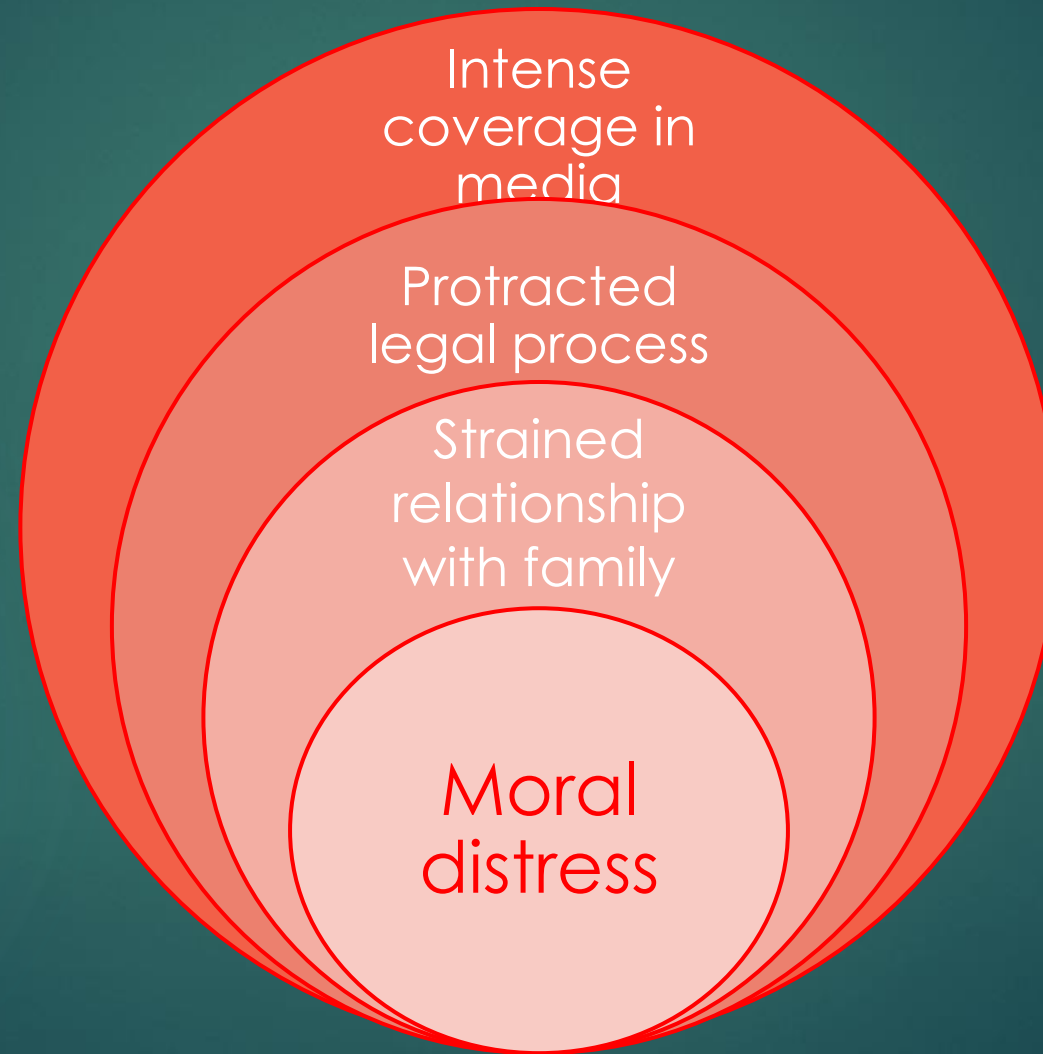
Protracted  
legal process

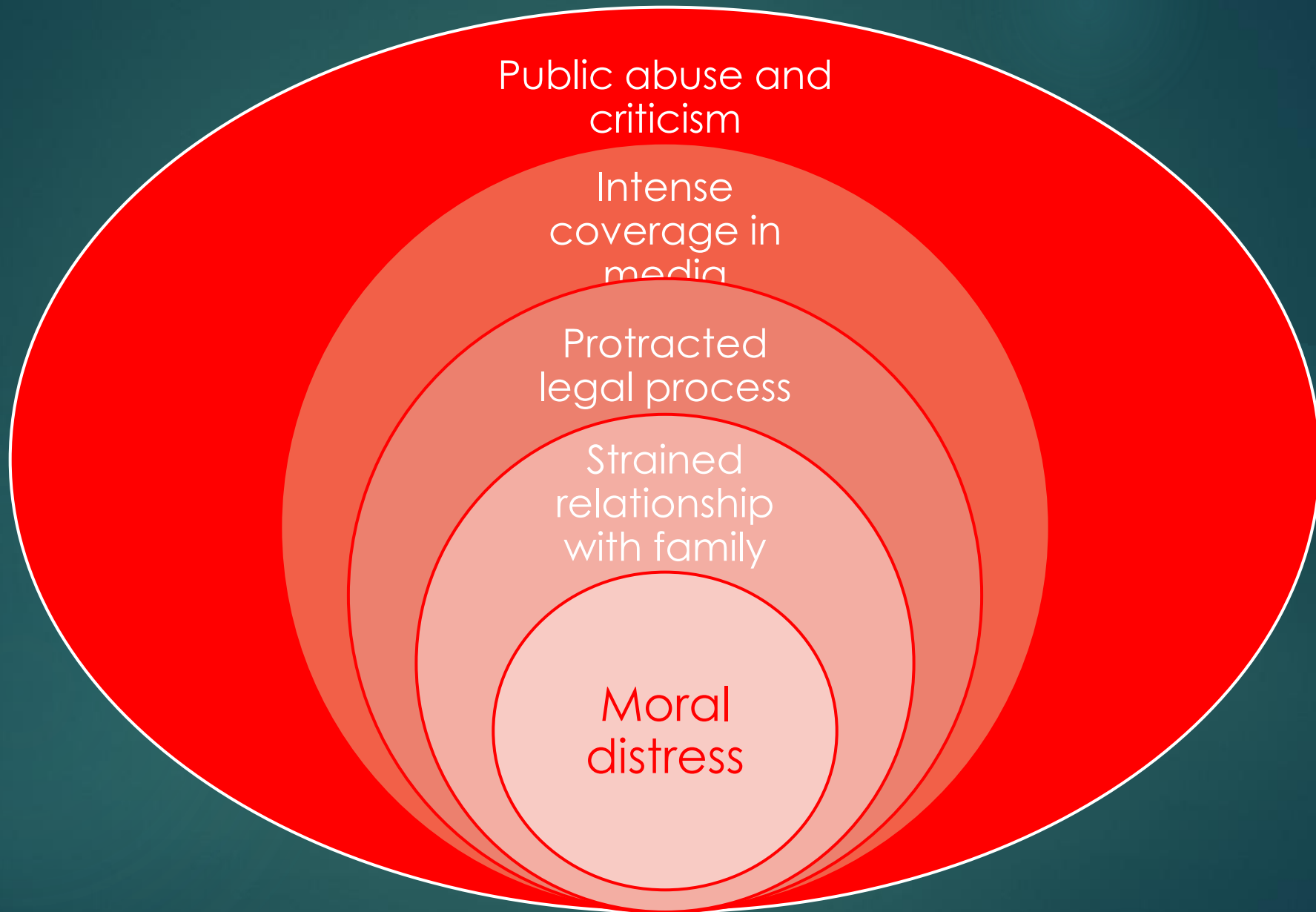
The diagram consists of two concentric circles. The outer circle is light red and contains the text 'Protracted legal process' and 'Strained relationship with family'. The inner circle is a lighter shade of red and contains the text 'Moral distress'. The circles are centered on a dark teal background. A solid red vertical bar is located in the top right corner, and a faint teal circle is visible in the background to the right of the main diagram.

Strained  
relationship  
with family

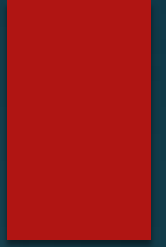
Moral  
distress







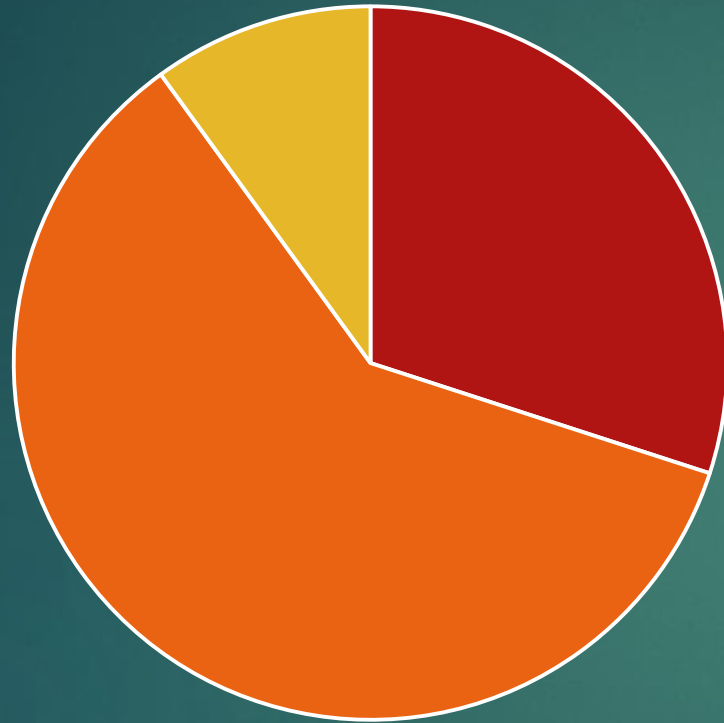
# Wider implications



# Wider implications

- ▶ Length of legal proceedings





■ <2 wks   ■ <6mths   ■ >6mths

## Time to final legal decision in cases of futility

Harrison & Playfor, Arch Dis Child 2018

# Wider implications

- ▶ Length of legal proceedings
- ▶ Need for greater anonymity



## Baby case doctors win privacy fight: Staff treating brain-damaged boy win **right to remain anonymous** over fear they may be harassed by the public

- An NHS trust will keep the privacy of their employees over Charlie Gard case
- Bosses believed that their doctors and nurses could be harassed by the public
- The brain-damaged boy was denied treatment and taken off life support in July

By [DAILY MAIL REPORTER](#)

**PUBLISHED:** 01:54, 24 November 2017 | **UPDATED:** 12:04, 25 November 2017

# Wider implications

- ▶ Length of legal proceedings
- ▶ Need for greater anonymity
- ▶ Better security re public order

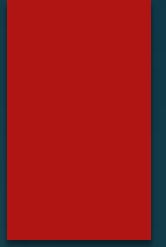




# Wider implications

- ▶ Length of legal proceedings
- ▶ Need for greater anonymity
- ▶ Better security re public order
- ▶ Concept of malicious communications
- ▶ More discussion re ethics of treatment, at a societal level

# Staff wellbeing




# Recent study on adult and paed ICU n=377

- Resilience strongest predictor of wellbeing

- Debriefing
  - Speaking with manager
  - Having hobbies
- } associated with lower  
burnout and PTSD  
after controlling for resilience

*Colville et al Pediatr Crit Care Med 2017*



PTSD  
- Individual level

# PTSD

## - Individual level



**NHS**  
**The Leeds Teaching Hospitals**  
NHS Trust

**Paediatric Intensive Care Unit, The Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom**

The graph displays the monthly number of new job starts in the United States. The y-axis represents the number of new job starts, ranging from 0 to 3. The x-axis shows the months from January 2015 to January 2017. A vertical arrow labeled 'New shift schedule started' points to January 2015. Another vertical arrow labeled 'Launch of Time Out' points to January 2016. The data shows a peak in early 2016, followed by a sharp decline and then a recovery.

- Time Out meetings have become a part of the culture of the unit and feedback from participants shows that it is a useful tool for peer support.
- Qualitative research using semi-structured interviews with participants of time out meetings is underway with the University of Leeds.



**NHS**  
**The Leeds Teaching Hospitals**  
NHS Trust

**Paediatric Intensive Care Unit, The Leeds Teaching**

FACILITATOR  
TRAINING  
LEEDS  
5<sup>TH</sup> SEPTEMBER

**"Good to go through lessons and practice"**

### **Staff feedback - usefulness**

A donut chart showing the distribution of responses to the question 'Do you agree that the current system of government is the best for the country?'. The chart is divided into five segments: a large blue segment for 'Strongly agree', a smaller green segment for 'Agree', a small purple segment for 'Neutral', a small orange segment for 'Disagree', and a very small dark blue segment for 'Strongly disagree'.

Response	Percentage
Strongly agree	75%
Agree	15%
Neutral	5%
Disagree	3%
Strongly disagree	2%

### **'Get Out' events to date**

**Time of day**

23 minutes

Hour	Minutes
01:00	1
02:00	2
03:00	0
04:00	1
05:00	0
06:00	0
07:00	1
08:00	0
09:00	0
10:00	0
11:00	1
12:00	1
13:00	0
14:00	1
15:00	2
16:00	1
17:00	1
18:00	2
19:00	0
20:00	0
21:00	1
22:00	0
23:00	0

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- Qualitative research using semi-structured interviews with participants of time out meetings is underway with the University of Leeds.



**Contact: Dr Mark Winton, [mark.winton1@nhs.net](mailto:mark.winton1@nhs.net), [leedsth-tr.PICUtimeout@nhs.net](mailto:leedsth-tr.PICUtimeout@nhs.net)**



# Splurge writing



- ▶ 5 minutes
- ▶ Pen and paper (or phone if you prefer/easier for you)
- ▶ Just write whatever comes into your head
- ▶ Use this as technique especially when you are feeling overwhelmed or mixed up or your mood changes to more negative



# Moral Distress - Team level

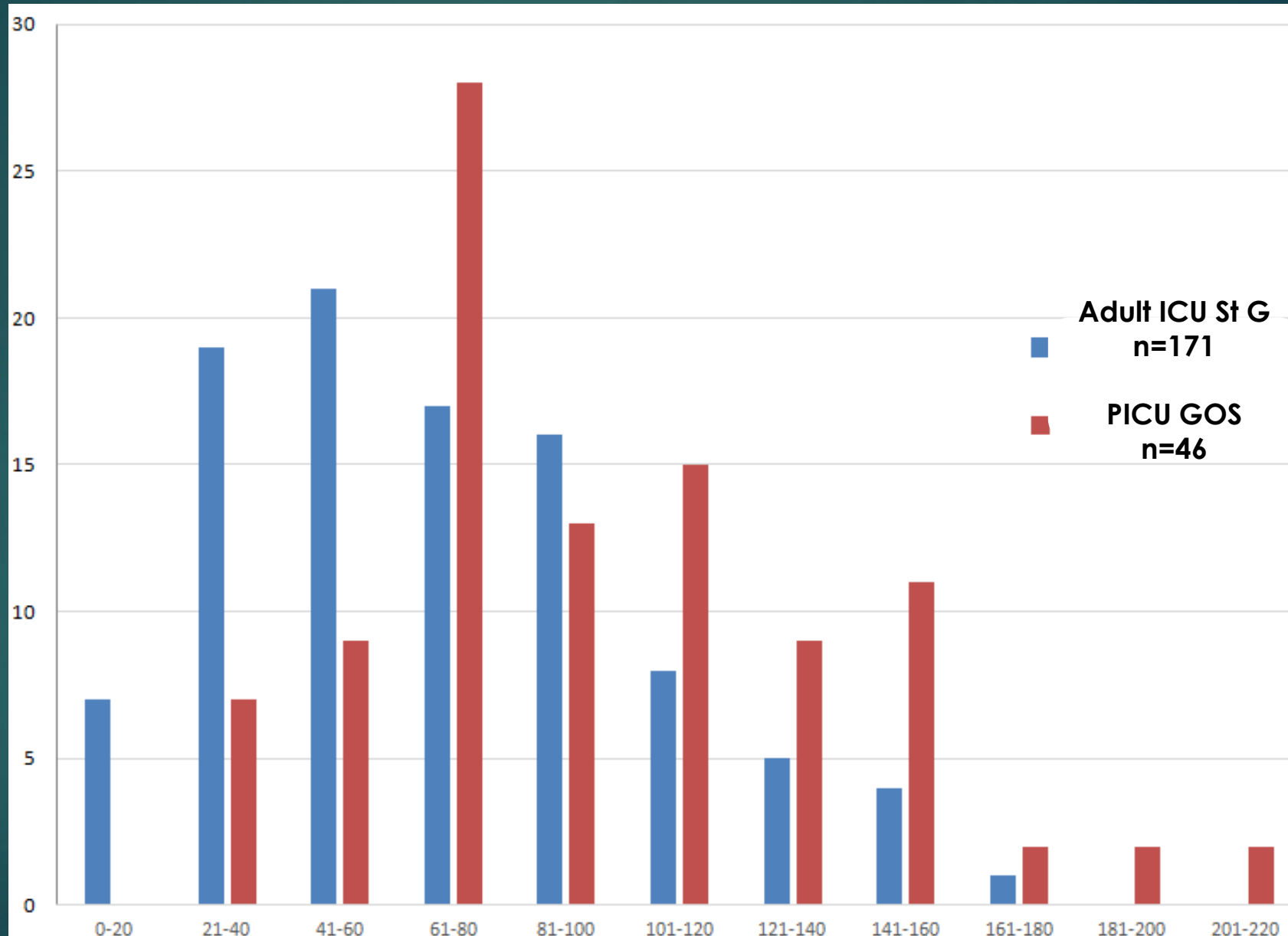
# Moral Distress

## - Team level



# Moral distress scores by unit type

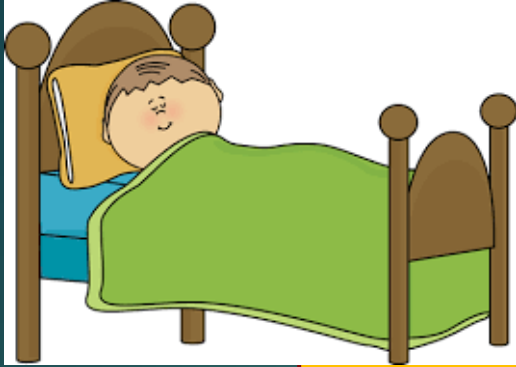
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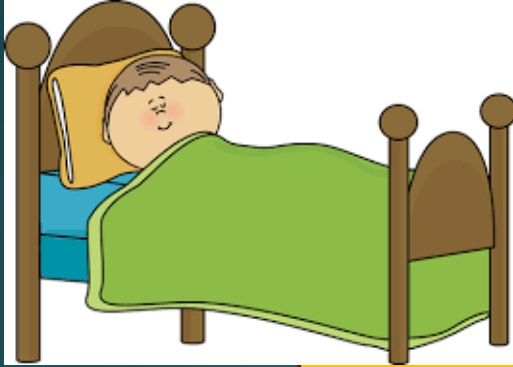
## Burnout

- Individual level
  - Team level
  - Organisation level
- 



## Burnout

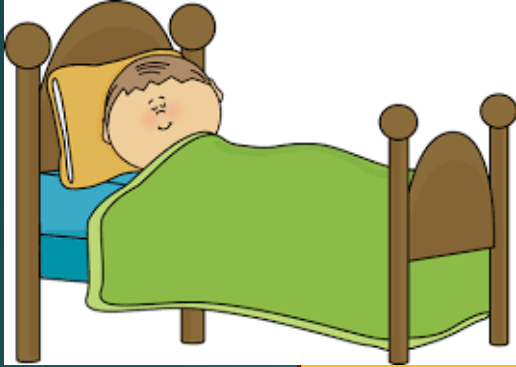
- Individual level
- Team level
- Organisation level



# Burnout

- Individual level
- Team level
- Organisation level





- ## Burnout
- Individual level
  - Team level
  - Organisation level



# HALT Campaign – Guys and St Thomas' 65

**NHS**  
Guy's and St Thomas'  
NHS Foundation Trust

## Have you taken your breaks today?

If you are **Hungry, Angry, Late or Tired**, think **HALT** and take a break.

- **Healthier for you**
- **Safer for patients**
- **Better for everyone**

Find out how you and your team can work together to **HALT** and take a break – visit the **Showing we care about you** pages on GTi.

showing we care about you



## HALT, take a break

Do you sometimes work for long hours without taking a break? This isn't healthy for you, your colleagues or your patients and it doesn't make you more productive. The **HALT campaign** encourages you to focus on your health and wellbeing by taking your breaks.

### Why does this matter?

- Healthier for you**  
you will feel calmer, more alert and more energised.
- Safer for patients**  
if you are awake for more than 16 hours your reactions are similar to being over the drink-driving limit and you are more likely to make a mistake.
- Better for everyone**  
if you are Hungry, Angry, Late or Tired you are less productive and it is difficult to make decisions effectively. Think HALT and take a break.

### What can you do?

- Plan your breaks**  
plan your breaks at the start of your day. Try not to work more than five hours without a 20 minute break.
- Work as a team**  
plan your shifts and support each other to take your breaks. This is not about making you take a break at a time that is disruptive.
- Create a 'take a break' culture**  
managers and team leaders should lead by example and create the right environment for you to take a break.

Working a night shift? See overleaf for some top tips.

Visit the *Showing we care about you GTI* pages for information about HALT and the support available to help you look after your health and wellbeing.



## Taking a break

Taking a break is particularly important when lack of sleep and tiredness affect your wellbeing.

There are some simple things you can do at night and ensure patient safety.

### What can you do?

- Eat well,**  
try to stick to a regular diet.
- Create a rest area**  
minimise distractions.
- Take short naps**  
take a power nap of about 20 minutes. Use of eye masks and ear plugs can help.

### What can managers do?

- Effective rota planning**  
minimise frequent changes between shifts.
- Hospital at night**  
encourage a team-based approach to 'night' working, to ensure flexible and prioritise work to allow for a good rest.
- Identify rest areas**  
where night staff can take a rest. This could be a quiet room with comfortable chairs – it is not about providing a bed.

Visit the *Showing we care about you GTI* pages for information about HALT and the support available to help you look after your health and wellbeing.



PICS MEETING  
BRISTOL  
20 - 21st  
SEPTEMBER

Health and wellbeing and the safety of patients is particularly important if you are working a night shift. Here are some top tips to help you sleep well:

1. Get as much natural light as possible during the day time.
2. Make your bedroom as dark, quiet and comfortable as possible.
3. Eat regular healthy meals and stay hydrated.
4. Minimise alcohol, caffeine and nicotine, especially in the evening.
5. Exercise regularly in the day time.
6. Limit the use of electronics 60 minutes before bed.
7. Consider relaxation strategies to help you 'wind down'.
8. Aim to sleep at the same time each day, setting a good sleep/wake time routine.

Visit the *Showing we care about you GTI* pages for information about HALT and the support available to help you look after your health and wellbeing.



Icons created by Freepik.com

+ paper on sleep and managing shift work

# Self-monitoring

## Maslach Burnout Inventory (Abbreviated) – MBI-9

Maslach C, et al. *The Maslach Burnout Inventory*. 3rd ed. 1996

How often:	Never	A few times a year	Once a month or less	A few times a month	Once a week	A few times a week	Every day
	0	1	2	3	4	5	6
1) I deal very effectively with the problems of my clients and colleagues.							
2) I feel I treat some clients and colleagues as if they were impersonal objects.							
3) I feel emotionally drained from my work.							
4) I feel fatigued when I get up in the morning and have to face another day on the job.							
5) I've become more calloused towards people since I took this job							
6) I feel I'm positively influencing other people's lives through my work.							
7) Working with people all day is really a strain for me.							
8) I don't really care what happens to some people I deal with at work.							
9) I feel exhilarated after working closely with my clients and colleagues.							

<b>Add items 1, 6, 9</b>	<b>Add items 2, 5, 8</b>	<b>Add items 3,4,7</b>
TOTAL _____	TOTAL _____	TOTAL _____
<b>Personal Accomplishment</b> ≥15: low burnout 13-14: moderate burnout ≤12: high burnout	<b>Depersonalization</b> ≤3: low burnout 4-6: moderate burnout ≥7: high burnout	<b>Emotional Exhaustion</b> ≤6: low burnout 7-10: moderate burnout ≥11: high burnout

Sotile Center for Resilience  
Davidson, North Carolina

[www.Sotile.com](http://www.Sotile.com)

Phone: 336/794-0230  
email: [Sotile@SotileMail.com](mailto:Sotile@SotileMail.com)

# Manchester Children's

## STRESSCHECKER

Abbreviated Maslach Burnout Inventory					Aug-17	Nov-17	Feb-17	Jun-18	Scoring	
1	I deal very effectively with the problems of my patients				0	0	0	0	<b>Scoring</b> 0 = Never 1 = A few times a year or less 2 = Once a month or less 3 = A few times a month 4 = Once a week or less 5 = A few times a week 6 = Everyday	
2	I feel I treat some patients as if they were impersonal objects				3	0	0	0		
3	I feel emotionally drained from my work				0	1	2	5		
4	I feel fatigued when I get up in the morning and have to face another day on the job				0	2	4	4		
5	I've become more callous toward people since I took this job				0	0	0	0		
6	I feel I'm positively influencing other people's lives through my work				0	0	0	0		
7	Working with people all day is really a strain for me				0	4	3	6		
8	I don't really care what happens to some patients				3	4	5	6		
9	I feel exhilarated after working closely with my patients				0	0	0	0		
					0	7	9	15	EE TOTAL	
					6	4	5	6	DP TOTAL	

Trauma Screening Questionnaire					Aug-17	Nov-17	Feb-17	Jun-18	Scoring	
Please state briefly what for you was the worst thing that happened to you in relation to [SPECIFIC EVENT] on [DATE]:									<b>Scoring</b> 0 = No 1 = Yes	
Please indicate if you have had any of the following at least twice in the past week:										
1	Upsetting thoughts or memories about the event that have come into your mind against your will				0	0	0	0		
2	Upsetting dreams about the event				1	0	0	0		
3	Acting or feeling as though the event were happening again				0	0	0	0		
4	Feeling upset by reminders of the event				0	0	1	0		
5	Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event				0	0	0	0		
6	Difficulty falling or staying asleep				2	0	0	0		
7	Irritability or outbursts of anger				0	3	0	0		
8	Difficulty concentrating				0	0	0	0		
9	Heightened awareness of potential dangers to yourself and others				0	0	0	0		
10	Being jumpy or being startled at something unexpected				0	0	0	0		
					3	3	1	0	PTSD TOTAL	

### Burnout - Emotional Exhaustion

Time	Score
Aug-17	0
Nov-17	7
Feb-17	9
Jun-18	15

### Burnout - Depersonalisation

Time	Score
Aug-17	6
Nov-17	4
Feb-17	6
Jun-18	6

### Post-traumatic stress

Time	Score
Aug-17	3
Nov-17	3
Feb-17	1
Jun-18	0

EE score >=9 is suggestive of high risk of burnout

DP score >=6 is suggestive of high risk of burnout

PTS score >=10 is regarded as clinically significant

[Burnout and PTSD...](#)
[References](#)
[Disclaimer](#)
[+](#)

# Manchester Children's

## STRESSCHECKER

Abbreviated Maslach Burnout Inventory				Aug-17	Nov-17	Feb-17	Jun-18	Scoring
1 I deal very effectively with the problems of my patients	0	0	0	0	<div>0 = Never 1 = A few times a year or less 2 = Once a month or less 3 = A few times a month 4 = Once a week or less 5 = A few times a week 6 = Everyday</div>			
2 I feel I treat some patients as if they were impersonal objects	3	0	0	0				
3 I feel emotionally drained from my work	0	1	2	5				
4 I feel fatigued when I get up in the morning and have to face another day on the job	0	2	4	4				
5 I've become more callous toward people since I took this job	0	0	0	0				
6 I feel I'm positively influencing other people's lives through my work	0	0	0	0				
7 Working with people all day is really a strain for me	0	4	3	6				
8 I don't really care what happens to some patients	3	4	5	6				
9 I feel exhilarated after working closely with my patients	0	0	0	0				
	0	7	9	15				
	6	4	5	6				
<b>EE TOTAL</b>								
<b>DP TOTAL</b>								

Trauma Screening Questionnaire				Aug-17	Nov-17	Feb-17	Jun-18	Scoring
Please state briefly what for you was the worst thing that happened to you in relation to [SPECIFIC EVENT] on [DATE]:								<div>0 = No 1 = Yes</div>
Please indicate if you have had any of the following at least twice in the past week:								
1 Upsetting thoughts or memories about the event that have come into your mind against your will	0	0	0	0				
2 Upsetting dreams about the event	1	0	0	0				
3 Acting or feeling as though the event were happening again	0	0	0	0				
4 Feeling upset by reminders of the event	0	0	1	0				
5 Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event	0	0	0	0				
6 Difficulty falling or staying asleep	2	0	0	0				
7 Irritability or outbursts of anger	0	3	0	0				
8 Difficulty concentrating	0	0	0	0				
9 Heightened awareness of potential dangers to yourself and others	0	0	0	0				
10 Being jumpy or being startled at something unexpected	0	0	0	0				
	3	3	1	0				
<b>PTSD TOTAL</b>								

### Burnout - Emotional Exhaustion

Time Point	Score
Aug-17	0
Nov-17	7
Feb-17	9
Jun-18	15

### Burnout - Depersonalisation

Time Point	Score
Aug-17	6
Nov-17	4
Feb-17	6
Jun-18	6

### Post-traumatic stress

Time Point	Score
Aug-17	3
Nov-17	3
Feb-17	1
Jun-18	0

EE score  $\geq 9$  is suggestive of high risk of burnout

DP score  $\geq 6$  is suggestive of high risk of burnout

PTS score  $\geq 10$  is regarded as clinically significant

Burnout and PTSD...

References

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# Manchester Children's

## STRESSCHECKER

Abbreviated Maslach Burnout Inventory					Aug-17	Nov-17	Feb-17	Jun-18	Scoring	
1	I deal very effectively with the problems of my patients	0	0	0	0				<b>Scoring</b> 0 = Never 1 = A few times a year or less 2 = Once a month or less 3 = A few times a month 4 = Once a week or less 5 = A few times a week 6 = Everyday	
2	I feel I treat some patients as if they were impersonal objects	3	0	0	0					
3	I feel emotionally drained from my work	0	1	2	5					
4	I feel fatigued when I get up in the morning and have to face another day on the job	0	2	4	4					
5	I've become more callous toward people since I took this job	0	0	0	0					
6	I feel I'm positively influencing other people's lives through my work	0	0	0	0					
7	Working with people all day is really a strain for me	0	4	3	6					
8	I don't really care what happens to some patients	3	4	5	6					
9	I feel exhilarated after working closely with my patients	0	0	0	0					
					0	7	9	15	EE TOTAL	
					6	4	5	6	DP TOTAL	

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6	Difficulty falling or staying asleep	2	0	0	0					
7	Irritability or outbursts of anger	0	3	0	0					
8	Difficulty concentrating	0	0	0	0					
9	Heightened awareness of potential dangers to yourself and others	0	0	0	0					
10	Being jumpy or being startled at something unexpected	0	0	0	0					
					3	3	1	0	PTSD TOTAL	

EE score  $\geq 9$  is suggestive of high risk of burnout

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		3	3	1	0	PTSD TOTAL			

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Time Point	Score
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### Post-traumatic stress

Time Point	Score
Aug-17	3
Nov-17	3
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8	Difficulty concentrating				0	0	0	0		
9	Heightened awareness of potential dangers to yourself and others				0	0	0	0		
10	Being jumpy or being startled at something unexpected				0	0	0	0		
					3	3	1	0	<b>PTSD TOTAL</b>	

### Burnout - Emotional Exhaustion

EE score >=9 is suggestive of high risk of burnout

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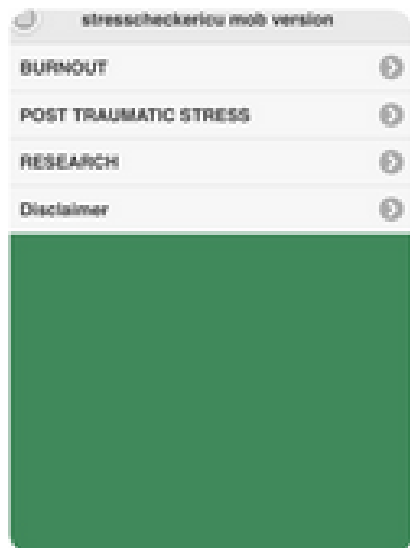


Stresschecker icu

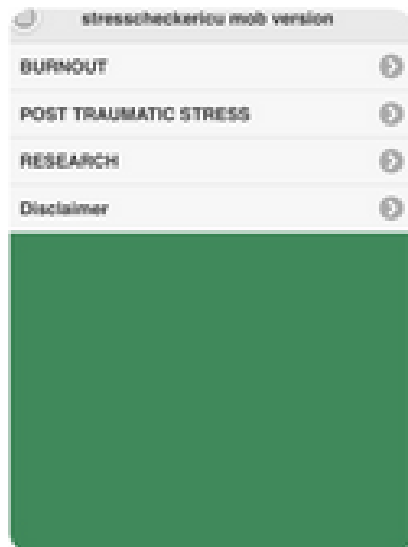
Google Search

I'm Feeling Lucky

# Stresschecker icu



# Stresschecker icu



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And finally....





“The NHS exists as a parallel world, a little like Narnia...” Maggie O’Farrell





Thank you