

# **Workshop** – Overview of a Low Resource Screener

## The Leicester Model

**Alex Mitchell**

**Paul Symonds**

**Lorraine Grainger**

**Elena Baker-Glenn**

**Department of Cancer & Molecular Medicine, Leicester Royal Infirmary**

# Concepts of Implementation

**Staff Recognition (unassisted)**

Baseline

**Tool Validity (vs gold standard)**

Pilot tool

**Tool acceptability**

Before tool

**Detection**

**Clinician management**

**Patient wellbeing**

After tool





# Audit / Research Protocol

**Phase I – DT across LNR network (incl training)**

**Phase II – Enhancements to DT**

**Phase III - Screening plus Intervention**

# LNR / East Midlands Psychological & Emotional Quick Screen (v2 June 09)

## INSTRUCTIONS

This Quick Screen is simple method of identifying patient distress. Once you have received training, please help the patient to complete this page (file this in the notes) and then fill in the feedback form attached.

This is not intended to replace clinical assessment, but is a guide to assisting/managing psychological/psychiatric distress related to cancer. The NICE guidelines for supportive and palliative care in cancer recommend screening patients at diagnosis, treatment episodes, treatment end and at time of recurrence, as a minimum.

<b>1. PATIENT DETAILS</b>	Stage	Diagnosis	In-Treatment	Remission	Progressive	Other
Addressograph	DOB			M / F		
For Office Use Only	UHL	KGH	NGH	Other		

## 2. DISTRESS THERMOMETER

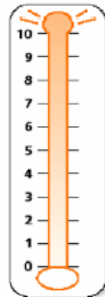
### Instructions

Please discuss with the patient their level of distress over the last week and help them rate his distress on the Distress Thermometer 0 – 10 scale

Does this score represent a significant change?

- Worse     No change     Better

Extreme



None

## 3. CONCERNS CHECKLIST

### Instructions

Please help the patient identify whether or not the following have been a cause of distress over the past week, including today. Also ask for the 3 most pressing concerns.

### Practical Concerns

- Family Issues
- Issues with Health Staff
- Finances / Bills
- Lack of Information
- Problems with medication
- Others

### Personal Concerns

- Appearance
- Self-care
- Loss of Independence
- Loss or Role
- Sexual/Intimacy Issues
- Spiritual issues

(1<sup>st</sup>) Most Pressing

### Emotional Concerns

- Anger / irritability
- Nervousness / anxiety
- Depression / hopelessness
- Worry about cancer
- Odd experiences
- Memory / concentration
- Self-esteem / confidence

(2<sup>nd</sup>) Most Pressing

### Physical Concerns

- Breathing
- Eating / weight
- Toileting
- Fatigue/Exhaustion
- Sleep problems
- Nausea
- Headaches
- Pain

(3<sup>rd</sup>) Most Pressing

## 4. ACTION TAKEN FOR EACH CONCERN (blank implies no action taken)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed |
| <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    |
| <input type="checkbox"/> Help Given       | <input type="checkbox"/> Help Given       | <input type="checkbox"/> Help Given       |
| <input type="checkbox"/> Referral         | <input type="checkbox"/> Referral         | <input type="checkbox"/> Referral         |
| <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    |

Clinician Name \_\_\_\_\_ Designation \_\_\_\_\_ Specialty \_\_\_\_\_ Date \_\_\_\_\_

Outcome/Referred to (describe) \_\_\_\_\_ Please file with additional information in notes & return the feedback form

# Phase I

## LNR Psychological & Emotional Quick Screen Feedback Form (v2 June 09)

### INSTRUCTIONS

We would be grateful if you can fill in this form after **each application (for each patient)** of the Psychological Support Services Quick Screen, so that we can evaluate its success. Please return a copy for all patients not just those with high scores. This form can be completed by any relevant clinical nurse specialist. Please fax to the address below (for queries ring 0116 2256218).

### PATIENT RESULTS

Where is the patient on the patient pathway?    Diagnosis     In-Treatment     Remission     Progressive     Other

How many times have you seen this person?    First time     Second time     Third time     Four or Five     Many

What was the score on the Distress Thermometer? \_\_\_\_\_ Change:    Deteriorating     Improving     Stable

What were the three most pressing concerns?    (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ OR None

What was your clinical impression **BEFORE** screening? (tick any that apply)

Distressed     Depressed     Anxious     Angry     Unsure     Well     Other \_\_\_\_\_

What was your clinical impression **AFTER** screening?

Distressed     Depressed     Anxious     Angry     Unsure     Well     Other \_\_\_\_\_

### ACTION TAKEN FOR EACH CONCERN

- |   |   |   |   |
|---|---|---|---|
| (1)                                       | (2)                                       | (3)                                       | (4) N/A   |
| <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed |   |
| <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> There were no concerns |
| <input type="checkbox"/> Help Given       | <input type="checkbox"/> Help Given       | <input type="checkbox"/> Help Given       |   |
| <input type="checkbox"/> Referral         | <input type="checkbox"/> Referral         | <input type="checkbox"/> Referral         |   |
| <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    |   |

### YOUR FEEDBACK

**Practicality**    Is the enclosed screening instrument practical for your setting?  
 Yes    No (too long)    No (other reason) \_\_\_\_\_

**Discussion**    Did the instrument help you talk about psychosocial issues with the patient?  
 Yes    No    Don't Know

**Detection**    Did the instrument help you detect psychological problems such as depression / anxiety  
 Yes    No    Don't Know

**Confidence**    How would you rate your usual confidence in detecting emotional problems  
 High    Above Av.    Average    Below Av.    Low

**COMMENTS**    Do you have any specific comments or suggestions for us (please write in the space below)?

Clinician Name \_\_\_\_\_ Specialty \_\_\_\_\_ Date \_\_\_\_\_

Designation \_\_\_\_\_ Return a FAXED copy to Alex Mitchell, Liaison Psychiatry, LGH 0116 2951951

## Emotion Thermometers 5 items

### Instructions

In the first four columns, please mark the number (0-10) that best describes how much emotional upset you have been experiencing in the past week, including today. In the final column please indicate how much you need help for these concerns.

1. Distress

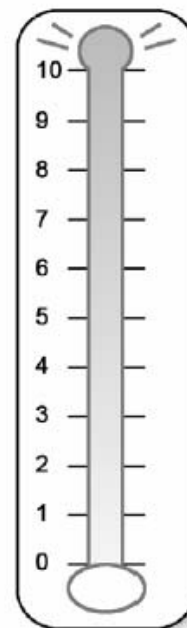
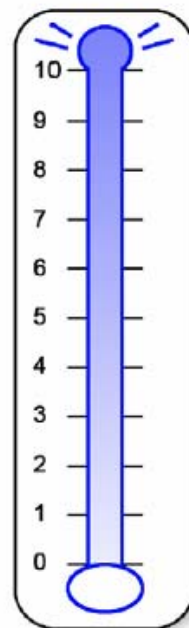
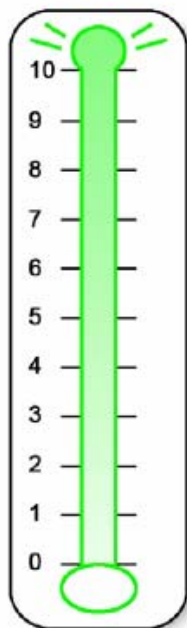
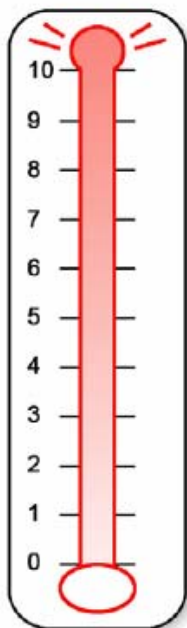
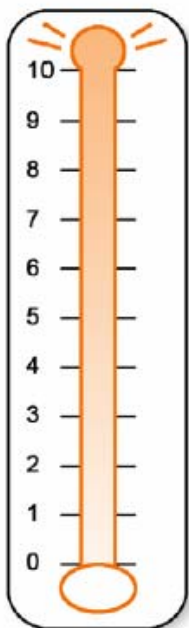
2. Anxiety

3. Depression

4. Anger

5. Help

Extreme



Desperately

None

Can manage  
by myself

# Phase II

## UHL Chemotherapy Emotion Quick Screen

### 1. PATIENT DETAILS

Name (or addressograph) \_\_\_\_\_

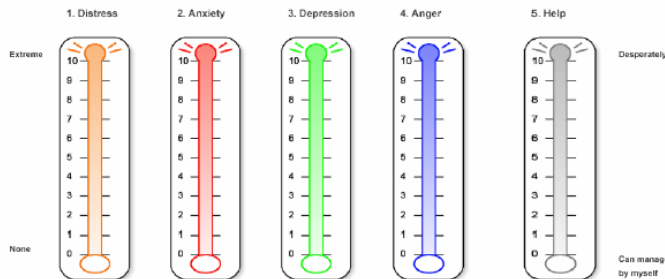
Addressograph

Ward/Dept \_\_\_\_\_

### 2. EMOTION THERMOMETERS

#### Instructions

In the first four columns, please mark the number (0-10) that best describes how much emotional upset you have been experiencing in the past week including today. In the final column please indicate how much you need help for these concerns.



### 3. CONCERNS CHECKLIST

#### Instructions

Please ask the patient to tick any of the following that has been a cause of distress over the past week, including today. Also ask for the most pressing concerns.

#### Practical Concerns

- Family Issues
- Issues with Health Staff
- Finances / Bills
- Lack of Information
- Problems with medication
- Others

#### Personal Concerns

- Appearance
- Self-care
- Loss of Independence
- Loss or Role
- Sexual/Intimacy Issues
- Spiritual issues

#### Emotional Concerns

- Anger / irritability
- Nervousness / anxiety
- Depression / hopelessness
- Worry about cancer
- Odd experiences
- Memory / concentration
- Self-esteem / confidence

#### Physical Concerns

- Breathing
- Eating / weight
- Toileting
- Fatigue/Exhaustion
- Sleep problems
- Nausea
- Headaches
- Pain

(1<sup>st</sup>) Most Pressing \_\_\_\_\_

(2<sup>nd</sup>) Most Pressing \_\_\_\_\_

(3<sup>rd</sup>) Most Pressing \_\_\_\_\_

### 4. ACTION TAKEN FOR EACH CONCERN

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No action     | <input type="checkbox"/> No action     | <input type="checkbox"/> No action     |
| <input type="checkbox"/> Declined Help | <input type="checkbox"/> Declined Help | <input type="checkbox"/> Declined Help |
| <input type="checkbox"/> Help Given    | <input type="checkbox"/> Help Given    | <input type="checkbox"/> Help Given    |
| <input type="checkbox"/> Referral      | <input type="checkbox"/> Referral      | <input type="checkbox"/> Referral      |
| <input type="checkbox"/> Other (state) | <input type="checkbox"/> Other (state) | <input type="checkbox"/> Other (state) |

Clinician \_\_\_\_\_ Designation \_\_\_\_\_ Specialty \_\_\_\_\_ Date \_\_\_\_\_

Please file with additional information in notes & return the feedback form overleaf

## UHL Chemotherapy Emotion Quick Screen

## Feedback Form

### INSTRUCTIONS

We would be grateful if you can fill in this form after **each application (for each patient)** of the Quick Screen, so that we can evaluate its success. Please return a copy for all patients not just those with high scores. This form can be completed by any relevant clinical nurse specialist. Please return to the address below (for queries ring 0116 2256218)

### PATIENT RESULTS

Study No. \_\_\_\_\_ Cancer Type (if known) \_\_\_\_\_

Treatment intent Adjuvant  Neo-adj  Curative  Palliative

What was the score on the Emotion Thermometers Distress  Anxiety  Depression  Anger  Help

What were the three most pressing concerns? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ OR None

What was your clinical impression **BEFORE** screening? (tick any that apply)

Distressed  Depressed  Anxious  Angry  Unsure  Well  Other \_\_\_\_\_

What was your clinical impression **AFTER** screening? (tick any that apply)

Distressed  Depressed  Anxious  Angry  Unsure  Well  Other \_\_\_\_\_

What was your clinical rating

of the **SEVERITY** of the psychological issues and of the **SEVERITY** of the physical health issues

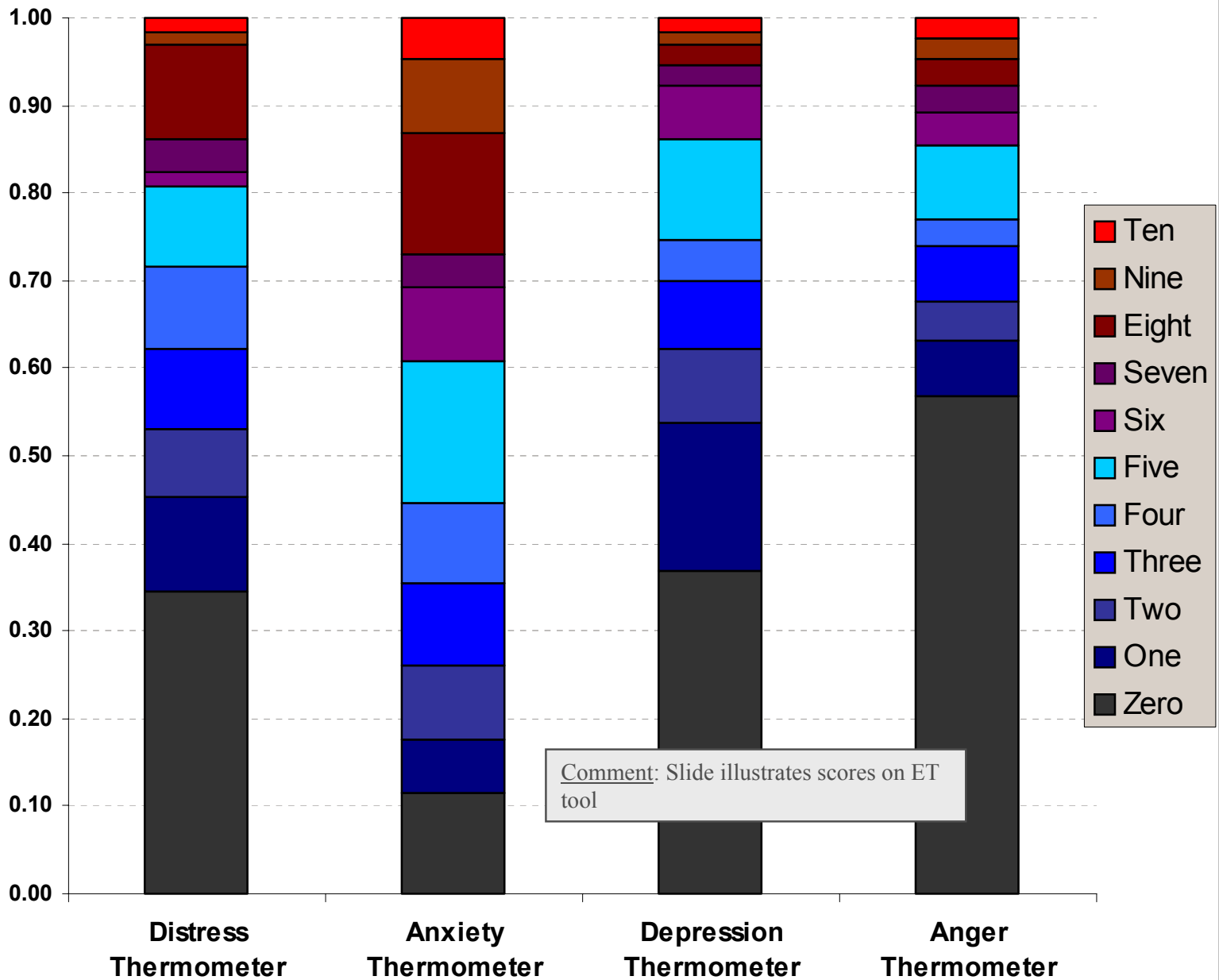
- |  |  |
|--|--|
| (0) Not applicable <input type="checkbox"/>                        | (0) Not applicable <input type="checkbox"/>                        |
| (1) Normal, not at all ill <input type="checkbox"/>                | (1) Normal, not at all ill <input type="checkbox"/>                |
| (2) Borderline mental health issue <input type="checkbox"/>        | (2) Borderline physical health issue <input type="checkbox"/>      |
| (3) Mildly ill <input type="checkbox"/>                            | (3) Mildly ill <input type="checkbox"/>                            |
| (4) moderately ill <input type="checkbox"/>                        | (4) moderately ill <input type="checkbox"/>                        |
| (5) Severely ill <input type="checkbox"/>                          | (5) Severely ill <input type="checkbox"/>                          |
| (6) Among the most extremely ill patients <input type="checkbox"/> | (6) Among the most extremely ill patients <input type="checkbox"/> |

### ACTION TAKEN FOR EACH CONCERN

- | (1)                                       | (2)                                       | (3)                                       | (4) N/A   |
|---|---|---|---|
| <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed | <input type="checkbox"/> No action needed |   |
| <input type="checkbox"/> No action taken  | <input type="checkbox"/> No action taken  | <input type="checkbox"/> No action taken  |   |
| <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> Declined Help    | <input type="checkbox"/> There were no concerns |
| <input type="checkbox"/> Help Given       | <input type="checkbox"/> Help Given       | <input type="checkbox"/> Help Given       |   |
| <input type="checkbox"/> Referral         | <input type="checkbox"/> Referral         | <input type="checkbox"/> Referral         |   |
| <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    | <input type="checkbox"/> Other (state)    |   |

Clinician Name \_\_\_\_\_ Designation \_\_\_\_\_ Nursing Medical Specialty \_\_\_\_\_ Chemo Onc Haem Radiother

Date \_\_\_\_\_ Please file P<sub>152</sub> in notes and return P<sub>5</sub> to Lorraine Grainger (for Alex Mitchell)



# Why not just study distress?

Of 401 chemotherapy attendees

59% have an emotional complication (3v4)

37% (62% of 59%) it included distress

23% it excluded distress

Validity of DT vs depression (DSMIV)

SE 80%

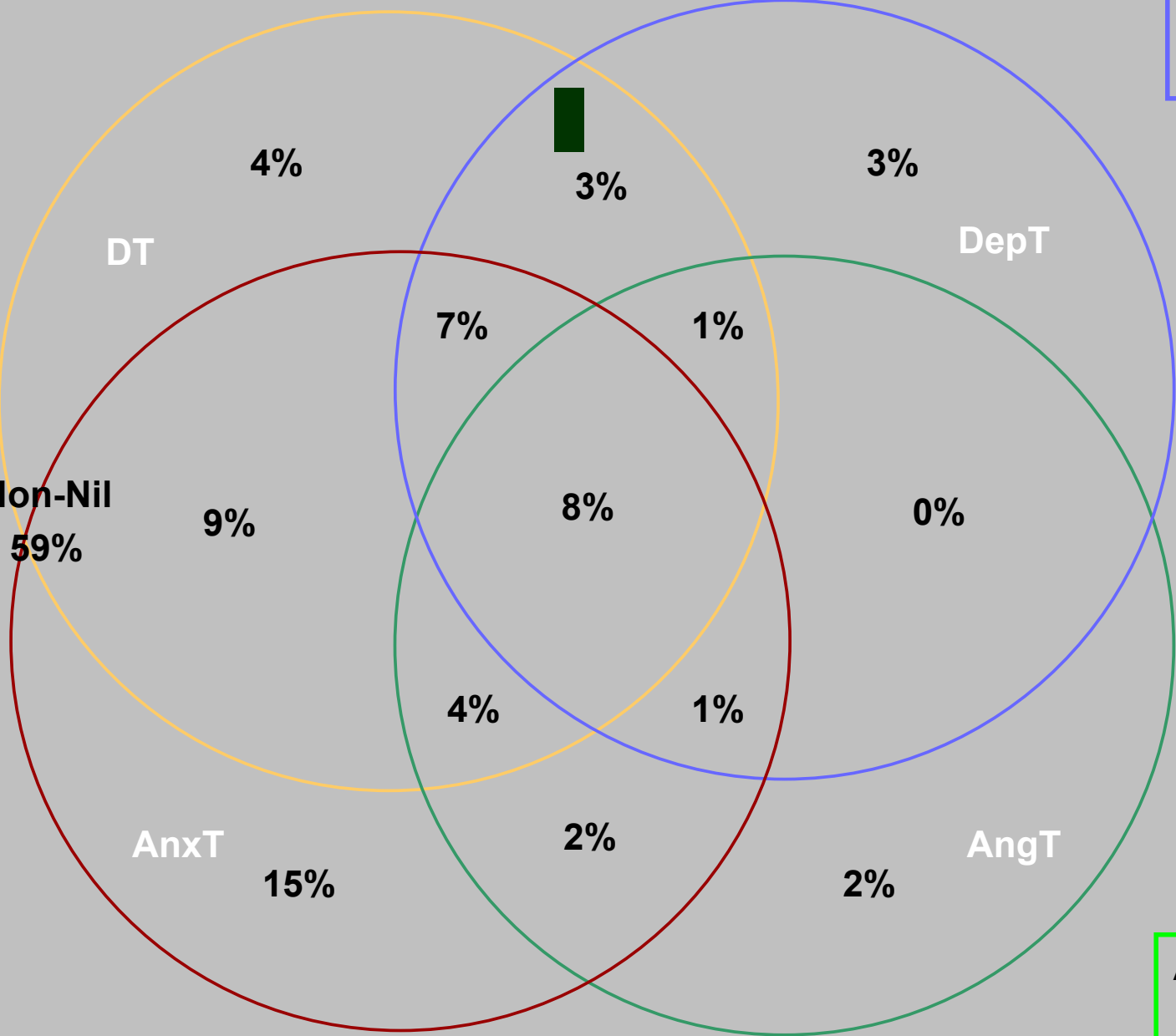
SP 60%

PPV 32%

NPV 93%

**DT**  
37%

**DepT**  
23%

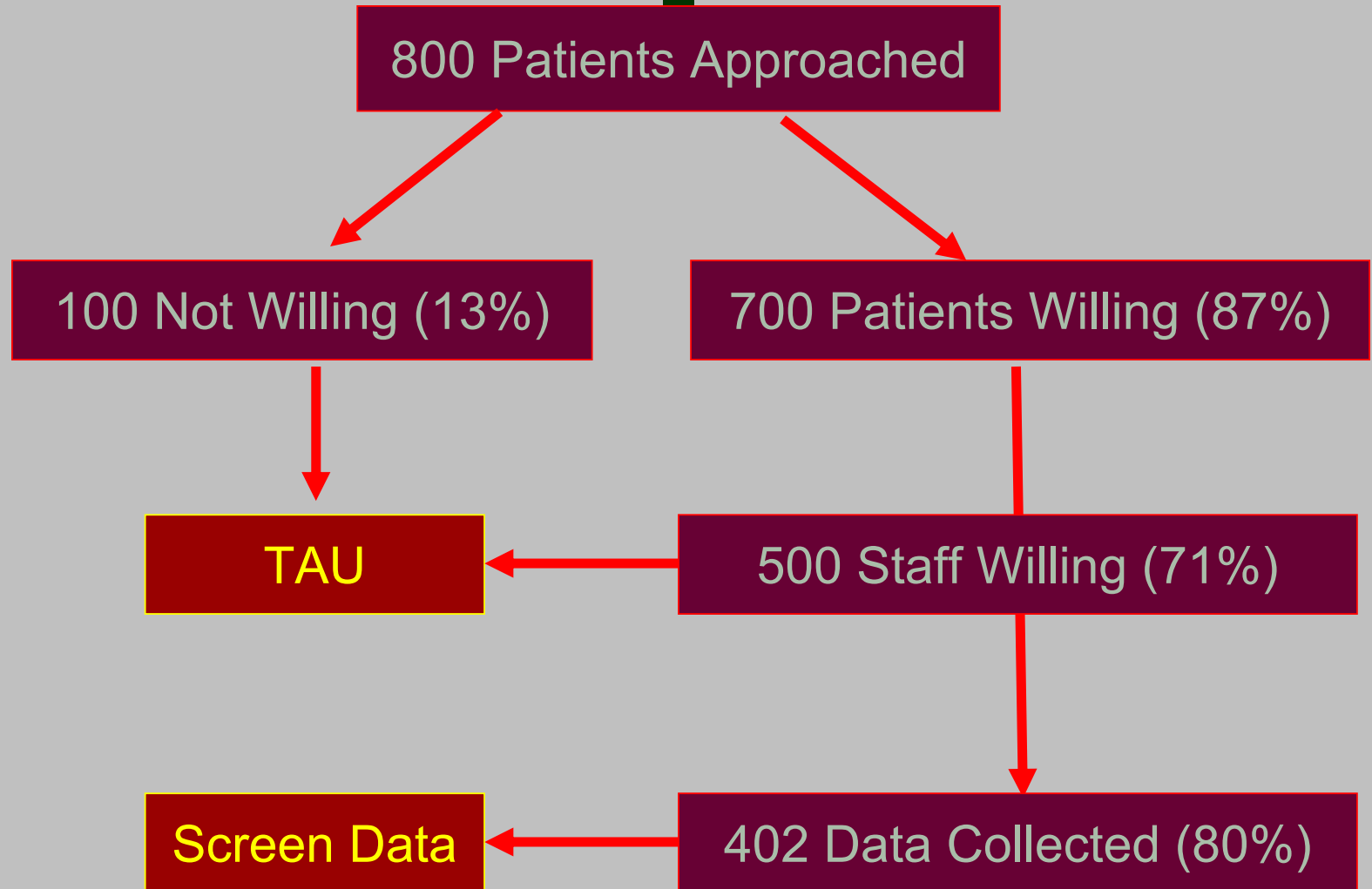


**AnxT**  
47%

**AngT**  
18%

**Nil**  
41%

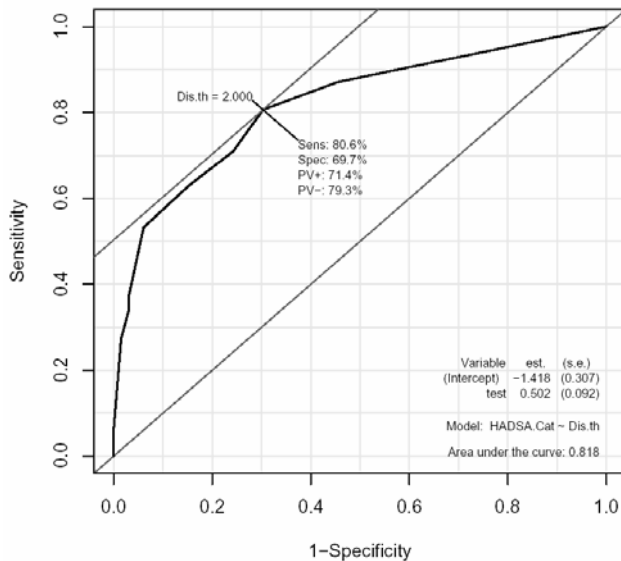
# Acceptability and Uptake



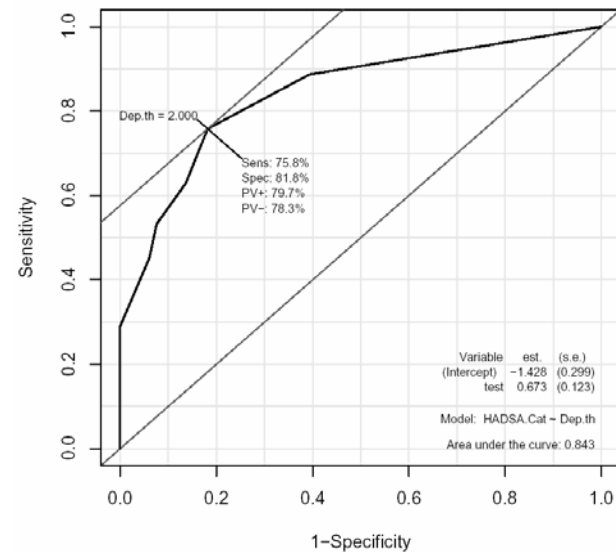
# Vs HADS-A

**AUC:**  
**DT=0.82**  
**DepT=0.84**  
**AnxT=0.87**  
**AngT=0.685**

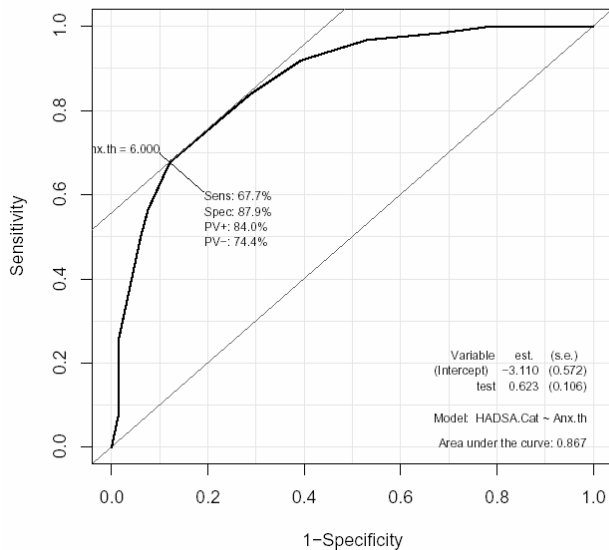
## DT



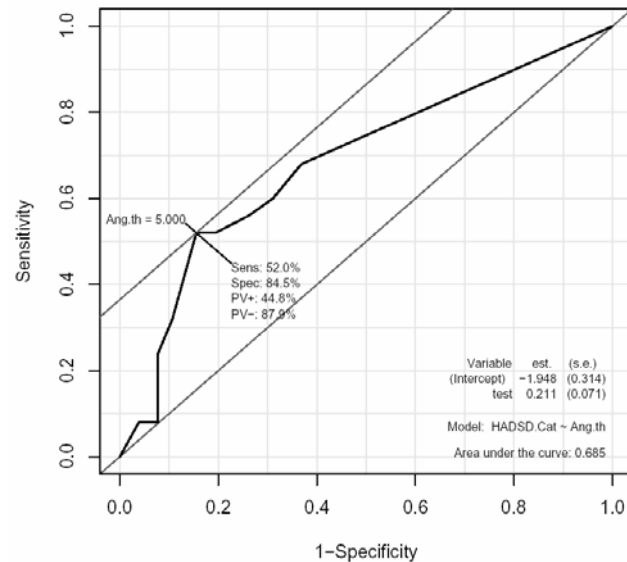
## DepT



## AnxT

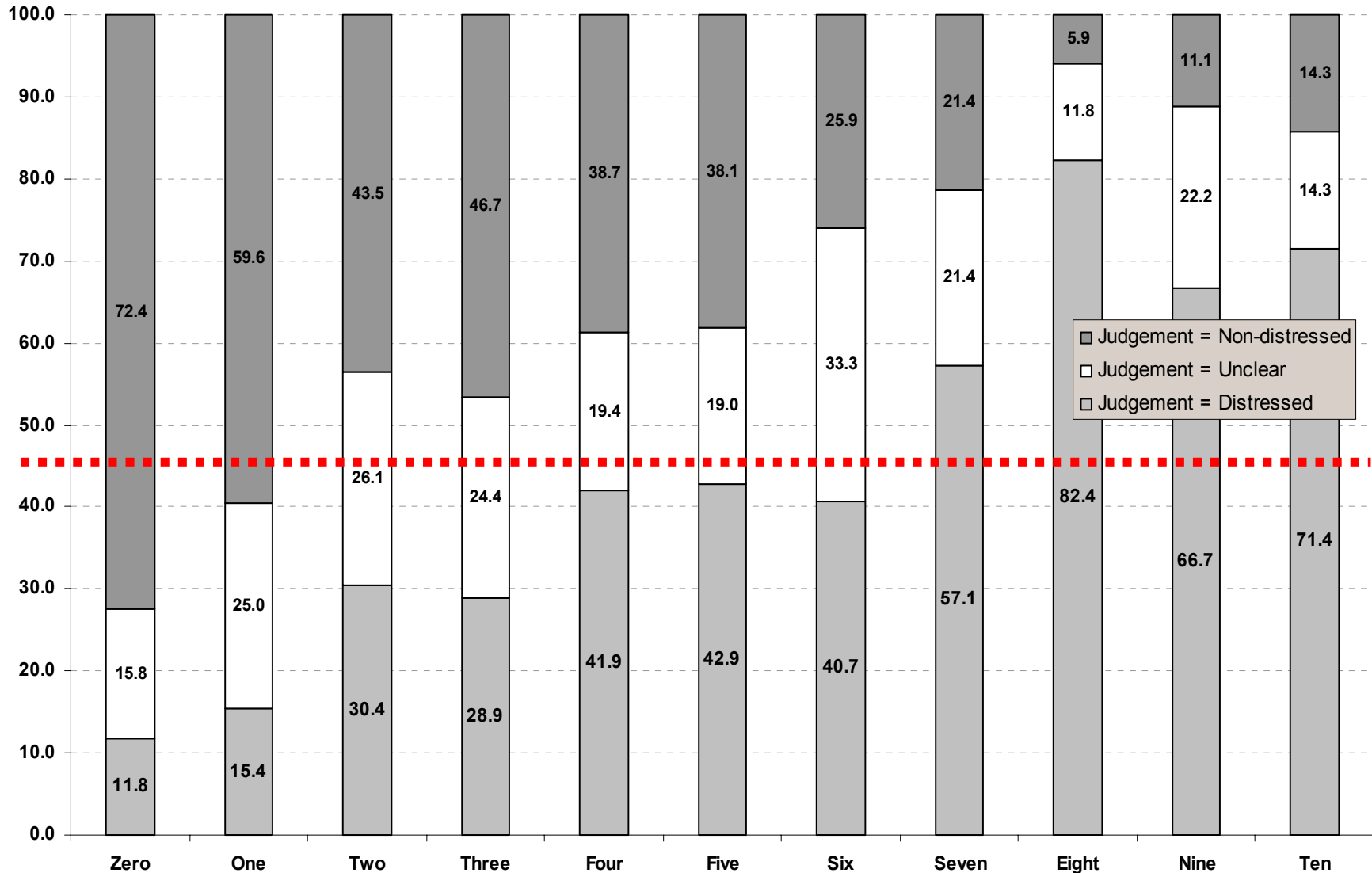


## AngT





# Phase II Results



# Pre-Post Screen - Distress

Before

After

Sensitivity of

49.7%

Specificity of

79.3%

PPV was

67.3%

NPV was

64.1%

# Pre-Post Screen - Distress

	Before	After
<b>Sensitivity of</b>	<b>49.7%</b>	<b>55.8% =&gt; +5%</b>
<b>Specificity of</b>	<b>79.3%</b>	<b>79.8% =&gt; +1%</b>
<b>PPV was</b>	<b>67.3%</b>	<b>70.9% =&gt; +4%</b>
<b>NPV was</b>	<b>64.1%</b>	<b>67.2% =&gt; +3%</b>

There was a non-significant trend for improve detection sensitivity (Chi<sup>2</sup> = 1.12 P = 0.29).

# Qualitative Aspects: Communication

## DISTRESS

**43%** of CNS reported the tool helped them talk with the patient about psychosocial issues esp in those with distress

**28%** said it helped inform their clinical judgement

## DEPRESSION

**38%** of occasions reported useful in improving communication.

**28.6%** useful for informing clinical judgement

# 2x2 Clinician Help Table : ACTUAL HELP

	<b>Clinician thinks: Unmet Needs</b>	<b>Clinician thinks no Unmet Needs</b>
<b>Patient Says: Help Wanted</b>	<b>=&gt; Intervention</b>	<b>=&gt; Low grade</b>
<b>Patient Distressed</b>	<b>=&gt; Intervention</b>	<b>=&gt;??</b>
<b>Patient Not distressed or Help Not Wanted</b>	<b>=&gt; Monitor?</b>	<b>=&gt; discharge?</b>

# 2x2 Clinician Help Table : ACTUAL HELP

	<b>Clinician thinks: Unmet Needs</b>	<b>Clinician thinks no Unmet Needs</b>
<b>Patient Says: Help Wanted (60)</b>	<b>Helped 21/35 (60%)</b>	<b>Helped 11/23 (48%)</b>
<b>Patient Distressed</b>	<b>Helped 65/102 (63%)</b>	<b>Helped 31/62 (50%)</b>
<b>Patient Not distressed or Help Not Wanted</b>	<b>Helped 8/35 (23%)</b>	<b>Helped 20/117 (17%)</b>

# Unmet Needs

269 Nurse-patient interactions

Helped 65 (24%)

Not Helped 204 (76%)

Referred 23 (8.6%)

Declined Helped 20 (7.4%)

No Unmet Needs 34 (12.6%)

Unmet Needs 150 (55.8%)



# Overall clinician care

Of 352 nurse-patient interactions:

no action was taken in **59.4%** (of which **10%** patients declined)

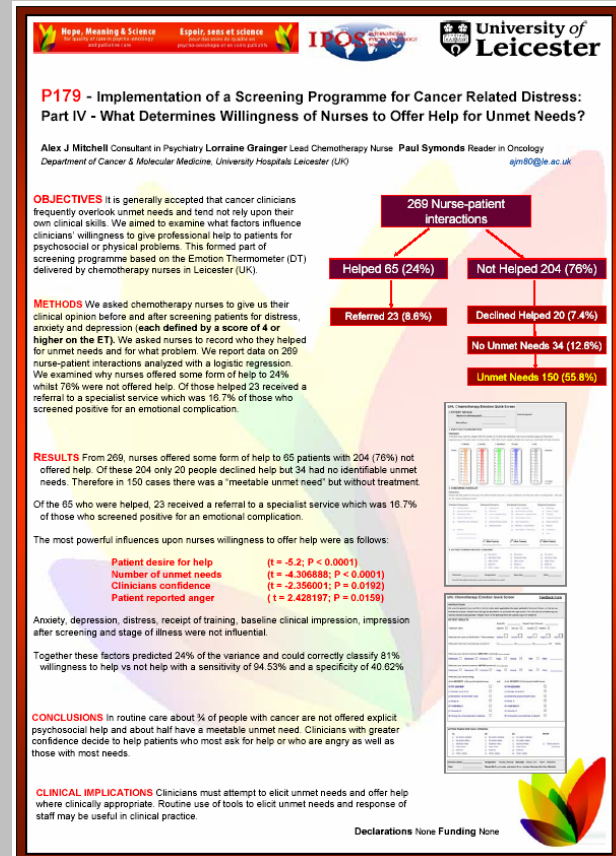
patient were helped in **40.6%** of consultations.

Of those helped, a referral was made in **25.9%** of cases but only **10%** overall

# b. Intervention and help

## PREDICTORS

1. patient desire for help
2. number of unmet needs
3. clinicians confidence
4. patient reported anger





## Phase III

**Radiotherapy screen implementation**

**– RCT of screen + intervention**

# LPOS

Leicester Psycho-Oncology Service



Psychology Assisted Cancer Treatment

difficult  
**emotions**  
treatment manual

# Credits & Acknowledgments

**Elena Baker-Glenn**

**Paul Symonds**

**Chris Coggan**

**Burt Park**

**Lorraine Granger**

**Mark Zimmerman**

**Brett Thombs**

**James Coyne**

**Nadia Husain**

**Joanne Herdman**

**Jo Kavanagh**

**University of Nottingham**

**Leicester Royal Infirmary**

**Leicester General Hospital**

**University of Nottingham**

**Leicester Royal Infirmary**

**Brown University, Rhode Island**

**McGill University Canada**

**University of Pennsylvania**

**Leicester General Hospital**

**Leicester General Hospital**

**Leicester Royal Infirmary**

**For more information**

**[www.psych-ology.info](http://www.psych-ology.info)**

# Plans for 2010-2011

2006 – Examined screening habits

- Meta-analysis of DT

2007 - Validated ET

- Meta-analysis of verbal methods

2008 – Pilot (community) screening data, viability

- Network –wide training L2

2009 – Nursing Recognition

- Chemotherapy screen implementation
- Meta-analysis of all tools

**2010 – Radiotherapy screen implementation**

- RCT of screen + intervention**