

Team Immediate Meet Standard

Operating Procedure

The TIM is a communication tool to allow an ad hoc group check in following any clinical event that causes distress.

When and How to Use the TIM?

- A TIM is not routine, but is used as an ad hoc immediately, or on the same shift, following any clinical event that causes distress (e.g. an arrest, a drug error, incivility).
- Anyone can lead a TIM- the leader is assigned in the moment.
- The TIM is a communication tool to guide a group conversation
- The leader works through the stages on the first page
- As guided on the first page, names are collated, and the information is shared via email with the unit Clinical Psychologist, who will send an email to the list 4 weeks later, in case any of the team would benefit from a group discussion (Reflective Round) or a 1-1 session. Staff are not mandated to attend either of these sessions.
- The group are encouraged to read through (together or separately) the second page of common feelings and useful actions.
- Participation in a TIM is voluntary, and it is not mandatory to attend



Where can we find the TIM?

The tool can be found at <u>www.ics.ac.uk/TIMtool</u>.

The tool has been printed and laminated for clinical use and can be found:

- By the arrest trolley in each zone
- In the nurse's operational office

The TIM is evidence driven:

- When describing what happened, keep it brief and fact based only. Evidence from debriefing indicates it can be harmful to go into too much detail, or discussion can lead to uncertainty and self-blame.
- The "common feelings and useful actions" advice are based on the Principles of Psychological Frist Aid- an approach advocated by the World Health Organization in the aftermath of a critical incident.
- It is typical that after any challenging or distressing clinical event, an acute stress
 response can emerge, in which it is typical to have repeated intrusive thoughts and
 images, including bad dreams. These are improved by having space to talk to
 others (but not necessarily professional help), or to make personal reflections. The
 PIES principles indicate it is a good idea to not go straight away following an incident,
 but to take a bit of time with colleagues to reflect.
- These symptoms usually abate within four weeks. After four weeks these are indicative of need for further help and support.
- Some staff will need a little bit of distance, and nobody should be mandated to join in with the TIM process. This should not be framed as avoidance, but as variation in coping. Over time, people will naturally start to feel able to discuss what happened.



Team Immediate Meet (TIM)

Meet **Follow up** Prepare Write a full list of those Thank everyone involved to enable supportive **STOP** follow-up - keep the list in a What happened? designated safe place (1-2 sentences, factual) Assemble team Email list to "I hope you are okay, but it's Aim for 2 minutes okay if you are not" for follow up Choose someone to lead the Explain it is normal to feel TIM Take a break and read the shook up-look at the common information overleaf feelings information later

Common feelings

It is very common to feel shook up and upset after some clinical events Remembering, through dreams and intrusive memories, is common for a while

This usually reduces over a few days or up to 4 weeks. Seek help if this is not improving > 1 month

Contact your Psychology team sooner if you wish

Balance avoidance

It is a balance between not thinking about it, and allowing time to think and process what you have seen. If it is still distressing when talking about it after >1month, consider seeking help

Sustained exposure to repeated intense challenges can produce more distress and fatigue than single events

Useful actions

Don't go home straight away

Talk to someone that you trust about your experiences today, or consider writing a reflection before going home.

When going home put it to bed before you go to bed.

Treat yourself as you would your best friend

Focus on doing something positive when you get home.

Put non-essential tasks on hold, get plenty of sleep, avoid excess alcohol, take some exercise and talk to people that you trust. Consider who could be affected after a traumatic event

Cast your net widely

Look out for the quieter members of your team

Look after yourself

Lets look out for each other

Original concept Dr Fiona Kelly and team, RUHBath

Royal United Hospitals Bath



Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board

