

## CYCLE Research Program: Guidelines for the Administration of the IPAT (Intensive Care Psychological Assessment Tool)

1. The Intensive Care Psychological Assessment Tool (IPAT) was developed by Dorothy Wade and colleagues in the UK as an easy-to-use screen for psychological distress to be used routinely in intensive care units by bedside clinicians. Individuals administering the IPAT should become very familiar with the tool by reviewing the 10 items, the response format, and the administration instructions on the attached form. Additionally, the attached article should be reviewed to become very familiar with the IPAT development, basic psychometric properties, and administration details: Wade, D.M., Hankins, M., Smyth, D.A., Rhone, E.E., Mythen, M.G., Howell, D.C.J., & Weinman, J.A. (2014). *Detecting acute distress and risk of future psychological morbidity in critically ill patients: Validation of the intensive care psychological assessment tool. Critical Care, 18, 519.*
2. Once prompted that a given patient has been enrolled in the CYCLE study, determine their location and make contact with the clinical team (typically, the bed-side nurse) preferably in-person. In CYCLE, the IPAT is administered after ICU awakening, when the patient is not delirious, and at hospital discharge. Introduce yourself as part of the research team and the need to complete a brief interview / questionnaire with the patient that should last about 10 minutes. Locate the consent form (usually at front of the chart) and refer to it if the clinician is unaware of the project.
3. Determine with the bedside clinician if the patient could be approached by you to administer the IPAT for a uninterrupted period of about 5 to 10 minutes according to following administration guidelines provided by Dr. Wade:
  - a. Patients should be English speaking and be able to communicate in an intelligible way. If a patient is orally intubated, the assessor will need to develop a strategy to communicate with the patient (e.g., pointing);
  - b. Patients need to be awake and alert at the time of answering the questionnaire (e.g., GCS of 15);
  - c. Do not administer the IPAT with if the patient is currently confused or delirious (e.g., CAM-ICU positive), GCS <15, very breathless, or has a serious neurological impairment.
4. Once suitability has been determined, choose a quiet time to approach the patient (e.g. no procedures being delivered, no immediate care needs, no one else visiting), and introduce yourself as part of the research team.

*“Hello \_\_\_, my name is \_\_\_ and I am part of the CYCLE Research project that you have consented to. [be prepared that the patient may not recall that they are in a study]. As part of the research project, I have a brief interview to complete with you that should take only about 5 minutes of your time. It involves 10 questions. Is it OK if I go ahead now?”*

If the patient declines, politely thank them and let them know that you will return at a different time/day.
5. Once the patient provides permission to continue, try to create some privacy (e.g., draw curtain, close door, etc.). Determine if the patient needs their eye-glasses or hearing aids. Turn off the television or radio as needed. Attempt to sit at eye level with patient to make them as comfortable as possible.
6. Show the patient the form with the questions. If the patient can fill out the questionnaire, allow them to take the form and complete it. In most cases, you will need to read the instructions to the patient, followed by each question, and show/read them the 3 response options so they can choose the best one, which you will circle for them. Repeat the response options a couple of times as necessary.
7. Ask the patient if they have any follow-up questions and make any notes on the form. Thank them for participating.
8. Score the tool. If the patient scores 7 or above, ask if they would like to speak to someone about their responses. If so, tell them that you will let their bedside nurse know.
9. Enter a brief, dated, and signed note in the chart using the following script as a guideline.

*\_\_\_ consented to the CYCLE research project. As part of the study, I administered a brief distress screening tool which took approximately \_\_\_ minutes. \_\_\_ scored “at risk” or “not at risk” for distress (x out of 20). In discussion with \_\_\_, s/he expressed a desire to speak to someone about their responses.*
10. Before leaving, check-in with a bedside clinician to let them know how things went. If the patient expressed or endorsed high levels of distress, ask the clinician to convey this to the team and indicate that the necessary personnel will be informed (TBD by site). The team could also consider a referral to resources such as spiritual care, social work, or the local hospital psychiatric consultation team.