Profile of learning opportunities

For

Student Nurses

Assessment of mental health problems in elderly people

Compiled by B.Knox
Revised February 2012
Welcome to Ward 18

This booklet is a comprehensive document, detailing all the learning opportunities available and the learning zones that you could access, during your placement on ward 18.

You are not expected to access all of the opportunities or visit all of the learning zones. It is intended that you select the appropriate opportunities with your mentor to help you meet the specified competencies for this placement.

**Your Mentor is:** ________________, an R.M.N with whom you should work at least 50% of your working week.

**In her/his absence your associate mentor will be ________________, also an R.M.N**

You will also have support from other members of the clinical team.

We enjoy having students on the ward, aiming to develop their communication skills and enhancing their understanding of the needs of the Elderly Mentally Ill (E.M.I). As ward 18 is an assessment ward, students learn about the nursing process and can follow the progress of a patient from admission-assessment-care planning-implementation-evaluation-to discharge.

On your first 2 days on the ward, your mentor will give you a full induction. (See checklist). During this preliminary meeting you should also discuss:

*Your personal training needs and opportunities available*
*Achievement of specific skills*
*Confidentiality*
*Supervision time/Study time*
*Professional standards/time keeping*

You may have the option to work night duty (except on 1st placement) and weekends and this can be arranged with your mentor if you feel this would enhance your skills and give you further insight into the ward over a 24 hour period.

N.B if you have any questions, concerns or problems about any policy or practice or you feel uncomfortable about something, please speak to your mentor as soon as possible or bring it to the attention of the Lead Mentor who is _______________.

Don’t ‘hope for the best’, take chances or leave the problem for discussion until your last week of placement.

Good luck and hope you enjoy your placement with us.
### Ward Information

<table>
<thead>
<tr>
<th>Area/Department/Service</th>
<th>Assessment of Mental Health Problems in Elderly People (60 years and over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy of Care</td>
<td>To provide a safe, caring and therapeutic environment where each service user receives a holistic approach to care, promoting his/her optimum level of functioning.</td>
</tr>
<tr>
<td>Aims</td>
<td>To fully assess psychological, physical and social problems. To provide a comprehensive plan of care. To maximise each service user's level of functioning</td>
</tr>
<tr>
<td>Description of Service</td>
<td>We are a mixed sex 16 bedded ward at South Tyneside Hospital. We serve the elderly population of South Shields, Jarrow, Hebburn, Boldon, Whitburn, Sunderland,</td>
</tr>
<tr>
<td>Access/Referral route</td>
<td>Following Domiciliary visits by consultants, assessments at Day hospitals, referrals from other wards, outpatient clinics, via Older Person's Mental Health Teams, Liaison Nurse, police and A+E</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>01914041018</td>
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Philosophy of care

* Ward 18 is committed to provide a safe/caring and therapeutic environment where psychological and physical needs of each individual patient can be assessed.

* Ward 18 sees all of its patients as individuals and provides a holistic approach to care provision.

* Ward 18 believes that all patients have a right to skilled nursing care, encouraging each patient to achieve their own optimum level of well being.

* Ward 18 will provide each patient with a unique comprehensive plan of care in conjunction with other team members, the patient and his/hers carers.
Ward 18’s Expectations
Ward 18 is keen to maintain high standards of practice and will expect a similar effort from you. Listed below are the ward’s hopes in terms of what we feel we can reasonably expect from you. If any of these appear unclear or unreasonable please discuss them with your mentor.

* Punctuality for work
* Smart appearance/ Appropriate dress
* Professional approach/Courtesy
* Maintain confidentiality
* Involvement in daily ward activities
* Passing on relevant information to Nurse in Charge (N.I.C)
* Formulate/plan time-scale for achieving skills competencies with Mentor

What you can expect from us

Aim

* Our aim is to provide you with knowledge base and understanding of social, emotional, behavioural and cognitive aspects.

Objectives

- Using the strategy of enquiry based learning (UNN 2001) we will provide you with opportunities for learning through patient based situations.
- We will encourage you to ask about things and participated in discussions
- We will help you find relevant ways of integrating theory with practice.
- We will help you develop your skills in assessment and communication.
- We will guide you in taking responsibility for your own learning, sharing information and collaborating with the multi-disciplinary team (MDT) (UNN:2001:1)
- We will provide opportunities for you to reflect on your new experiences, thoughts, feelings, strengths and weakness.
In your first year and under supervision of a qualified nurse, you will be expected to:

- Implement care plans
- Participated in group work
- Assist in the administration of medications
- Gain an understanding of MDT roles/links
- Undertake tasks allocated by NIC
- Escort patients with another nurse
- Refer relatives requesting information to NIC
- Develop your communication skills with the MDT and Care team
- Develop your communication skills with patients who have a functional illness and those who have an organic illness
- Undertake minor tasks in admissions/discharges
- Be a participant observer

In your second year as first year student plus:

- Assist qualified nurse in dispensing medication
- Assist in planning/implementing group work
- Plan, implement and evaluate patient care supervised by qualified nurse
- Attend and contribute to ward MDT reviews
- Assist NIC/Mentor in ward management role
- Assist with admissions/discharge/transfers
- Escort patients at discretion of NIC, negotiated with student

In your third year as first and second year student plus:

- Assess, plan, evaluate and implement patient care
- Have a small case load as associate nurse
- Dispense medication from trolley supervised by qualified nurse
- Take a lead role in planning, implementing, evaluating group work and therapeutic activities
- Present patients from own caseload in MDT review
- Liaise with MDT and external agencies
- Liaise with relatives
- Complete daily management tasks
- Admit, discharge and transfer patients
Night Duty

First year students are not expected to do night shifts. Second and third year students are expected to do 75 hours of night duty in order to experience their placements over a 24 hour period.

Post Graduate students

First 6 months as per first year students. Second 6 months as per second and third year students.

Other Information

Observation Duties

During your placement on ward 18, you may be asked to undertake the role of “close observation” of a patient. Such an observation level would be indicative of a patient considered to be at a higher degree of risk (to self or others) than that in general, and you will need to familiar with the Observation policy (policy no 10 in the Mental Health Policies and Guidelines 1-20 File)

The involvement of student nurses in this role is at the discretion of the nurse in charge; however, the ward, in consultation with the U.N.A.N consider this role to be valuable learning experience and as such, an accepted part of your placement. You will not be asked to undertake “Special” or “constant” observation duties except in the most extreme of circumstances.

Part time Employment

You may be considering part time employment during the programme, if so please be aware that the programme requirements have priority at all times, so you will not be able to arrange your shifts around part time work.

If you are contemplating working as a Healthcare Assistant, there may be conflicts of interests. The role of a student nurse is fundamentally different and you could find yourself compromised. The ability to successfully complete the programme may be at risk and you are strongly advised against taking such employment.

Although the university recognises the right of students to seek work in-order to supplement their income, this course requires placements in hospitals and community settings, which would take priority over any external employment demands.
Operational Profile and Information

Introduction

Ward 18 at South Tyneside District Hospital is part of Northumberland Tyne and Wear Mental Health N.H.S Trust which provides care for elderly people who experience mental health problems.

Ward 18 is a short stay ward where the needs of up to 16 elderly male and female patients can be assessed.

The needs can include problems with mood, memory and behaviour as well as social problems and physical problems associated with old age.

Statement of common purpose

Ward 18 is committed to providing a quality service. Our aim is to promote individuality in providing care, taking into account the holistic needs of the patient. Family and carers are also offered skilled and empathetic support from a dedicated professional team.

Ward 18 encourages innovation in practice and respects and values its staff.

At all levels, Ward 18 remains totally committed to continually improving the quality of service provided.

Quality

1. Access- Patients will have prompt access to our service through effective liaison within a multi-disciplinary team (MDT)
2. Patients and their carers will be empowered to understand and manage their presenting condition through the provision of clear communication.
3. Effective communication- interactions with patients will be conducted in a manner which is conducive to the promotion of understanding and the fostering of:
   A) The patient’s independence
   B) Support and participation of carers
   C) Effective team work within the M.D.T
4. Standards of Clinical Practice- Ward 18 will continue to develop monitoring systems based upon current research and information to both audit and evaluate the quality of clinical practice and the outcomes for patients.
5. Staff empowerment- Staff have a clear understanding of their role within the service and will be enabled to maintain their participation, commitment and performance through training and development opportunities.
6. Risk Management – Care and treatment will be provided in an environment designed to meet individual need, ensuring both safety and independence.

7. Complaints Procedure – Patients will be made aware of procedure for making complaints, should the need arise.

**Length of stay**

Admission for assessment and/or treatment is for as short a time as possible, with a view to re-integrating the patient back to their home setting if at all possible. Planning for discharge will therefore start from the date off the patient’s admission with a pre discharge meeting planned 6 weeks following admission.

**Research**

Ward 18 ensures that practice is underpinned by up to date research/theory.

**Organisation**

- Each patient is allocated a named nurse and an associate nurse.
- 2 consultant psychiatrists admit to ward 18 (Dr's, Danson, and Harvey)
- Patient reviews are held on Monday afternoon (Dr Harvey) Tuesday morning (DR Danson), and Wednesday morning (Dr Harvey)
- Ward 18 operates an M.D.T approach.

**Shifts**

The current shift system on ward 18 is:-
- Morning 7.30am-3.15pm (inc 15 mins break)
- Afternoon 1.30pm - 9.15pm (inc 15 mins break)
- Night 8.45pm-7.45pm (inc 2, 30mins breaks)

**The Multidisciplinary Team**

<table>
<thead>
<tr>
<th>Care Team</th>
<th>Others</th>
</tr>
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<tbody>
<tr>
<td>1 band 7 ward manager</td>
<td>Ward clerk</td>
</tr>
<tr>
<td>2 band 6 deputy manager</td>
<td>social workers</td>
</tr>
<tr>
<td>8 band 5 staff nurses</td>
<td></td>
</tr>
<tr>
<td>1 Occupational Therapists</td>
<td>Psychologists</td>
</tr>
<tr>
<td>9 band 3 healthcare assistants</td>
<td></td>
</tr>
<tr>
<td>2 Senior House officers</td>
<td>Domestic Staff</td>
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</tbody>
</table>
Communication

At each change of duty, there is a hand over of daily clinical events and an opportunity to discuss care plans. This ensures consistency of care.

Ward 18 uses a daily event diary and a separate diary for doctors who visit the ward daily.

Ward 18 has regular staff meetings to share information and discuss issues pertinent to ward 18. These are usually held on Wednesdays. Information is also shared via notice boards and patients communication sheets.

Models for care

Ward 18’s assessment procedure is currently on the eclectic model of Roper, Logan and Tierney and Maslows Hierarchy of needs, also we are currently integrating with the specialist Mental Health assessment and the single assessment process these secure an holistic appraisal of individual needs, facilitates the negotiated production of a care plan and ensures that the care given is patient rather than task orientated.

Patients are empowered to discuss and make choices about their care.

Ward routine

7.30am – 7.45am Hand from night duty staff, Nurse in charge to identify plan for the morning
7.45am -8.30am Assist patients with dressing /personal hygiene/promoting independence
8.00am -9.30am Patients breakfast/ medication round
8.30am – 9.30am Observation charts, fluid balance charts, see diary
10.00am -10.30am Patients offered drinks and snacks
10.30am – 12.45pm Therapeutic and diversional activities
12.45pm – 1.30pm Lunch / medication round
1.30pm – 2.00pm Hand over to afternoon staff, nurse in charge to identify plan for the afternoon
2.30pm -3.00pm Patients offered drinks
3.00pm – 5.00pm Visiting /promoting relationships / therapeutic and diversional activities
5.30pm – 6.30pm Supper / medication round
7.00am – 8.00pm Visiting time
8.00pm – 9.00pm Recreation / Bathing /assisting patients with personal hygiene / preparing for bed

The ward routine is very generalised and is not intended to be rigid “pattern of life”. Indeed, the nature requires the flexibility to be able to respond as and when individual patients needs occur. Patient centred care focuses on meeting those individual needs, whether it be toileting / a short notice outpatients appointment / or coordinating M.D.T working; for example the nurse in charge prioritising available resources to adapt the shift plan accordingly.

Hopefully however, the routine above will give you a framework so as to help you fit in with the care teams work.