

## **PROPOSAL FOR EXCHANGE PROGRAMME BETWEEN WARRINGTON DISTRICT GENERAL HOSPITAL AND THE BROOKER CENTRE.**

It is proposed that some of the unqualified staff of the general wards will exchange with some of the unqualified staff from the elderly wards at the Brooker Centre for 1 day a week for 6 weeks, this is proposed to commence the week commencing 28<sup>th</sup> May 2007.

The aim of this project is to share and develop skills within a different setting and then return to the normal working area to utilise and share these skills whether newly acquired or developed upon to improve practise on both sites. This opportunity will also act as a tool to further develop the relationships between the two hospital sites.

Following the initial 'exchange' it is proposed that from that a 'link nurse group' is developed for ongoing learning to take place and to act as a resource for support and reflection.

The participants of this programme should be 'voluntary' and it is proposed that no more than 2 exchanges can occur at any one time.

It is proposed that the following 'link nurse group' should meet perhaps on a monthly/two monthly basis for approximately one hour (to be negotiated). This is intended to provide a forum for reflection and support in the format of structured or informal discussion and also offer the opportunity for more structured teaching to occur based on any identified need, it is intended that the members of the 'link forum' can then return to their respective areas and cascade the learning onto peers. The aim of this is to maintain any improvements in care and to develop this further and identify future needs/exchanges.

## **LEARNING OBJECTIVES FOR THE UNQUALIFIED NURSE FROM A GENERAL WARD GOING TO A PSYCHIATRIC WARD**

- To develop effective and therapeutic observation skills – observation is about more than just ‘watching’ a patient. Effective management of observation – How long should any one nurse observe a patient.
- To develop management techniques of the confused patient, including the management of ‘wandering’, verbally hostility, disorientation, de-escalation, ADLs.
- To develop self awareness – how the way you manage yourself can influence responses and the success of any interventions.
- Using and understanding non verbal communication to assist with the management of patient and predict future behaviours.
- Develop skills in gaining an understanding of the patient and getting yourself understood, avoiding misinterpretations of intentions or interventions.
- Develop skills with communication with the confused patient – non verbal communication, How the rate and tone of speech can change its context and therefore the response.
- Effective, active listening skills
- Consideration to the quantity and quality of information given and the rate of delivery, how much information can the patient interpret/cope with?
- Environmental issues – how the environment can influence the patient’s wellbeing and can affect the management.
- Recognising physical illness in someone who can’t tell you.

- Assisting with monitoring the effects and identifying adverse effects of psychiatric medications.
- Ensuring the confused patient maintains nutrition and hydration.
- How physical illness can affect mental health
- Reducing and identifying the risk of falls in the confused patient
- Therapeutic risk taking in the confused patient
- Promoting independence in the confused patient
- Reality orientation in the confused patient
- Use of relaxation techniques
- Use of diversional techniques
- Maintaining dignity and privacy
- Introduction to mental health problems and the management of these
- Introduction to the Mental Health Act
- Recognising deterioration and responding appropriately to it.
- Sample taking in the confused patient.

## **LEARNING OBJECTIVES FOR THE UNQUALIFIED NURSE FROM A PSYCHIATRIC WARD GOING TO A GENERAL WARD**

- Taking and recording of baseline observations e.g. TPR, BP, O<sub>2</sub> Saturations, BM's and Urineanalysis – what are the normal ranges.
- Assisting with ADL's from a different perspective/client group
- Introduction to physical illness and it's management
- Introduction to tissue viability and it's management
- Emergency procedures – recognising what is an 'emergency' and identifying equipment
- Assisting the patient to regain skills following physical illness
- Introduction to 'alternative feeding'
- Catheter care
- Stoma care
- End of life care
- Introduction to assessing nutrition, tissue viability and mobility
- Recognition of pain
- Recognition of infection
- Recognition of physical deterioration

- Caring for patients who have had 'bad news'
- Continence management
- Sample taking
- Aseptic technique
- Assisting with monitoring effectiveness of medications and recognising adverse effects
- Introduction into how mental illness can affect physical illness
- Privacy and dignity
- Listening skills – a different environment