Work-Shadowing in England

Short work experience with a care expert APN, the stationary psychiatry in England, where this role is establishes and standard.

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Mental health nurse (RMN) ward ReAl

For the practical experience of the introduced role of advanced Practice Nurse (APN) in the course of nursing science at the medical faculty of the University of Basel a three-day work experience was made possible for me in England. (Montpellier Unit, Wotton Lawn hospital, Gloucester, England.) Together with Beatrice Gehri, a fellow student who works in the university-related psychiatric clinical complexes Basel, I travelled to Gloucester England to the Montpellier Low Secure Unit in January 2013 this is a closed station with 12 single rooms. You distinguish between care user turned criminals and not criminals in England. There are three different closed psychiatric facilities (low, middle, high secure) for criminals. There are open units for the patients who haven't committed any crimes. The syndrome does not determine your allocation but the place of residence.

Treatment in the Montpellier Unit
In the Montpellier Unit the high number of staff of variety occupational groups permits to offer the patients a daily programme on the ward as well as outside from early morning till late at night. Public offers are often used since this promotes the resocialization. Owing to the high workforce and this recovery approach the length of stay and the total costs are approximately reduced by half compared with the national average. This is represented with graphics on the home page www.montpellier.glos.nhs.uk under «download the new brochure».

What is APN?

Accredited nurses are internationally described as an Advanced Practice Nurse (APN) if they have an extensive nursing expertise, are involved in complex decision-making processes, and perform their competences in extended responsibility in the clinical practice (International Council of Nurses, 2005).

The patients shall not get boring. The aim is the reintegration to the society. Revolving door psychiatry is almost no topic with them anymore. An unusual feature in the Montpellier Unit is a separately lockable area; this one consists of three rooms: Toilet/shower, room with mattress and recreation room. This area is provided for a patient who needs special help and is not acceptable at the ward any more. 1:1 care is always provided for every patient. No patients are strapped.

The special subjects of our APN are:
Recovery, motivation Interviewing, psychosocial interventions and Security. Linda Moore, we were allowed to accompany did her master in Psychosocial Interventions. Linda has an office next to the nurse station thus she is often present at the station and looks after patients, advises nurses, other occupational groups and family members. However, she is not directly responsible for management tasks. She checks the different assessments, the patient's process and advises the team. This way a high standard of the different assessments tools is ensured.
Linda leads internal and external further educations. She is dedicated and convinced of her work which she takes with pleasure.

The nurses play an important role. They can continue their education variously and in this way broaden there competences. (Right, social work, medication etc.) Linda is supported by her supervisor Anthony Lake, Clinical Nurse Practitioner who is also her mentor.
I was particularly struck by the many different assessment tools and the clearly structured, organized and checked setting of the team.
I was impressed by the many competences of the APNs. When I asked them: Is this due to a shortage of doctors?» They answered: «No, it isn't. It's the nurses' experience with the patients' twenty-four-seven and know them best. Therefore, we have spoken up for more responsibility and competences».

We've been offered the opportunity to take part in a multidisciplinary report. Every patient's process was projected on the wall with the help of a LCD projector. The doctor read the patient's process out aloud. All important issues were listed in a well-structured way: care team recommendation, outstanding actions, risky behaviour, physical health, medication, leave, other items, wishes of the patient, positive process, mental status, engagement in activities and completions of the persons present.
The secretary constantly wrote down the additions and agreements structured in item, discussion and action. The many assessments, guide lines and standards for all occupational groups were conspicuous and supplied a lot of structure. They did not have any case leadership or reference person either but a care team consisting of different occupational groups that is assigned to one patient each.

Linda Moore, Anthony Lake, Helmut Weninger, Beatrice Gehri

Mission Statement: Montpellier
Our aim is to restore or maximise a person's functional ability to manage their day-to-day life and equip them with the self-awareness and understanding of their situation to prevent further relapse and hospitalisation, using what we dub «The Montpellier Co-operative Approach».

What is Recovery…
«Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness…» (Anthony 1993)

On the last day we met Roland Dix, consultant Nurse, who explained us the philosophy of the Montpellier Unit. He compared the isolating (Seclusion) of the patients with the film, one flew over the Cuckoo's nest whereby he emphasise his personal dislike of this intervention. He has put a presentation with impressive pictures to the Internet.
Google search: Roland Dix seclusion presentation debate.ppt

PSYCHIATRIC **I**NTENSIVE **C**ARE **U**NIT
Roland Dix organized a visit for us in a Nurse-led Psychiatric intensive care unit (PICU). An intensive care unit managed by nurses only in psychiatry!
Roland compared the PICU with the somatic infirmary. There are the normal infirmaries and intensive care units where patients are looked after and supervised with increased attention. A PICU is the same model in psychiatry for an intensive care unit.
This closed PICU has 10 beds with a high personnel ratio: 6,6,4 that is 6 early services, 6 late services and 4 night-watches.
However, this gets more than made up and to the satisfaction of all persons involved due to the shorter length of stay. There also is a separate area. Three rooms with garden. Smoking is permitted only in the garden. In the separate area two nurses are present round-the-clock with the patient.

Basic principle:
«The PICU deals with clinical nursing problem rather than medical problem.»
Analogous: «The main emphasis is put on the support and relation rather than on the medicinal therapy.»

A virtual tour by the PICU «Greyfriars» is possible on the homepage:
http://www.2gether.nhs.uk/greyfriars-picu

My impressions of the APN work in England:
Their measurable, evident successes of the reintegration of the patients in the society. The high personnel ratio to the putting into action the recovery approach. The almost missing revolving door psychiatry, the short length of stay and the low total costs. The self-image of nursing and its central place value in the treatment process. Extended competences and responsibility. An intensive care unit in psychiatry led by nurses.

My impressions of the APN work in Switzerland:
I only came across the concept of Advanced Practice Nurse (APN) during the care studies in Basel. I got to know the role in detail there.The tasks of these APN role (summarized simplified) a role corresponds care experts are very versatile, but the direct patient contact should be central and fill the largest possible proportion. The Höfa I can be considered a Swiss approach in the direction of

the APN. Höfa II rather not, since the direct contact to the patients is often missing.
In the APN course different APN`s were invited the ones reported e.g. of their delirium management at the University Hospital Basel, Department of Nephrology of the University Hospital Zurich, Walk in Clinic in Bern main station or the Medi center Schüpfen. These were all very interesting examples from the somatic area of the care. It`s impressive what`s possible in the somatic care!

And in psychiatry?
It was not introduced a single example not written either! Astonishing, because I thought that in psychiatry, the hierarchy is flatter than in the somatic and the professions cooperate more closely? Even after reading the website of Montpellier Unit, England, I could not imagine what will expect me at the work-shadowing an APN in psychiatry.
I thought, if I cook and shop together with the patients, then I go back home, I also can do this at home. But it came differently…
Conclusion: A vision is born.