

#TEXT0901MMChrisJoiceNurse

#CODENC

No info. Either way.

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Surprised at police investigation.

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#CODENC

Ward high dependency care unit. New system of team working.

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12 years up to 1999 - left 9/99 into community then staff nurse. Left to further career in community. Daedalus Ward staff nurse E Grade. Team Leader of stroke rehab team and continuity care needs patients.

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#CODED7

Phillip split into smaller teams - stroke and rehab + 2 others (4) from 2 teams. Hoped that was better organisation and help individual care. Did it help to get to know patients better? Yes. She has responsibility - she was team leader to the staff and patients.

Reports to Phillip.

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#CODENC

Ward Meetings - quite frequently. Stroke team meeting + ward meetings with Phillip every 6/8 weeks.

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#CODEI2

Feedback on your work/training needs etc? Was ongoing not set discussion. Stroke rehab team - had access to training with St Mary's team. Jane Williams MDT team working Physio provided training.

- has training needs analysed in new job in community

- annual appraisal - didn't happen on Daedalus (maybe one) in community every year

- not always able to attend training in new job

- been aware of 1998 problems - how became aware? Not until after left in 1999. Knew Trust inquiry - gave a statement, not heard back. After left told about police inquiry - was surprised.

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#CODEC4

Difficulties on the ward - very high dependency patients - lot of care and not enough staff.

Very sick continuity care patients.

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Shortage of staff? Underestablishment of sickness etc. - bit of everything - managed internally to cover 1st.

Involved in changes of care unit - were nurses involved - no not involved in decisions - no choice.

Training needs which went along with that - programme to support.

Jane Williams - developing rehabilitation on stroke patients.

Risk assessment - can't remember.

What expected on admission?

Prepared - ie. know who/where coming from.

On ward - admission procedures phone doc. To say patient in and complete ad docs with patient and relative's care plans. Care plans used - ADL used.

Discuss with staff and relatives done by bed when filling in care plan.

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#CODEC4

Systems Waterflow scores for pressure areas. Dybal nutrition scale.

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Patient agitated/confused - how manage? As for help from relatives.

Different approach in the community to Ward - in community - seeing one specific problem - same notes and scoring systems.

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When patient came onto ward - stroke rehab - change - deteriorated how handled on the ward - would inform doctor. As patients relatives to come in.

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#CODEH2

Any training in bad news etc. Did do a bereavement course very early in career - no learnt through experience.

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#CODENC

Policy to use pain assessment sheets not at the time. How did do? Day to day - continuing thing assess through the shift.

Ask doctor for analgesia - doctor in every morning and discuss if needs changed during day - ask doctor to come in. If at weekends - ring for one of other doctors. Doctor discussion over phone and then would come in.

1998/99 - extended roles - syringe drivers - any training in syringe drivers - what sort - study seriousness then Countess Mountbatten hospice.

Initial training in 1989 - when did training.

Did someone watch syringe driver set up and check - no.

Any other attended roles?

How to keep up to date with practice journals/internet/work for university essay on communication.

Community monthly update on practice development in new job.

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#CODEE1

Good relationship between GWM and community - yes. Reasonably good relatives - good insight. Can approach all GWMH staff.

Discharge arrangements work fairly well - most problems are from bigger hospitals - not here.

#ENDCODE

#CODEG9

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If aware practice of colleague not correct - what would you do - go to line manager - would do the same in wards. How handled? Consequences would not worry about it. Known of colleagues who have to do it - how handled - badly. Some years ago. They are actively encouraged to raise concerns on nursing generally.

Where look for nursing leadership/role models - talk to colleagues and manager - Jill Bennett.

#ENDCODE

#CODEE1

Transfer - feels over rosy-picture in 1998 - expectation high - yes.
Emotional support - colleagues able.
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