Expanding Horizons For Student Nurses:

Geriatric mental health as a placement of choice

Placement Resource Guide

"There is a huge spectrum of knowledge that I did not even know about. I knew it was complex, but I did not know the complexity of how complex it is." (Student comment)
EXPANDING HORIZONS FOR STUDENT NURSES: 
OLDER ADULTS/MENTAL HEALTH AND ADDICTIONS AS A 
PLACEMENT OF CHOICE

A JOINT PROJECT WITH UNIVERSITY OF VICTORIA AND VANCOUVER ISLAND HEALTH AUTHORITY; FUNDED BY THE PRACTICE EDUCATION INNOVATIVE FUND VIA BC ACADEMIC HEALTH COUNCIL; IN PARTNERSHIP WITH MALASPINA UNIVERSITY COLLEGE; NORTH ISLAND COLLEGE; AND CAMOSUN COLLEGE

A RESOURCE MANUAL

August 2006
VICTORIA, BC
CANADA
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Many people partnered to contribute to the success of this Practice Education Innovation Fund (PEIF) project*. Integral to the success are the members of the core working group who gave generously of time and energy to support the project with their vision and commitment over the past year or more. They brought skills and knowledge necessary to accomplish project goals and included: Arlene Galloway Ford Vancouver Island Health Authority (VIHA) Professional Practice Office; Lucia Gamroth UVic Nursing faculty; Rani Manickam VIHA Educator; Carol McDonald University of Victoria (UVic) Nursing faculty; Christine McWhirter VIHA Clinical Coordinator geriatric psych; Ann Marie Monahan VIHA mid island Practice Resource Team Mental Health and Addiction Services; Jeannine Moreau UVic Nursing faculty (Project Coordinator); Holly Tuokko UVic faculty department of Psychology and Centre on Aging; and Bev Wilden VIHA Clinical Nurse Specialist Elderly Mental Health and Addictions Services for Vancouver Island.

The working group membership also included Bachelor of Science in Nursing (BSN) students Beth Booth, Linda Marshall, Andrea Baillie; Michelle Chequer, Roberta Kennedy; Kyle Ludwar, Kerri Richardson, and Linda Stacey Holmes from UVic, Andrea Hunter from Malaspina University College (MUC) and Nicole Ponipal from North Island College (NIC). In addition VIHA staff brought a keen voice when Monica Eisner, Ginny Angus, Bev Roney, and Paddy Rowland Hyde from Elderly Outreach Services/VISTA joined the group. From UVic, Janeen Kidd who as Practicum Coordinator and Mary Lougheed as Course Coordinator solidly supported the students in preparing for practice and while in practice.

The health care professionals on each unit, mostly nurses, who worked alongside the students, were phenomenally dedicated and keen to ensure the students had meaningful and rewarding experiences. Of particular note was the generous support of the preceptors who collaborated to foster positive attitudes and insights, build knowledge and skills, and share their passion. The preceptors were Elaine Malinosky, Jacque Blache, Ty-Leigh Whitey, Jan Riseborough, Michelle Poy Williams, Breda Bowles, Ginny Angus, Monica Eisner, Bev Roney, Paddy Rowland Hyde, Avis Muir, Lori Amdam, Nancy Larkin and Linda Davidson.

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Malaspina University-College and North Island College supported and assisted two of their students to engage in the project and are initiating a similar project in their respective schools. Camosun College nursing faculty kept apprised of the project with the intention to collaborate with UVic to better prepare students for this kind of practice experience within the first two years of the BSN program.

And last but not least is an acknowledgement of the older adults who are highly valued as contributing members of society generally and specifically as the clients and patients in the project. They will be primarily referred to as older adults with mental health and/or addiction challenges as well as clients, patients. In this project we tried to avoid stereotyping that comes with using the labels geriatrics and geriatric psychiatry.

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Expanding Horizons for Student Nurses
August 2006
INTRODUCTION

Ask senior nursing students for their first choice of a final practice placement and they are not likely to jump up and down in enthusiasm to work with older adults with mental health and/or addiction challenges. In this PEIF project we asked students questions such as why they would or would not choose this kind of placement, what were some of their hesitations or perhaps their outright refusals and subsequently what did they see as barriers to having senior students placed in this area of practice focus.

Along side these questions we offered students information about the complexities and richness of working in this area. We provided them opportunities to discuss their thinking with educators and nurses who are passionate and knowledgeable about this kind of nursing practice. In these discussions we included students who already valued and were keen about working with older adults with mental health/ addiction challenges. From these efforts came 6 students who admitted enjoying this area of practice focus.

Although the students feared the placement would not meet their need to learn how to practice nursing across the spectrum of competencies required of a new grad they agreed to go ahead and take on this kind of final practice placement.

To address the student concerns nurses from VIHA and University of Victoria collaborated to discern ways to be, what to know and what to do when working with older adults with mental health and/or addiction challenges. As partners we successfully fostered opportunities that were relevant and suitable for these 6 students to fully realize how to meet the College of Registered Nurses of BC (CRNBC) competencies of a new grad and Standards of Nursing Practice when placed in these kinds of practice settings.

The purpose of this project was to make these kinds of placements sustainable and desirable for future senior students as well as to foster recruitment and retention of nurses into this area of practice focus.

Jeannine Moreau, RN, MN
Project Coordinator
August 2006
EXECUTIVE SUMMARY

Expanding horizons for student nurses: Geriatric mental health as a placement of choice

The project met the overall goal to foster student interest in working in psycho-geriatrics. The evaluation material clearly points to this being a worthwhile practice experience for 4th year BSN students, and in particular to their expanding understanding of the complexity of this practice area. Most importantly, in this project we undertook to address the stereotyping that often comes with the labels of geriatrics and psycho-geriatrics. You will notice that as the project unfolded we moved from using these familiar labels to referring to these kinds of placements as working with older adults with mental health and/or addiction challenges. In this way we aimed to clearly reflect how we value and respect people for being people first and secondarily their mental health and/or addiction challenges.

A long-term goal was to increase the number of available quality practice placements for students in response to a shortage of health care practice placements. Thus we focused on cultivating quality senior practice placements in underutilized and undervalued health care settings such as with older adults with mental health and/or addiction challenges.

Feedback from students and staff demonstrated how these placements offer rich opportunity for students to become practice ready and job ready. This is well reflected in the Evaluation Report. Students noted they would highly recommend this experience to other students, in particular, the transferability of knowledge to other settings. One staff member commented:

“I hope it is going to continue. I think that we can build up that introductory information and really make it come alive and be a really good way of recruiting, not just recruiting but helping people to understand the complexities of seniors with mental health issues.”

It is anticipated that outcomes of this project will not only lead to more students requesting these kinds of placements but also over time increase recruitment and retention of new graduates in these practice settings.

The preceptorship model was adapted to enhance opportunity for students to build nursing practice capacity through engagement in learning not readily recognized in ‘psycho-geriatric’ practice placements. The previously established UVic/VIHA older adults and mental health practice placement working group collaborated with other key stakeholders in the project. They worked to foster best practices when working in this area of practice focus. The outcomes of this work are expressed in the Evaluation Report1:

1 A copy of the Evaluation Report is available from Jeannine Moreau, Project Coordinator, at the School of Nursing, University of Victoria, Victoria BC Canada: jmoreau@uvic.ca or 250-721-7959

The students valued the experience gained in these practice placements and viewed the enhanced education as excellent. The placement experience and interactions with faculty at UVic was also valued by the VIHA staff. After taking part in the practice placement experience, the students reported more frequent formulation and documentation of care plans and more frequent use of diagnostic screening scales. In addition, the students reported more frequent use of therapeutic skills (Canadian Federation of Mental Health Nurses [CFMHN] Standard I) and more frequent application of knowledge concerning relevant legislation, research and standards in practice (CFMHN Standard VI). Moreover, students reported more frequent application of knowledge/skills related to the use of psychosocial rehabilitation strategies with clients (CFMHN Standard V). Staff commented that the students were “better than expected and carried full patient loads” and “the students were amazing, we should hire them all”.
In this practice education model students were to follow selected clients as they moved through the health care system. Due to the complexities of organizing these experiences students only followed a client on occasion. However, these occasions offered invaluable learning that was shared with other students to inform their understanding of the effects on older adults as clients when they move through the health care system.

The students valued their experiences as part of an inter-professional health care team, and expressed their increasing confidence as they performed as team members alongside professionals from nursing, medicine and the allied health professions.

From previously having only 1 or 2 students placed in this area of focus for a final 12-week placement this project supported 6 students. The Evaluation Report details the success of this project with recommendations for future similar projects. Based on these recommendations the working group evolved to organize similar practice placements for students in the January 2007 term at UVic, MUC and NIC, all Collaboration for Academic Education in Nursing (CAEN) partner schools of nursing in VIHA.

The intent is to share the developed resources and knowledge gained with CAEN partners to maintain the sustainability of having students successfully placed within similar practice settings in their senior practicum placements. Eventually, the hope is to share with CAEN partner schools across the province.

In future, this project is expected to inform similar opportunities for students in other years of the CAEN BSN program. In this way all students will be introduced to the value and benefits of working with older adults.

The students who participated in this project are encouraged to be future mentors or preceptors for upcoming students. Most if not all the students in the project were hired to work in this or related areas upon their graduation from the BSN program. Therefore, in the long term this initiative is envisioned as a way to actively promote recruitment and retention of nurses into this area of practice focus.
THE PROJECT STORY

The organization, implementation and success of this project is primarily due to the collaborative efforts of health care professionals from the practice arena and schools of nursing along with the nursing students themselves. Below is the timeframe of the project with key activities accomplished. This is followed by strategies and recommendations for accomplishing a similar project and sustaining similar practice placements. Please refer to the Appendices for documents and copies of resource materials developed.

Timeframe of the Project Accomplishments:

Stage one: August to December 2005
The focus was on developing collaborative partnerships between the schools and the practice settings to accomplish:

- The Terms of Reference, roles and responsibilities, and implementation plan; the potential partners and key stakeholders were identified and brought on board; and together the goals and scope of the work was established (see Appendix A).

- Student interest came through formal information sessions, social events and informal networking. Details on these sessions are in the Strategies section below. Due to insufficient numbers at UVic two students from up island were drawn into the project by liaising with CAEN (Collaboration for Academic Education in Nursing) partner schools.

- The development and distribution of a variety of resources specific to this area of focus to provide students and staff with educational materials and opportunities to make this a value added practice experience including knowledge and skills transferrable to most any other practice setting. These resources (e.g., case studies and readings) are detailed in Appendix B including copies of the reference materials used.

- Organizing and defining an innovative practice education model that integrates in-patient and community nursing practice and provides learning useful in most any setting where there are older adults with mental health and/or addiction challenges. Details are in the Practice Education Model section below.

- Development and offering of preparatory workshops for students and staff including an information workshop for all health care professionals working on the same units as the students. Details of these workshops are in the Strategies section below.

Stage two: January 2006 to February 2007
The focus of the working group shifted and membership evolved to include more VIHA mid island practice partners and nursing faculty from Malaspina University-College and North Island College. The focus was:

- To ensure students were well supported while in their 12 week placements and that the project goals were met.

- To create infrastructure for sustainability of these kinds of placements in future. Details are in the Strategies and Recommendations sections below.

- To start preparing for similar future placements up island and eventually across the province. Refer to the Strategies section below.

- To follow up on the outcomes of the Evaluation Report.
The Practice Education Model Created

A 12-week full-time practice education model was designed to create a variety of learning and practice opportunities using specifically developed resource materials to make clear the depth and complexities of caring for older adults with mental health and/or addictions challenges. Inherent in this model is the assumption that students will have ready opportunity to become appropriately prepared to meet the competencies of a new grad.

Originally students were to follow some clients through to other areas of the health care system to reflect the spectrum of care for older adults and to understand the complexities of moving older adults through the health care system. Unfortunately, the necessary organizational logistics did not support the kind of in-depth learning deemed necessary for what needed to be covered across the breadth of nursing competencies. As well the needed resources were not always available to support this idea. Those students who did have some follow through experiences with clients were, however, able to effectively share their rich learning with their peers during the seminars.

Critical to the process of this model was the creation of learning environments of reflective practice for students and nurses to acknowledge the overall value of these practice placements.

Integral to creating these learning environments was the establishment of champions and the building of collaborative working relationships amongst clinical nurses, nurse educators, and nurse researchers. The intent was to collaborate in the identification and development of instructional resources for use by both students and health care professionals. Resource materials such as actual case studies taken from the students’ placement with applicable readings were designed for students to gain competencies, abilities, and skills in the specialized body of knowledge particular to this area of practice focus (see Appendix C).

In this way students were prepared to specialize in this area of practice focus as well as to be able to transfer knowledge, skills and abilities to a variety of other practice settings. Educators also collaborated to organize seminars before and during the term and to provide students with access to experts in this field of health care from both practice and education settings. These experts provided students with opportunities to learn about, explore and critically reflect on topics such as the psycho-social rehab model, personality disorders, living at risk, informed consent, adult guardianship, Mental Health Act, autonomy, psychotropic drugs, ethics and more.

Exposure to health care professionals competent and passionate about working with older adults enhanced students’ keenness to work in this field as well as positively influenced their attitudes and desire to choose this area of focus as a career path.

Within the 12-week practicum each student spent 6 weeks immersed in an in-patient setting and 6 weeks in a community setting. They were paired with a mentor nurse who either worked one-on-one with them for a maximum 6 weeks, or was one of a team of nurses and other health care professionals who were involved with the student in practice. In this way the practice education model was flexible to maximize different ways of caring for older adults but also provided enough time to gain some in-depth learning about different ways of working in this area of focus.

Each student made use of the CAPE (competence, assessment, planning and evaluation tool) used by VIHA (please refer to the VIHA website) to orient new RNs to geriatric mental health units to determine their level of competence and their learning needs. The students accessed this tool again at the end of their 12 weeks to assess their learning and competence. The outcomes of their use of this tool are in the project’s Evaluation Report.
Strategies and Recommendations

What made this project and practice education model work?

Success was based on the enthusiastic and dedicated efforts of champions who believe in the value of working with older adults with mental health and/or addiction challenges. Champions who ensured the project included collaboration and partnership of health care professionals from practice and educational settings for the purpose of ensuring that the complexities of care were well recognized and addressed through the development of resource materials and learning opportunities. There were workshops, case studies and learning activities with reading materials available for both students and nurses. The effort to use language that was accessible to all those involved was forefront along with efforts to collectively address entrenched negative societal attitudes about aging and mental illness/addictions as reflected in the undervaluing of these kinds of practice placements.

Who we included and why and what role they played

The working group included nurse educators from the University of Victoria and VIHA, administrators, health care professionals, and students to reflect how nursing education moves across practice and educational spaces.

The UVic School of Nursing provided a faculty member (the Project Coordinator) who championed this area of practice and fostered the building of partnerships. This faculty member encouraged student involvement by also taking on the professional development role of Field Guide for 2 students in the Fall 2005 term in the Nurses influencing Change course (N431) and in January 2006 took 2 students in the Community Empowerment course (N351). These students became directly involved in collaborating with practice partners to develop resource materials in the project. They also made connected with their peers who were potential practicum students for this final practice placement. The plan is to have a faculty member as field guide for both N351 and N431 students each year to help maintain sustainability of the project.

The N351 and N431 practicum students liaised with their own cohort to invite and problem solve around why the hesitation for students to be a part of this project. They believed in the goals of the project and the value in working in this area of focus as a final practice placement. The N351 and N431 students are key to problem solving, connecting with and bringing their peers on board and fostering their interest. They organized pizza socials and personally invited peers to discuss their concerns, ideas, the constraints and barriers as well as obtain information about the value of this placement (see Appendix D). They also helped develop resource materials with both the practice and the school educators.

We recognized the need for an all year round champion in the practice setting as this is a critical piece to the success of students in these kinds of practice placements. The clinical coordinators for the in-patient unit and the community agency were committed to taking students and helped expedite finding preceptors. They need to be on board for each final practicum and perhaps at other times of the year for students in other capacities (e.g., N351 and N431) to help prepare students for their final practicum in this practice setting. With the 2 up island students in the project many of these connections are already established up island and can be transferred to the up island schools for future student placements in these geographic areas.

The clinical unit coordinators or managers and nurse educators were instrumental in helping to find competent staff willing to preceptor or mentor students as a member of the health care team.
Some members of the working group: Christine McWhirter (VIHA Clinical Unit Coordinator geriatric psych in-patients); Jeannine Moreau (Project Coordinator and UVic Nursing faculty member); Rani Manickam (VIHA acting Nurse Educator on Homer 2); Carol McDonald (Evaluation Committee and UVic Nursing Faculty member); Mary Loughheed (UVic Nursing Faculty member); Arlene Galloway Ford (VIHA Practice Consultant, Professional Development); Holly Tuokko (Evaluation Committee and UVic Psychology Department Faculty & Centre on Aging); Monica Eisner (RN at Elderly Outreach Services and preceptor); Paddy Rowland-Hyde (RN at VISTA and preceptor); Joe Scaleetta (Clinical Coordinator Outpatient Geriatric Psych Services).

What worked well and what we would do or suggest doing differently

- Fourth year students were encouraged to take their nursing elective as a course that directly relates to this area of focus (e.g., N486 Mental Health Challenges in Later Life) and helps prepare them for the complexities and challenges of this area of focus.

- Potential students having a clear understanding, acceptance and valuing of the expectations in this value added final practicum that comes with a half-day orientation workshop, several seminars, case studies, learning activities, readings and homework. We distributed an Expression of Interest information sheet (see Appendix A) to all students months prior to any confirmation of final placements.

- The school of nursing needs to put more energy into ensuring that all faculty are committed to believing in and supporting these kinds of practice placements and to address any negativity around the value of these placements.

- It is suggested that other partner schools consider providing Field Guides for N351 and N431 students to work with their student peers in fostering these kinds of practice placements across breadth of the curriculum.

- Having key stakeholders on board is critical and needs to be ongoing. The role of the champions, one from the school and one from the practice setting, is important for keeping all stakeholders informed and supportive of the project. A key stakeholder may also include a manager from Human Resources in relation to support from future employers.
WORKSHOPS AND SEMINARS

Collaboration takes a vigilance and commitment that is best sustained through well organized and informative orientations followed by appealing and thought-provoking seminars sprinkled throughout the term. In this project nurse educators from the school and the practice setting worked with 4th year nursing students to develop, organize and facilitate the orientation workshops. The seminars were more divided in that the practice setting educators focused on content and the school educator on critical thinking, transformational learning and transferability of knowledge of content to multiple other settings.

In these ways we tried to capture multiple perspectives to meet the diverse needs of students and health care professionals.

We aimed to use language accessible to all parties to offer a sense of being inclusive. These workshops took place over a month prior to the actual practice experience. The seminars were optional and open to all staff but the students were required to attend.

WORKSHOPS: One information workshop and four orientation workshops were held.

1. **Information workshop:** Three months prior to the practice experience VIHA provided a 2 hour meeting for all health care professionals in the different agencies and units that potentially would be involved in the project. The intent was to discuss with them their perspectives on how they would like to be involved and support the students.

2. **Orientation workshops:** There were two information/orientation workshops for staff with students invited to participate. There were 2 orientation workshops for students with one in early December to introduce the project and prepare students for the practice model and this area of focus. The second one was more specific to the in-patient unit where all students would do at least 6 weeks of practicum. Various community agencies were involved in the 6 week community piece and each respectively provided their own respective orientations.

Avis Muir, RN preceptor Nanaimo Seniors Outreach Team (SORT), Andrea Hunter (N475/491 student) Lori Amdam, RN preceptor Nanaimo SORT team.

Michelle Chequer (N475/491 student), Kerris Richardson (N470/475 student) and Andrea Baillie (N351 student)

SEMINARS: There were 6 seminars spread over the 12 weeks with 3 seminars specific to the 3 Case Studies taken from the practice setting. The other 3 seminars were specific to the UVic Learning Activity. Please refer to Appendix C for the Case Studies and the Learning Activity including reference lists for the readings used.

2 Please see Appendix A for the workshop agendas.
EVALUATION

Formative and summative evaluations are documented in an Evaluation Report (see footnote on page 2 for how to access this report). The information for analysis was collected through questionnaires, focus groups, responses to structured questions, and in working group meeting minutes. The primary purpose was to examine the effectiveness of the project model proposed in relation to clear and measurable outcomes. Overall the outcomes were well met with the preceptors, instructor and students affirming that this placement helped the students to not only achieve job readiness but also practice readiness in relation to being able to meet the competencies of a new grad. The practice setting partners, education partners and students were more than satisfied with the project and resource materials developed. Details of these accomplishments are in the Evaluation Report.

These are some of the students, preceptors and the instructor in the project. Back row from left to right: Ginny Angus (preceptor at EOS); Linda Holmes Stacy (N475-491 student); Monica Eisner (preceptor at EOS); Jeannine Moreau (project coordinator and instructor for N475-491). Front row from left to right: Roberta Kennedy (N475-491 student); Michelle Chequer (N475-491 student); and Kerris Richardson (N470-475 student).
There are 5 Appendices to this Resource Manual:

1. Appendix A includes the overall plan, the students’ Expression of Interest document, and the workshop agendas
2. Appendix B includes the working group Terms of Reference and Implementation Plan
3. Appendix C includes the Reading list, Case Studies and Learning Activity
4. Appendix D includes an explanation of the student mentoring of their peers
5. Appendix E are the media releases

**APPENDIX A**

In this Appendix are the agendas for 4 preparatory workshops that included opportunity for professional development as well as orientation. They were attended by students and/or staff respectively in preparation for the actual 12 week practice experience that ran from early January to late March. Staff were paid to attend the orientation workshops.

1. The first workshop in late November included students and staff who would work closely together in the practice experience both in the in-patient setting and in the community setting. There were members of staff from all the in-patient and community agencies involved in the project.

2. The second workshop in early December was to prepare students for the project and this particular area of practice focus. Some staff attended.

3. This was a voluntary workshop for students and staff. It included staff of the various disciplines who would work in some capacity with students over the term.

4. There was a student workshop immediately prior to the start of the practice experience and was tailored primarily to orientation on the in-patient unit. It was attended only by students. When students went to practice in respective VIHA community agencies, they would have an in depth orientation by the agency staff at that time.

All the workshops were created and facilitated collaboratively by nurse educators from the University of Victoria and VIHA. Students and staff attended workshops together as was reasonable and/or relevant.

The Project Coordinator organized and oversaw the preparations for the actual practice experiences, the workshops and the development of the resource materials. This Resource Manual was designed to be self-explanatory to decrease the need for such a ‘Project Coordinator’.

The students’ UVic instructor worked closely with the VIHA nurse educators to provide a more holistic student-centred approach to learning that covered the complexities and depth of content in the context of engaging in transformational learning. The intent was for students to not only gain a solid foundation of knowledge in this particular area of practice focus but to also meet course requirements and be able to practice across the necessary competencies of a new graduate nurse in most any practice setting.

**APPENDIX B**

The Terms of Reference and Implementation Plan were developed by the project working group and followed quite closely. The Expression of Interest & Information document was developed for the Practicum Coordinator and students in preparation for students to request placement in this project.
APPENDIX C

Pre Readings

The Pre reading package was sent electronically about 4-6 weeks prior to the start of the practice experience. It includes 4 readings for students to initiate thinking about their values, beliefs and assumptions about older adults who have mental health and/or addiction challenges. A reference list is included in the Appendix.

One Learning Activity

The Learning Activity was created and adapted by the UVic nurse educator along with 2 4th year nursing students. This one Learning Activity is used at 3 different times over the 12 week experience with questions organized to be used in multiple ways. The intention is that in the first seminar at the start of the practicum students through discussions in relation to the case study explore what they know, who they are as nurses in this setting, and what they need to do as a reflection on and a benchmark for their learning. From here they start to plan what they may need to learn, experiences to look for and what may be their values, beliefs and assumptions including attitudes. The successive seminars continue with the same case study with the expectation that responses will shift and/or change as students gain knowledge, experience, insights and skills in the practice setting.

Three Case Studies

Three case studies were developed by the VIHA nurse educators and a 4th year nursing student working with them. These case studies were designed to move from more basic knowledge in this area of practice focus to increasingly complex cases to reflect students’ increase in knowledge as they gained experience and skill in this practice setting. The references for the case studies are provided. There were 3 seminars for students to attend to discuss the case studies once the questions were completed by a certain deadline as determined by the nurse educator. Each case study reflects an actual scenario taken from the practice setting to ground students in the reality of everyday nursing where they are working.

APPENDIX D

In this appendix is an explanation of how students in the Nursing 351 practicum (Community Empowerment and Health Promotion) and students in the Nursing 431 practicum (Nurses Influencing Change) acted as resource people for the development of the practice education model including the resources and mentored other students. They were Field Guided or instructed by the Project Coordinator. In future they could be Field Guided by university or college or agency nurse educators. They were instrumental in fostering and facilitating the application of students to take part in the final 12 week placement. This appendix includes the Guideline of Questions students used when meeting with their peers to discuss placements with older adults who have mental health and/or addiction challenges.

APPENDIX E

This appendix includes some of the press releases that the project working group initiated to advertise the work of the project within VIHA, the University of Victoria and the local community.
APPENDIX A

THE PLAN FOR AN INNOVATIVE PRACTICE EXPERIENCE

STUDENTS’ EXPRESSION OF INTEREST & INFORMATION

THE WORKSHOP AGENDAS
An Innovative Practice Education Initiative

Integrating nursing practice with understandings of mental health and the older person

What is the vision for the mental health for older persons' initiative?
Collaborate to create resources and learning materials for students and nurses to use when actively engaged together in various practice settings with older adults experiencing mental health and/or addiction challenges.

Ends in View:
- Explore what it means to be a nurse in varying environments.
- Supplement nursing curriculum content related to mental health issues specific to the older person.
- Draw on the knowledge base of the practitioners and integrate that knowledge into sense of what is means to be a nurse in different settings.
- Explicate learning and competency in specific areas of practice and benefit practice in different but related settings
- Provide opportunities for professional development for practicing nurses
- Develop interest among students to pursue employment in a specialty area in professional practice.

Roles:
- Instructor - to facilitate the integration of specific knowledge and the formation of professional of practice. How does the specific knowledge influence the student's sense of being a nurse in different settings (taking on the skin of the nurse)? To foster collegial, mutually beneficial teaching/learning relationships between nurses in education and practice settings.
- Students – to focus on particulars of nursing practice embedded within general nursing practice. Explicate learning in particular settings applicable to many settings.
- Staff nurse – to share knowledge base and expertise in working with older persons with mental health challenges. To engage in learning options alongside students for deepening and broadening understanding of mental health and older persons transferable to a variety of settings.

Background of the initiative:
- Need for additional practice placements for students
- Explore areas not typically seen as desirable for student practice, e.g., long term care, TCU, behaviour stabilization unit, private sector seniors’ health agencies.
- To attract new graduates into under-resourced areas
- To address changing population trends and related health care issues.
- Faculty development in specific needs of older person with mental health challenges
- Recognition of knowledge embedded in the practice of unit nurses
✓ Opportunity for nurses in education and health care institutions to collaborate to provide professional development for faculty and staff working alongside students in various practice settings.

**What is it not?**
✓ Not an academic course per se but added scholarly learning in practice
✓ Not the equivalent of a specialty course but intended to encourage interest in and pursuit of employment in an area of specialty
✓ Not a replacement of two current nursing electives: Healthy Aging and Mental Health Challenges in Later Life

**How does this relate to curriculum revisions?**
✓ How do we use what we learn to inform the integration of mental health content and related teaching/learning across the nursing curriculum.
✓ This is not dependent on future revisions but informs future revisions.

University of Victoria School of Nursing and Vancouver Island Health Authority, March 2005.
Older Adult and Mental Health Student Placement Pilot Project

Information and Expression of Interest Process

**Information Session:** September 13, 2005 @ 1600h – HSD SON A451

**Expression of Interest Deadline:** September 19, 2005

UVic and VIHA are offering an opportunity for six students enrolled in CPE V (N475) and NP VIII (Transitions) to focus their learning on Older Adults with Mental Health Issues.

This 12-week placement (January through April, 2006) is focused around a new model of practice which has components of a Collaborative Learning Unit and a Preceptorship, as well as other unique features. The purpose of the model is to incorporate a variety of resource materials to provide deliberate opportunities for learning about the complexities and challenges of nursing care specific to this area of focus. The model includes scope for practicing leadership skills and ways to influence change. The UVic/VIHA collaboration has received a grant to develop, implement and evaluate this kind of practice model with opportunity to prepare for generalizing it to other settings. The BC Academic Health Council provides for this grant, which is instrumental in supporting work that is innovative and maximizes the use of a variety of student placement resources in BC.

This model of practice focuses on the area of Older Adults with Mental Health issues because both UVic and VIHA recognize untapped student capacity within these practice settings. The learning is rich, complex and will occur across settings – community, acute care and other related facilities. The model will be developed not only to foster leadership skills in students but also to illustrate how the learning is highly transferable and invaluable to those involved in nursing practice in many different health care settings to suit a range of career options.

**Interesting Facts:**

- In 2001 MacLean’s Magazine reported that Qualicum Beach BC has the oldest population in Canada. BC has 13 (more than half) of the 25 fastest aging municipalities with a population of 5000 or more.
- The over 85 age group will increase by over 50% by 2007 (Rick Roger former CEO).
- Depression as a mental health diagnosis is missed in the elderly 85% of the time because it is thought simply to be due to normal aging (Stuart and Laraia, 2001).
- Cardiac disease, neurological disorders and cancer are co-morbid conditions with Depression, sometimes as high as 1 in 3 (Heller & Diego, IPA Bulletin, Sept 2004).
- 15% (conservative figure) to 30% of the aging population will have mental health problems (some suggest 25% as a reasonable figure).
- The elderly, especially males over 80, have among the highest rates for suicide.
- Older adults with mental health issues live at home, in acute care settings and residential/housing.
Who do you think you will be caring for as a nurse, no matter whether you practice in an acute med/surg ward, cardiac, cancer care, in the community, in mental health or in traditional geriatric settings?

Students who participate in this practice experience will gain knowledge unique to this area of focus via the theoretical components of the placement and by being placed as a group on one, possibly two, specifically chosen units. They will be placed with a preceptor who acts in a coordinating role, wherein the students will care for older adults with mental health issues on the unit as in the preceptor model but only for part of the 12 weeks. At other times various units, agencies or facilities that address health care of older adults with mental health challenges will become like the students’ Collaborative Learning Unit as patients move through the health care system to these other places. For example, if their patient goes to the GEM (geriatric evaluation) team for assessment and out for EST (e-shock therapy) so will the student. If the patient is discharged home the student will do follow-up within the community system or students may connect with a potential patient who is being assessed for placement. The UVic instructor and VIHA educators will be instrumental in helping to organize a rich and fulfilling practice experience that is collaboratively co-constructed by students, staff and educators.

Due to the pilot nature of this program students need to feel they can cope with the challenge of working with a new placement format, i.e., need to be flexible, creative and show strong leadership qualities. They will need to be able to look below the surface, examine their own and others’ assumptions and attitudes as well as seek to deal with the complexity and depth that is inherent in caring for older adults with mental health Issues. Students will also need to manage the added expectations associated, for example, with learning modules of complex theoretical knowledge, engaging in transformational learning and participating in formative project-evaluation focus groups.

Process
- It is highly recommended that you attend the Information Session on September 13, 2005 @ 1600h –on the 4th floor HSD, School of Nursing, meeting room A451.
- Students will provide Janeen Kidd, Practica Coordinator (see contact info below) with an expression of interest by September 19, 2005.
- Please indicate in this expression of interest how this placement will suit your final practice objectives and how you see yourself dealing with the ambiguity and complexity inherent in the placement. Please also indicate how you see yourself as being able to see depth and look beyond stereotypes in order to be successful in this placement.
- Please keep the expression to one page or less.
- Students must have a strong clinical base and academic standing. For example:
  - Practice appraisals reflecting consistent clinical competence in all Domains of Practice.
  - Grade point average will be considered in determining acceptability of candidates because of the particular demands of this experience, and will be considered in association with other information. Attention is paid to the grade point as evidence of high quality work, more than adequate comprehension, increasing competence with analytical and critical thinking, a viewpoint that respects other perspectives, use of literature, correct grammar punctuation spelling and referencing format.
  - Successful completion of all practice and academic courses prior to the start of the January 06 term.
- Overall practice experiences during your nursing education, including this placement, must represent a clinical balance sufficient to meet CRNBC entry to practice requirements.
- Recommendation from the student’s N470 and N431 instructors (the practice committee will seek this info – students do not need to get references from instructors).

- A practice committee including Jeannine Moreau (Practice Liaison), Mary Lougheed (CPE Coordinator), Janeen Kidd (Practica Coordinator) and a VIHA representative will review the expressions of interest from students. Successful applicants will be notified and receive a conditional acceptance pending successful completion of their fall term.

- If an application is not approved, a Practicum Coordinator will be in touch to discuss reasons and alternative placement options.

- A student who is accepted into this program, after discussion with the CPE instructor, their preceptor and the practica coordinator, may decide that it is not what they expected and may request a change of placement. VIHA and UVic have agreed that at the end of CPE V (N475) a student may continue NP VIII in another placement.
Staff Orientation to the PEIF Project January 2006

Practice Experience Workshop

**Time:** 0900 to 1600  
**Date:** November 30, 2005  
**Place:** Woodward Room at Royal Jubilee Hospital in Begbie Building

0900  PEIF grant introduction

0915  Open discussion the role of preceptors as keen and collaborative partners  
- Thoughts on nursing roles and practice  
- Patient focus and understanding the population  
- Being open to students’ questions and dialoguing about practice  
- A continuum of care- home/hospital/community

1015  *Break with refreshments*

1030  Talking about preceptorship and what the experience will look like

1100  Discussion on the Psycho-social rehab mode (may include motivational interviewing and CBT)

1200  Changes to the Mental Health Act – a review

1215  *Lunch included*

1300  Presentation and Discussion “Living at Risk” moral/ethical dilemmas

1400  Video – Substance Abuse and the Elderly

1430  *Break with refreshments*

1445  Presentation and Discussion “Personality Disorders”

1600  Wrap up and end of Workshop
Student Preparatory Workshop
Mental Health/Addictions and the Care of Older Adults as a Placement of Choice
PEIF project

Time: 0830 – 1500
Date: Tuesday, December 6, 2005
Place: Room 348, Homer 3, Memorial Pavilion at Royal Jubilee Hospital

0830-0845 Welcome and Introductions

0845-1030 Focus Group (Holly Tuokko and Carol McDonald, facilitators as PEIF project evaluators to gain a baseline of information from students for ongoing and summative evaluation of the project)

1030-1045 Break with refreshments provided!

1045-1230 Group Discussion will be loosely based on the following:
• What did you learn about yourself in the focus group?
• When I think of older adults I…….
• What does health mean to you? What does mental health mean to you?
• Consider how you use substances in relation to your own mental health.
• What do you see as challenges to your own mental health?
• What feelings are triggered when you think about older adults experiencing mental health and addiction challenges?
• What do you bring to this day? What motivates you to be here?
• How do you envision your learning? How do you learn?
• Assumptions, preconceived notions, questions, confusion?
• What do you think this practice experience will look like?
• Specifics: how do you see yourself supported in practice?
• Asking questions when in practice: What do they say about you? What do they say about your preceptor?

1230-1300 Lunch Provided!

1300-1430 The Practice Experience Model- Creating a Community of Learners
What to expect in relation to: learning resources, seminars, learning activities, and assessment. Concept Mapping

1430-1500 Homer 2 - unit tour. End of workshop.
Nursing Staff Orientation Workshop

**Time:** 1100-1500  
**Date:** December 9, 2005  
**Place:** Memorial Pavilion, Homer Wing, Room 349, Royal Jubilee Hospital

- **1100** Intro
  - Introduction of group members (staff, students and nurse educators)

- **1110** PEIF grant introduction

- **1130** Enhanced Preceptorship/Mentorship:
  - What the 12 weeks will look like
  - How it differs from previous preceptorships
  - Staff being open to student questions and dialogue
  - Involvement of multidisciplinary team
  - Questions

- **1230** Lunch

- **1300** Nursing roles (group discussion):
  - Perceptions of geriatric mental health
  - Nursing roles and practice

- **1445** Wrap up
Student Orientation Workshop*
Friday, January 6th, 2005 (0800-1600)  
Memorial Pavilion Rm. 002

0800 Welcome and Introductions

0820 Review and discussion around placement setting:
   • Unit mandate, philosophy, policies and routines
   • patients/clients,
   • prevalent conditions, medications
   • student questions, concerns, comments

0930 Coffee Break

1000 Mental Status Exam review and discussion

1100 Review of the Mental Health Act (MHA) and discussion on Adult Guardianship Legislation

1200 Lunch

1300 Video “Depression in the Elderly” followed by discussion

1415 Coffee Break

1430 Video on ECT followed by discussion

1500 Discussion:
   • Pertinent policies, procedures and guidelines, for example:
     a. Admissions;
     b. Seclusion and separation rooms,
     c. Levels of Observation,
     d. Restraints,
     e. Elderly Outreach Services (the community agency for older adults with mental health challenges) protocols

Wrap-up: Feedback and questions

*This workshop was primarily for the in-patient unit for older adults with mental health/addiction challenges where all the students did at least 6 weeks of practicum. For the 6 week experience in a community agency the student had an in depth orientation to that specific agency.
Terms of Reference

UVic*/VIHA**/Camosun Working Group
PEIF*** Project via the BCAHC****  2005 – 2006

Expanding horizons for student nurses: mental health and the care of older adults as a placement of choice

Purpose: The intent of the working group is to implement and evaluate a plan to foster senior nursing students’ interest in mental health and care of older adults as an area of nursing practice focus. This includes developing a practice model and resource materials to address the complexities and unique knowledge in this area of focus, as well as create learning environments that support both students and staff. The group will foster linkages with other CAEN***** and practice partners across VIHA as they prepare for their future involvement in similar work.

Desired outcomes:

- Foster student understanding of and keenness for practice placements focused on mental health and the care of older adults
- Collaboratively develop a practice model and resource materials to support students and staff to enrich their learning in this area of focus
- Cultivate changes in attitudes and values that will translate into the effective use of a variety of underutilized and undervalued practice placements
- Provide opportunities for students to experience how knowledge and skills gained in this area of focus are transferable to many other settings
- Create evaluative data that will assess changes in attitude of students and staff as well as inform other comparable initiatives in VIHA
- Promote recruitment and retention of nurses into this area of focus

Group operations:

- Meet bi-monthly and ad hoc in between as a group of the whole or as designated sub-working groups
- Keep apprised of project work challenges, changes and outcomes by email in between bi-monthly meetings
- Notes taken at each meeting to be distributed by email to all members
- Generate both formative and summative evaluation reports

Membership:
The original working group with representatives from UVic, VIHA and Camosun who developed the proposal for the PEIF grant. In time, the membership will extend to Malaspina University-College and North Island College for future planning. Roles and responsibilities of members is attached.

Accountability:
The group is accountable to the BCAHC in relation to the terms of the grant and the project plan that was funded.

*University of Victoria; **Vancouver Island Health Authority; Practice Education Innovative Fund; ****BC Academic Health Council; *****CAEN Collaboration for Academic Education in Nursing- 9 BC/NT Schools of Nursing with a shared BSN curriculum

Final draft October 2005 approved by working group
Mental Health & Older Adults BCAHC PEIF Project
Implementation Plan
October 25, 2005 meeting

Project Integration
- Collaboration between UVic & VIHA
- Plan development
- Plan execution
- Linkages with Malaspina-University College, North Island & Camosun Colleges

Financial Plan
- Fund Manager - Funds from BCAHC
  - Contract between UVic and VIHA
  - Detailed budget
  - Tracking expenses
  - Equipment, space
  - Workshops
  - Release time

Communications
- Planning
- Marketing to students & staff
- Information Distribution
- Key messages
- Closure

Education/curriculum
- Ends in view
- Philosophy
- Educational material/resources
- Practice education model
- Staff
- Students
- Educators

Roles
- Teaching Faculty
- CNE
- CNL
- CNS
- Preceptors
- Students
- Resource people

Student placements
- Unique learning
  1. Topics
  2. Ways of learning/knowing
- Unique sites
- Follow throughs

Considerations
- Critical success factors
- Barriers or constraints
- Assumptions
- Risks
- Complexities
- Historical Information – lessons learned

Evaluation
- Outcomes
  - jobs
  - student #
- Formative
- Summative
- Partners
- Ethics approval

Approved by working group at October 25th, 2005 meeting
APPENDIX C

PRE READINGS

LEARNING ACTIVITY

CASE STUDIES
Pre Readings for Students

This package consisted of 4 readings sent out electronically to students 4 to 6 weeks prior to the start of the practicum. Each reading had a cover page done by a 4th year Nursing 431 practicum student to provide a student perspective and introduction to the reading.

Summaries by Linda Marshall, 4th year BSN student at UVic


This article really hit home for me. I found it refreshing to read about the other side of critical reflection and learning we are exposed to in the Baccalaureate program. This article talks about and uses examples from nurses in practice, about their experiences with new learning and bringing it back to their workplace, and the less than overjoyed co-workers’ attitudes. It is often in the way we can impart our knowledge without committing Cultural Suicide in the process. It also gave me the term ‘impostership’ as a label used when feelings of chaos or struggling live within us, yet we may present as being calm, competent and all-knowing. It manifests when we compare ourselves to others and feel we fall far short of their knowledge, or passion or even brilliance. It is refreshing to hear that many professionals have felt or feel this way, but not to let it rule their professional lives.

The article talks about critical process, learning and barriers to change. We must seek out ‘emotionally sustaining peer groups’ in our attempt to continually develop ourselves as critical learners. Finally, while this article was written for The Journal of Continuing Education in Nursing in 1993, many important concepts are put forward and ones we still see struggling on the nursing floors today.


I was given the first 15 pages of this novel photocopied to read by my instructor, and I could not put it down. I have ordered a copy to finish reading the book and will lend it to anyone who wants to read it. It is written by a woman, Caro, who is ‘placed’ (or more like dumped) in an awful long-term care setting in Britain. Her acute medical event had weakened her state and brought about her placement, perhaps before her time, due to family dynamics and other circumstances.

“The nursing home routine is careless of individual differences and needs, and is set up to strip away autonomy and dignity through petty and cruel indignations.” It is Caro’s only means to keeping her thoughts and some sanity in this secret diary which allows the readers to understand what it was like for her, through her eyes, and experiences. We as ‘younger’ health care professionals will benefit from this way of knowing, and hopefully will add yet another layer to our understanding of the complex nursing of older adults.


While written for Geriatrics, a medical journal, in 2004, this article gives us ideas and supports the need to increase interest among students of all disciplines in caring for older adults. The nursing profession needs to change the way it presents and supports (or lack thereof) in nursing schools, and in practicums to give this underserved, undervalued area of nursing.
Summary by Beth Booth, 4th year BSN student at UVic


In reading this article I not only learned a lot about autonomy and the power struggle that goes on in long-term care. I also felt shocked at the realization at just how many of our policies and procedures are written by other people who are not in the forefront of care for these patients. I believe that we must get our opinions and experiences heard in order to begin advocating on behalf of nurses as well as patients through development of policies and procedures relevant to them.

Collopy talks about our ‘moral passions’ and this is an article which definitely ignites my moral passion on the issue of autonomy and the hospital patient. One thing that really stuck in my mind was the fact that when we hear autonomy related to a patient’s decision on their own health care we tend to step away from the patient. In contrast I think we should be drawing closer to their wants and needs and really getting to know them, and address the issue around why they would make certain decisions. Whether we agree with it or not, actively allowing them to make decisions will let us know the authenticity of their autonomy and their decision. Why do we disengage when we hear the word autonomy? Are we making assumptions that by allowing a human being autonomy in making decisions does this mean they must carry out their decision on their own? Many thought-provoking questions were raised around these issues from this article. I thoroughly enjoyed the insight and mind opening ideas this article brought!
University of Victoria School of Nursing

Learning Activity for Nursing 475 & 491, January 2006 Term

PEIF Project: *Expanding horizons for student nurses: Older Adults Mental Health and Addictions as a placement of choice*

Resource Materials: Reading Package handed out prior to the start of the practicum. (Reference list attached.)

**Case Study:** This Learning Activity focuses on the Ms Darber case scenario in the Henry (2002) article “Descending into delirium” that is located in your Pre-Reading package. The focus of the activity is on delirium, depression and dementia and everyday ethics in nursing practice. The readings in your pre-package are the reference materials you can use for answering the series of questions below. You may also use other resources that are relevant to the case study.

The **Learning Activity** is comprised of 3 sets of questions for N475 spread out over the 6 weeks. The same sets of questions are repeated in N491. This activity is a critique of the Ms Darber case as well as a way for you to compare and contrast your responses in N475 with those in N491 and check out the progress of your learning over the 12 weeks.

1st set of questions for weeks 1 & 2 of N475 and weeks 1 & 2 of N491:

1. What are the most significant factors to note in the case study that will inform your decision making and planning of care? Choose one of these two approaches to answer this question and determine the ‘gist’ of this case study:
   - The **first** approach requires note making as follows:
     i. Skim through the reading paragraph by paragraph. As you go, in the margin by each paragraph, jot down a brief note, phrase, or diagram that summarizes its essence, its “gist”.
     ii. Avoid whole sentences or straight copying. Your notes merely capture the gist (the point or substance) of each section. This is a way of remembering that is partly based on the original, and partly on your own interpretation and précis; it prepares you to write a fresh version of the central ideas.
     iii. Now, read down the margin (don’t reread the article), and write a brief summary of the article from your marginal jottings.
     iv. This is a useful, and not terribly time consuming strategy to summarize worthwhile research as you go along.
   - The **second** approach as an alternative to the first can be even quicker:
     i. Highlight the topic sentence (generally the first sentence) of each paragraph.
     ii. Read over the highlighted sentences, and write a brief (about 400 words) summary of the reading.
   iii.

2. What do you now know about Ms Darber from this case study that would always be important for family and health care providers to recognize in assessing Ms Darber’s behavior?

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3 Approaches taken from Wendy Donawa’s Writing Workshop at Malaspina University College December 20, 2005 “My word! Discursive first-aid for the text-care provider” funded by the CAEN (Collaboration for Academic Education in Nursing) NURSE EDUCATORS’ SCHOLARSHIP PROJECT (NESP)
2nd set of questions for weeks 3 & 4 of N475 and weeks 3 & 4 of N491:
Now that you have had some time in practice and are becoming more familiar with the readings you can draw more directly from your experiences to inform your nursing practice.
1. What were the actions of family that helped Ms. Darber through these difficult times?
2. What were actions of family that may have made it more difficult for her?
3. Where were the actions of professionals that helped her through these episodes?
4. Where were the actions of professionals that hindered her recovery and may even have lead to her decline and death?
5. What have you learned about delirium, depression and dementia?

3rd set of questions for weeks 5 & 6 of N475 and weeks 5 & 6 of N491:
1. How would you change this scenario for Ms. Darber?
2. How does this understanding of the Ms. Darber scenario inform your nursing practice?
3. How has your theory work and your time in practice influenced, perhaps reshaped your thinking and/or created insights for you in relation to the Ms Darber case?
4. Think about what your underlying values, beliefs, and attitudes are and how they have shaped and/or reaffirmed your thinking about older adults and mental health.
5. Consider how your knowledge, skills and abilities gained this term could be applicable in a variety of practice settings.
6. What are some questions that may still remain for you?

Created and adapted by:
   Jeannine Moreau, RN, MN
   Linda Marshall, 4th year nursing student, University of Victoria
   Beth Booth, 4th year nursing student, University of Victoria

In consultation with:
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   Rani Manickam, RN, BSN
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Reference List for Learning Activity

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Listed in alphabetical order


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THREE CASE STUDIES
FOR STUDENTS WORKING WITH OLDER ADULTS
WITH MENTAL HEALTH AND/OR ADDICTION
CHALLENGES

Developed by:

Bev Wilden, RN, MSN, CNS
Rani Manickam, RN, BSN
Jane Barber, 4th year nursing student, University of Victoria

In consultation with:

Jeannine Moreau, RN, MN
Beth Booth, 4th year nursing student, University of Victoria
Linda Marshall, 4th year nursing student, University of Victoria
Case Study #1
You are a nurse on Homer 2 who has just found out that a patient in the ER has been seen by the geriatric-psychiatrist and is to be admitted onto the unit. You have phoned and received the following report from the ER nurse.

The client is a 79 year-old Caucasian male who has been certified under the mental health act by the geriatric psychiatrist. The client had been reported missing the evening before by family. The police picked him up several hours ago walking along the highway and brought him to the hospital. He had attempted suicide by slashing his wrists. His vital signs are stable with a slightly elevated BP at 150/90. He is medically stable.

Questions to Consider
What will be your first actions when the client arrives on the unit?
What other information do you need?
Where will you get this information?
Care plan ideas?

Pre-Reading


Orientation Manual for Homer 2
Please read the sections on Suicide, Self-Harm and Depression.

Suggested Optional Readings


Instructions
Please complete the pre-readings and be prepared to discuss the case study at the seminar being held on Thursday, January 19/06 @ 1330 on Homer 2 in the dining room. You will not need to hand anything in, but you may wish to prepare notes for yourself for the discussion. If you wish for more information on the subject of depression/suicide in the elderly, some optional readings have been included. You may obtain the readings from Rani, acting CNE.
Case Study #2

You are a nurse on Homer 2 (a geriatric psych in-patient unit). You have just admitted Mrs. Cortez, a 78 year-old Caucasian female who lives on her own in an apartment complex. She was brought into the ER last night after her neighbours became concerned about her erratic behaviour. The on-call psychiatrist has certified Mrs. Cortez and admitted her to Homer 2 for evaluation and treatment of her psychosis and mania. She has stated that she does not belong here and does not want to be here.

The following history is in Mrs. Cortez's chart. She has a 25-year history of bipolar disorder and has been seeing a psychiatrist on an outpatient basis until recently, when she dismissed the services of her psychiatrist. This is her 5th admission to Homer 2.

In the past, Mrs. Cortez was taking lithium to manage her bipolar disorder. However, in the last year her psychiatrist has taken her off lithium because she has begun to show symptoms of diabetes insipidus and has now been prescribed Olanzapine by her psychiatrist. Recently, she decided to seek alternative therapies and stopped taking all her prescribed medications. Administration of the Folstein in ER showed a mild cognitive impairment. This impairment is new for Mrs. Cortez.

Mrs. Cortez lives alone. She has always been very active in attending a variety of social activities and day programs. One of the activities she regularly attended was group meetings for mood disorders. However, she recently decided that she no longer needed to attend these meetings. She stated that she felt “shunned” at these meetings.

Her first language is Spanish, however, she speaks excellent English. She has had a career as an artist and a poet.

Questions to Consider

What else do you need to know about Mrs. Cortez?
Where will you find this information?
What will be your approach as you begin your assessment?
What obstacles might you encounter and how will you deal with them?
What might a care plan look like for Mrs. Cortez (including discharge planning ideas)?

Pre-Reading


Homer 2 Orientation Manual

Read sections on:
• Medications and the elderly
• Monitoring and assessing psychotropic medications
• Mood stabilizers
• Bipolar Disorder
Suggested Optional Readings


Motivational Interviewing by Jennifer Read, University of Rhode Island
Case Study #3  Living at Risk

You are an EOS (Elderly Outreach Services for older adults with mental health challenges) nurse. A client, Mrs. Carter, has been referred to EOS by the GP after speaking with a home care nurse. The home care agency has been providing services to Mrs. Carter for several years, including home nursing for leg ulcers. Three weeks ago they withdrew their services for the following reasons:

- Mrs. Carter often refuses access to her home.
- Mrs. Carter’s home is filthy (rats have been seen) and the agency believes their staff is at risk when working there.

The home care nurse phoned the client’s GP with her concerns of the client not being safe at home or her ability to manage her care on her own. The GP had not seen the client in over a year and was refused access to the house when he attempted a home visit.

Mrs. Carter is an 85 year-old female who lives alone. She has not been seen by EOS in the past. You are asked to make a home visit to assess this client. The only information you have from the homecare agency is the following:

- Mrs. Carter speaks about a 45 year-old male who she believes is her son.
- The homecare staff has never met anyone else while working in her home.
- Family history indicates that Mrs. Carter had one child, a son, who passed away some years ago and the agency is not aware of any other family.
- Emergency contact information listed a friend, who you find out passed away two months ago.

Questions to Consider

What additional information do you need before you contact this client?
Where will you obtain this information?
What is your plan?

Pre-Reading


Homer 2 Orientation Package – please read the following section

- People with delusions and hallucinations

Suggested Optional Readings


Research unit and library material on the ethics of allowing people to live at risk.
APPENDIX D

STUDENTS MENTORING STUDENTS: FOSTERING PEER INVOLVEMENT IN THE PROJECT
STUDENT MENTORSHIP AND PARTICPATION IN THE PROJECT

In the Fall term, prior to the start of the project’s 12 week January practicum (when students work full time with one or more RNs as a preceptor/mentor), the project engaged 3 Nursing students in their practicum for N431: Nurses Influencing Change (78 hours of practicum over 12 weeks, September to December). One student worked primarily with the health care agency nurse educator and two students worked mostly with the university nurse educator to help with the development of resource materials and the workshops in relation to the project. They provided student perspectives, knowledge, experience and great energy.

Another aspect of the work these students engaged in was to facilitate discussion with their peers about the challenges and benefits to having this kind of final 12 week practice placement as organized in the project. The students organized and co-facilitated a two-hour session that was a “Pizza Social” whereby pizza and beverages were offered to draw students in. About a dozen students attended along with faculty, agency staff (nurse educators) and school administrative staff (e.g., Practicum Coordinator). There was thoughtful and thought provoking discussion about students’ resistance and hesitation. The following set of questions was loosely used as a guideline to promote discussion. The 3 practicum students followed up with their peers after the session to address any unanswered questions or concerns. In the end there were enough students interested to proceed with the project with the inclusion of two students from up island partner nursing programs.

During the actual January term when students were in the project’s 12 week placement, the Project Coordinator/course instructor acted as Field Guide for 2 students in their N351 practicum (Community Empowerment and Health Promotion – a 72 hour practicum January to early April). As part of this practicum the 2 students focused on facilitating their own and their peers’ understanding of this area of focus with the intent to shift attitudes to be more positive about working in this practice setting. They also organized a pizza social for their peers with the intent of promoting dialogue between students and educators/administrators about placements in the area of focus of older adults with mental health and/or addiction challenges.

QUESTIONNAIRE FOR STIMULATING DISCUSSION

These are the questions the students in both N431 (Nurses Influencing Change) and N351 (Community Empowerment and Health Promotion) used as a guide to stimulate discussion at the respective social events they organized for their peers as described above. The intent was to engage in discussions with their peers to hear their stories, respond to their questions and provide information about the PEIF project. This included specifically talking about the value in and satisfaction with working with older adults who have mental health and/or addiction challenges.

What are your thoughts about doing a final practice placement in mental health and addictions with older adults?

Do you already have some knowledge or experience of mental health and addictions settings for older adults or of adults who are living with mental health and addiction problems?

What do you feel are the positive aspects of doing a final placement in a mental health and addictions setting with older clients?

What do you feel are the negative aspects of doing a final placement in a mental health and addictions setting with older clients?
How do you think about mental health and addictions settings for older adults as a learning environment? What learning opportunities would there be for you in this setting?

Do you view mental health and addictions care for older adults as an important area of health care? Why? or Why not?

Has anyone suggested to you that the mental health and addictions setting with older adults would provide you with a good learning experience?

Are many of your peers interested in doing their final practice placement in mental health and addictions with older clients?

Do you believe that you are adequately prepared to do a final practice placement in geriatric mental health and addictions? If not, why not?

Do you believe you have the necessary biomedical skills to do a final practice placement in a mental health and addictions setting with older clients? If not, why not?

Do you believe you would benefit from the learning opportunities in a mental health and addictions setting with older clients? If not, why not?

Do you feel comfortable with the idea of doing a final practice placement in mental health with older clients? If not why not?

Revised September 23, 2005
APPENDIX E

PRESS RELEASES
Project encourages nurses to opt for geriatrics specialty

by Patty Pitts

Nursing graduates are in high demand in B.C. and can often choose where they want to work. Yet few choose psycho-geriatrics—working with senior patients with mental health and/or addiction challenges.

The University of Victoria’s school of nursing, working with the Vancouver Island Health Authority, hopes to address this shortage with a pilot project involving nursing students who graduate this spring.

The students have spent their final 12-week on-the-job practice experience with hospital units and community outreach organizations on Vancouver Island that deal directly with psycho-geriatric issues.

Project administrators hope that by exposing the students to both the challenges and rewards of working with these senior patients, more nursing students will choose this area for their career.

“We made sure that students were aware of the need in this area and had health care professionals come in and discuss the benefits they receive from their work,” says UVic nursing professor Jeannine Moreau.

“As a result, six students chose the area for their practice experience. No students chose it last year. The reports from both the students and their supervisors are very positive.”

Students gained experience in the wide spectrum of care needed for seniors by working with a variety of health care professionals in the field of psycho-geriatrics. During their six weeks at Victoria’s Royal Jubilee Hospital and six weeks at EOS (Elderly Outreach Services), VISTA (Victoria Innovative Seniors Treatment Approach) or with Nanaimo/Courtney Seniors’ Outreach teams, students were able to follow seniors through the health care system. Their learning was enhanced with seminars, workshops and attendance at conferences.

“I appreciated being able to see what community assistance is available to seniors to enable them to remain at home and to be able to follow the progress of a patient who might later require hospitalization,” says nursing student Michelle Chequer. “In traditional nursing practicums you don’t have the opportunity of seeing patients in a variety of settings.”

Moreau says that the program prepares the students to take a leadership role in the area of psycho-geriatrics upon graduation. UVic researchers will evaluate the outcomes of the program to see if more nursing graduates do seek work in this underserved area of care.

Funding for the program came from the provincial ministries of Health and Advanced Education through the B.C. Academic Health Council.
Written for Nurses Week VIHA publication

Celebrating Nurses Fostering Student Passion and Capacity in Caring for Older Adults

Over this past year VIHA and the University of Victoria have closely collaborated in a project titled: *Expanding horizons for student nurses: Older Adults/Mental Health and Addictions as a placement of choice*. This project has culminated in a very successful 12-week practice experience for 6 nursing students who are at the end of their RN program (Bachelor of Science in Nursing).

The purpose of the project was to develop students’ interest in working with older adults with mental health and/or addictions challenges (psycho-geriatrics) as an area of focus in nursing practice and expand the number of available quality practice placements for students. The project responded to the shortage of practice placements in health care. It was about cultivating quality practice placements for senior nursing students in underutilized and undervalued health care settings such as geriatric mental health. The intention was to demonstrate how these placements offer rich opportunity for senior students to become not only practice ready but also job ready. It was anticipated that outcomes of this project will lead to more students requesting these kinds of placements and increase recruitment and retention of new graduates in these practice settings. And indeed, after their 12-week practicum all 6 students in the project are keen to pursue various career tracks related to this area of nursing practice.

Through the work of this collaborative project students had value-added positive outcomes from their educational experiences. In their preceptorships they not only met practicum course requirements but also developed a solid foundation of knowledge, skills and ability unique to working with this population of clients. To accommodate these added-value features of the practice experience and foster students’ interest and satisfaction when working in this area of practice there were education modules that included seminars and workshops. What also made this more than a preceptorship was that students had various opportunities to follow selected clients as they moved through the health care system. There were occasions for them to actively work with other disciplines depending on where the clients were situated or transferred or discharged to.

I would like to take this opportunity to express deep gratitude and appreciation for all the nurses, nurse educators, researchers, unit coordinators and managers involved in this project. The focus of the placements has been on Homer 2 at the RJH site and at Elderly Outreach Services/Victoria Innovative Seniors Treatment and Assessment Program in Victoria and up island SORT (Seniors Outreach Team) in Nanaimo and the Seniors Mental Health team at the Comox Valley Mental Health and Addiction Services. The students have provided ample feedback about the high quality of mentoring and support they received not only from the nurses, nurse educators, and administrators they worked with in these practice settings but also from other health care professionals working in this area. Their passion for this area of health care practice has certainly been fanned by the enthusiasm and dedication of all the health care professionals committed to making this a great place to be. We are planning on repeating this kind of practice experience next January 2007 so stay tuned. If you would like more details please do not hesitate to contact me.

Sincerely, Jeannine Moreau RN, MN, Project Coordinator  
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Learning to care for ailing seniors

Most nursing practicums focus on the physical side of things like how to properly insert a chest tube or check for vital signs.

When UVic offered a practicum that would test nurses communication and social skills as much as their medical skills, Michelle Chequer and five other UVic students jumped at the opportunity. The new 12week practicum gives students the chance to work with seniors who are coping with mental health or addiction challenges.

UVic created the program this year to encourage new nurses to consider specializing in an area experiencing a nursing shortage. The demand for nurses with this training is expected to increase as Victoria’s population ages.

The students spent six weeks at Royal Jubilee hospital and six weeks in community outreach programs that send nurses into homes on southern Vancouver Island.

Overcoming difficulties communicating was among the challenges. A patient with short term memory loss, for instance, can sound repetitive, making it difficult to know how much they understand or retain.

"You have to really relate to people to get information out of the people who are unwilling or unable because they have dementia," said Chequer. She was drawn to the program because of the challenge.

"There are such complexities in mental health patients and such complexities in geriatric patients, I just thought combining the two seemed like a good learning experience." She helped people with age-related dementias such as Alzheimer’s, as well as ailments that affect people of all ages, such as bipolar disorder and addictions.

The experience differed from her previous practicums in several ways. For one, nurses don’t generally see patients in the home, where the role of the nurse takes on new dimensions, such as giving moral support to family members.

"Often when you work in the hospital, you don’t see the background what sort of support (the patient) had. Here you get to see behind the scenes." Conditions varied greatly between families, Chequer said, noting that sometimes the nurse helped just by being there.

"Sometimes just the smallest thing can make a huge difference. It can be as easy as referring people to the Alzheimer Society. Often families are really isolated," she said. "A lot of people don’t know that services exist."

The skills she developed over the past 12 weeks will help her in any type of nursing. However, she said is hooked and wants to specialize in helping elderly patients with mental health challenges. One advantage to this speciality is that unlike most hospital settings, you get the time required to develop a relationship with patients and a rare chance to communicate.

In the Wednesday, April 5, 2006 edition