

Experiences of a Nurse Consultant as Approved / Responsible Clinician in Acute Care

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Impact of definitions with the role

- Approved clinician is defined as: - a person approved by the Secretary of State (in relation to England)
- An RC is the AC who has been given overall responsibility for a patient's case.
- is competent to become responsible for the treatment of mentally disordered people detained under the Act.
- The RC should be the AC with the most appropriate expertise to meet the patient's main treatment needs

Authority within role

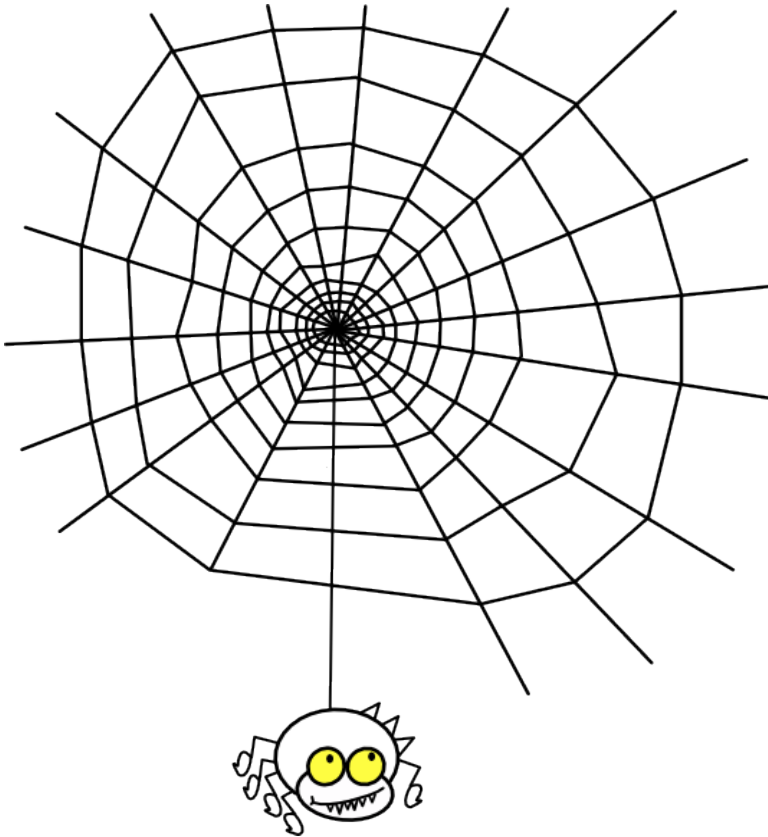
- Granting and setting conditions;
- Reviewing need for detention,
- Discharging from detention;
- Application for a Community Treatment Order;
- Bar NR discharge from detention or CTO;
- Renewing detention, CTO or guardianship;
- Recalling, Revoking
- Powers and duties in relation to the administration of medical treatment and emergency treatment

Challenges

- Communicating to patient /carers as to why the Nurse is RC
- Change of power in the nurse /patient relationship
- Establishing and then maintaining patient relationships after difficult decisions – keeping the compassion evident



Success –in role



- Support - Nurse Director, Matron and Ward Manager, Medical AC/RC Clinical Pharmacist
- Supervision – medical, nursing and peer
- Team synergy – keen to innovate, new roles, focused on experience and improvement
- No isolation in the team, strong leaders but no competition

Sustainability of role

- Ongoing CPD – need to map out needs individually.
- Self awareness and recognition of limits and scope of practice and expertise.
- Respect for contribution of different roles
- Keep the synergy



Improvements for Nursing Practice

- Understanding of accountability
- Treatments and evaluation
- Rights under MHA
- Consent to treatment
- Five guiding principles of the MHA
- Report writing and presentation skills



Case study 1

- 61 female – with established diagnosis stopped medication – re -admission
- Refusing all meds , refusing physical exam and obs, limited communication
- Due to increased disturbance – RT and then depot – restrictive practices
- Physical well- being deteriorated- best interests interventions.
- Switched to oral medications able to participate in decision making
- Successful discharge after extended leave periods on CTO

Case study 2

- 18 – female
- CAMHS, EUPD- self harming
- Medication regime established in CAMHS unit
- Required detention due to risk to self
- Nursing care plan with psychology support
- RC role focussed on - risk management and planning of leave periods for safe discharge and Nurse Consultant role supported Nursing care plans and reflective practice sessions.