

# School of Health Sciences

## Management Workbook

Name: .....

Copyright © Dec 2005 Raj Gidda, Jackie Haw, Kath Hulkorey, Joanne Parker, Yvonne Thompson, Claire Wilson

This publication can be used or reproduced including photocopying for non-commercial purposes. For individuals of organizations wishing to use this publication for commercial purposes may be asked for a fee. Application for the copyright owners permission to use, modify or reproduce any part of this publication should forward their enquiry to the Medical Clinical Facilitators, Derby Hospitals Foundation Trust, Junction 2 Level 3 Derbyshire Royal Infirmary, London Road, Derby DE1 2QY.

## **Contents:**

### **Page:**

02 - Contents
03 - Introduction
04 - Section 1: Communication
07 - Section 2: Managing a clinical situation
10 - Section 3: Time management and prioritising
13 - Section 4: Managing a shift
16 - Section 5: Risk assessment
19 - Section 6: Working with the MDT
22 - Section 7: Challenging situations
25 - Section 8: Discharge planning
28 - Section 9: Professional and ethical issues
31 - Useful websites

## INTRODUCTION

This workbook has been produced by members of the Medical Clinical Facilitator team at Derby Hospitals NHS Foundation Trust, in collaboration with the University of Nottingham School of Nursing. It is aimed at pre-registration nurses, with the intention of promoting the development and understanding of management issues. The format of the workbook presents scenarios which could be commonly encountered in the clinical area and then asks a series of questions designed to encourage the student to consider the course of action they would take, identifying priorities and key issues. The scenarios have been devised in accordance with categories identified by the authors as important in managing situations arising in the clinical area. The workbook is also intended to facilitate students to consider actions/activities they may undertake in order to meet the NMC practice outcomes relevant to their stage of training. Proficiencies relevant to each scenario are listed in every section. Two scenarios per category are presented, the first being aimed at students in their first year of training and the second being aimed at more senior students. The answers required of the second scenario questions will reflect this wider experience.

The book may be used by individuals, or to promote discussion of management issues between students, students and mentors/other members of staff. We have included a space in which comments can be recorded and signed by students and mentors, which may be referred to as a source of evidence contributing towards meeting the proficiencies. Answers to the questions have been produced and can be found in the answer booklet. You may find that you and your colleagues produce different answers to those provided and it is important to remember that these are not necessarily incorrect, as nurses often have individual approaches to managing situations. However, there are guiding principles and in some cases local policies and procedures that must be adhered to, and therefore must be taken into consideration when thinking about the scenarios.

## **COMMUNICATION**

Communication is a key skill for any health care professional, but for nurses, we 'are in an occupation that has interpersonal communication at its core. Virtually all nursing work revolves around the need for nurses to be effective communicators, whether relating to colleagues or with service users.' (Morrall 2001). Communication covers not only verbal and non-verbal exchanges, but also written forms such as medical and nursing notes. The NMC Code of Conduct (2004) emphasises that 'Health care records are a tool of communication within the team.' During your training you will be expected to show that you are developing appropriate communication skills, and you will continue to develop these skills throughout your working life.

# Communication

## Policies and Procedures

Refer to local Trust policies

## NMC Proficiencies

Domain: Care Delivery: Outcome:  
2.1, 2.2, 2.4, 2.5, 2.6, 2.7, 2.8 (2.1.1, 2.2.2, 2.4.3)  
Domain: Care Management: Outcome:  
3.2, 3.3, 3.4 (3.1.4, 3.2.1, 3.2.2, 3.2.3, 3.4.1)

NB- outcomes in brackets refer to new curriculum (2005) Diploma/BSc outcomes

## References

Morall, P (1995) 'Social Factors Affecting Communication' in Ellis B, Gates R, Kenworthy N (eds) 'Interpersonal Communication in Nursing'. Churchill Livingstone.

Nursing and Midwifery Council (2004) The NMC Code of Professional Conduct: standards for conduct, performance and ethics.'

## Mentor/Student Comments

Mentor Sign .....

Student Sign .....

# Communication

## Scenario 1

You are the only staff nurse at the nurse's station and take a phone call from the lab regarding haematology results for Mr Smith. The lab technician points out to you that some of the results are abnormal.

1. On answering the phone, what 3 things should you state?
2. What should you do to clarify that you have written down the results correctly?
3. To whom should you pass on the information that you have received?

## Scenario 2

You are a staff nurse on the early shift and are concerned about a patient who appears to have significantly deteriorated since you came on duty. The patient has no action plan documented in their medical notes and is for resuscitation.

1. Which member of the medical team would you initially contact?
2. What key information would you expect to communicate to this person to back up your concerns?
3. What action would you take if you were not satisfied with the response of this person?
4. Who else could you consider contacting for support?
5. Where and when would you document the events?

## **Managing a Clinical Situation**

You will have been involved in managing clinical situations since your first days on the ward, but as you progress through training and prepare to take on the responsibilities of a registered nurse it is increasingly important that you recognise the appropriate actions to be taken and that you are aware of where to seek advice and information pertaining to particular situations. Managing situations appropriately involves being able to assess the situation and needs of the patient and being able to act accordingly.

# Managing a Clinical Situation

## Policies and Procedures

Infection Control Policy on Inoculation Injuries  
Incident Reporting Policy

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome:

1.1, 1.2 (1.1.3, 1.1.4, 1.1.5, 1.2.1)

Domain: Care Delivery: Outcome:

2.3, 2.4, 2.5, 2.7, 2.8, 2.10 (2.3.3, 2.4.1, 2.5.3, 2.7.2, 2.8.2, 2.8.3)

Domain: Care Management: Outcome:

(3.1.2, 3.4.4)

## References

Mallet,J and Bailey,C (eds) (1996) 'The Royal Marsden NHS Trust Manual of Clinical Nursing Procedures' (4th edition)  
Blackwell Science Ltd

## Mentor/student comments

Mentor sign .....

Student sign .....



# Managing a Clinical Situation

## Scenario 1

A healthcare assistant comes up to you and states that she has stabbed herself on a needle found in a patient's bed.

1. What should you do first?
2. Who do you have to report this incident to and why?
3. What action would you expect the doctor to take?
4. What different action would you take, if any, if the patient had a diagnosis of HIV or AIDS?

## Scenario 2

Whilst sitting at the nurses' station a loud bang is heard. On investigation you find that a patient has fallen out of bed.

1. What would you do initially?
2. Who would you inform?
3. What documentation would you complete?
4. What risk assessments should be completed?

## Time Management and Prioritising

Managing your time, deciding upon priorities and planning accordingly can be one of the most difficult skills to acquire. There are constant demands on your time and attention and it can often be difficult to identify exactly what your priorities should be when there is so much to be done. It is also important to recognise that in patient care, priorities can change rapidly and you need to be able to constantly re-assess situations and respond appropriately. One of the keys to establishing priorities is to question what will be the consequence if this is not done immediately, in the next hour, this shift etc. As Matthews and Whelan (1993) point out, it is also worth considering that 'some priorities are more obvious than others. For example the maintenance of the airway before cleanliness is obvious, but sleep and rest before cleanliness is less obvious to some nurses.' Remember to involve your patient-their priorities may be totally different from what you imagine!

Time is a valuable resource and not all nursing time is spent on direct patient care. Managing your time involves planning ahead and realising that unforeseen events may disrupt this plan. Walton and Reeves (1996) suggest using the following mnemonic to assist in time management:

- List the activities to be done
- Estimate time needed to carry out each activity
- Allow time for unscheduled activities or errors
- Prioritise activities
- Study the activities of the day.

# Time Management and Prioritising

## Policies and Procedures

Refer to local Trust policies

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome

1.1, 1.3 (1.1.6)

Domain: Care Delivery: Outcome

2.4, 2.6, 2.7 (2.4.1, 2.4.2, 2.4.3, 2.5.1, 2.7.2, 2.8.3, 2.9.1)

Domain: Care Management: Outcome:

3.3(3.3.1, 3.3.3)

## References

Walton J& Reeves M (1996) 'Management in the Acute Ward'

Mark Allen Publishing Ltd

Matthews A & Whelan J (1993) 'In Charge of the Ward' Blackwell Science Ltd

## Mentor/Student Comments

Mentor sign .....

Student sign .....

# Time Management and Prioritising

## Scenario 1

Imagine you are a newly qualified staff nurse and you are allocated a bay of 6 patients to manage. The ward clerk has not yet turned up, the phone is constantly ringing. You have a confused patient who is wandering into other bays and the consultant has just arrived and asked you to accompany the team on a ward round. Meanwhile one of your patients has just buzzed and is trying to attract your attention.

1. In what order of priority would you attend to the above?
2. What factors have you considered in making this decision?

## Scenario 2

You have been allocated an acutely ill patient to care for on a one to one basis. The patient is NBM, has a central line for IV fluids and antibiotics, and has a surgical wound with 2 drains and a urinary catheter. They require oxygen continuously, need frequent suctioning and are unable to move themselves around the bed. The patient has had no bowel movement for 4 days.

1. What nursing care will you plan to give this patient throughout your shift?
2. The patient's visitors arrive when you are about to carry out some pressure area care, what do you do?
3. Another member of staff asks you to come to the next room to assist with toileting a patient. How would you respond and what would be your reasoning?
4. If you had not achieved all you had intended with this patient's care at the end of your shift, what should you do?

## **Managing a Shift**

Moving on from managing your own group of patients to managing a whole shift can be daunting for many nurses. According to Horne and Cowan (1992) there is a shift in focus which 'involves the attempt to identify needs and problems, set objectives and plan, implement and evaluate actions. The difference between this and individual patient care is that the whole ward, its environment, equipment and the groups of people within it, is the focus of attention rather than the individual patient.' When taking on this role there needs to be an awareness of the requirements of the whole ward/unit, an ability to allocate resources appropriately, continually review and re-assess the situation and deal with difficulties which arise which will be referred to you as the nurse in charge.

# Managing a Shift

## Policies and Procedures

Refer to local Trust policies

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome:

1.1, 1.2, 1.3 (1.4.1, 1.1.6, 1.2.1)

Domain: Care Delivery: Outcome:

2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10 (2.4.1, 2.4.2, 2.7.2, 2.8.2, 2.8.3)

Domain: Care Management: Outcome:

3.1, 3.2, 3.3, 3.4 (3.1.1, 3.1.5, 3.2.2, 3.3.1, 3.3.3)

Domain: Personal & Professional Development: Outcome:

4.2(4.2.2, 4.2.3)

## References

Horne, EM and Cowan, T eds(1992) 'Ward Sister's Survival Guide'(2nd ed)  
Mosby-Year Book Europe Ltd

## Mentor/Student Comments

Mentor sign .....

Student sign .....

# Managing a Shift

## Scenario 1

You are a trained nurse in charge of the ward on a late shift. You have a full complement of staff this shift, but an HCA has just rung in sick for tomorrow morning. You know it will be busy as you have a full theatre list.

1. What options would you explore in trying to replace the HCA?
2. What are the implications of having a) not enough staff to cover a shift and b) utilising bank or agency staff?
3. If by the end of your shift you had not managed to replace the HCA what would you do?

## Scenario 2

You are the nurse in charge of the ward on Monday morning and you also have your own team of patients to care for. On your team you also have another staff nurse and 2 HCAs. A ward round is in progress, one of your patients is due to go to endoscopy at 0930, you have an important meeting to attend at 1000 and have to organise 3 discharges for this afternoon. You have 3 patients who still require a bed bath. Suddenly at 0900 the emergency buzzer goes- one of your patients has arrested.

1. What would be your first priority?
2. What jobs could you safely delegate to others?
3. Would you still attend the meeting?
4. After the emergency has been dealt with, what do you need to catch up on with the rest of the staff?

## **RISK ASSESSMENT**

The NMC Code of Professional Conduct (2004) states that ' As a registered nurse, midwife or specialist community public health nurse, you must act to identify and minimise the risk to patients and clients.' As an employee, you will be expected to take responsibility for identifying risks and hazards in your area of work and to take the appropriate action to minimise these risks. Your local hospital / trust has a Risk Strategy which in Derby aims to ' ensure a more systematic approach is taken to risk management while developing a high level of staff competence and involvement.' As a nurse you will carry out risk assessment activities on a regular basis and will continually re-evaluate the care you give accordingly. Remember that you may also need to consider the risk to yourself of carrying out certain activities eg- when undertaking manual handling, and this is equally important as establishing risk to clients/patients and other members of staff.



# Risk Assessment

## Policies and Procedures

Risk Management and Health and Safety Policies  
Policy for the Identification and Reporting of Equipment Faults  
Falls Prevention Policy

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome  
1.1, 1.2 (1.1.2, 1.1.3, 1.1.5, 1.2.1, 1.4.1)  
Domain: Care Delivery: Outcome:  
2.4,2.8 (2.3.1, 2.3.3, 2.8.4)  
Domain: Care Management: Outcome:  
3.1 (3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.3.1)

## References

Nursing and Midwifery Council (2004) 'The NMC Code of Professional Conduct: standards for conduct, performance and ethics.'

Southern Derbyshire Acute Hospitals NHS Trust Risk Management and Health & Safety Manual (2002)

## Mentor /student comments

Mentor sign .....

Student sign .....

# Risk Assessment

## Scenario 1

You are walking down the ward when you notice that there is some water spilled on the floor in the corridor.

1. What 2 actions do you immediately take?
2. Whose responsibility do you consider it is to clear up spillages?
3. What are the potential consequences of not addressing the situation straight away?

## Scenario 2

You are admitting Mrs Jones to your ward and on looking through previous notes it is apparent that she has a history of falls both at home and in hospital. She normally walks with a stick but does not have it with her.

1. Which assessments should you complete as part of the admission process?
2. What other members of the MDT would you refer to?
3. Name 3 steps you could take to minimise the risk of Mrs Jones falling in hospital.
4. How would you ensure that other members of staff are aware that Mrs Jones is a falls risk?

## **Working with the MDT**

In both primary and acute health care settings there is an increasing emphasis on interdisciplinary working, changes in healthcare now demand collaboration and integration between professional groups in order to produce an improved experience and outcome for the patient. According to Cable (2002) 'one of the overriding challenges of modern healthcare is to create systems which function in a coherent, seamless manner in order to address the complex emotional, social, psychological and pathological problems with which patients present. This challenge has created a need to bring together separate but interdependent health and social care professionals.' The nurse is a key element in the team as she/he has the most patient contact and it is vital that the nurse has an appreciation of the roles and contribution of other professionals involved in patient care and has the ability to communicate effectively with these colleagues. The drive towards increasing multi-professional education is one way in which the government is attempting to highlight the profile of collaborative working and improve cohesiveness in practice.

# Working with the MDT

## Policies and Procedures

Joint Policy and Procedures for Community Care

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome:

1.1 (1.1.4)

Domain: Care Delivery: Outcome:

2.1, 2.2, 2.3, 2.6, 2.10 (2.2.4, 2.3.3, 2.4.3)

Domain: Care Management: Outcome:

3.2, 3.4 (3.2.1, 3.2.2, 3.2.3)

## References

Cable,D in Glen,S & Leiba,T (2002) ‘ Multi Professional Learning for Nurses.’  
Palgrave

Department of Health (2001) ‘National Service Framework for Older People’  
DoH London

## Mentor/student comments

Mentor sign .....

Student sign .....

## **Working With the MDT**

### **Scenario 1**

You need to refer a patient to Social Services.

1. What forms do you need to complete?
2. Give 3 examples of different reasons to refer someone to Social Services.
3. What other documentation would you complete?

### **Scenario 2**

You admit a patient with a high nutritional risk assessment score, the patient says she has not been eating much recently and has had a poor appetite for some time.

1. What action should you take?
2. What documentation needs to be completed?
3. Which members of the team should be informed?

## **Managing a Challenging Situation**

Nurses are frequently faced with situations that present a challenge in their work environment, and sometimes these situations may even escalate into situations that potentially involve conflict. Many trusts and other organisations now recognise that training in conflict resolution is necessary for staff to assist them in dealing with challenging scenarios, enabling staff to recognise warning signs and react in an appropriate way using skills and resources available to them. Challenges may not come in the form of conflict with others, but on a more personal level – what one person perceives as difficult and another may deal with challenging easily.

# Managing a Challenging Situation

## Policies and Procedures

Clinical Guidelines for Management of Agitated Patients  
Guidelines for Incident Reporting  
Guidelines for Use of Restraint, Emergency Medication and Seclusion  
Guidelines for Staff Confronted with Violent Incidents  
Trust Policy on Handling Formal Complaints

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome:  
1.1, 1.2, 1.3, 1.4 (1.2.4, 1.3.2)  
Domain: Care Delivery: Outcome:  
2.1, 2.2, 2.5, 2.8 (2.1.1, 2.1.2, 2.2.4)  
Domain: Care Management: Outcome:  
3.1(3.1.2, 3.4.4)

## References

PALS Training Toolkit, available at:  
[www.westminster-pct.nhs.uk](http://www.westminster-pct.nhs.uk)

## Mentor/Student comments

Mentor sign .....

Student sign .....

# Managing a Challenging Situation

## Scenario 1

Mr Evans has been admitted with a UTI and has not slept for 2 nights. He has become increasingly confused and unco-operative and has now grabbed the scissors from the resus trolley. When approached by staff he tries to attack them.

1. What is the prime consideration in this situation?
2. Who could you call on for help in dealing with this?
3. Is there anything that could be done to prevent a similar occurrence happening if the patient remains confused during their admission?
4. Would you report these events and if so how?

## Scenario 2

You have been caring for Miss White over the last several days and this afternoon are approached by her sister who expresses concerns regarding the nursing and medical care Miss White has been receiving. Miss White herself has not brought any issues to any of the staff.

1. As a staff nurse how would you initially attempt to deal with this situation?
2. If you yourself were unable to resolve the issue whom would you refer the patient's sister to?
3. If the relative stated that they wanted to make a formal complaint what would you advise?
4. What do you consider is the most appropriate place to document these types of occurrence and why is it important to document events such as this?



## Discharge Planning

One of the less rewarding aspects of nursing is having to inform a patient who has just been told by their consultant that they can go home, that the TTOs are still in pharmacy, that their door key has not been brought in by their neighbour, or Meals on Wheels will not be able to visit until next Monday and that the discharge will therefore be delayed.

The Department of Health (2004) believes that up to 80% of discharges are simple and should be carried out by nurses, but ensuring patients get home safely is not always as simple as it appears.

As the Government continues to drive healthcare in the UK towards shorter hospital stay and increased patient choice, the emphasis on discharge planning is increasing. Nurses have to improve and develop their discharge planning skills in order to meet the accelerating demands of simple and complex discharge issues. In order to do this nurses need to understand that discharge planning begins at admission. Nurses also need to have the skills and confidence to anticipate length of stay and predict discharge dates so that requirements can be addressed in a timely manner. Nurses should also be exploring ways of discharging patients at weekends, bank holidays etc, and should recognise the importance of liaising effectively with the MDT and families/carers.

# Discharge Planning

## Policies and Procedures

Discharge Planning Folder  
Trust Policy on Leaving Hospital

## NMC Proficiencies

Domain: Care Management: Outcome:  
3.2, 3.4 (3.2.1, 3.2.2, 3.2.3)  
Domain: Care Delivery: Outcome:  
2.1, 2.3 (2.2.3, 2.3.3, 2.5.1, 2.7.1)

## References

Department of Health (2004) 'Achieving a Timely, Simple Discharge from Hospital-a toolkit.'  
DoH : London

## Mentor/Student comments

Mentor sign .....

Student sign .....

# Discharge Planning

## Scenario 1

You have a patient going home tomorrow, she lives alone and requires no social services involvement. You need to ensure the patient has a safe and timely discharge.

1. When should discharge planning have been commenced?
2. Who would you need to inform/discuss discharge arrangements with?
3. What would you need to check is in place prior to discharge?

## Scenario 2

Mr Brown has been admitted to your ward with a fractured radius and has developed a pressure sore to his sacrum. He has not previously required social services but will do so on discharge. He has also been commenced on Warfarin this admission.

1. What documentation will need to be completed for social services referral?
2. Who will need to follow Mr Brown up at home?
3. What action needs to be taken with regard to the Warfarin?
4. Mr Brown has to attend fracture clinic 1 week after discharge, but has no transport, what do you do?
5. What aids might this patient require at home and how would you organise this?

## Professional and Ethical Issues

A Code of Professional Conduct as laid down by the governing body, the NMC, binds registered nurses and midwives. (2004). This code outlines the standards that you must work according to, what is expected of you as a registered professional by colleagues, employers and members of the public and what your professional responsibilities and accountabilities are. You may sometimes be faced with situations which require you to challenge the actions of colleagues, or which require you to challenge and question things that they are asking you to do if you feel that these things are unsafe or are not in the best interests of the patient or organisation. It is well recognised that it can be difficult to address these issues due to factors such as fear of the consequences, embarrassment and lack of support. Semple and Kenkre (2002) point out that the UKCC (2001) [now the NMC] reported the research of Moira Attree, which highlighted the fact that nurses are often reluctant to raise concerns about standards of care because they feared either inaction or retribution from employers. Nurses may also be inhibited by fears of being ostracised by the team if deciding to speak out against poor practice. It is clear however that the onus is on the individual to promote best practice and uphold the standards of the profession.

# Professional and Ethical Issues

## Policies and Procedures

Policy for Consent to Examination or Treatment  
Advocacy Policy  
Procedure for Dealing with Concerns on Health Service Matters

## NMC Proficiencies

Domain: Professional & Ethical Practice: Outcome:  
1.1,1.2, 1.3, 1.4 (1.1.1, 1.1.2, 1.1.3,1.1.5, 1.2.1, 1.2.2, 1.3.1, 1.3.2)  
Domain: Care Delivery: Outcome:  
2.1, 2.2, 2.3, 2.4, 2.5, 2.7 (2.1.3, 2.2.2, 2.2.4)  
Domain: Care Management: Outcome:  
3.1 (3.1.1, 3.1.2, 3.1.4)  
Domain: Personal & Professional Development: Outcome:  
4.2

## References

Nursing and Midwifery Council (2004) 'The NMC Code of Professional Conduct: standards for conduct, performance and ethics.'  
Semple, M and Kenkre, J 'The Need to Combat Clinical Fraud'  
Nursing Standard May 2002 vol.16 no 36

## Mentor/Student comments

Mentor sign .....

Student sign .....

# Professional and Ethical Issues

## Scenario 1

You are working with an experienced staff nurse who asks for your help to sit out a patient in chair. The patient has been assessed by the physios as requiring a hoist transfer, but your colleague says that is not necessary. You have looked after the patient before and know that his mobility and balance are severely impaired.

1. What would your concerns be in this situation?
2. Would you assist your colleague as requested?
3. If not, what would you consider the best way to handle the situation?
4. Do you have a responsibility to take this issue further and if so how would you do that?

## Scenario 2

A registrar asks you to accompany her whilst she consents a patient for a procedure. She is in a hurry and does not in your opinion spend enough time explaining the procedure and possible risks. The patient is hesitating and asks you whether you think they should go ahead.

1. Would you advise the patient one way or the other?
2. What is your role as a qualified nurse in this scenario?
3. How could you ensure that the patient receives the full information they require to make a decision?
4. Would it be acceptable for you to challenge the registrar on this issue?

## Useful Websites

Nursing and Midwifery Council:

[www.nmc-uk.org](http://www.nmc-uk.org)

Department of Health:

[www.doh.gov.uk](http://www.doh.gov.uk)

General Medical Council:

[www.gmc.uk.org](http://www.gmc.uk.org)

National Institute for Clinical Excellence (NICE):

[www.nice.org.uk](http://www.nice.org.uk)

British Nursing News online:

[www.nurse-nurses-nursing.com](http://www.nurse-nurses-nursing.com)

NHS Counter Fraud & Security Management Service:

[www.cfsms.nhs.uk](http://www.cfsms.nhs.uk)