Student Information Book
Mental Health Services

Student Name

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Student Information Book for Laois/Offaly & Longford/Westmeath Mental Health Services

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Welcome

Welcome to the Health Service Executive, Laois/Offaly-Longford/Westmeath, Mental Health Services. The management and staff of the Mental Health Services are delighted to have the opportunity to assist you in obtaining the clinical experience necessary to obtain registration as a psychiatric nurse and to complete the Bachelor of Science in Nursing in Psychiatric Nursing. We place a high value in having student nurses in the various hospital and community services and welcome your active participation in same.

The Clinical Placement Co-Ordinators (CPC) with the clinical staff will guide and support you through the clinical placements and encourage you to maximise the learning opportunities available in each area.

We hope this handbook will be useful throughout the course. It contains an overview of and an orientation to the various services, and guidelines for the various placements.

Should you have any queries or questions please ask. We are always open to any suggestions or views you may have with respect to improving the learning environment.

Looking forward to working with you.

Nurse Practice Development Co-Ordinator & Clinical Placement Co-Ordinators
Health Service Executive, Laois/Offaly & Longford/Westmeath Mental Health Service

September 2010
Aims of Orientation

♦ We are conscious of how daunting it can be to enter a new environment. We endeavor to ensure that all student nurses are given a sense of belonging to our services and have an opportunity to develop an understanding of the philosophy and aims of the service as a whole.

♦ Being on placement in different areas involves being exposed to a variety of different staff. We will identify key personnel in each service area.

♦ In order for you to maximise your benefit from the clinical placement it is important that good orientation be given as this will help you to adjust more quickly.

♦ Orientation should provide an outline of the framework of the services we operate. Your preceptor and C.P.C. can give more information as required. Also please feel free to consult any member of staff about the services.

Objectives of Orientation

You should know about:

♦ The mental health services of the Health Service Executive, Laois/Offaly & Longford/Westmeath.

♦ How these services are organised into sectors.

♦ The importance of teamwork.

♦ The importance of confidentiality in all settings.

♦ Hospital/Service policies and procedures in use.

♦ The system of nursing delivery being used.

♦ The physical layout of the unit you are allocated to.

♦ The learning opportunities available to you.

♦ Emergency procedures.

♦ The names of your colleagues.

♦ Who your preceptor is.

♦ How to contact the area.

♦ Student Resource Pack.

♦ Hours of attendance.

♦ Sick leave.
♦ Provide an overview of the patient/client group in/attending the ward/unit

♦ Provide an overview of the nursing programmes of the ward/unit

Checklist for Student Nurses on Clinical Placement

This checklist has been drawn up to facilitate an efficient and comprehensive orientation to the clinical area for the student nurse (Appendix I). It should be completed as soon as possible after the commencement of the student on placement. Orientation to the practice area should be completed within 48 hours. As each area is demonstrated it can be checked off in the allocated box. These checklists will be given to you with your learning outcomes and evaluation sheets from your C.P.C. and are also available in the Students Resource Pack on the wards.

Philosophy of Learning in Mental Health.

Psychiatric Nursing is a creative, caring and goal directed service to individuals, families and communities based on a sound body of knowledge. Our aim is to provide holistic care throughout life and to create and co-ordinate an environment which enhances the quality of life.

Central to the practice of psychiatric nursing is a commitment to relationships which includes the facilitation of student nurse learning. Within this process opportunities are provided for the learner to negotiate and attain desired goals through a variety of both structured and unstructured learning experiences.

Inherent in the process is the belief that the student nurse will become self-directed with personal responsibility for life long learning. The mental health service will encourage students to develop critical thinking skills, be research based in practice, and thus maximising learning opportunities in multi-disciplinary and diverse mental health settings.

Student’s Supernumerary Status

Students undertaking the registration education programme have supernumerary status during the programme with the exception of a final placement of 36 weeks internship, which consolidates the completed theoretical component of the programme.

Clinical placements provide learning opportunities, which enable the achievement of the learning outcomes. The supernumerary status of the student during the period of clinical placement is an important factor in enhancing the educational value of the experience.

The key features of supernumerary status are:

- Allocation to all clinical placement is driven by educational needs enabling the student to achieve stated learning outcomes;

- The student actively participates in giving care appropriate to the student’s level of knowledge and practical experience under the supervision and direction of a registered nurse / midwife;

- The student is surplus to the rostered complement of nurses / midwives;
The clinical placement allows for purposeful / focused learning where the student applies theoretical knowledge to health care practice and develops the integrated knowledge and skills essential to a professional practitioner;

The student takes an active role in achieving the learning outcomes whilst acknowledging the interests / rights of the patient / client.

An Bord Altranais (2005)

**Clinical Placements**

The aim of clinical Practice learning is to enable students develop the domains of competence and become safe, caring competent decision makers willing to accept personal and professional accountability for evidenced-based nursing care. Clinical practice experience, whether in the hospital or in the community care setting, forms the central focus of the profession and is an integral component of the nurse registration education programme. An Bord Altranais (2005)

During clinical placement students have the opportunity to apply theory to practice, develop nursing knowledge, skills and values and thus become competent nursing practitioners. During first year, students will be placed in acute units, continuing care units, community mental health centres and high support hostels. Some students will gain experience in Care of the Elderly settings.

Second and third year students’ clinical experience will be in Care of the Elderly, adult general nursing and specialist psychiatric placements which can include addiction services, liaison psychiatry, community mental health nursing and intellectual disability services. Students may also be on placement in generalist psychiatric placements.

The 36 week internship in fourth year will facilitate clinical placements in a wide variety of settings ensuring that by the time, the student qualifies s/he will have at least, the minimum requirements of practical experience as laid down by A.B.A. We hope as health service providers to have ensured that the student nurse by the end of his / her training will have had a comprehensive range of clinical placements in order to become independent competent professional psychiatric nurses who are proficient practitioners in any Mental Health Care setting.

**Learning Outcomes.**

The purpose of the registration education programme is to ensure that on successful completion of the programme the student is equipped with the knowledge and skills necessary to practice as a competent and professional nurse. An Bord Altranais (2005)

A learning outcome is a statement of what a student nurse is expected to know, understand or be able to do at the end of a period of learning. It includes an indication of the evidence required to show that the learning has been achieved (Neary, 2000).

**Competence Assessment in Clinical Practice**

An Bord Altranais (2000) requires assurance and evidence that the student is competent to practice and demonstrates the skills of a safe, caring and competent decision-making practitioner, willing to accept personal and professional accountability for evidence-based nursing/midwifery practice.
Assessment has a gatekeeper function in that those qualified practitioner’s who have the authority to assess a student’s competence to practice, regulate entry to the Register of Nurses. Assessment helps maintain standards, it can predict future behaviour and potential, monitor student progress and it can also encourage students to develop the skills of self assessment. By identifying student’s strengths and areas for improvement, assessment can be a motivating factor (Rowntree, 1977).

The key concepts associated with clinical assessment are:

- Assessment must judge the student’s abilities in clinical practice
- It must include an opportunity for self assessment
- It must make explicit expected outcomes and criteria.
- Feedback must be included.

(Guidelines on the Key Points that may be considered when developing a Quality Clinical Learning Environment, ABA, 2003)

Competence is a complex and multidimensional phenomenon and is defined as the ability of the registered nurse to practice safely and effectively, fulfilling his /her professional responsibility within his /her scope of practice. (ABA 2005)

A team and partnership approach will be applied when assessing the student nurse, as the assessor will consult with colleagues in determining the student nurses competence. ABA 2005

Indications of evidence of having achieved competence can be by a number of methods. These include:

- **By direct observation** of the nurse’s performance throughout the period of clinical placement.
- **By question and answer** sessions to assess underpinning knowledge.
- **By reflective discussion** between the student nurse and the preceptor regarding professional progress.
- **By input** from other key qualified nursing staff
- **By product evidence** e.g. documented nursing care

**The Assessment Process**

The assessment process functions as a tool to provide the necessary feedback on the student’s progress in the clinical area. The criteria for assessment are documented in the Competency Assessment Workbook which you have received in Athlone Institute of
Technology prior to coming on placement. Please refer to this for further information. The criteria for students are listed below.

**Criteria for Students**

The following criteria must be met before the student can be considered for assessment:

- The student is required to complete a record of attendance on a daily basis. **100% attendance is required from each student** on Taught Clinical Placement except in unforeseen circumstances (refer to AIT and HSE Dublin Mid Leinster Attendance Policy and Appendix IV). In unforeseen circumstances **80% attendance** is the minimum acceptable, in order for the student to be considered for final assessment in the practice area on a standard clinical placement.

- Psychiatry students require 18 weeks in specialist placements. A specialist placement refers to areas of specialist practice within a specific discipline e.g. Maternity for General Nursing students and Specialist Care Placements such as Community Alcohol and Drug Service for Psychiatric Nursing students.

- Where a student’s attendance on any placement is less than 80% the student cannot receive a final assessment and is required repeat the entire placement before progressing to the next year.

- Following the summer examination board meeting, a maximum of nine weeks of the student’s summer vacation period can be utilised to repeat an insufficiently attended or failed Clinical Placement.

- A new Clinical Competency Assessment Workbook will be issued to the student when he/she returns to placement to fulfil his/her stipulated attendance.

- The dates and times for students to repeat insufficiently attended or failed placements will be arranged at local level with ward staff, the CPC and the student allocations officer **following the examinations board meeting**.

- Progression to the next stage of the programme requires that the student attains the requisite level of competence
Entries pertaining to a student’s performance may be recorded by registered nurses including the CPC in the student's Performance Record in the Clinical Competence Assessment workbook. All entries must be specific and factual.

To pass the subject Taught Clinical Placement, the student must achieve all Performance Indicators. If this is not achieved, the student is required to repeat the placement for a similar duration and be reassessed on all the performance indicators for the repeat clinical placement. Failure to pass the repeat clinical placement will result in failure to progress onto the next stage of the programme.

Preceptorship

This refers to the process of preceptoring a student nurse.

A preceptor is a registered nurse who has been specially prepared to guide and direct student learning through clinical placement.

“An experienced nurse, within the practice placement who acts as a role model and resource for a student who is attached to him / her for a specific span or experience” – Nurse Education Forum (2000)

As well as guiding and teaching the student, the preceptor is the named nurse assigned to that student and will also assess the student nurses’ competence in the clinical setting according to the five domains of competence and the indicators by an An Bord Altrainais requirements and standard document.

Role of the Preceptor

- Works collaboratively with the student in identifying student’s learning needs.
- Helps the student link theory to practice.
- Highlights to the student learning opportunities on the ward / unit.
- Gives constructive feedback to the student.
- Share learning / working experiences.
- Nurtures / guides the student in the clinical area.
- Assesses the student’s clinical competence using the competency assessment workbook and using the portfolio as an added resource.
- Acts as role model for the student.
- Teaches practical skills by demonstration to the student.
- Engages if required, in critical incident discussion and reflective practice.

The role of the clinical supervisor of students is another key area for preceptor.
The student’s participation in giving care should be appropriate to the student’s level of knowledge and practical experience under the supervision of a registered nurse – A.B.A. (2000).

Local policies and guidelines should be appropriately adhered to and discussed with the student at the commencement of placement. Students should adhere to same.

Students are not permitted to accompany patients to / from procedures / tests / investigations without a qualified member of staff.

Students are not permitted to act as chaperone while a patient is being examined by a member of the medical team.

Protected Learning Time
This is four hours per week specifically set aside for the student as recommended by the Nurse Education Forum. It is to be used for personal and professional development by the student (Appendix 2).

Hours of duty on clinical placement.
There are a variety of duty rosters operational in the Mental Health Services based on student nurse learning needs and service needs. Students must work the days allocated and switching shifts can only be done through the CPC.

Hours of duty must be recorded in the attendance record sheet at back of student workbook (Appendix 3).

Year 1: Attendance is 35 hours per week excluding breaks. On ward placements the hours are 8 am – 4.30 pm, Monday – Thursday and 8 am – 1pm on Friday. On community placements each student will complete 7.30 hours Monday to Friday and five hours on Friday. Opening hours in community centres and day hospitals vary from 8.30am – 9am. Students are advised to contact the placement in advance to confirm commencement time.

Year 2 and Year 3: Second and third year students who are working in St Loman’s Hospital and St Fintan’s Hospital have the opportunity to work a long day system.

St Loman’s Hospital
The roster is a two week cycle consisting of one long week and one short week which in total is 70 hours. The long week consists of two 11.5 hour days and two 8 hour days which add up to 39 hours. The short week consists of two 11.5 hour days and one 8 hour which add up to 31 hours.

Long day = 8am – 9.15 pm. (including 1 hour for lunch and 45 minutes for tea)
Short day = 8am – 5 pm (including 1 hour for lunch)

St. Fintan’s Hospital & MRHP
Students will work 3 long day which will closely reflect their preceptors duty.
- 8am-9pm x 2 (including 30 minutes for lunch and 30 minutes for tea)
- 8am-8pm x 1 (including 30 minutes for lunch and 30 minutes for tea)
Year 4: In the fourth year of training, a 36 week internship placement is completed during which the 24 hour cycle of patient care is experienced. During internship students are employees of the HSE and will work a 37.5 hour week roster. Internship students will work the same roster as qualified staff.

Clinical Placement Co-ordinator (CPC)

There are two C.P.C’s posts for the psychiatric services in the Health Service Executive, Midland Area. One in Longford/ Westmeath and one in Laois/ Offaly

- Ms Tracy Quigley is the C.P.C. for Laois / Offaly and will cover student placements in St. Fintan’s Hospital, Department of Psychiatry MRHP and all community sectors.

- Mr Eamonn Moynihan is the C.P.C. for Longford / Westmeath and will cover student placements in St. Loman’s Hospital and all community sectors.

CPC MISSION STATEMENT.

The CPCs guide, support and facilitate student nurses learning while they are on HSE clinical placements. We ensure that the learning environment meets the Standards and Requirements of An Bord Altranais and meets the requirements of the Athlone Institute of Technology (AIT) educational programme.
Liason with key stake holders and third level institute.

Service orientation including policies, procedures, guidelines and structures.

Preceptor Support both formal and informal.

Learning Opportunities development and reviewing as required.

Student support using individual and group sessions to reflect on practice.

Clinical Learning environment issues and Nurse Practice development.

Feedback to clinical areas, and joint work with clinical staff.

Records maintainance, student attendance, assessments etc.

CPC Core Objectives
MENTAL HEALTH SERVICE MISSION STATEMENT

Mental Health services aim to foster positive mental health promotion and services are provided in partnership with service users, their families, carers, statutory, non-statutory, voluntary and locally based community groups with the aim of achieving the best quality of life for each individual through the provision of seamless, high quality person-centred services. Active service user participation in ongoing service developments is also promoted.

Strategic objectives are to:

- Support people’s recovery from mental illness so that they can gain as much independence as possible
- Continue to develop community-based services
- Provide access to appropriate primary / community and secondary care services in a timely manner
- Work in partnership with service users, carers, primary care and colleagues, both statutory and voluntary
- Advance the national and local governance arrangements, and
- Develop the workforce, buildings and information systems to support improved, cost-effective care and treatment.

HSE Service Plan 2010
Longford / Westmeath Mental Health Service

The mental health service of the Health Service Executive, Dublin Mid-Leinster is divided into two service areas – Longford / Westmeath and Laois / Offaly.

Each offer a comprehensive integrated multi-disciplinary community orientated service

In the Longford / Westmeath catchment area there is a population base of over 115,990. (Health Research Board, 2009)

The services are divided into four sector areas. These are Longford, Mullingar X 2 and Athlone. Each sector has a full multi-disciplinary team serving the Mental Health needs of their geographical area. For all three sectors, the in-patient facility is serviced by St. Loman’s Hospital, Mullingar.

(See Maps online on Moodle).

St. Loman’s Hospital, Mullingar, Co. Westmeath.

Patients are admitted to St. Loman’s Hospital, if necessary from anywhere in the two counties of Longford / Westmeath. The following are the wards in St. Loman’s Hospital.

Our Lady’s Male Admission Ward
This is a 20 bed acute admission unit. It provides the acute in-patient care for male patients from the Longford/Westmeath catchment area.

Our Lady’s Female Admission Ward
This is a 23 bed acute admission unit. It provides the acute in-patient care for female patients from the Longford/Westmeath catchment area.

St. Edna’s Ward
This is a 19 bed care unit for male patients. The patients catered for are from the HSE-Midland area who attempt to cope with mental ill-health through aggressive and socially inappropriate behaviour. The aim is to assist and encourage the residents on their personal journeys of recovery and of social reintegration into their communities.

St. Bridget’s Ward
This is a 25 bed psycho-geriatric unit for female patients. Patients in this unit have a range of age related problems in addition to mental health issues.

St. Marie Goretti’s Ward
This is a 25 bed psycho-geriatric unit for male patients. Patients in this unit have a range of age related problems in addition to mental health issues.

Eala Patient Activity Centre
This centre provides a comprehensive programme of patient activities designed to be therapeutic, rehabilitative and educational in nature.

The Psychiatry of Later Life Unit - is based at St. Bridget’s Centre for Older Persons – St. Loman’s Hospital.

This service delivers an assessment and treatment service to persons aged 65 years and over presenting for the first time to mental health care. It has a full disciplinary team led by a Consultant Psychiatrist. It is also the base for a team of community mental health nurses who will assist in providing home based care for the older people with mental health problems.
**Mullingar Sector Community Service**

Is based at: Community Mental Health Centre, Green Road, Mullingar.

It contains the following facilities:
- Sector headquarters
- Out patient clinics
- CMHN Team headquarters

It aims to provide a multi-disciplinary team approach to community care offering diverse service to people in the Mullingar town and catchment areas who have mental health problems and illnesses.

- **Day Centre/Day Hospital** at Ashbrook, Mullingar Business Park, Mullingar. This provides daily continuing care mainly of a rehabilitative and social therapeutic nature to people with a long term psychiatric problems.

- **Community Supported Residence Program**
  - These are nursing supported houses where clients live that have long term mental illness and need sustained help from the psychiatric service so as to be able to live in the community.

There are a number of residences in Mullingar.

- “Edgewater” (High Support Hostel) – 12 beds + one respite bed covered by 24 hour nursing care.

- “Glandore” (Medium Support Hostel) – 8 beds covered by nurses 12 hours per day and attendant cover at night.

- Range of low support hostels. Assisted in everyday living by nursing and care staff interventions.
  - A range of independent living facilities.

**C.A.D.S. (Community Alcohol and Drugs Service)**

This is a specialist service in the community in Mullingar at Bishopsgate Street. It offers a comprehensive range of services to persons suffering from alcohol and drug related problems. Every sector has a team of addiction therapists and C.A.D.S. is the base centre.

**Longford Sector Community Services.**

- Based at: Community Mental Health Centre
  - St. Joseph’s Hospital
  - Dublin Road
  - Longford.

It contains the following facilities:
- Sector headquarters
- Out patient clinics
- Day hospital
- Day Centre
It offers a wide ranging multi-disciplinary team approach to people suffering from mental health problems in Longford town and catchment area.

Outpatient clinics take place twice weekly.

- Day Hospital offers individual sessional based counselling service and supportive psychotherapy interventions.
- Day Centre offers social / recreational / rehabilitative daily service to the more long term mentally ill people who need support and nursing care to enable them to live in the community.

Community Residence Program.

- “Ashford” (High Support Hostel) – 15 beds + one respite bed covered by 24 hour nursing care.
- “Hillcrest” (Medium Support Hostel) – 8 beds covered by nurses 12 hours per day and attendant cover at night.
- Range of low support hostels.
  Assisted in everyday living by nursing and care staff interventions.

**Athlone Sector Community Services**

Mental Health Centre at St. Vincent’s Hospital, Athlone.

It contains sector headquarters and the Day hospital and the outpatient clinic.

The Day Hospital “An Rea Nua” offers a multi-disciplinary team approach to acute and supportive mental health care to those suffering from mental illness in the catchment area of Athlone.

The Addiction Service is also based in St. Vincent’s Hospital area and provides treatment for those having alcohol and drug related problems in this sector.

The Day Centre, Grace Road, Athlone operates on a daily basis five days per week, meeting the mental health needs of people who generally have more long term mental illness.

Community Residence Program.

- “3 / 4 Glenavon Tce ” (High Support Hostel) – 8 beds plus one respite bed.
  24 hour nursing care for people with enduring mental illness.
Laois/Offaly Mental Health Services

Overview of Service

The catchment area of this service is the counties of Laois and Offaly, which have a population of 142,437 (Mental Health Commission, 2004) The service is further subdivided into three sectors, namely: Portlaoise, Tullamore and Birr.

Hospital In-Patient Services

The In-Patient admission service is provided at the Department of Psychiatry, Midland Regional Hospital, Portlaoise. There are two wards in St Fintans Hospital. A brief description of these areas is outlined below.

Male Admission, MRH, Portlaoise

This is a 26 bed acute admission unit in the Department of Psychiatry which is attached to the Midland Regional Hospital (MRH) at Portlaoise. This unit provides the acute in patient care for male patients from the Laois/Offaly catchment areas.

Female Admission, MRH, Portlaoise

This is a 18 bed acute admission ward in the Dept. of Psychiatry. This unit provides the acute in-patient care for female patients from the Laois/Offaly area.

Activation Area, Dept. of Psychiatry, MRH, Portlaoise

This area provides a comprehensive programme of patient activities for in-patients of the Admission Units. The activities offered are therapeutic and educational in nature.

Rehabilitation Ward St. Fintan’s Hospital

This is a 26 bed extended care unit for male and female patients. These patients need long term care in a hospital environment. They are mostly considered unsuitable for placement in community hostels because of their personal problems or behavioural difficulties.

Ward 6, St. Fintan’s Hospital

This is a psycho geriatric care unit for male and female patients. Patients in this unit will have a range of age related problems in addition to mental health issues.

Tullamore Sector

The headquarters of this sector is at the : Community Mental Health Centre, Bury Quay, Tullamore.

Out-patient facilities are provided here as well as Day Centre and Day Hospital service. The Day Centre provides a programme for patients who require a more long term approach to care. The Day Hospital provides assessment and care facilities for new patients aimed at the reduction of hospital admission for treatment. There is a team of Community Mental Health Nurses based at Bury Quay who provide outreach assessment and support to clients in the community.
Birchwood House

This is a high support hostel catering for 15 clients located beside the Central Office of the M.H.B. There are 4 medium and low support hostels in Tullamore. The staff of Birchwood house provide support to the clients in these residences.

As well as Bury Quay there are Out-Patient clinics in Portarlington, Edenderry and Clara.

Portlaoise Sector

The headquarters of this sector is: **Community Mental Health Centre, Bridge Street, Portlaoise**

This centre also serves as a Day Hospital and Out-Patient Clinic. The Day Hospital provides a comprehensive day programme for acutely ill clients requiring intensive input who might otherwise require admission to hospital.

Day Centre

This Day Centre which caters for the continuing care need of a group of clients is located in the grounds of St. Fintans Hospital. This centre offers a rehabilitative and socially therapeutic environment of care.

Community Residences

There are nine medium and low support hostels in Portlaoise. Monresa, a 7 bed hostel and Emrooske, an 8 bed hostel provide medium support to clients. The remaining 7 hostels are low support with nursing staff visiting daily.

Out patient clinics also take place in Mountmellick and Graiguecullen.

Birr Sector

The headquarters of this sector is: **Community Mental Health Centre, Wilmer Rd., Birr.**

A day hospital, day center and out-patient clinic are also located at this site. The day hospital offers a multi-disciplinary team approach to those presenting for care. It offers assessment, individual based counselling service and group work. The Day Centre offers a holistic approach to care for those clients with more long-term mental health problems.

Erkina House.

A high support hostel catering for 17 clients is located at Erkina House, Rathdowney. The emphasis is on individual patient care and the maintenance of a happy, safe family environment. A day centre providing care for up to 20 clients is also based in Erkina House. It is hoped that this centre can be re-located to new premises in the near future.

These are two low support hostels in Birr. Staff from the C.M.H.C.,Birr visit these residents on a regular basis.

In addition to the C.M.H.C., out-patient clinics are conducted regularly in Abbeyleix, Rathdowney, and Ferbane.

Other Services
Psychiatry of Later Life

The Department of Psychiatry for Later Life is located at An Triu Aois Day Hospital, Block Road, Portlaoise. This area provides day hospital facilities for patients aged over 65 years. Community Mental Health Nurses attached to this service provide domiciliary nursing service to the Laois/Offaly area.

Community Alcohol and Drugs Service

A team of Addiction Counselors covering the Laois/Offaly area are based at Coote St., Portlaoise. Each counsellor has responsibility for a sector area. This service offers a range of community based interventions to clients presenting with addiction problems.

Psychiatric Consultation Liaison Nurse Service

This service is in operation in Tullamore since October 2001 and is staffed by two nurses. In 2007 this service was also set up in Portlaoise staffed with one nurse. The overall aim of the service is to improve and optimise the quality of service offered to patients presenting at Midland Regional Hospital, Tullamore & Portlaoise with mental health problems. Patients seen will have a comprehensive assessment, be offered suitable intervention and liaison for the patient will lead to co-ordinated follow-up.

Cognitive Behaviour Therapy

This service is staffed by one ANP nurse who is trained in cognitive behaviour therapy. This service serves the needs of the three sectors as well as functioning as an educational resource for the community in general.

Community Mental Health Nurses

Community Mental Health Nurses are attached to the consultant led teams in the three sectors and in the Psychiatry of Later Life service. They offer a community based service aimed at maintaining clients in their own homes.
Student Guidelines.

Confidentiality
It is essential that we maintain the privacy of people who use our services. In the course of your placement, you will have access to, or hear information concerning medical and or personal affairs of patients, staff, or other health service business. Such records and information are strictly confidential and must not be divulged or discussed except in the performance of normal duty. Record must never be left in such a manner that unauthorised persons can obtain access to them and must be kept in safe custody when no longer required. Please refer to An Bord Altranais document “Recording Clinical Practice Guidance to Nurses and Midwives “ ABA (2002)

In the process of documenting learning in your portfolio and if you do keep a personal diary or journal it is imperative that no data be included that would be in breach of the above (names of patients or clinical placement areas should not be recorded).

Boundaries
These are the limits and responsibilities placed on those who assume the role of caregiver, and as such they define ethical practices. They are important because they tell caregivers how far they can go in doing certain things without risking harm to the patient or to themselves. Boundaries are lines that you do not cross in the interest of preserving the patient’s therapeutic interests. Below is a list of rules for beginners and with the appropriate observation of these, it would be unlikely that you would overstep these boundaries.

- Where possible it is important to know the patient’s history.
- Inform the patient that you are a student.
- Never allow the patient to tell you a secret with your prior agreement not to discuss the information with anyone else.
- Do not be concerned about saying to a patient ‘I don’t know what to say’. If a patient asks you something you don’t know, then just say so. You should offer to find someone who would know the answer, if this is appropriate.
- Do not tell patients how you would solve their problems or give them advice.
- What the patient has to say is important.
- Do not make promises to patients if you are not absolutely certain it’s something you can do.
- Never tell a patient your phone number, where you live or that you will call them after work.
- Talking or associating with a patient is first, last and always a professional event, never a social event.
- Never give medicine for which you do not know the indications, contraindications dosage range, side effects and what to do in the case of overdose.
- Never sign off on anything you did not personally do.
- Never break the confidence of patients by discussing anything about them with persons other than appropriate staff and only in an appropriate learning environment.
- When in doubt, ask you mentor or other appropriate persons before proceeding.
(Adapted from; Therapeutic Approaches in Mental Health / Psychiatric Nursing, D.S. Bailey, D.R. Robinson)

**Task Alarm System**

In all areas where Task Alarms or personal alarms are provided it is Service policy that **ALL** staff must carry an alarm. It is the student nurses’ responsibility to sign for the task alarm s/he will be carrying each day and to return the alarm to the designated area at the end of the period of duty. Please ensure that you are familiar with the operation of the alarm following orientation to the clinical area and address any concerns to your preceptor, clinical nurse manager or a registered nurse.

**Attendance**

Attendance is subject to the Joint AIT and HSE-MA Attendance Policy (Appendix3).

- Full attendance (i.e.35 hours per week) is required when the student nurse is on clinical placement. Attendance Record Sheets must be completed by the Student and signed by the preceptor/ associate preceptor/ nursing staff in the area.

- Weekends and Public Holidays off. Internship students are entitled to public holiday duty as per HSE Guidelines (Appendix 4)

- Duty times to be arranged at local level prior to commencement of placement.

- Break-times also to be arranged locally.

- It is the student’s responsibility to ensure that the attendance record sheet is completed on a daily basis, signed by the student nurse and countersigned by the preceptor/assigned nurse. The attendance record is returned as part of the Assessment workbook to Athlone I.T.

- Internship placement entails a 37.5 hour week over seven days. Working includes 4 hours weekly of protected learning time and excludes breaks.

- PLT is managed with the assistance of the PLT policy (appendix 5)

**Non-Attendance**

- In the event of inability to attend for duty the student must contact the C.N.M 2 of the unit/ward, and the Clinical Placement co-ordinator before 10am on the morning of non-attendance. Please note students on placement in St Lomans Hospital should contact nursing administration who will in turn contact the CNM 2.

- If the student fails to make contact and is not on duty the CPC will endeavour to contact you to identify the reason for non-attendance. Should the CPC be unsuccessful in contacting you, your next of kin will be contacted within 24 hour of your absence.

- If significant non-attendance is noted during placement the C.P.C. will contact the allocations office of Athlone I.T.

- If absence is due to certified illness it is the responsibility of the student nurse to forward the sickness certificate to the allocations officer. When returning from absence or sick leave the student nurse must ring the appropriate unit/ward C.N.M. and Clinical Placement Co-Ordinator to report back to duty before 5pm on the previous evening.
• During Rostered practice Students must adhere to the appropriate Health Service Executive- Midland Area guidelines if reporting sick.

A list of all clinical areas and nursing administration contact details are provided in Appendix 6

**Dress Code**
- The agreed uniform must be worn in full while on placement in hospital wards.

- This uniform must be kept clean, neat, tidy and is not to be worn outside of the hospital setting.

- Navy cardigan may be worn with the uniform.

- Flat-laced navy or black shoes must be worn with the uniform.

- General appearance must always be clean, neat and tidy.

- During community placement, neat modest dress is essential, smart casuals include trousers / skirt, and shirt / blouse. No jeans / denims, sandals / runners.

- Jewellery should be confined to stud earning, watch and plain wedding band. No other form of accessory jewellery is permitted.

- Mobile phones should be switched off while on duty.

- Name badges must be worn at all times unless in a designated community placement.

- The uniform and name badge is the responsibility of the student.

**Incidents/Accidents involving Nursing Students on Clinical Placement**
- Follow the Incident/accident reporting policy of the Health Service Executive, Midland Area and relevant local and national policy and legal requirements in relation to the use of the incident report forms.

- The nurse in charge should assess the seriousness of the incident and take appropriate action.

- The C.P.C. should be informed of the incident and of the action taken.
• The C.P.C. will record this in the Assessment Workbook and inform the link tutor if necessary.

• The incident may be discussed with the student by the C.P.C. and other relevant personnel and appropriate advice given for further assistance if required.
# Orientation checklist for student nurses in clinical placement

The aim of this orientation to the unit/area is to assist the student nurse to become familiar with the layout of the unit/area.

## AREA OF ORIENTATION

<table>
<thead>
<tr>
<th>The student is introduced to the patients/service user.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student is introduced to their preceptor/co-preceptor/staff or informed who their preceptor/co-preceptor/staff will be.</td>
</tr>
<tr>
<td>The student is introduced to staff on unit/area.</td>
</tr>
</tbody>
</table>

## THE STUDENT IS FAMILIARISED WITH:

<table>
<thead>
<tr>
<th>Physical layout of the unit/area, grounds and related structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>All exits to Units/Area and building’s</td>
</tr>
<tr>
<td>The safety statement for this location. (Student to read this during the placement)</td>
</tr>
<tr>
<td>Fire exits and fire procedures</td>
</tr>
<tr>
<td>Location of emergency equipment and expectations of Student’s role in same</td>
</tr>
<tr>
<td>Care of Pass Key/Card to Outward doors</td>
</tr>
<tr>
<td>Number of patients/service users- (refer to unit/area Profile)</td>
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<tr>
<td>Observation area (if appropriate)</td>
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<tr>
<td>Reporting to appropriate personnel.</td>
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<tr>
<td>Policies/Procedures in Unit/Area (Location of same)</td>
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<tr>
<td>Use of Personal alarms (if appropriate)</td>
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<tr>
<td>Appropriate telephone etiquette</td>
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<tr>
<td>Location of Student Resource pack</td>
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Signature of Preceptor/Staff: _______________________________

Signature of Student: _______________________________

Date: __________________________
APPENDIX II

*Attendance Record for Clinical Placement*

<table>
<thead>
<tr>
<th>Course Module Number</th>
<th>Athlone Institute of Technology / Health Service Executive-Midland Area</th>
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<tbody>
<tr>
<td>Student Nurses Name</td>
<td>____________________________________________________________________</td>
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<tr>
<td>Year commenced Training</td>
<td>__________________________________________</td>
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<tr>
<td>Course Undertaken</td>
<td>General Psychiatry</td>
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<tr>
<td>CPC</td>
<td>____________________________________________________________________</td>
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<td>Name of Placement</td>
<td>____________________________________________________________________</td>
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<td>Hospital</td>
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<td>Date From</td>
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<tr>
<th>Date</th>
<th>Amount of hours worked</th>
<th>Protected Learning</th>
<th>Hours Absence from Duty</th>
<th>Student Signature</th>
<th>Preceptor/Nurse Signature</th>
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Clinical Placement Attendance Policy for Students undertaking the B.Sc in General and Psychiatric Nursing in Athlone Institute of Technology

The following guidelines have been drawn up in accordance with the An Bord Altranais Requirements and Standards for Nurse Registration Education Programmes (third edition) February 2005.

- Students must undertake no less than 2,300 hours\(^2\) of Clinical Placement over a four year programme
- Students are required to attend Supernummary\(^3\) Clinical Placement for 35 hours each week, inclusive of 4 hours Protected Learning\(^4\) and excluding meal breaks
- Students are required to attend Internship\(^5\) Placements for 39 hours each week, inclusive of 4 hours Protected Learning and excluding meal breaks
- Full attendance (100%) on Clinical Placement is desirable in order to optimise student learning and to complete a Clinical Competency Assessment\(^6\) for each stage of the programme
- In unforeseen circumstances\(^7\) a minimum of eighty per cent (80%) attendance is acceptable to undertake a complete Clinical Competency Assessment.
- Where a student’s attendance on any placement is less than 80% the student cannot receive a final assessment and must repeat the entire placement\(^8\).
- Following the summer examination board meeting, a maximum of nine weeks of the student’s summer vacation period can be utilised to repeat an insufficiently attended or failed Clinical Placement.
- Time requirements exceeding nine weeks duration will necessitate students completing Clinical Placement in a separate academic year.
- A new Clinical Competency Assessment Workbook will be issued to the student when the he/she returns to placement to fulfill his/her stipulated attendance.


\(^3\) Allocation to a clinical placement is driven by educational needs; the student is surplus to the rostered complement of nurses.

\(^4\) Specific periods of protected time are allocated for reflection during supernumerary placements and the final internship clinical placement (Nurse Education Forum 2000)

\(^5\) The final placement in the 4\(^{th}\) year of the programme which comprises of 36 weeks.

\(^6\) Clinical Competency Assessment is a record which declares that each student meets a standard of learning outcomes in the clinical component of the programme.

\(^7\) Unforeseen circumstances. Includes; accident, illness, compassionate leave, and the attendance at a funeral of an immediate family member (spouse/partner, child, father, step father, father in law, mother, step mother, mother in law, * brother, sister, aunt, uncle, niece, nephew, brother in law, sister in law, a grandparent.

APPENDIX IV
Title: Management of Public Holidays for Rostered Student Nurses.

1.0 Purpose
The purpose of this guideline is to ensure that Intern Student Nurses receive all Public Holidays owing to them during their 36 week practice placement. All permanent and temporary employees who work on a full-time basis have an immediate entitlement to public holiday benefits.

2.0 Scope
The guideline applies to all intern students whilst on clinical placements during a 36 week practice placement year.

3.0 Definitions and Abbreviations
3.1 There are nine public holidays provided for
The first Monday in July                 The first Monday in August
St Patrick’s Day   The last Monday in October
Easter Monday   The first Monday in May
The first of January

3.2 Definition of clinical areas is as follows: the clinical area is any designated service area where a student nurse attends clinical placement on.

4.0 Responsibility
• It is the responsibility of the Student Allocation Liaison Officer to monitor adherence to this guideline;
• It is the responsibility of the Clinical Placement Co-ordinator’s to ensure that the student is aware of content of this guideline;
• It is the responsibility of the Clinical Nurse Manager to bring this guideline to the attention of all staff who have responsibility for nurses and student rosters;
• It is the responsibility of all nursing staff to adhere to this guideline when completing student nurses duty rosters;
• It is the responsibility of all Intern Student Nurses to adhere to this guideline.

5.0 Procedure/Guideline
Intern Student Nurses who work or who are required to work on the day on which the public holiday falls.

5.1.1 An intern student who works a ‘5 over 7’ roster and is scheduled to work on the day on which the public holiday falls is entitled to payment for hours worked plus single time extra for each of those hours. S/he is also entitled to an additional day’s annual leave or an additional day’s pay based on 1/5 of his/her standard working week in respect of his/her statutory entitlement for the public holiday.

5.1.2 An intern student who works a ‘5 over 7’ roster and whose scheduled day off is the day on which the public holiday falls is entitled to an additional day’s leave based on 1/5
of his/her standard working week in respect of his/her statutory entitlement to a public holiday.

5.1.3 An intern student who normally works on the day on which the public falls but has the day off by virtue of the fact that it is a public holiday is entitled to his/her normal day's pay.

5.2 **Intern Student Nurses absent from Work Prior to a Public Holiday.** A **Rostered Student Nurse is not entitled to a public holiday if s/he is absent from work immediately before the public holiday for one of the following reasons:**

5.2.1 Absence in excess of 52 consecutive weeks by reason of an occupational injury;

5.2.2 Absence in excess of 26 consecutive weeks by reason of an illness or injury (not occupational);

5.2.3 Absences in excess of 13 consecutive weeks caused by a reason not including injury or illness;

5.2.5 Absence by reason of a strike;

5.2.6 Absences due to Carer’s Leave (after the first 13 weeks of the leave has elapsed);

5.2.7 Absences due to Health and Safety leave under the Maternity (Protection Act), 1994, i.e. an employee will not accrue an extra day in lieu of the public holiday to be taken at the end of the Health and Safety leave period.

5.3 Due to the structure of the rostered practice year, student nurses have to move between clinical placement areas in order that they meet the An Bord Altranais Standards and Requirements for Nurse Registration Education Programmes (2005). The following conditions of public holidays must be adhered to:

5.3.1 If a rostered student nurse is unable to take the public holiday on the day it falls then this days leave must be taken before that clinical placement is completed. Otherwise the student must take the days leave that is due before completion of the clinical placement area.

5.3.2 Public holidays cannot be carried forward to the next placement in a new clinical service area.

**Notes:**

- An employee who is absent on statutory maternity, additional maternity leave or adoptive leave continues to accrue an entitlement to public holidays.
- Public holiday work is normally defined as any roster, which commences, between midnight on the eve of the public holiday and midnight on the public holiday.

6.0 **Frequency of Review**

This guideline will be reviewed in January 08.

7.0 **Method used to review operation of Guideline**
This will be done by examining student attendance records/time sheets and through on-going evaluation of clinical placements.

8.0 References

HSE EMPLOYERS AGENCY
Rules Pertaining to Time Management in the Health Services July 2005
APPENDIX V

Title: Protected Learning Time for Student Nurses

Policy Statement:
Clinical learning is enhanced when students are given the opportunity to reflect on their experiences in the clinical placement area. The Nursing Education Forum (2000) recommends that specific periods of protected time be identified for reflection during supernumerary and rostered placements. The amount of time allocated to protected learning is agreed jointly between the Health Service provider and the third level institute (Nurse Education Forum, 2000)

1.0 Purpose
The purpose of this policy is to aid the clinical staff and the student nurses in optimising the use of protected learning time on clinical placement.

The term ‘student nurse’ refers to all students engaged on the undergraduate Bachelor of Science in Nursing programme at Athlone Institute of Technology who are on placement with the Health Service Executive, Dublin Mid Leinster (Laois/Offaly, Longford/Westmeath).

Students attached to other third level institutions who are on placement in the Health Service Executive, Dublin Mid Leinster (Laois/Offaly, Longford/Westmeath), shall avail of the amount of protected learning time determined by their parent institution. These students must adhere to the policy of the Health Service Executive, Dublin Mid Leinster (Laois/Offaly, Longford/Westmeath), when the protected learning is being taken.

2.0 Responsibility

2.1 All nursing staff in the clinical areas where student nurses are on placement are to familiarise themselves with the policy on protected learning.

2.2 It is the responsibility of the student nurse to inform the CNM/CNS/PHN/ Nurse in Charge /Preceptor /Associate Preceptor /Allocated Nurse when s/he is taking protected learning time, where this is being taken and what time the student will be back in the clinical area.

2.3 It is the responsibility of the student nurse to maintain a record in her/his attendance sheet of the amount of protected learning time taken.

3.1 Policy
3.2 The amount of time allocated to protected learning is four hours per week. This may be taken in separate amounts to accommodate service needs.

3.3 This time has to be taken on a weekly basis and **cannot be accumulated**. Adjustments to this amount of time may be made to account for reduction of hours on clinical placement.

3.4 The suitability of the time at which protected learning is proposed to be taken is determined by the Clinical Nurse Manager (CNM)/Clinical Nurse Specialist (CNS)/Public Health Nurse (PHN)/Nurse in Charge/Preceptor/Associate Preceptor/Allocated Nurse in the clinical area in conjunction with the student nurse.

(It is recommended that protected learning time is not taken at the beginning or end of a shift.)

3.4 The student nurse reports back on duty to the CNM/CNS/PHN/Nurse in Charge/Preceptor/Associate Preceptor/Allocated Nurse at the completion of the period of protected learning.

3.5 The student **must** utilise the area identified for student learning in the clinical area or the nearest hospital library for protected learning.

3.6 In the event of there being a difficulty with access to the areas identified above the student nurse must consult with the CNM/CNS/PHN/Nurse in Charge/Preceptor/Associate Preceptor/Allocated Nurse and the Clinical Placement Coordinator (CPC) to discuss alternative arrangements.

3.7 In all instances the student nurse must inform the CNM/CNS/PHN/Nurse in Charge/Preceptor/Associate Preceptor/Allocated Nurse of where s/he intends to take her/his protected learning on each occasion that s/he leaves the unit/centre.

3.8 Where a formal teaching/case study/conference is organised protected learning time will be used to facilitate student attendance in conjunction with the CPC.

3.9 In community placements special local arrangements may be put in place to manage the protected learning time that will be agreed by the CNM/CNS/PHN/Nurse in Charge and the student in order to accommodate a wide diversity of services, variety of working locations, complex service needs and broad geographical spread.
4.0  Frequency of Review
This policy will be reviewed on a two-yearly basis unless indicated by a change in practice and/or governing legislation.

5.0  Method used to review operation of the Policy
    e.g. audit tool, check list, performance indicator (data collected on a routine basis to demonstrate level of performance) etc.

5.1  Review of Student Nurse Evaluation of Clinical Placements.
5.2  Review of Sample number of Student Nurse Attendance records (40 per year).
5.3  Review of annual Rostered Placement Report.
5.4  Review of Educational Audit of Clinical Learning Environment.

6.0  References

7.0  Appendices
N/A
APPENDIX VI

Telephone List- Longford/Westmeath Service

Nursing Administration
Mr. Larry Ward – Director of Nursing......................................................... 044- 9384375
Ms. Gerardine Kelly – Asst. Director of Nursing........................................ 044- 9384379
Mr. Michael Hyland – Asst. Director of Nursing........................................ 044- 9384379
Ms. Margaret Doran- Clerical Officer for Nursing Admin.......................... 044- 9384376

Clinical Placement Co-Ordinators
Mr. Eamonn Moynihan................................................................................ 086-8123209
Ms. Frances Jones......................................................................................... 086-8123209

Wards
Female Admission.......................................................................................... 044-93 95537
Male Admission............................................................................................. 044- 93 84340
St. Edna’s Ward.............................................................................................. 044- 93 84336
St. Brigid’s Ward............................................................................................ 044- 93 84328
St. Marie Goretti’s Ward................................................................................ 044- 93 84329
Patient Activity Centre (EALA)..................................................................... 044- 93 84245

Psychiatry of Later Life
Ms. Rose Conway – CNM II.......................................................................... 044- 9384363

Athlone Sector
Mr. Anthony Coyne– Asst. Director of Nursing........................................... 09064 -83190
Community Mental Health Centre, Grace Road,
CNM II – Ms. Rosaleen Heavin..................................................................... 09064- 92969
Day Hospital – St. Vincent’s Hospital,
CNM II Office.............................................................................................. 09064-83190
Hostels :
3 / 4 Glenavon Tce (High Support Residence).......................................... 09064-78649

Longford Sector

Mr. Michael McConnell – Asst. Director of Nursing................................. 043-3346992
Day Centre (C.M.H.C - St. Joseph’s Hospital)............................................. 043-3349903
CNM II Ms. Becky Donagho.
Day Hospital (C.M.H.C. - St. Joseph’s Hospital)........................................ 043-3346992
Hostels : Ashford House (High Support Residence)
CNM II – Ms. Mary. Mc Grath................................................................. 043-3346779
Hillcrest, Dublin Road (Medium Support) 043-3346115
Community Mental Health Nurse Team.
  Ms Ann Howard
  Ms Josephine Mc Cloughry.
  Mr Stuart Hannell. 043-3346992

**Mullingar Sector**

Mr. Tim Srahan – Asst. Director of Nursing……………………………….. 044-93 39552

**Day Centre** (C.M.H.C., Green Road)
  CNM II – Ms Mary Kerrigan......................................................... 044-93 39552
  P.C.L.N ‘s Anne Rogers
  Claire Moriarty
**Day Hospital** “Ashbrook”, Mullingar Business Park................................. 044-93 42363
  CNM II – Ms. Caroline Feehan

**Hostels:** Edgewater (High Support Residence)
  CNM II – Mr Terry Mc Gurk ................................................... 044-93 42769

  Glandore (Medium Support Residence)........................................ 044-9342831
  CNM 1 Mr Micheal Madigan

  CADS – Community Addiction Centre........................................... 044-93 41630

**TELEPHONE LIST – Laois/Offaly Mental Health Service**

**Nursing Administration**

Mr. P.J. Lawlor – Director of Nursing......................... 057-8692929

Mr. V. McNamara – Asst. Director of Nursing............... 057-8692930

Ms. M. Redmond – A/Assistant Director of Nursing......... 057-8692930

Mr. L. Maguire-A/CNM III, Rehabilitation Service......... 057-8692931

Ms. M. Hooban – Allocations.................................................... 057-8692931

Ms. C. McManus-A/CNM III, Admission Unit............... 057-8692965

**Clinical Placement Co-Ordinator**

Ms Tracy Quigley................................................................. 086-3803402

  057-8692934

**Wards**

Male Admission, MRH Portlaoise.
Nurses Office............................................................... 057-8692961
Nurses Station............................................................. 057-8692960
CNM II Office............................................................... 057-8696394
Female Admission, MRH, Portlaoise
Nurses Office…………………………………………………………………………………………… 057-8692964
Nurses Station………………………………………………………………………………………... 057-8696400
CNM II Office………………………………………………………………………………………….. 057-8696399

Activation Area, MRH, Portlaoise
Office……………………………………………………………………………………………………… 057-8696410
Room…………………………………………………………………………………………………. 057-8696425

Rehabilitation Ward
Nurses Office………………………………………………………………………………………... 057-8692973

Ward 6
Nurses Office………………………………………………………………………………………… 057-8692972

Portlaoise Sector

C.M.H.C. Bridge St.
Ms. A. Cass A/C.N.M. III………………………………………………………………………… 057-8622925

Day Centre, St. Fintan’s Hospital
Nursing Office, ………………………………………………………………………………………... 057-8692909

Community Mental Health Nurses, Portlaoise Sector……………………………………. 057-8622925
C.M.H.C., Bridge St., Portlaoise

Tullamore Sector

Mr. M. O’ Hehir - Assistant Director of Nursing………………………………………... 057-9351284
C.M.H.C., Bury Quay, Tullamore

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