

HA Convention 2010

Role Transformation of Psychiatric Consultation Liaison Nurse in Kowloon Central Cluster - From Expert to Novice! From Novice to Expert?

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Rundown of Presentation

- Terms & Definitions
- Brief Background of CL Nursing
- Traditional Roles of CLN in QEH
- Role Transformation of CLN in QEH
- Challenges & Opportunities
- Service Outcomes



Terms & Definitions

- Consultation Liaison (CL) Psychiatry

- A ***subspecialty of psychiatry***

- skills & knowledge utilized in evaluating & treating patients' emotional & behavioral conditions in general hospital settings

(Leigh & Streltzer, 2008)

- Consultation Liaison Nurse (CLN)

- An ***advanced practice nurse***

- expertise to mental health issues & interventions through implementation of nursing consultation process

(Roberts & Whitehead, 2002)

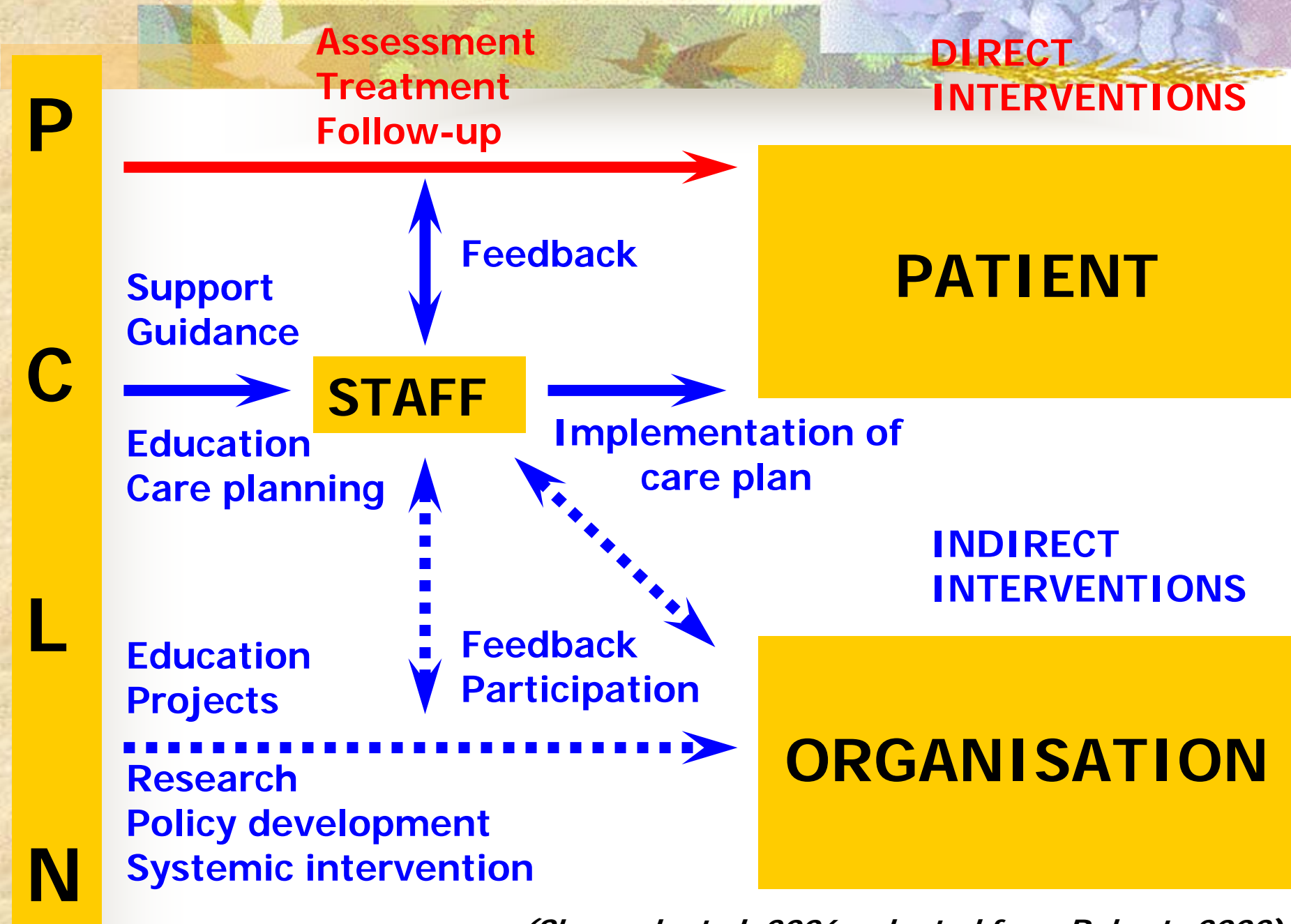


Role of the Consultation Liaison Nurse

- A ***specialist mental health clinician***
 - direct care to ***patients*** who experiencing psychological/ mental problems

- A ***consultant***
 - collaboration with ***consultees*** in addressing to patients' psycho-social needs

(American Nurses' Association, 1990)



(Sharrock et al. 2006, adapted from Roberts 2002)



CL Nursing Service in QEH

- 1995: Starting service in QEH → 1 NO(Psy)

- Traditional Roles of CLN (**Expert**)
 - Direct consultation to patients
 - Mental status examination
 - Risk assessment & crisis intervention
 - Problem & need identification
 - Psychological intervention
 - Indirect consultation to staff
 - Frontline support
 - Staff's training & education
 - Service liaison work



CL Nursing Service in QEH

- New Role of CLN (**Novice**)
 - Suggesting *disposal plan* for psychiatric consultation

- Rationale of Role Transformation
 - An innovative practice
 - A potentially cost-effective service

- Objectives of Role Transformation
 - ↓ avoidable psychiatric admission
 - ↓ AED attendance & general ward admission
 - ↓ bed day in general wards
 - Supporting consultees to make decision



CL Nursing Service in QEH

■ Timeline of Role Transformation

- Mar 2007
 - Enhancement of service (AED/EM cases) → + **1 APN(Psy)**
- Sept 2007
 - Trial run for case disposal (AED/EM cases)
 - Supervised practice & case review
- May 2008 & Oct 2008
 - Postgraduate Overseas Specialists Training in Melbourne
- Jul 2008
 - Preparation for RAE program (AED/EM cases) → + **1 APN(Psy)**
- Aug 2008
 - Launching RAE program
 - Full disposal for assigned AED/EW & other clinical cases



Case 1

- F/31, single, a saleslady, living alone
- Not known to mental health service
- Admitted for drug overdose with alcohol after break-up with boy-friend
- Consulted psy for suicidal attempt



Case 2

- F/74, widowed, living alone
- Known case of delusional disorder since 06
- FU UCH psy OPD but defaulted > 6 months
- Admitted for SOB & LL oedema
- Paranoid idea vs neighbors → verbal conflict
- Disturbance to various parties
(police/ Housing Authority/ security staff...)
- Consulted psy for assessment



CL Nursing Service in QEH

- Challenges of New Role of CLN
 - Staff's competency in case disposal
 - Medical viewpoint (Integrated clinical knowledge)
 - Demand on broader & deeper expert knowledge
 - Expertise in all sub-specialties of psychiatry
 - Psychiatric symptomatology & psychopharmacology
 - Demand on prompt & effective consultation
 - Change of practice & culture of consultees
 - Inter-departmental & intra-departmental collaboration (trust, respect & understanding)
 - Legal implications



CL Nursing Service in QEH

- Opportunities of New Role of CLN
 - Invaluable chance to learn
 - CL psychiatry
 - POST in Melbourne
 - Regular case review, discussion & seminar
 - General medicine
 - New role requiring extensive training
 - Supervised practice
 - In-service & self-arranged training (Cross-discipline)
 - Augmenting the autonomy of nursing profession

CL Nursing Service in QEH

- Service Volume (Consultation done by 2 CLNs)
 - AED/EM cases (2009 to 2010)
 - 1,115 (~28% of total consultations)
 - Other in-patient cases (2009 to 2010)
 - 689 (~20% of total consultations)

- Benefits of New Role of CLN
 - Resource person for mental health issues
 - Holistic service (psychological & follow-up care)
 - Streamlining psychiatric admission
 - ↓ patient's waiting time & staying time
 - ↑ psychiatrist's time for complicated cases

CL Nursing Service in QEH

■ Conclusion

- Traditional role (discipline based)
 - **Expert**
 - Confident & competent enough
- New role (team based)
 - **Novice**, taking time to become **Expert** (not yet!)
 - ↑ proficiency (experience & knowledge to be accumulated)
 - Insight on future development → independent mental health triage



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The End

Thank You