



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 1172

**Submitting author:** Ms CHENG Po Yee Ivy

**Post title:** Nurse Consultant, Pamela Youde Nethersole Eastern Hospital, NULL

### **Development of Contemporary Concepts and Skills of Recovery-Oriented Care in the Nurses of Psychiatric Department of Hong Kong East Cluster**

*Cheng Ivy (1), Dr C K Kan (2), Dr Eva Dunn (3)*

*Nurse Consultant Communitiy Psychiatry*

#### **Keywords:**

Staff development

Recovery Oriented Care

#### **Introduction**

There has been increasing trend of changing the traditional mental care to the new model of Recovery Oriented Care in Hong Kong after some experienced nurses such as Nurse Consultants and Advanced Practice Nurses who were sent to University of Yale for specific training on this new approach in nursing of the mentally ill. Most of them have successfully acquired the qualification as "Recovery Educator" issued by the University. In a nutshell, there are three major dimensions of this Recovery Oriented Care. Those include inducing recovery hope (H), exploring the needs and strengths (NS) of a case in order to enhance own recovery process, thirdly patient own participation (P) in the care plan formulation. However, in order to achieve the most optimal outcomes in the application of this Recovery Oriented Approach, it is crucial and most fundamental to identify the organizational culture in the formulation of strategic plan to activate and promote the implementation. Another critical factor to determine whether the implementation is successful or not is highly depending on the quality of the staff training. As such, a series of promotional strategies were set and implemented in the Psychiatric Department of HKEC. To do a good job, an artisan needs the best tools (Idiom). That means good tools are prerequisite to the successful execution of a job. Nurses is acting as a major tool to apply and develop the recovery plan for the patients; it should not be any dispute to develop the nurses in the first place.

#### **Objectives**

1. To screen the organizational culture, acceptance and concerns on Recovery-oriented care
2. To strengthen the staff understanding on the needs and expectations of the patient recovery and journey.
3. To provide a series of staff training to enhance their competency and updated knowledge in Recovery Care Model
4. To develop a resource kit to support their clinical practice

#### **Methodology**

We would make use of a few conventional tools such as survey, data collection and focus groups interviews. A survey on self-assessment on Recovery-Oriented Care was conducted to all the staff in the Psychiatric Department including Doctors, Nurses of all ranks, Clinical Psychologist, Physiotherapist and Occupational Therapist. After

analyzing the data, a series of briefing sessions and intensive training were designed and implemented. Focus groups of different service users and providers were also arranged to get a comprehensive view of the needs and expectations of the patients with mental illness especially for those with repeated relapse.

### **Result**

1. With reference to their suggestion in the focus group, a set of Recovery Log books with five booklets were worked out to facilitate the communication among patients, carers, and all health professionals. 2. A standardized Needs and Risk Assessment was developed and now using in all psychiatric units. 3. To strengthen staff confidence and competency in applying their learned knowledge and skills into the clinical practice, a resource kit is under development. Evaluation on the intensive training has been proved with very positive feedback.