



El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

Continuing Care Program

CCP

Sub-syllabus

DE ANZA COMMUNITY COLLEGE

Instructor: Rebecca Sherwood
408.864.8633

Class: N85AL

Clinical Attendance Sheet

NURS 85AL

Psychiatric Mental Health Nursing

Student name (print): _____

Rotation (check one): InPt ____ PHP ____ OATS ____ MOMS ____

Quarter and Year: Fall ____ Winter ____ Spring ____ YEAR ____

Sequence: First 6 weeks ____ Second 6 weeks ____

Clinical Hours Log

| Day of the Week | Date | Time In | Time Out | Total Daily Hours (minus lunch) |
|---------------------------------------|------|---------|----------|---------------------------------|
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| Total Clinical Hours Attended: | | | | |

Student Signature: _____

Date: _____

NOTE: First 6 weeks = 90 hours; Second 6 weeks = 75 hours

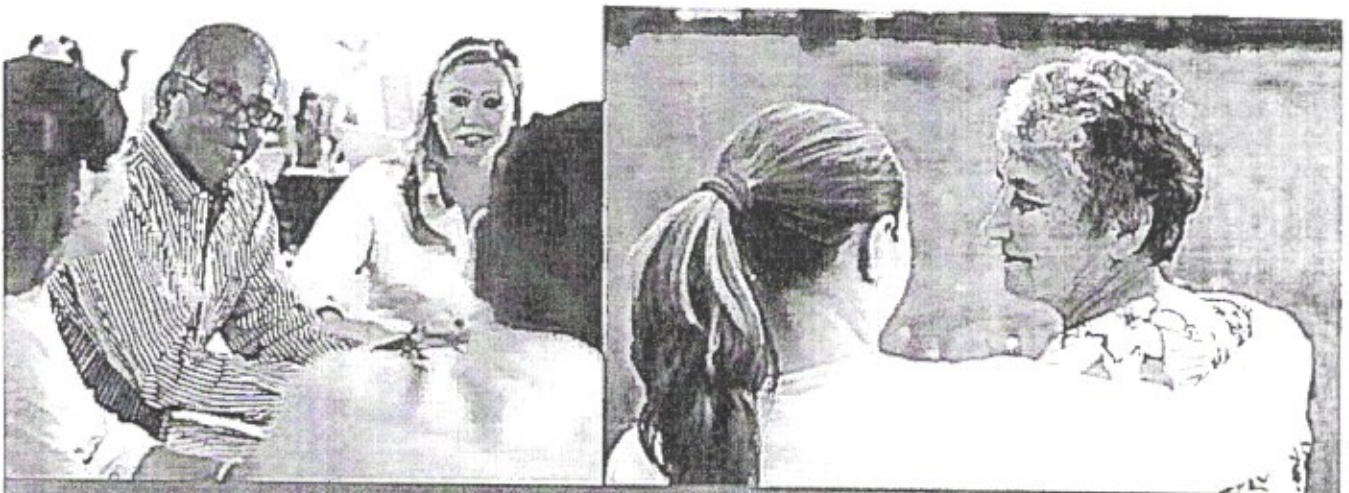
CONTINUING CARE PROGRAM (CCP)

Continuing Care at El Camino Hospital is a psychiatric day treatment program designed to address the needs of adults suffering from severe, persistent psychiatric illnesses. Our goal is to help patients stabilize during the early recovery period following a recent acute episode, learn more about their illness and how to manage future episodes, and to facilitate continued support and treatment via referrals to community resources upon completion of our program.

- Multimodal group and individual therapy
- Regular psychiatric evaluation and medication monitoring
- Sessions with family members to help them meet the challenge of having a loved one with a psychiatric illness

Patients typically attend the Continuing Care Program for two to three months. During the course of treatment, a patient's schedule usually decreases in both frequency and intensity.

For more information, or to make an appointment, please call 650-988-7820 or 866-789-6089 (toll-free).



CCP Treasure Hunt

- Staff office (normally locked)
- Vital sign book
- Patient charts
- Patient waiting area
- Vital sign station and scale
- Information board/daily schedule
- Patient refrigerator
- Restrooms
- Confidentiality bins
- "To Be Filed" papers
- Two private rooms
- Two group rooms
- Carolain's office
- Carolain's extension number: _____
- Vocera number to reach Rebecca: _____
- Weekly group schedule
- White noise machines
- Closest fire alarm
- Closest fire extinguisher

Description of Therapy Groups

Community Meeting

The first group of the day that is designed to promote group cohesiveness, information dissemination, and an "ice-breaker" to start the day. It is an opportunity to interact with all members of the program in a structured setting.

Process Group

This is an interactive group that encourages self-expression. Members learn that talking helps. They learn that unburdening and discussing their problems not only offers relief, but also initiates the process of change. Through the therapeutic factor of universality, members learn they are not alone and their experience is not unique. At the beginning of each group, patients are asked what they would like to work on that day regarding their interpersonal relationships or relationship with themselves. Alternatively, the therapist may present a general topic for discussion and encourage patients to relate the topic to their current situation. The first 30 minutes of group are used to present issues. The remainder of time is spent working cooperatively on these issues. Patients are encouraged to interact freely with each other and with the therapist.

Cognitive Therapy Group

The theory behind cognitive therapy is that the way you think affects the way you feel and behave. Therefore, an important part of recovery is change the way you think. Through educational handouts, written exercises, and group discussions, patients in this group learn to identify, stop, and change their "unhealthy" ways of thinking.

Expressive Arts Therapy

Through art therapy, group members find alternative ways to identify and work through feelings and core issues. In addition, art therapy helps group participants reconnect with their unique, innate, and healing creative abilities. Unconditional acceptance of whatever art is produced and careful storage of the products makes a statement about the groups member's worth. Processing the art productions through discussion provides opportunities to focus on strengths and to normalize and accept whatever feelings emerge during the process.

Stress Management Group

This 1-hour educational and experiential group meets one time per week. Discussion and handouts provide information about the physiology of stress, the effect of stress on health, internal and external sources of stress, and the symptoms of stress. Patients learn to differentiate between stressors that can be change and stressors that cannot. Additional handouts focus on strategies for coping with stress, such as, exercising,

prioritizing, challenging stress-producing beliefs, simplifying tasks and responsibilities, and setting limits. Patients attending this group will also learn about and practice different relaxation techniques like deep breathing, progressive muscle relaxation, self-massage, guided imagery, and meditation.

Occupational Therapy Workshop

This group emphasizes the choice and completion of a specific, tangible task. Numerous art and hobby materials are available to provide opportunities for creativity, development of new interest, relaxation, improvement of problem solving skills and time management skills, and a sense of accomplishment through successful task completion. Working on tasks also allows for casual social interaction among patients.

Fitness and Leisure Group

This group provides educational and experiential activities to promote the development of leisure interests and exercise as a way to enhance mood, improve fitness, structure time outside the program, and build social support. Walking and stretching are encouraged to improve body awareness and to address under or over exercising. Indoor board games and team sports facilitate the release of tension, positive rapport with peers, and a sense of humor.

Communication Group

This group aims to help patients understand their particular style of communicating (verbally and nonverbally) and the situations that trigger a breakdown in their ability to communicate effectively. Group interaction, role-play, and psychoeducation are used to demonstrate communication techniques "in vivo." Topics include "how to say no without feeling guilty," "how to set healthy boundaries in interpersonal relationships," "how to communicate with authority figures," and "how to talk about one's illness with family, friends, and co-workers."

Symptom Management Group

This group is designed to assist patients with symptom identification and the development of coping strategies until symptoms lessen or abate. Various topics are discussed including medication management, crisis survival strategies, relapse prevention, discharge resources, etc. Group interaction and personal sharing are encouraged.

Mindfulness Group

This meditative activity takes place several times a week. The primary goals are to learn skills in observing, describing and participating while taking a nonjudgmental stance, focusing on one thing in the moment, and being effective.

A Typical Tuesday...

08:15 – 09:15: Attend pre-conference at PHP.

⁰⁹⁰⁰
~~09:15~~ – 09:30: Community meeting.

09:30 – 10:00: Movement group.

10:00 – 10:30: Break. Take vital signs. Prepare for Medication Management group.

10:30 – 11:15: Medication Management group.

11:15 – 12:15: Lunch for clients. Take more vital signs.

12:15 – 13:15: Occupational Therapy group.

13:15 – 13:30: Break. Take more vital signs.

13:30 – 14:30: Discussion group.

Tips:

Try to plan out which vital signs you will be able to obtain. Not all patients show up Monday-Friday. You must plan accordingly. At the end of group or beginning of a break, you can ask to take vital signs. Some clients are uncomfortable with you taking vital signs, explain why you need to take them and arrange a time to get the vital signs later that day. Never leave the vital sign book anywhere but in the locked office.

Sign off with the date each client that you perform vitals for on the first page.

Don't be late to group and don't make a client late to group with doing vital signs.

Do not engage in side conversations in group. Only respond in group if called upon.

Try to help the needs of group leaders: make sure there are enough chairs; help the occupational therapist get supplies out of the cabinet; help set up the rooms.

A Typical Wednesday...

08:15 – 09:15: Attend pre-conference at PHP.

⁰⁹⁰⁰
~~09:15~~ – 09:30: Community meeting.

09:30 – 10:30: Staff meeting.

10:30 – 11:15: Life Skills group.

11:15 – 12:15: Lunch for clients. Take more vital signs.

12:15 – 13:15: Occupational Therapy group.

13:15 – 13:30: Break. Take more vital signs.

13:30 – 14:30: Discussion group.

Tips:

If there is not enough staff for Movement group, you might be asked to assist. Attend the staff meeting afterwards.

For the staff meeting: gather all client binders and vital sign binder and bring them into the conference room.

Carolain starts her day at 10:00am

Bring minimal items since there is not a lot of room.

Make sure to tell Carolain and available case managers that you will be taking your lunch.

Try not to divulge too much information about yourself. Redirect the conversation back to the client.

Carolain is an amazing resource. Don't hesitate to ask questions.

Don't forget to sign off every day to Carolain and to the case manager for your client.

Staring is not uncommon.

What happens in group, stays in group.

CPP Preparation

Read chapter 12 and chapter 8.

Understand negative symptoms.

SAD – schizoaffective disorder

CPS – chronic paranoid schizophrenia

BAD – bipolar affective disorder

Read Chapter 8!

Sometimes the patients won't acknowledge you. I said "Good morning" to a client as he was walking by me. There was no response, he just kept walking. Understand that some of these clients are not able to process and respond to outside stimuli sometimes.

Watch the "I am still here" video. It is available on youtube. Search "I'm still here Part I.mpg" It is broken up into five small clips.

Watch the extrapyramidal symptoms video. It also is available on youtube. Search "Recognizing extrapyramidal symptoms – Part 1/2" It is broken up into two clips.

Try to review this entire packet. Its big but I think very helpful.

Duties and Tasks

Attend every group (notify Rebecca immediately if unable to attend group).

Immediately report any untoward comments or changes in the client's mood to the case manager and Rebecca.

Take and record vital signs for each client. Vital signs are required once a week. Orthostatic blood pressures are needed for clients experiencing any dizziness or lightheadedness. Some clients may also need their temperature taken every week. Report to Carolain and Rebecca any abnormal readings.

One-on-ones with your client. At least weekly, arrange time to sit down with your client. Please try to remember what you need to ask. Don't write anything down in front of any client. If able to, attend the intake meeting.

Assist the doctor with appointments. Every client has an appointment with their doctor every week. Gather the client's charts and place them in the room that the doctor will be seeing them. The doctor will see one patient right after another and does not necessarily follow the scheduled times. The doctor needs about five minutes in between clients to chart. It is the nurse's duty to get each patient for the doctor. Try to help out if not in group.

Filing papers in the client's charts (if you have time). There is a stack of papers that will need to be filed in the client's chart. Each sheet must have a client label placed on it and filed under the correct tab. It must be filed in the correct order, the newest one on top. If you cannot figure out where to file a certain sheet, place it in the front pocket of the chart.

Lead the Medication Management group. Provided are some resources for planning a group.

Medication Management Group

Every Tuesday, there is a medication management group at 10:15 am. It runs for 45 minutes. There are some tips to help you develop your plan:

1. Keep it simple. Some clients will not be able to understand or focus for any period of time.
2. Keep it positive. Some clients will hold onto the negatives and keep repeating them in their head.
3. Medical adherence is big! Trying to keep the client to continue taking their medication is important. This is a big thing.
4. Use different techniques. Like lecture, handouts, worksheets, using the white board, and matching games. Participating, writing, watching, and reading uses different parts of the brain.
5. Don't be discouraged if no one interacts or volunteers information. Occasionally no one talks and that is just how it will go sometimes.
6. Keep people on track. Some clients will start talking and go on tangents. Nicely, redirect them back to the original topic.
7. These clients are known for going off their medications. They need to be reminded "gently" that relapse will happen. Maybe for one group: focus on the clients' symptoms prior to medication and how the medication has helped.
8. Clients do not like side effects, especially the weight gain and constipation. Maybe for one group: talk about side effects, how long they might last, and how to manage them.
9. Relax and enjoy. It will get easier each week!

Attached are some great references to use and some tools that I have used. And remember it is all about the client and have fun!

A Drug Can't Work If You're Not Taking It...

Leading Reasons for Medication Noncompliance:

- Forgetfulness/wasn't reminded to take medication
- Disbelief that the drug is necessary or is helping
- Fear of side effects
- Experiencing actual side effects
- Belief that medication would have a negative impact on performance of daily activities
- Desire to save money
- Felt symptoms had disappeared so drug was no longer necessary
- Confused by instructions
- Overwhelmed by number of drugs prescribed
- Difficulty opening medication container
- Difficulty swallowing medication

Helpful Hints:

Set Daily Routines. If it's a problem of remembering, try to link taking the medication with normal, recurring daily activities, like going to bed or eating meals. The one caveat is that the routines must be appropriate. Some medications can't be taken together, some can't be taken with food, and so on. It's very important that the client or caregiver talks to a pharmacist or physician about whether or not any of those issues apply with their medication.

Use Packaging Aids. These are particularly useful for clients taking multiple medications. Along with plastic daily-dosing containers available at pharmacies, some pharmacies offer a service in which a client's medications are assessed and then divided into individualized packages marked for particular doses at specific times. Those types of packaging aids can be very effective,

since it's not only about remembering to take the medication, but later remembering if you took it.

Try Reminder Services. Along with programs in which pharmacies fax reminder alerts to doctors when a client fails to refill a prescription after a certain amount of time following the date their previous prescription ran out. You can also contract with companies that call and remind you to take your medication.

Ask Questions. Understanding why you're taking a medication can help. Always ask doctors for clear, precise explanations and instructions. If you don't understand any aspect, ask for more clarification.

