Nursing 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. The Mental Health Services Student Information Book should be read and used in conjunction with the HSE Laois Offaly, Longford & Westmeath Student Nurse Handbook (2017).

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 2017
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, CNM2 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, procedures, protocols and guidelines 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 policy.

♦ Provide an overview of the service user 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 within your learning outcomes.

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.

Quality Clinical Learning Environment (NMBI 2015)
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. NMBI 2015

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 the least, the minimum requirements of practical experience as laid down by NMBI. 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.

Evaluation of Clinical Placements

Following each placement students are requested to complete an evaluation form for that placement. The objective of the evaluation is for students to highlight the strength and weaknesses of the placement and identify areas for improvements. All of the evaluation forms are reviewed by both the Clinical Placement Co-ordinators and Nurse Practice Development Co-ordinators. When required, recommendations for improvement with subsequent action plans are developed. From the students perspective this is an ideal opportunity for you to critically appraise the clinical learning environment and help the HSE to maximise each clinical placement.

Intermittent reports summarising the evaluation forms is completed and is made available to relevant site managers. The evaluation form is accessible on Moodle (AIT) and the HSE website.

The mental health services have developed a Guideline titled RMHS001 Supporting Student Nurse Evaluation on Clinical Placement in the Mental Health Services (2014). This guideline provides:

- A structured approach to supporting student nurse evaluation of clinical placements in mental health service areas.
- An explicit and structured approach for dealing with issues that may arise through the written evaluations.
- A standardised approach for giving feedback to students and key relevant stakeholders from written clinical evaluations.

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 (NMBI, 2016).

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

There are 5 Domains of Competence which represent a framework facilitating the assessment of student nurse’s clinical practice and include:

- Professional/Ethical Practice
- Holistic Approaches to Care & the Integration of Knowledge
- Interpersonal Relationships
- Organisation & Management of Care
- Personal & Professional Development

Learning Outcomes are developed under the domains of competence and adapted to each ward/unit and each student year (An Bord Altranais, 2005, NMBI, 2016). The learning outcomes are the guiding link between An Bord Altranais Requirements and Standards for Nurse Registration Education Programme (2005) with the ward/unit learning experience with competency assessment workbook (AIT). It is very important to use the ward/unit learning outcomes as the guide for what learning is required from the student and what outcomes are required in order to pass the placement. Thus using the learning outcomes guides/supports the whole process of assessment.

All student nurses are provided with a clinical competence assessment workbook relevant to year of training and duration of placement.

The short assessment workbook is used for placements of three weeks or less.

The long assessment workbook is used for placements in excess of three weeks.

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, NMBI 2015)*.

*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 (NMBI 2016).*

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(NMBI 2016).

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

Competency will be assessed utilising Steinaker & Bell’s (1979) Experiential Taxonomy (Appendix II).
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). 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.

- In specialist placements of two weeks or less, 100% attendance is required in order to achieve that placement and pass it. If less than 100% attendance occurs, then the final assessment cannot be achieved and repeat of the full placement will have to occur.

- 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 Learning Supports Document. 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 achieve competency on 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 or midwife who has undertaken preparation for the role and who supports undergraduate nursing or midwifery students in their learning on the practice setting and assumes the role of supervisor and assessor of the student’s achievement of clinical learning outcomes and competence”. (pg.133, NMBI 2016).

**Role of the Preceptor**
- Acts as role model for the student
- Works collaboratively with the student in identifying student’s learning needs using learning outcomes to guide the learning and assessment process
- Orientates student to ward/unit
- Helps the student link theory to practice
- Highlights to the student learning opportunities
- Gives ongoing constructive feedback
- Share learning / working experiences
- Nurtures / guides the student in the clinical area
- Teaches practical skills by demonstration to the student
- Engages in critical incident discussion
- Engages in reflective practice
- Provides clinical supervision for students
- Preceptors are part of a team – all have responsibility towards students - The Code of Professional Conduct …….ABA 2000 NMBI 2014
- Assesses the student’s clinical competence using the competency assessment workbook

**What the preceptor can expect from the student:**
- Come to placement prepared and informed
- Dressed appropriately (dress code)
- Be engaged/take advantage of learning opportunities
- Notify you of any impacting issues/health problems
- Take personal responsibility for own learning
• It is the student nurses responsibility to ensure that all documentation in relation to their assessment is completed and submitted to the relevant personnel at the due date.
• Student nurses are personally responsible for the custody and safe keeping of their own Competency Assessment Workbooks and are required to maintain it in good order. The Competency Assessment Workbook document must be kept clean and housed within an appropriate plastic folder and safely stored whilst on clinical placement
• 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. Please refer to the HSE Dublin Mid Leinster NMPDU003 Protected Learning Time Policy (2016).

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. A record of attendance (hours of duty) are maintained at the back of the Competency Assessment workbooks as per appendix 111.

Supernumerary Placements (Years 1 – 4): Attendance is 35 hours per week including breaks. Student duty rosters will vary between clinical placements. Students are advised to contact the CPC and the placement in advance to confirm commencement time.

St Loman’s Hospital
The Supernumerary Student Roster consists of three Long Day shifts per week. A Long Day shift is 13 hours. The shift runs from 08:00 – 21:00 and includes two 40 minute breaks.
A short day is 8-5 pm= 9 hours
*(may be subject to change due to clinical needs being met)*

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)
*(may be subject to change due to clinical needs being met)*

Internship Placement: 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 39 hour week roster. Internship students will work the same roster as qualified staff.
**Clinical Placement Co-ordinator (CPC)**

There are two C.P.Cs posts for the psychiatric services in the Health Service Executive, Midland Area. Both services of Longford/ Westmeath and Laois/ Offaly have one.

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

- Caroline Coloe 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 NMBI and meets the requirements of the Athlone Institute of Technology (AIT) educational programme.
Mental Health Service Mission Statement

Promote and protect the mental health of the population, to provide effective services to those who need them making the best use of existing resources and to seek to continuously improve those services making best use of the resources available.

HSE (2017) Mental Health Division Operational Plan.
Longford / Westmeath Mental Health Services

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 just under 125,000. (Central Statistics Office, Ireland 2016)

The services are divided into four sector areas and two specialist sectors. The four geographical sectors are Athlone, Longford, Mullingar North East and Mullingar South West. The two specialist sectors are CADS (Addiction Services) and PLL (Psychiatry of Later Life Services). and Rehab and Recovery. Each sector has a full multi-disciplinary team serving the Mental Health needs of their geographical area. For four of the sectors, the in-patient facility is serviced by St. Loman’s Hospital, Mullingar. However, PLL (>65yrs) acute admissions are facilitated by St. Bridgets Unit, Cluain Lir.

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.

Acute Admission Unit

This mixed gender unit provides the acute in-patient care for both male and female adults (18-65 yrs) from the Longford/Westmeath catchment area. However, in very exceptional circumstances, the unit will facilitate the admission of a child aged between 16 -18 yrs. Capacity 24 beds

St. Edna’s Ward

This is a 20 bed care unit for male patients. The patients catered for are from the HSE-Midland area who experience enduring mental health difficulties and 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.

Cluain Lir, Aged Care Centre

Based on the Longford Road, Mullingar, adjacent to St. Mary’s Hospital, this facility, opened in May 2012, provides residential care for persons aged >65yrs. It is comprised of two mixed gender units and a designated Approved Centre.

St. Bridget’s Unit, Cluain Lir

This is a 22 bed psycho-geriatric unit, incorporating 4-6 acute admission beds; and is based on the ground floor of Cluain Lir. Patients in this unit have a range of age related problems in addition to mental health issues.

St. Marie Goretti’s Unit, Cluain Lir

Situated on the 1st floor, this is a 20 bed psycho-geriatric unit catering for residents who have a range of age related problems in addition to mental health issues.

The Psychiatry of Later Life Unit

This specialist unit is located on the Cluain Lir campus, behind St. Bridget’s Ward. This nurse led 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: Primary Care Unit, Harbour Road, Mullingar

It contains the following facilities:
- Sector headquarters
- Outpatient 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 enduring mental health needs.

- **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.

- **“Aishling” (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 on the Cluain Lir campus opposite PLL Day Services. 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.

**Child/Adolescent Mental Health Services**
Located at Midland Regional Hospital Mullingar and provides a specialist day service for under 18 year olds presenting with mental health problems.

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

It contains the following facilities:
- Sector headquarters, Outpatient clinics
- Day hospital, CMHN Team, CADS, 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” (Medium Support Hostel) – 15 beds + one respite bed covered by 24 hour nursing care.
- “Hillcrest” (High 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 the Primary Care Centre, Clonbrusk, Athlone.
- It contains sector headquarters and the Day hospital and the outpatient clinic.
- The Day Hospital “An Rea Nua” offers clients attend for specific structured DBT/CBT sessions only on group or individual basis.
- The Addiction Service is also based in the Primary Care Centre and provides treatment for those having alcohol and drug related problems in this sector.
- The Day Centre, CMHC, Abbey 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 health problems.

**Rehab/Recovery based in Athlone, Longford and Mullingar.**
Laois/Offaly Mental Health Services
The catchment area of this service is the counties of Laois and Offaly, which have a population of 157,264.(Census 2011) The service is further sub-divided into three sectors, within its own region, namely: Portlaoise, Tullamore and Birr. The service also has a Naas catchment area, patients from the Kildare services are treated in the unit.

Hospital In-Patient Services
The in-patient admission service is provided at the Department of Psychiatry (DOP), Midland Regional Hospital (MRH), 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 17 bed acute admission unit in the Department of Psychiatry which is attached to the MRH at Portlaoise. This unit provides the acute in patient care for male patients from the Laois/Offaly/Naas catchment areas.

Female Admission, MRH, Portlaoise
This is a 16 bed acute admission ward in the Department of Psychiatry. This unit provides the acute in-patient care for female patients from the Laois/Offaly/Naas area.

Recovery Activation Unit, Department 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 Services at St. Fintan’s Hospital
The link centre is a day hospital providing rehabilitative programmes to clients with enduring mental illness.

Maryborough, St. Fintan’s Hospital
This is an aged 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, Scott Building, MRH Tullamore, Tullamore.

Out-patient facilities are provided here as well as Day Centre (Feinics) and Day Hospital, (Bannon) 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 the centre 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 HSE Central Offices, Arden Road. 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.
Beechaven 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.

Outpatient 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.

Specialist 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 Counsellors 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 one nurse. In 2007 this service was also set up in Portlaoise staffed with two nurses. One is based in the MRHP and one is based in the DOP, at MRHP. 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 Behavior 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.

Portlaoise Prison
The prison is located across the road from St. Fintan’s Hospital and has a primary care unit for inmates treating physical, addictions and mental health problems. This is a specialist placement for student nurses.

Child/Adolescent Mental Health Services
Laois/Offaly CAMHS is located between three different buildings.

(i) The Laois Child & Adolescent Mental Health Service is located in the grounds of the Midland Regional Hospital, Portlaoise, Co. Laois and is well signposted.

(ii) The Offaly Child & Adolescent Mental Health Service is located in the grounds of St. Fintan’s Hospital Portlaoise, Co. Laois and is accessed via the Old Dublin Road entrance to the hospital campus. It has its own entry way and is signposted.

(iii) The Laois/Offaly Young Adult Mental Health Service is also located on the grounds of St. Fintan’s Hospital Campus, Portlaoise, Co. Laois and is best accessed through the Stradbally Road entrance to the hospital campus. This service is accessed via the main front door of St. Fintan’s Hospital.
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)NMBI 2015. Should we mention importance of Social media and social networking awareness?

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**

*(Is subject to the Joint AIT and HSE-MA Attendance Policy - contained in the HSE Nursing Student 2017-2018)*

- 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 (refer to the Student Nurse Handbook, 2014).
- Weekends and Public Holidays off.
- 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 AIT.
- Internship placement entails a 39 hour week over seven days. Working hours – 35 per week including 4 hours weekly of protected learning time and excluding breaks.

**Non-Attendance**

- Internship Students are subject to HSE Attendance Policy for staff.
- 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 can we change this to 8 am on wards and 9 am on community 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. And CPC
- 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.
- If significant non-attendance is noted during placement the C.P.C. will contact the NPDC, SALO and Link Lecturer AIT.
- 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 Internship practice Students must adhere to the appropriate Health Service Executive guidelines if reporting sick.
**Dress Code: BSc Psychiatry Nursing Students**

There is a strict dress code policy which applies to all BSc nursing student attending clinical placements. Students must adhere to the dress code that is outlined in the policy which can be found on AIT and HSE websites.

Here is a summary of the uniform requirements:

At the beginning of the programme all nursing students will be provided with the following uniforms:

<table>
<thead>
<tr>
<th>Female Psychiatric Students</th>
<th>Male Psychiatric Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1:</td>
<td>Year 1:</td>
</tr>
<tr>
<td>3 tunics &amp; 2 pairs of navy</td>
<td>2 tunics, 2 pairs of trousers, 2 white</td>
</tr>
<tr>
<td>trousers</td>
<td>short sleeve shirts &amp; 2 clip on ties</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 4: all female students</th>
<th>Year 4: Male students get an additional short sleeve shirt and clip on tie</th>
</tr>
</thead>
<tbody>
<tr>
<td>get an additional tunic.</td>
<td></td>
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</tbody>
</table>

The uniform tunic is white with the following colour epaulettes:

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow</td>
<td>Green</td>
<td>Purple</td>
<td>Red</td>
</tr>
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</table>

The approved uniform must be worn when on clinical placement in a hospital setting.

**Additional Uniform Requirements:**

**Students**

- Provide their own V-neck navy jumper (male) /cardigan (female).
- Students may wear cardigan/jumper in the clinical environment, except while on placement in a General hospital.
- Fleeces and hooded tops are not permitted when on clinical placement.
- Male Psychiatry students must wear uniform tunic/trousers whilst on general placements.
- Male Psychiatry students wear the provided shirt/trousers/tie during in-patient psychiatry placements.
- Students provide their own shoes which must be flat, closed, navy or black in colour. Runners/canvas shoes are not permitted. Students must wear plain navy/black socks.
- A high standard of personal hygiene and grooming must be maintained,
make-up and perfume should be discreet. Nails must be kept short, clean and nail varnish/false nails are not permitted. If facial hair is present, it must be well groomed otherwise face should be clean shaven. Hair must be clean, tidy and worn off the collar; long hair must be tied up and secured with a navy scrunchie, while on placement in the hospital setting.

- Jewellery must be confined to stud earrings (earlobes only), fob watch and plain wedding band.
- No other form of visible body piercing are permitted inclusive of tongue piercing.
- Underwear must not be visible through the uniform.
- Students are provided with sufficient uniforms to ensure a freshly laundered uniform is worn on each shift.
- Students uniforms must be of an appropriate size not too large or small and of the appropriate length.
- Maintaining uniforms and identification badges is the responsibility of the student.
- Students who need a replacement uniform, Epaulettes or name badge must contact the SALO. All replacements are paid for by the student.
- Non adherence to the Dress Code will not be tolerated. If non adherence to the dress code is observed students will be removed from clinical placement.
- An identification badge must be worn at all times when on clinical placement except when in a designated community placement. Nursing students must wear the name badge that they are provided with.
- Uniform must not be worn outside the hospital under any circumstances, unless accompanying a patient to another health care facility. Clothing must be changed in the accommodation provided and not in clinical areas.

When wearing personal clothes in non hospital settings

- Neat modest dress is essential, smart casuals include trousers/skirt and shirt/blouse.
- Lycra fabric clothing/jeans/leggings/combats are not allowed.
- The following footwear is not permitted sandals/high heels/runners any canvas type of shoe.
- Students can choose to wear their uniform trousers with an appropriate top.
- Service areas may establish additional requirements related to dress that best meet the needs of their patient population and nature of work.
**Incidents/Accidents involving Nursing Students on Clinical Placement**

- Follow the Incident/accident reporting policy of the Health Service Executive, 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.
# APPENDIX 1: Orientation checklist for student nurses in clinical placement

## 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 clinical placement area. This orientation must be completed within first two days of commencement of placement.

<table>
<thead>
<tr>
<th>AREA OF ORIENTATION</th>
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<tbody>
<tr>
<td>The student is introduced to the service users/residents</td>
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<tr>
<td>The student is introduced to staff on the unit/area</td>
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</tr>
<tr>
<td>The student is assigned preceptor/co-preceptor/member of nursing staff; or informed who their preceptor/co-preceptor/ will be</td>
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## THE STUDENT IS FAMILIARISED WITH:

|  |
|-----------------|--|
| Function, scope and day-to-day operations of the clinical placement area |  |
| The number of service users/residents (refer to Clinical Profile) |  |
| Philosophy of Care of the clinical area |  |
| Physical layout of the unit/area, grounds and related service areas structures |  |
| All entrances/exits to Units/Area and associated procedures |  |
| Care of Pass Key/Card to outward doors |  |
| Fire exits and fire procedures |  |
| Location of emergency equipment and expectations of Student's role in same |  |
| The safety statement for this location. (Student to read this during the placement) |  |
| Use of personal alarms (if appropriate) |  |
| Observation area and relevant protocols (if appropriate) |  |
| Reporting to appropriate personnel |  |
| Student policies/procedures (must be completed within week 1) |  |
| Local policies/procedures in Clinical Area (Location of same) |  |
| Area identified for student protected learning |  |
| Appropriate telephone etiquette |  |
| Location and contents of Student Resource Pack |  |

Signature of Preceptor/Staff: ____________________________

Signature of Student: ____________________________

Date: ____________________________
## APPENDIX 2: Steinaker & Bell Experiential Taxonomy

### THE EXPERIENTIAL TAXONOMY

<table>
<thead>
<tr>
<th>Year</th>
<th>Taxonomic Level</th>
<th>Description</th>
<th>Example of model applied</th>
<th>Domains of Practice</th>
<th>Role of Preceptor</th>
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</thead>
</table>
| 1    | Exposure        | Consciousness of an experience  
Observing correct procedure as per hospital policy | The student could observe an injection being administered by qualified staff | Dependent ~ the student needs continuous clinical support | Motivator |
| 1    | Participation   | Deciding to become part of an experience | The student could administer an injection under supervision | Supported Participant ~ the student continues to need some direction and continued clinical support | Catalyst |
| 2 & 3| Identification  | Union of the learner with what is to be learned | The student strives to become competent in giving injections (for example) | Supported Participant ~ the student continues to need support but achieving requirements requires time. | Moderator |
| 3 & 4| Internalisation | Experience continues to influence practice | Giving injections is now part of my life | Proficient ~ able to demonstrate skill safely and effectively and is confident and economical with their time | Sustainer |
| 4    | Dissemination   | Attempt to influence others  
Acts as a role model | The student teaches other students to give injections (for example) | Independent ~ exceptionally skilful and coordinated performance  
Practices confidently and has a positive influence on other student nurses and patient care | Critic and evaluator |
**APPENDIX 3:**
**Attendance Record for Clinical Placement**

Course Module Number_____________________________

Student Nurses Name_________________________________

Year commenced Training ____________________________

*Course Undertaken*  
General __________ Psychiatry________

*CPC*____________________________________________________

*Name of Placement* ____________________________________________

*Hospital*____________________________________________________

Date From____________________ To ________________________

<table>
<thead>
<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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Weekly Total

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Weekly Total
Appendix 4: Telephone Contact List
Telephone List- Longford/Westmeath Service

**Nursing Administration**
Mr. Anthony Coyne, DON................................................................. 044- 9384375
Ms. Gerardine Kelly – Asst. Director of Nursing.............................. 044- 9384379
Ms. Margaret Doran- Clerical Officer for Nursing Admin.................. 044- 9384376

Caroline Coloe, Clinical Placement Co-Ordinator
................................................................. 086-8123209

**Wards**
Admission......................................................................................... 044-93 95537
044-93 97238
St. Edna’s Ward................................................................................. 044- 93 84336
St. Brigid’s Ward.............................................................................. 044- 93 94912
St. Marie Goretti’s Ward................................................................. 044- 93 94917

**Psychiatry of Later Life**
Liza Evans CNM II............................................................................. 044-9325670
044-9325671

**Athlone Sector**
Mr. Michael Hyland– Asst. Director of Nursing.............................. 09064 -83190
Community Mental Health Centre, Abbey Road
CNM II – Mr Brian Costello................................................................. 09064- 92969

Day Hospital – Primary Care Centre, Clonbrusk,
CNM I – Ms. Caroline Kearns ................................................................. 09064-83190

**Hostels :**
3 / 4 Glenavon Tce (High Support Residence)................................. 09064-78649

**Longford Sector**
Mr. Michael Hyland– A/Asst. Director of Nursing......................... 043-3346992

Day Centre (C.M.H.C. - St. Joseph’s Hospital)............................... 043-3349903
CNM II Ms. Charlene Foley
Day Hospital (C.M.H.C. – St. Joseph’s Hospital)........................... 043-3346992

Hostels : Hillcrest House (Residence)
CNM II – Ms. Mary. Mc Grath................................................................. 043-3346115

Community Mental Health Nurse Team.
Colm Caufield
Veronica Mckenna 043-3346992
Mr Stuart Hannell.
**Mullingar Sector**

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

Day Centre  
C.M.H.C.,

................................................................. 044-93 39552

P.C.L.N’s Anne Rogers
Colette Moriarty

Day Hospital “Ashbrook”, Mullingar Business Park................................. 044-93 42363

CNM II – Ms. Kay McDonnell

Hostels: Aishling (High Support Residence)

CNM II – Mr. Terry Mc Gurk ........................................... 044-93 42769

Glandore (Medium Support Residence)............................................. 044-9342831

CADS – Community Addiction Centre............................................. 044-93 95200

CAMHS – Child & Adolescent Mental Health Services 044-9394219

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

Nursing Administration
Ms. Rosalia Kavanagh
– Director of Nursing................. 057-8692929

- Assistant Director of Nursing ........057 8670246

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

Mr. L. Maguire- ............ Assistant Director of Nursing ....... 057-8692930

Ms. M. Hooban – Allocations................................. 057-8692918

Ms. C. McManus-............... Assistant Director of Nursing .......... 057-8692930

Clinical Placement Co-Ordinator
Ms Caroline Martin

........................................ 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

Recovery Area, MRH, Portlaoise
Office............................................. 057-8696410
Room............................................. 057-8696425
Maryborough
Nurses Office ................................................................. 057 8692969
REHABILITATION SERVICE
Grove House, (Community Residence) Abbeyleix CNM2............. 0578730494

Portlaoise Sector

C.M.H.C. Bridge St,
Ms.C.MacManus A/ADON ................................................... 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

PCLN Service Portlaoise (MRHP).------------------------------- 0578 696374
PCLN Service Portlaoise (DOP)------------------------------- 05786 96408

Tullamore Sector

Mr. C McManus A/ADON - ........................................... 057-9351284
C.M.H.C., Bury Quay

Birchwood House
Barbara O’Rourke C.N.M.II/
Kathleen Buggy A/CNM11.............................................................. 057-

Community Mental Health Nurses, Tullamore Sector............... 057-9315900
C.M.H.C. Tullamore

Psychiatric Consultation Liaison Nurse
Ms.L. Johnson................................................................. 057 9358463

Feinics Centre

Ms. M. Mullen A/CNM II 057-9315924

Birr Sector

C.M.H.C.,Wilmer
Rd.,Birr ................................................................. 9120576
Ms. A.Loughnane A/ C.N.M. III

Erkina House,
Rathdowney ............................................................... 0505-46560
C.N.M. II
Ms Roisin Fitzpatrick
Mr Sean Cooney
Community Mental Health Nurses, Birr
Sector ......................................................... 0505-46560
Psych. Of Later Life

An Triù Aois Day Hospital, Block Rd., Portlaoise
Ms Claire McAleer 057-8670246
C.N.M. II .................................................................

Community Mental Health Nurses, PoLL....................................................... 057-8670246
Psych. Of Later Life, Block Rd., Portlaoise

CAMHS,Portlaoise ........................................................................... 057-8696916
Breda Phelan,Nurse Manager ......................................................... 086 3802622

Community,Alcohol and Drugs Service

Community Alcohol and Drugs Service........................................... 057-8678282
1 Coote St., Portlaoise

Athlone Institute of Technology 057-8678660

Head of School of Nursing and Health Science.........................
Secretary, School of Nursing and Health Science.................. 09064-71801
Ms. Ann Cooney, Allocations Officer................................. 090-6471836

Health Service Executive- Midland Area 090-6442577

Ms. Grainne Keena, Student Allocations Liaison Officer .......... 057-9357808

Nurse Practice Development Co-ordinator Mental Health Services 057-9357862
Ms. Margaret Daly................................................................. 086 3830241
References
ABA (2005) Requirements and Standards for Nurse Registration Education Programmes

NMBI (2016) *Nurse Registration Education Programmes Standards & Requirements*

NMBI (2014) Code of Professional Conduct & Ethics

NMBI (2015) Scope of Nursing & Midwifery Practice Framework

NMBI (2015) Quality Clinical Learning Environment