University of Huddersfield Repository

Chappell, Michelle and Covill, Carl

Simulation not for Dummies 2: Preparing students for primary care experience

Original Citation


This version is available at http://eprints.hud.ac.uk/7920/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.
Physiotherapist:
Mobility assessment – Miss Rutherford requires Zimmer frame to provide support when walking on the flat.
You have completed a stair assessment and feel that Miss Rutherford is safe on the stairs providing she uses two hand rails,

Occupational therapist:
You have assessed Miss Rutherford as requested by the team.

In the bath
Will need help from one person and will require a bath seat providing, the bathroom at home already has a bath rail.

Washing and dressing.
Is able to wash and dress independent although this is time consuming.
The provision of a chair in the bath room to allow Miss Rutherford to rest is required.
May need assistance and needs monitoring initially.

Getting in and out of bed
Miss Rutherford has demonstrated that she is able to get in and out of bed independently; this can take some time. You are concerned that at night this might prove difficult and equipment may be required to assist in getting from lying to sitting.
You have asked the night nurse to observe how Miss Rutherford manages in and out of bed during the night.

Using the toilet
Miss Rutherford is able to manage to use the toilet independently on the ward; several concerns for home may need commode down stairs during the day and commode at side of bed (easy glide).
In the kitchen

Miss Rutherford is able to prepare both meals and hot drinks; she sometimes struggles with heavy pans and a full kettle.

Dietician

You have assessed Miss Rutherford’s nutritional status and found that she has lost weight and her body mass index is low – you have made suggestions to how Miss Rutherford can increase her calorific intake. You have prescribed supplementary drinks but Miss Rutherford would prefer to achieve this through a healthy diet of adequate nutritional value. She feels that she has not eaten properly since her Sister died as she has lacked motivation to cook for one.

You feel that perhaps since the death of her sister Miss Rutherford has been grieving and that she might need some bereavement counselling or that she may have a reactive depression and this has resulted in her reduced dietary intake and lack of motivation. Prior to her sister’s death Miss Rutherford had enjoyed cooking and frequently become involved in community initiatives such as village fates and school faires providing home made jam and baking for sale.

Podiatrist

Miss Rutherford’s feet are healthy and there was very little attention required. Miss Rutherford’s footwear was identified as being inappropriate and not well fitting. Intervention required.

Doctor on the ward

Medically fit but very old should have full package 4 visits a day meals made assistance with washing and dressing – need to prevent risk of further falls.

Staff Nurse

Mrs Rutherford is medically fit for discharge. You need to arrange a safe and timely discharge for Miss Rutherford back to her own home. You have identified the need for district nurse involvement.
**Pharmacy**
Discharge medication will require a dosette box organising; assessment has demonstrated that Miss Rutherford is able to use this effectively

**Home Care Manager**
You were involved with Miss Rutherford in the past – when her sister was ill but have not been to her home since the death of her sister – although Miss Rutherford is always polite you feel she thought that home care were intruding on her privacy – you have found her to be an independent lady who likes to make her own decisions and although you are happy to provide any service requested you feel that she may refuse the help once she is at home.

**Miss Rutherford**
Want to go as soon as possible. – you have never been in hospital before feel really homesick mood low and feeling quite tearful.
Do not want lots of strangers in the house
You know things are becoming increasingly difficult but have contact in the church and from local voluntary agencies which helped when your sister was ill and feel they will be able to provide some support for you at home.

**Mrs Swan**
Happy to continue helping:
Contact for pendant alarm – if required?
Shopping – happy to continue
Add jobs as required

**Voluntary agencies: can provide the following**
Transport to church
Weekly Visit
Gardening
Shopping
Facilitators guide

Social worker

Will provide care package but may have to wait to organise attendance allowance.

Home visit reports

Occupational Therapist

Although the house bathroom and toilet are up stairs and ground floor toilet was fitted during her sister’s period of illness, the home visit demonstrated the Zimmer will fit into the toilet.

It was established that there is space in the upstairs bathroom for a small dining chair. A rail is required at the wash basin.

DN to assess if continence is an issue.

Home visit reports

Physiotherapist

You were concerned about the carpet and other potential obstacles. Need to undertake a falls assessment before discharge from the community team.

Miss Rutherford needs a Zimmer frame to walk independently you intent to provide one for the ground floor and one to be kept at the top of the stairs for use on the first floor.