Perils of making snap judgements

Took the time to stand back and assess her as an individual.

You’ve heard the saying ‘don’t judge a book by its cover’, but putting this into practice can be difficult. Wards are busy to an extent that is unprecedented, and in the midst of yet another chaotic shift it can be easy to quickly form judgements.

But by doing this you risk giving care based on your fixed assumptions of what someone needs. This disempowers patients and you may miss important clinical signs or symptoms.

Think of some common conditions or groups of people you treat, and brainstorm any thoughts that come up. Be as honest as you can:

- Do you have a picture of what a ‘typical’ patient looks like? Does this affect how you treat people individually?
- Think of the language you are using. Is it positive or negative? How do you think this affects your practice?

Keeping a reflective diary can help you spot recurring thought processes or behaviours and identify any learning needs, and is useful when preparing for revalidation.

Mandy Day-Calder is a freelance journalist and life/health coach.
The number of NHS staff applying for retirement has increased by a quarter over the past four years.

rcni.com/retirement-surge

for the police to follow, which will help to prevent deaths in custody.

A unique aspect of the role, which requires meticulous attention to detail, is forensic sampling. Custody nurses prepare samples and collect forensic evidence on suspects accused of serious offences, such as sexual assault, murder and serious assault.

There is no typical day at work. I can go from seeing a detainee who has collapsed in a cell and needs immediate treatment, to assessing someone’s fitness to be interviewed for murder.

Tough decisions
Custody nurses work autonomously and usually alone, so as well as having confidence in your clinical skills and reasoning, you need to be able to make decisions that can be unpopular, such as refusing to authorise a detainee’s medication or recommending an appropriate adult.

At times, the role can be open to intense scrutiny. In the event of a death in custody, for example, there will likely be an Independent Police Complaints Commission investigation and a coroner’s inquest, where the custody nurse will be required to provide detailed statements, interviews or testimony.

I am passionate about ensuring that detainees receive a high standard of person-centred care. It is also satisfying knowing that my forensic samples have helped police investigations and assisted courts in reaching verdicts.

Matt Peel is a police custody nurse with Leeds Community Healthcare NHS Trust, working in West Yorkshire police custody suites.

Getting hospital patients out of their pyjamas into clothes has become a popular #endpjparalysis campaign in the acute sector.

‘It has captured the hearts and minds of staff’
Ann-Marie Riley
Nottingham University Hospitals NHS Trust
deputy chief nurse
rcni.com/end-pj-paralysis

60-SECOND INTERVIEW

‘Your core nursing skills are vital’
Saving lives in war begins with the soldier who applies the tourniquet, not the surgeon, says Major Rob Instrell.

After taking up a nursing career in his thirties, Major Rob Instrell qualified in Southampton in 2002. He worked mainly in emergency care, and is now lead practitioner in critical care outreach at Blackpool Teaching Hospitals NHS Foundation Trust.

In his military career, he has served as a troop commander and as the unit adjutant for 335 Medical Evacuation, and has been the regiment’s clinical lead for the past four years.

What are your main work and reserve service responsibilities?
In my civilian role, I lead a team that supports medical and nursing staff to recognise and manage the acutely deteriorating patient. My military role involves co-ordinating and developing the clinical effort of a unit that specialises in ground-based medical evacuation.

What do you love about your job and the reserve service?
The chance to secure timely recognition and treatment for patients at risk. In the military, I relish the challenge of delivering care in a completely different environment, often facing time and resource constraints.

What do you find difficult?
Trying to secure senior decision-making in a service facing enormous challenges, and, as a busy army reservist, trying to balance the hours required to perform an effective role as a husband, father and commissioned officer.

How have you developed skills?
Postgraduate study and skills, such as non-medical prescribing and advanced life support instruction, have combined effectively with the opportunities available through Defence Medical Services.

What has been your most formative experience?
My deployment as a trauma team leader in Iraq showed me the importance of core skills. Saving lives in war begins with the soldier who applies the tourniquet or washes his hands, not the surgeon. This is also true in civilian practice – if your essential nursing and clinical skills are sound, your patients will benefit.