Welcome to Your Behavioral Health Clinical Experience

To support a positive behavioral health nursing clinical experience and ensure everyone's safety, the following standards/guidelines have been created.

Prior to Clinical Experience:

- Faculty/students to complete Lippincott module titled: Managing Difficult Behavior
- Faculty/students to review Cleveland Clinic's Identifying & De-escalating Workplace Violence handout
- Faculty to meet with assigned unit's nursing leadership and tour the unit

General Safety:

- Use of student Buddy System (2 students paired)
  - Students to be assigned a buddy during each clinical day
  - To accompany each other whenever they leave the unit's common area or view of faculty
  - Consider pairing 2 students for initial (1-2) clinical days with 1 patient to provide support, build confidence in assessment and communications skills, and to receive peer feedback (formal/informal) re: communication during patient interactions
- Interactions with patients are to occur in the designated common/dining area of the unit
  - Do not go into the patient's room. May walk to the doorway with buddy/unit nurse to ask the patient to come to the common area.
- Faculty to remain in common area with students; making self readily available
- If a patient is in need of any care items (toiletries, food/drink, etc.), faculty/students to notify unit caregivers for assistance with retrieving item
- Avoid turning your back to a patient
- Position yourself to so that the door/exit is easily accessible; goal is that a patient is not between you and the door
- Maintain a safe distance (2 arm lengths away from patient). Remain out of the patient's reach.
- Be aware of your surroundings. Know where exits are located.
- Do a self-check; do not bring any potentially harmful items onto the unit- spiral notebooks, laptops, phones, pens, lanyards, hoodies with strings, etc. Follow your school's dress code.
- Do not give patients any items; check with nurse first
- There may be patients on elopement precautions. Ensure unit doors close and lock behind you; do not open doors if patients are nearby.
- If behaviors escalate:
  - Remove self from the area; go to a safe area on the unit i.e. nurses station
  - Call for help; immediately notify assigned nurse/charge nurse/unit caregivers

Observational Experiences include:

- Interdisciplinary treatment team
- Therapeutic programming/observe group
    - Schedule can be found on unit's board or check with Programming caregiver
    - Students can lead a group
        - Lippincott module available: Group Work Techniques
- Shadow nurse, including during medication administration
- Specialized units/areas (Adult, Geriatric, Mood Disorders, ADRC, IOP, Intake, etc.)
- Procedures: Electroconvulsive Therapy, TRD/Ketamine Clinic, accompany patient (with designated transporter; never alone) to any diagnostic testing

Clinical Day Workflow:

- Pre-brief per Faculty
- Faculty to collaborate with Charge nurse for student assignment
- Students to obtain report from unit nurse prior to meeting with patient. Students to give report to patient's assigned nurse at end of shift and when leaving unit for lunch
- Students collect any additional data (i.e. review EPIC) prior to meeting patient
- Student to meet patient, establish rapport, complete assessments, etc.
- Faculty to determine and coordinate student opportunities for observational experiences
- Students may engage patients in activities i.e. group, games, cards, coloring, journaling, coping skills, etc.
    - Always check with nurse first for any safety considerations before activity
    - Collaborate with therapeutic programming caregivers for any needed supplies
- Student documents findings in the medical record per organization's guidelines
- Students may complete vital signs, blood glucose (need to add something more?)
- Post conference per faculty
    - Consider including:
        - Debrief of students' experiences, feelings, thoughts of clinical day
        - Patients- s/s, diagnosis, plan of care, communication

Unit Contacts:

Emergency Number:	
Nurse Manager:	
Assistant Nurse Manager:	
Charge Nurse:	

Cleveland Clinic

Clinical Assignment

Date:_____

Time of Clinical:_____

Lunch:_____

Faculty:_____

Charge Nurse: _____

Patient	Assigned Nurse	Assigned Student	Buddy

The Cleveland Clinic Foundation   9500 Euclid Avenue
Cleveland, Ohio 44195   undergraduatenursing@ccf.org
www.clevelandclinic.org

Cleveland Clinic

IDENTIFYING & DE-ESCALATING WORKPLACE VIOLENCE

Education and training are key elements of a workplace violence prevention program. Recognizing early signs of escalating behaviors allows a caregiver to intervene sooner, de-escalate the situation, and potentially prevent further escalation in order to keep everyone safe.

There are five levels of escalating behaviors: Agitated, Disruptive, Destructive, Dangerous and Threat of Lethal.

Agitated
When a person becomes agitated, they are trying to tell you that they are distressed. Agitated signs include pacing, fidgeting, rapid breathing, crying and/or rocking.

At this stage, caregivers should try to identify and relieve the distress by talking and listening to the individual, turning their focus to a new activity, go for a walk or checking for undiagnosed pain.

Disruptive
Yelling, refusing, arguing and name calling are signs that an individual has escalated to being disruptive. These signs often mean that the individual wants you to pay attention to them.

At this stage, caregivers should use stop actions, set limits and relieve distress. This includes calling for assistance, setting limits and maintaining vigilance, remove yourself and/or the individual from the area, among others.

Destructive
The destructive stage is the first stage that involves physical action, often signaling that the individual is losing control. Most times, the physical action involves throwing, kicking or hitting inanimate objects.

At this point, a caregiver's primary focus should be keeping everyone safe, including the individual. This can be done by removing others from the area, maintaining your vigilance for yourself and others, securing objects that could be used as a weapon and being prepared to respond to a potential emergency response.

IMPORTANT NUMBERS

Hotlines & Emergency Numbers
   Available Online

Report Workplace Violence
   Learn How to Report

**Caring for Caregivers &
Employee Assistance Program (EAP)**
   Ohio: 216.445.6970
   Florida & Nevada: 1.800.624.5544
   More Resources

ONE HR Service Center
   Phone: 1.877.688.2247, option 1

Workplace Violence Committee
This Committee is comprised of representatives from across the enterprise and a multitude of backgrounds focused on providing education, assistance and resources to help ensure Cleveland Clinic remains a safe, caring and supportive environment for the delivery of world-class care.

Workplace Violence Policy
ccf.policytech.com/dotNet/documents/?docid=71485

Workplace Violence Procedure
ccf.policytech.com/dotNet/documents/?docid=71486

More resources can be found on the Intranet at:
portals.ccf.org/workplaceviolence

Dangerous

By this stage of escalation, the individual begins to lash out at the caregiver or others, signaling that the situation has become out of control. Violent actions at this level include hitting, kicking, biting and other physical interaction.

Ask for help and remove yourself from danger while waiting for help to arrive if possible. By this point, it is important to contain the individual in an area away from others. You and your team should be ready to respond to the situation if it continues to escalate. If needed, call for the emergency response team or a Code Violet/Code Gray .

Threat of Lethal Action

When a situation escalates to this level, an individual is verbally threatening to commit suicide, homicide or to use weapons on themselves or others. These behaviors are sending the message of stop me.

First and foremost, tell the individual, "Don't Do it!" Continue to talk to the individual, use your listening skills and stay alert. It is important not to isolate yourself with the individual.

Stay S.M.A.R.T. to De-escalate a Situation

Knowing how to de-escalate a potential situation can help keep you, your fellow caregivers, our patients and visitors safe.

To help de-escalate a situation, caregivers should remember to remain S.M.A.R.T.

Stay one step ahead of the situation.

Move one step at a time.

Always make it safer.

Refocus the attention.

Together/TLC.

S.T.A.M.P.E.D.

Another easy acronym to remember the signs of an escalating situation is S.T.A.M.P.E.D.*:

Staring: the escalating person may glare at you or be staring at a potential weapon

Tone of Voice: voice becomes louder and/or soft-spoken, using obscenities, name calling, threatening or being disrespectful

Anxiety: needing more and more reassurance and increasingly needing more limit setting

Mumbling: saying things under their breath to themselves or to someone else in the room

Pacing: refusing to stay in room or bed, looking pressured or driven when they walk

Emotional: explosive grief reactions, heightening sense of frustration, increasingly angry

Disease state: consider if actions are part of an acute change in the patient's health. Keep in mind that a patient with an altered sensorium can become violent unexpectedly

*Chapman, R., Perry, L., Styles, I., & Combs, S. (2009). Predicting patient aggression against nurses in all hospital areas. British Journal of Nursing, 18(8).