

ABILITY TO UNDERTAKE OBSERVATIONS

Knowledge

An ability to draw on knowledge that the aim of observations is to maintain patient safety
An ability to draw on knowledge that the use of observations should be care planned
An ability to draw on knowledge of local policies on carrying out observations, and the different levels/types of observation
An ability to draw on knowledge that observation of patients is an intervention in its own right
An ability to draw on knowledge that the integrity of continuous or intermittent scheduled observation can be compromised:
when carried out by practitioners who are untrained or lack direct experience of patients who are very distressed and actively at risk (for example, of harming themselves or ending their lives)
when carried out by practitioners who are not familiar with the patient and their history
when carried out as a 'tick-box' exercise (for example, when involving a very brief 'check in')
when there is a crisis on the ward
when staffing issues are leading to a prolonged time on observation
when they are acting to reinforce a challenging or risky behaviour
An ability to draw on knowledge that the effectiveness of observation can be compromised if the practitioner is unclear about their remit and so restricts the extent of observation for example by:
not checking when the patient is in their bedroom because of concerns about invading a 'private' space
feeling unable to check that the patient is safe when they are for example, in bed and under covers (and observation would involve disturbing them)
An ability to draw on knowledge that observation can be distressing and experienced as punishing, shaming, or degrading for the patient (for example, if continuous monitoring means that they have no or very limited privacy when carrying out activities, particularly those related to patient's hygiene)

Conducting observations

An ability to explain to the patient the rationale for why an observation is being undertaken and the processes involved
An ability to use observation as a constructive opportunity to:
interact with and engage the patient and gain their trust
engage in purposeful activities with the patient
understand the sources of their distress and help them to express themselves
help assess the patient's mental state
encourage and motivate them to undertake day to day activities
An ability to draw on a range of clinical skills to respond to distress with the aim of helping the patient express their feelings and make use of basic coping skills
An ability to adapt observation to the moment-to-moment needs of the patient, for example by:
interacting and/or engaging in activities if they are open to this
being silent or reducing proximity to the patient where appropriate if they are uncomfortable or distressed by contact
An ability to detect indications of potential aggression or violence and to respond appropriately (for example, by withdrawing to a safer distance, using de-escalation techniques, or asking for support from others)
An ability to conduct observations so they are done in a way to minimise disruption, for example, trying not to interrupt sleep when undertaking observations at night

An ability to regularly review the need for observations and reduce/stop them at the earliest and safest opportunity