

AMBULATORY CARE



URU AROTAU

STUDENT NURSE ORIENTATION



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DOCUMENT CONTROL

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Authors	Raewyn Ormsby-Lobo, Ann Dowdell, Yvonne Stillwell	
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WELCOME

Welcome to Palmerston North's Ambulatory Care Unit. We hope that you enjoy your time with us and that you find it a worthwhile and interesting learning experience. Ambulatory Care can be a foreign environment for students who sometimes feel a little 'lost' or unsure of what's going on. This package will give you some information that will give a bit of insight into our unit and how we operate. The intention is to provide you with an opportunity to get the most out of your placement.

While you are with us you will be working with a different person every week and possibly every second day due to the nature of our work. However, we think that there is an advantage in working with different people as everybody has a slightly different focus. Our staff come from a range of diverse nursing backgrounds and have their own "specialties".

Ambulatory Care is split into Ambulatory A and Ambulatory B with its services operating Monday to Friday, 8am-6pm and providing outpatient service/clinics for children and adults. Clinics included are surgical, neurology, ophthalmology, dermatology, rheumatology, urology, Ear, Nose and Throat, Plastics, and Medical Outpatient Services such as Respiratory. Ambulatory Care is a specialist and follow-up assessment facility providing assessment, diagnostics, and procedures. Clinics are also provided at Dannevirke and Horowhenua.

Registered and Enrolled Nurses, Doctors, Health Care Assistants, Ophthalmology Technicians and Clerical members make up the staff within the department.

The Charge Nurse has an office within the department, will meet you on your first day and can assist with any questions you may have. There are also staff with delegated positions of responsibility, including your preceptor, that will be able to assist you.

Each type of clinic has at least one specialty nurse who oversees the running of the clinic. A desk file is available for each clinic type, which describes the specific requirements and equipment required for the clinics.

We are a great team with knowledge and skills encompassing a wide variety of experiences, so you should be able to consolidate and build on your current knowledge and skills while you are working with us. We look forward to having you on the team.

KEY CONTACTS

Ambulatory Care		
Charge Nurse	Steven Stewart	06 356 9159 ext. 8773 Page: 338
Nurse Educator	Raewyn Ormsby-Lobo	06 356 9159 Page:813 Raewyn.Ormsby-Lobo@midcentraldhb.govt.nz
Reception		06 350 9159 ext. 8611
Speciality Nurse		
Charlotte Cottrell	Ophthalmology	
Sharron Small	Surgical	
Debra Jacques	Otorhinolaryngology	
Rosie Taylor	Neurology	
Karen Nistor	Urology	
Lauren Jephson	Plastics	

ORIENTATION TO KEY PEOPLE AND ROLES

WHO/WHAT	(v) when completed (x) if not applicable
Charge Nurse	
Booking Clerks	
Clinical Nurse Specialists	
Enrolled Nurses	
Health Care Assistants	
Multi - Disciplinary Team Members	
Nurse Educator	
Preceptors	
Registered Nurses	

ORIENTATION TO CLINICAL AREA

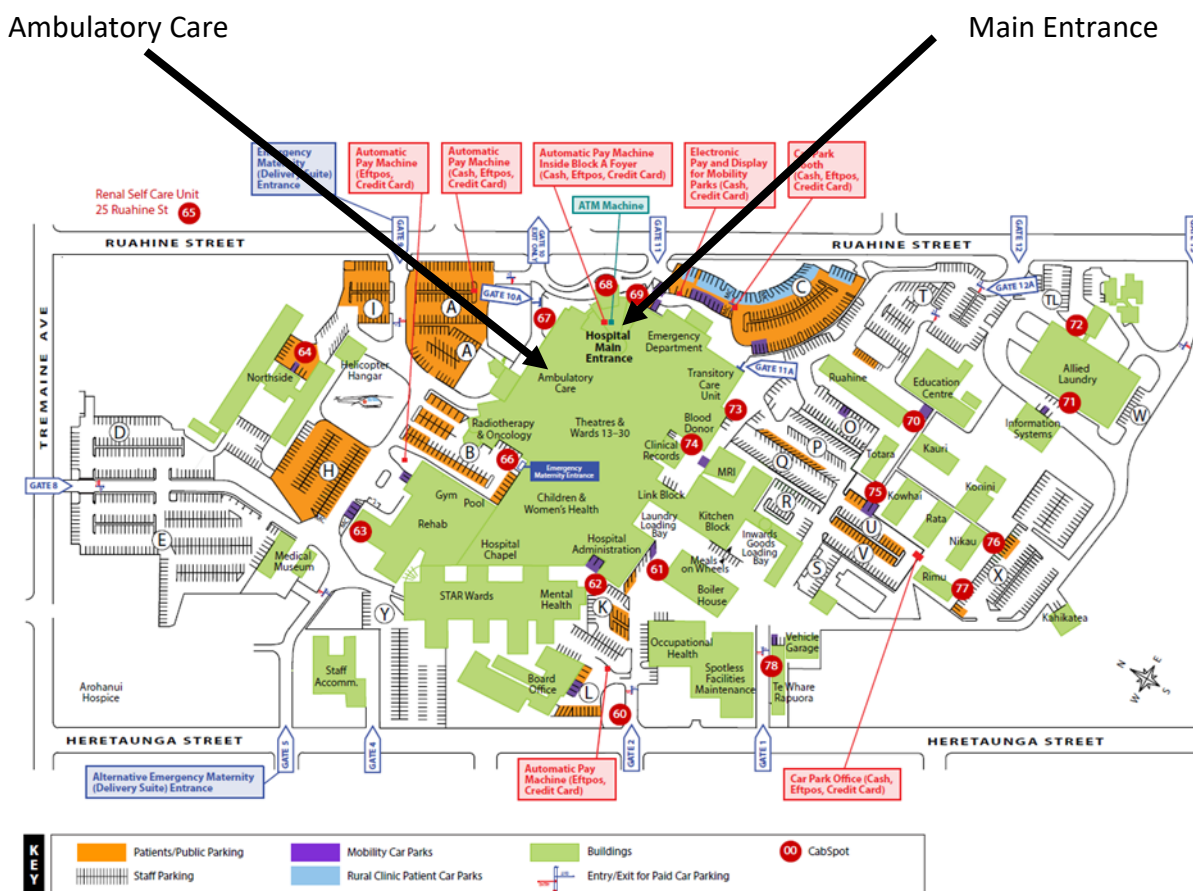
It is important that you have an awareness of the environment in which you will be working to ensure the safety of both you and that of the patient and other staff members. On the first day of your placement please meet either myself or the Charge Nurse at the Charge Nurse office at 08.30am. You will be working Monday to Friday 8.30am – 5pm every week.

We will spend the first part of your day orientating you to Ambulatory Care then you will join your allocated area for the week. We try to place you in Orthopaedic Clinic for a week, Urology for the next week and then Surgical however this can change depending on what clinics are running.

Departments and Services within the Ambulatory Care Centre include:

Audiology, Booking Clerks, Cardiology, Cardiothoracic, Continence, Dental, Dermatology, Diabetes Lifestyle Centre, ECG, Ear Nose and Throat, Endocrinology, Eyes, General Surgical, General Medical, Infectious Diseases, Medical Typists, Minor Operations, Neurology, Neurosurgical, Orthopaedics, Plaster Room, Plastic Surgery, Plastics Nurse-Led Dressing Clinic, Preadmissions, Respiratory Service, Sleep Service, Rheumatology, Sleep Service, Urology & Wound Care Service

Below is a map showing you where to park, the main entrance and location of Ambulatory Care.



From the main entrance walk down to Ambulatory A entrance, past the waiting room chairs to the main corridor in ambulatory care then turn right. The Charge Nurse's office is located on the left immediately before the double doors.

Please contact the Nurse Educator or your Clinical Lecturer to confirm your starts dates and times. If you are unable to attend your placement, please phone the Nurse Educator or Charge Nurse and advise your Clinical Lecturer.

PRECEPTOR

Your preceptor is responsible at all times for the guidance, counselling, teaching and supervision of you, the student. We will endeavour to ensure that you work predominantly with one or two preceptor's who are responsible for helping you complete your objectives; however, this is not always possible as mentioned earlier you will be in a different area each week and have a new preceptor each week. It is important that you inform your preceptor for the week what your objectives for the day/week are and your responsibility to get them to start writing down any comments they need to make, forms they need to complete before you finish in that area.

TTP (Transition to Practice) placement students must complete the drug calculations on the 'Intravenous & Related Therapies' Student Information sheet before any involvement in medication related therapy.

You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date).

If you have any concerns or questions do not hesitate to contact the **Nurse Educator** or **Charge Nurse**.

Please contact the Charge Nurse/Nurse Educator to confirm your start dates and times. If you are unable to attend your placement, please ring the ward and advise the Charge Nurse and your Clinical Lecturer.

EXPECTATIONS OF THE STUDENT NURSE

- On the first day please bring your completed “Your Contact Details” form (page 17) and give it to the Charge Nurse or Nurse Educator.
- It is expected that you arrive on time and if you are going to be late or unwell and cannot come in, please phone and ask to speak to the Charge Nurse. The Charge Nurse’s phone has an answer phone where you can leave a message if they are not available.
- Hours of work are 0830 to 1700 hours each day.
- You must complete the full shift that you are allocated to work.
- The preceptor you are working with needs to be aware of your learning objectives – these may be dependent on which area of Ambulatory Care you are assigned to.
- Your preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to the setting.
- A working knowledge of drug calculations is essential. Please review your knowledge of normal temperature, pulse, respiration rate, blood pressure, pain assessment and blood glucose levels.
- Third year nursing students commencing their final placement need to identify which preceptor will be completing their documentation requirements and ensure their preceptor has an adequate timeframe to complete this.
- Please ensure that your uniform meets your institution standards. Please ensure all jewellery is removed, long hair is tied up/back, comfortable clean shoes. You must wear your name badge
- Please complete the Preceptor Evaluation Form (Page 16) and give this to the Charge Nurse.

HEALTH AND SAFETY

Everyone is responsible for their own safety and the safety of others. The Occupational Health and Safety Manual outlines the hazards within the department. Please familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse and a Riskman completed.

EMERGENCIES

All students should make themselves familiar with the response requirements for all emergencies during their orientation. Please ensure that fire exits are always kept clear, and corridors uncluttered. Exits must be clear at all times.

The emergency number for Fire, Cardiac Arrest and Security is 777. In an emergency, please follow the direction of the nursing and medical staff. Locate the following:	
WHAT	(v) when completed (x) if not applicable
Duress Button Procedure	
Emergency Bells	
Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	
EWS Forms and Process	
Fire Extinguishers	
Fire Hoses	
Portable Oxygen	
Red Phone (fire emergencies)	
Suction	

OBJECTIVES

Before you start in Ambulatory Care, please consider what you want to achieve on this placement. Bring to the unit a list of objectives, remembering that these need to be realistic. Please share with your preceptor/s at the beginning of your placement the documentation that must be completed while on that placement. Use your initiative to make the most of your placement, for example:

- Ask lots of questions
- Ask to observe procedures
- Ask to do and things, e.g. Dressings.

Objectives may include but are not limited to:

- Documentation
- Gain an understanding of the multidisciplinary team
- Infection prevention and control
- Patient assessment-including risk assessments
- Time management and prioritising care
- Vital signs – accurate recording and interpretation
- Wound management

PARKING

Students can purchase concession parking cards from the Wilson Parking Office on site to get a discounted parking fee: a \$20 bond is required to purchase these cards.

TE MĀWHENGA TŪRORO: PATIENT DETERIORATION

Acute deterioration can happen at any point during a patient's visit to Ambulatory Care. If acute deterioration is recognised early (Early Warning Score) and responded to appropriately, patient outcomes can be improved. The Deteriorating Patient programme resulted in the implementation of the national Early Warning Score (EWS) observation chart, which has been adapted for Primary Care into some Integrated Family Healthcare Centres (IFHCs), in District Nursing, Child and Neonates and Maternity.

KORERO MAI AND SHARED GOALS OF CARE (SGOC)

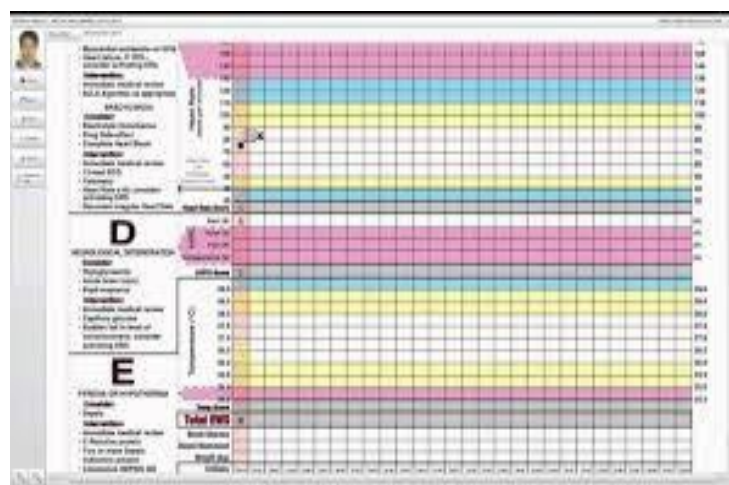
Following on from the successful introduction of the national early warning score process, Midcentral embarked on the next stage of the Deteriorating Patient Program, Korero Mai. Patients, families and whānau often recognise subtle signs of patient deterioration even when vital signs are normal. Korero Mai refers to a patient, family and whānau escalation of care process as part of the recognition and response system.

Unwanted or unwarranted treatments at the end of life can contribute to suffering for patients, families and whānau, moral distress for clinicians, and unnecessary expenditure for the health system. Documented shared goals of care represent the outcome of a shared decision-making process between the patient,

whānau and the clinical team. At a minimum, the overall direction for an episode of care (e.g., curative, restorative, palliative or terminal) and any agreed limitations on medical treatment need to be identified.

Effective communication is necessary to get patients’ values and preferences for care and ensure informed choices can be made about complex medical treatment options. Ideally these conversations occur prior to episodes of acute deterioration without the pressures of an evolving and emergent clinical crisis. The benefit of working within the ‘Goals of Care’ framework is that it encourages clinicians to think carefully about a patient’s prognosis and likely response to treatment and to determine what treatment options are most important within the context of that person’s overall life trajectory. This process respects patients’ autonomy: it helps identify those who may wish to decline treatments that might otherwise be given by default and raises awareness of the importance of discussing with patients and/or their whānau what their real wishes are with regard to medical treatment. It helps to ensure that patients are offered care appropriate to their condition and not subjected to burdensome or futile treatments. In all these aspects, the SGOC framework adopts an approach supported by the nursing profession. It also provides an incentive for treatment decisions to be made in a considered fashion by the team primarily responsible for the patient’s care rather than in response to a crisis—e.g. a MET call/Rapid Response Team/Cardiac Arrest callout—which often occurs after hours and is attended by medical staff who do not know the patient and are unable to speak to their relatives or other substitute decision makers.

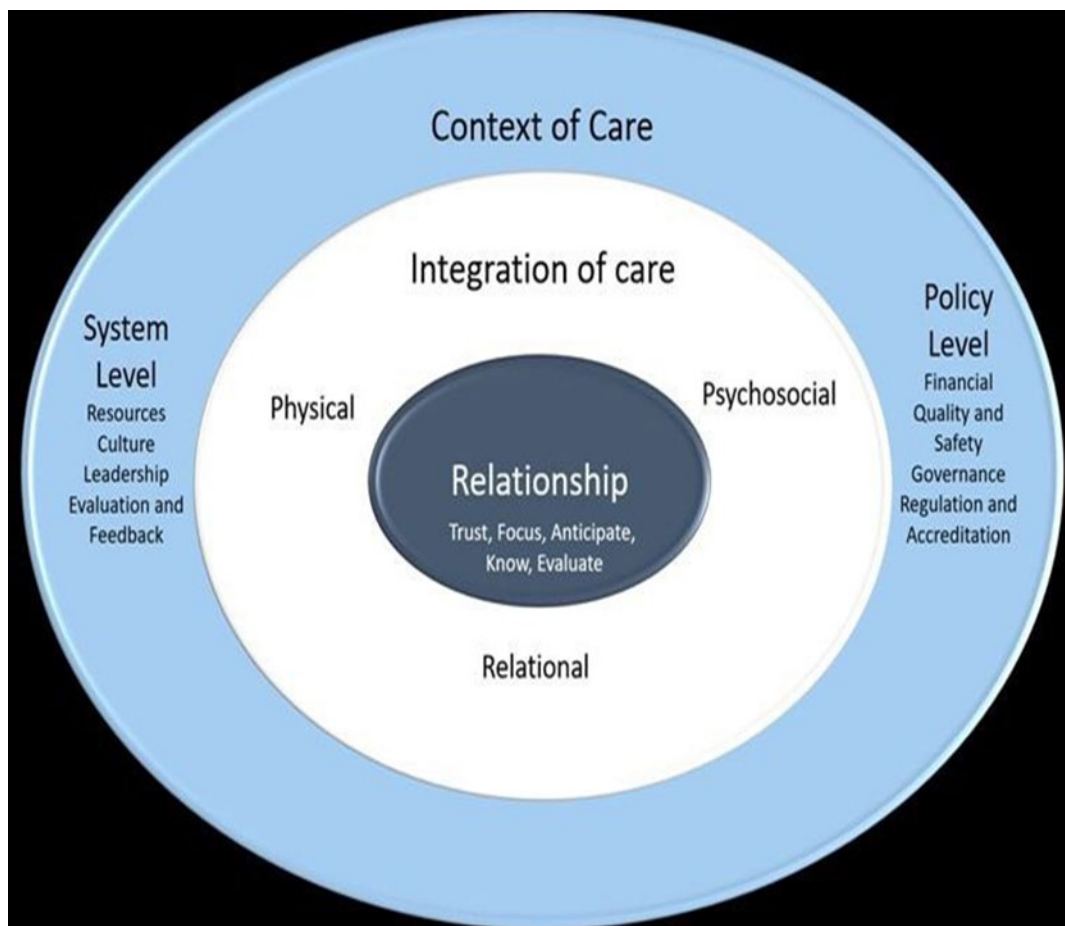
Please locate and familiarise yourself with the EWS documents and escalation process in your area of practice



Please locate and familiarise yourself with the EWS documents and escalation process in Ambulatory Care.

NGĀ POU: THE FUNDAMENTALS OF CARE

Fundamental care involves actions on the part of the nurse that respect and focus on a person’s essential needs to ensure their physical and psychosocial wellbeing. These needs are met by developing a positive and trusting relationship with the person being cared for as well as their whānau¹.



This is being implemented currently by the Nursing and Midwifery Directorate.

COMMON MEDICATIONS

Although not all areas of Ambulatory Care administer medications regularly several areas do such as the Transitory Care Unit where you may spend some time. It is important to familiarise yourself with the mode of action, administration, risks and nursing considerations related to a number of medications. All nurses need to be aware of the principles of safe medication administration. These include:

The ten rights of safe medication administration:

1. Right patient
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right reason (e.g., if BP is 90/50 should you administer an antihypertensive medication?)
7. Right response to the medication e.g., analgesia
8. Right documentation
9. Right formulation e.g., immediate release or slow release
10. Right to refuse after being offered and informed choice.

Oral medications

You may check and give oral medications under the direct supervision of a registered nurse (RN) if (s)he is confident for you to do so, remembering the 5 rights:

Right patient / drug / route / dose / time

Subcutaneous (SC) and Intramuscular (IM) medications

A student nurse may administer SC and IM injections under the direct supervision of a RN.

Intravenous medications

2nd year students - IV infusions may be prepared under the direct supervision of a RN. The 2nd year student nurse may not administer IV infusions.

3rd year students – IV infusions may be prepared and administered under the direct supervision of a RN after completion of the student workbook (please see the Clinical Lecturer for the same).

Controlled Drugs

Controlled drugs are kept in the locked controlled drugs cupboard, inside the general drugs cupboard always. Student nurses are not permitted to double check or sign for controlled drugs.

CONTROLLED DOCUMENTS

Once on placement you will need to access relevant policies, procedures, and guidelines. Ask your preceptor to help you find the Controlled Documents on the intranet. *(Note: you cannot access this outside of the organisation.)*

AMBULATORY CARE SERVICE OBJECTIVES

All services have objectives or key performance indicators to meet to help measure the effectiveness of the service and identify areas for improvement. Medical and Surgical Services negotiate contracts with the Midcentral which sets the level of activity (volumes) for different specialties.

Department specific objectives include:

- Referral letters processed and appointments or waiting advice letters sent out to the patient within 5 working days of receipt.
- Patients are seen within 30 minutes of the appointment time
- Every effort is made to reduce the number of patients not attending their appointments to less than 10% of total patient attendances.
- All staff understand and participate fully in quality improvement programmes

ESSENTIAL SKILLS: SUGGESTIONS

These are education modules you could complete while on your placement to develop your knowledge and skills.

Skill	How to access
ABC smoking brief advice	https://learnonline.health.nz/login/index.php
Hand Hygiene	www.handhygiene.org.nz
Code of Conduct	www.nursingcouncil.org.nz/Nurses/Code-of-Conduct
Direction and Delegation	www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses
Safe Moving and Handling	Safe Moving and Handling site via the MidCentral Intranet

DOCUMENT MANAGEMENT SYSTEM CONTROLLED DOCUMENTS

Once on placement you will need to access relevant policies, procedures and guidelines. Ask your preceptor to help you find the Document Management System on the intranet. (Note: you cannot access this outside of the organisation.)

COMMON ABBREVIATIONS

This is not a comprehensive list but is to give an idea of some of the abbreviations you may see.

a.c. - Before meals. As in taking a medicine before meals.
ADR - Adverse drug reaction.
AKA - Above knee amputation.
AKI - Acute Kidney Injury or ARF: Acute renal failure
Anuric - Not producing urine
BD or BID - Twice daily. As in taking a medicine twice daily.
BKA - Below the knee amputation.
BP - Blood pressure
C&S - Culture and sensitivity, to detect infection and antibiotic sensitivity.
C/O - Complaint of.
CBC - Complete blood count (same as FBC).
CPAP - Continuous positive airway pressure. A treatment for sleep apnoea.
COPD - Chronic obstructive pulmonary disease.
CVA - Cerebrovascular accident or stroke
CXR - Chest xray
D/C or DC - Discontinue or discharge.
DM - Diabetes mellitus.
DNR - Do not resuscitate
DVT - Deep venous thrombosis (blood clot in large vein).
ETOH - Alcohol
- Fracture.
FBC - Full blood count or Fluid balance chart
Wt. - Weight.
H/O or h/o - History of.
HTN - Hypertension.
I&D - Incision and drainage.
IMP - Impression or the summary conclusion
IU - International units.
K or KCL - Potassium.
N/V - Nausea and/or vomiting.
Na - Sodium
NSR - Normal sinus rhythm of the heart
O.D.: Right eye. O.S.: Left eye. O.U.: Both eyes.
p.o.: By mouth. From the Latin - per os.
p.r.n.: As needed.
PERRLA: Pupils equal, round, and reactive to light and accommodation.
q.d. - Each day.
q.i.d. - Four times daily. q2h: Every 2 hours.
RA - Rheumatoid arthritis.
RBC or PRC - Red blood cells, or Packed Red Cells
SOB - Shortness of breath.
T&A - Tonsillectomy and adenoidectomy.
U & E - Urea and electrolytes, blood test.
UA or u/a - Urinalysis. A UA is a typical part of a comprehensive physical examination.
UTI - Urinary tract infection.

EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse

Name of Preceptor _____ Date _____

E = Excellent VG = Very Good S = Satisfactory NI = Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	E	VG	S	NI
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: _____ Name: _____

YOUR CONTACT DETAILS

We care about your well-being as well as your education. If you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency we need to be able to contact you. Please could you provide the ward with your contact details and an emergency contact using the form below.

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency contact	
Phone number of emergency contact	

From time to time the staff on the ward may need to contact your lecturer regarding your progress, for support or in the case of problems. Please could you supply the contact details of the Lecturer/CTA that will be supporting you during this placement, in the form below?

Name of Lecturer/CTA	
Phone number of Lecturer/CTA	
Email of Lecturer/CTA	

This information will be kept for the length of this placement and then disposed of. It will not be shared with anyone else without your permission unless there is an emergency.