



MidCentral District Health Board | Te Pae Hauora o Ruahine o Tairāia

# **WARD 23 ONCOLOGY**

## **URU MĀTAI MATENGAU**

### **STUDENT NURSE ORIENTATION**

Developed by: Nga Manu Teka: Practice Development  
November 2019

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## DOCUMENT CONTROL

Version	Issue & Circulation Date	Brief Summary of Change
1.	November 2019	
2.		
3.		
Authors	Anne Thomas: Yvonne Stillwell	
Location	MDHB: student	
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Approved	November 2019	

## WELCOME

Welcome to Palmerston North Hospital and Ward 23.

We hope that you enjoy your clinical placement with us and that you find it a worthwhile and interesting learning experience where you are able to apply your theoretical knowledge to practice, expand your knowledge base and advance your nursing skills. Our aim is to give you a supportive environment in which to do this, and where you can learn how to work as part of a wider team in partnership with patients and their families as they navigate through their cancer journey.

MidCentral DHB is a regional cancer treatment provider. The Regional Cancer Treatment Service (RCTS) provided by MidCentral Health offers cancer care to patients over a wide catchment area that covers Taranaki, Whanganui, Hawkes Bay, Wairarapa and Manawatu. Ward 23 is the inpatient facility for the RCTS where patients are provided care and treatment for the three main cancer specialties: Medical Oncology, Clinical Haematology and Radiation Oncology. In addition, we also treat people with haematological conditions which are not cancer.

Ward 23 is a 20 bed ward, and delivers treatments such as antineoplastic drug treatment, blood product transfusions, radiotherapy support, stem cell transplants, radioactive iodine treatment, palliative care, symptom management, treatment for blood disorders, and drugs for approved clinical trials. It is a very busy ward and has a high turnover of both elective and acute patients. We have arranged admissions almost daily, but also admit patients from the Emergency Department and the various clinics belonging to the sub specialties (Medical Oncology, Radiation Therapy and Haematology).

Ward 23 is staffed by a Charge Nurse and Registered Nurses, supported by Health Care Assistants and a Ward Clerk. Nurses work closely with members of the multidisciplinary team (MDT) including Medical Staff, Clinical Nurse Specialists, Physiotherapists, Occupational Therapists, Dieticians, Social Workers, Pharmacists, Psychologists, Chaplains, District Nurses, Pae Ora Maori Health Services, and the Palliative Care and Clinical Trials teams. We also work closely with staff in our Day Ward, and the Radiotherapy and Haematology departments. Good communication and close collaboration with members of the wider MDT are essential to provide optimum care for our patients. We also work closely with the wider areas of our RCTS such as Taranaki Base Hospital day ward and Hawkes Bay day ward (Villa 6) as often patients begin their treatment with us in Palmerston North and then continue or finish treatment in their home centre.

There are many learning opportunities for you in this clinical setting. The Ward 23 team is keen and willing to help you gain confidence, experience and knowledge as you practice your clinical skills in this setting. They want to see you develop personally and professionally during the course of your placement with them. Your presence in our clinical setting is valued. We

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want you to contribute to discussions in regard to patient care, nursing systems and the overall nursing experience during your time with us.

## KEY CONTACTS

Ward 23		06 350 9159 ext. 8043
Ward Clerk	Maude/Pam	06 350 9159 ext. 7230
Charge Nurse	Rose Blundell	06 350 9159 ext. 7239
Nurse Educator	Anne Thomas	06 350 9159 ext. 7466 Page 460 anne.thomas@midcentraldhb.govt.nz

The person to contact with regard to your placement, roster or any other issues is the Clinical Nurse Educator – Anne Thomas. If she is unavailable, the Charge Nurse or nurse in charge of the shift will be happy to answer your questions/address your concerns.

## PRECEPTOR

Due to staff availability and rostering requirements, it can sometimes be difficult to allocate you a single preceptor for the duration of your placement. We will do our best to minimise the number of preceptors that you have while you are with us.

It is your responsibility to ensure that the preceptor that you are working with is aware of your learning needs/objectives for the placement. Your preceptors will assist you complete your objectives, but responsibility for the seeking of learning opportunities/meeting placement requirements is yours.

It is very important that you provide any documentation/assessment forms etc. to your preceptor in a timely fashion so that they have ample to time to complete them for you (i.e. not on the due date). It is not appropriate to give the preceptor short notice to do this.

## EXPECTATIONS OF THE STUDENT NURSE

Hours of work are:

- Morning duty 0700-1530 hours
- Afternoon duty 1430-2300 hours
- Night duty 2245-0715 hours
- You are expected to be ready to commence handover at your shift start time.
- If you are going to be late or are unwell and cannot come in, please ring the ward prior to the commencement of your shift and ask to speak to the Charge Nurse or nurse in charge of the shift. You must also notify your Clinical Lecturer overseeing your placement of your lateness/absence.
- If you are unable to work the days that you have been rostered, you need to discuss this with your Nurse Educator/Clinical Lecturer.
- You are expected to complete the full shift that you are allocated to work. If you are unable to do so it needs to be discussed with your preceptor and you must inform your Nurse Educator/Clinical Lecturer that you are finishing early.
- It is your responsibility to inform the preceptor that you are working with about your learning objectives/ skills to be attained. Please discuss this with the preceptor at the start of each shift.
- If you are experiencing difficulty achieving your placement objectives it is your responsibility to discuss this with your Nurse Educator/Clinical Lecturer so that a plan for managing the issue can be made.
- Knowledge of drug calculations is essential and this must be reviewed prior to commencing placement.
- You must complete the e-learning module and quiz relating to safe handling and disposal of waste prior to having patient contact on the ward. If possible please complete this prior to commencing placement. Instructions on how to do this are on page 6.
- It is essential that you review your knowledge of normal temperature, pulse, respiration rate, blood pressure and blood glucose level ranges prior to commencing placement. It is helpful for you to have your own thermometer.
- Third year nursing students commencing their final placement need to identify early in their placement which preceptor will be completing their documentation requirements. It is the student's responsibility to ensure that the preceptor is given the required documentation in a timely manner and has an adequate timeframe to complete it in.
- Ensure that your uniform meets your institution standards and that your uniform is clean, jewellery is removed and long hair is tied back. Rings, bracelets, Fit Bits and wrist watches are not to be worn. We have a 'Bare below the Elbow' policy which will be enforced. Your name badge and student ID card must be visible at all times when you are in the clinical setting.
- Cell phones are only to be used in your tea and meal breaks.

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## HEALTH AND SAFETY

As part of your clinical placement on Ward 23 you may come into contact with or be involved in the disposal of body waste that is contaminated with antineoplastic drugs. As such it is a requirement that you complete an online module and test to ensure that you know how to do this safely and correctly, in order to not put yourself or anyone else at risk of antineoplastic drug exposure. If you are or could be pregnant, please notify the Charge Nurse or Nurse Educator at the beginning of your placement. Prior to your clinical placement (if possible) please complete this online module and quiz, and bring evidence of your 100% pass mark on the quiz to give to the Nurse Educator at the start of your placement. The instructions to do this are below:

- Go to [www.eviq.org.au](http://www.eviq.org.au)
- Click on 'Cancer Institute NSW Sites' and select 'Eviq Education' from drop down.
- Click on 'Course Library'
- Select 'Antineoplastic Drug Administration Course (ADAC)'
- Do not skip the step above
- Select 'Handling Antineoplastic Drugs and Related Waste Safely'
- Complete e-Learning Guide (you will be prompted to register here). \*NOTE\* When asked to select your health care role, select 'Medical'
- Complete e-Quiz
- You must achieve 100% to pass
- When you get to the screen saying "Congratulations, you have passed the e-Quiz", select landscape and print the result
- If you are unable to print, take a photo or screenshot the page as evidence, as you will not be able to return to this page to print it later
- Bring this evidence to your clinical placement and give to Nurse Educator
- Early in your clinical placement you will be shown the correct way to put on and dispose of personal protective equipment (PPE)

**Please also watch the following video about the correct use of a Hazardous Drugs Spill Kit**  
[www.crghealthcare.com.au](http://www.crghealthcare.com.au)

**Click on 'Hazardous Drug Spill Kit Training'**. This video is approximately 10 minutes.

**If you have not completed these steps prior to commencing your placement you will be expected to complete them on the ward prior to having any patient contact.**

Every staff member 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. Please note that students are not to enter the rooms of patients receiving radioactive iodine.

All incidents/accidents of any sort are to be reported to your preceptor and the Charge Nurse. If an incident/accident involves a student nurse the Nurse Educator/Clinical Lecturer must be notified immediately and the relevant Tertiary Institutions incident report completed along with a MidCentral DHB incident report. The Nurse Educator/Clinical Lecturer will assist the student to complete this paperwork.

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## EMERGENCIES

All students are expected to familiarise themselves with the response requirements for any emergency that may occur in the clinical setting. This needs to be done during the orientation phase of your placement.

Ensure that fire exits are always kept clear and that corridors are kept uncluttered. Clear exits must be available at all times.

**The emergency number for Fire, Cardiac Arrest and Security within the hospital is 777. In an emergency situation, please follow the direction of the nursing and medical staff.**

## OBJECTIVES

Before you start on the ward please consider what you want to achieve on this placement. Bring to the ward 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 go places, e.g. Theatre, radiology
- Ask to do and see things, e.g. Dressings, procedures.

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

There is generally plenty of parking at Palmerston North hospital. Once you receive your parking receipt/ ticket take this to the Wilson's Parking Office or booth along with your student ID so you can receive a discounted parking fee.

## MAHI TAHI

The Mahi Tahi Better Together programme is guided by the concept of Motu Rākau Mānuka, which translates to a grove of tea tree. The Pae Ora team has provided this guiding concept based on the mānuka tree, which is known to many as a healing tree. This unassuming shrub might well be considered the backbone of Te Wao Nui a Tāne. Mānuka is the hardworking healer, tenacious yet humble, quietly supporting the land and the people in the background. Māori traditionally used mānuka for a variety of reasons. What is a Partner in Care?

Mahi Tahi Better Together is an initiative that recognises the important role people and whānau have in the ongoing care of patients. This involves staff asking people if they wish to have a “Partner in Care” during their hospital journey. A Partner in Care is someone who helps the patient, usually a relative or friend, in their day-to-day life. They are not the same as a visitor or someone who provides care professionally or through a voluntary agency. The Partner in Care role enables significant people to be more active in the persons care while in hospital. Each Partner in Care will be given a complete overview of the Mahi Tahi Better Together programme and an orientation on the ward by a charge nurse, or relevant staff member. The orientation will include discussions on amenities, security, emergency and evacuation procedures, privacy, appropriate behaviour, parking and refreshments.

Partners in Care will:

- Have open access to hot drink facilities, fridge and a microwave.
- Have free parking.
- Be able to request a meal to eat alongside the patient.
- Be given an access card, where applicable.
- Be able to request a recliner chair to sleep on overnight.
- Have access to public toilets, as well as shower facilities at Te Whare Rapuora

## TE MĀWHENGA TŪRORO: PATIENT DETERIORATION

Acute deterioration can happen at any point during a patient’s admission to hospital. 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), ace in District Nursing, Child and Neonates and Maternity.

## KORERO MAI AND SHARED GOALS OF CARE

Following on from the successful introduction of the national early warning score process, MidCentral DHB embarked on the next stage of the Deteriorating Patient Programme, 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 whanau 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,

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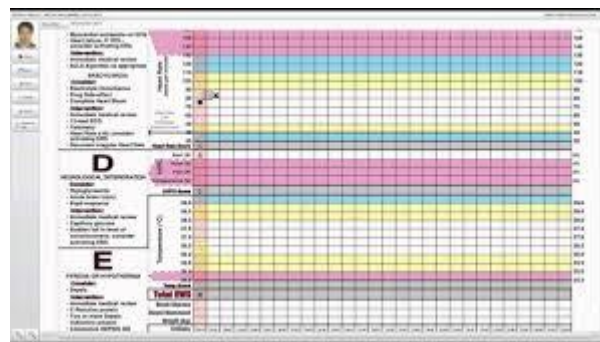
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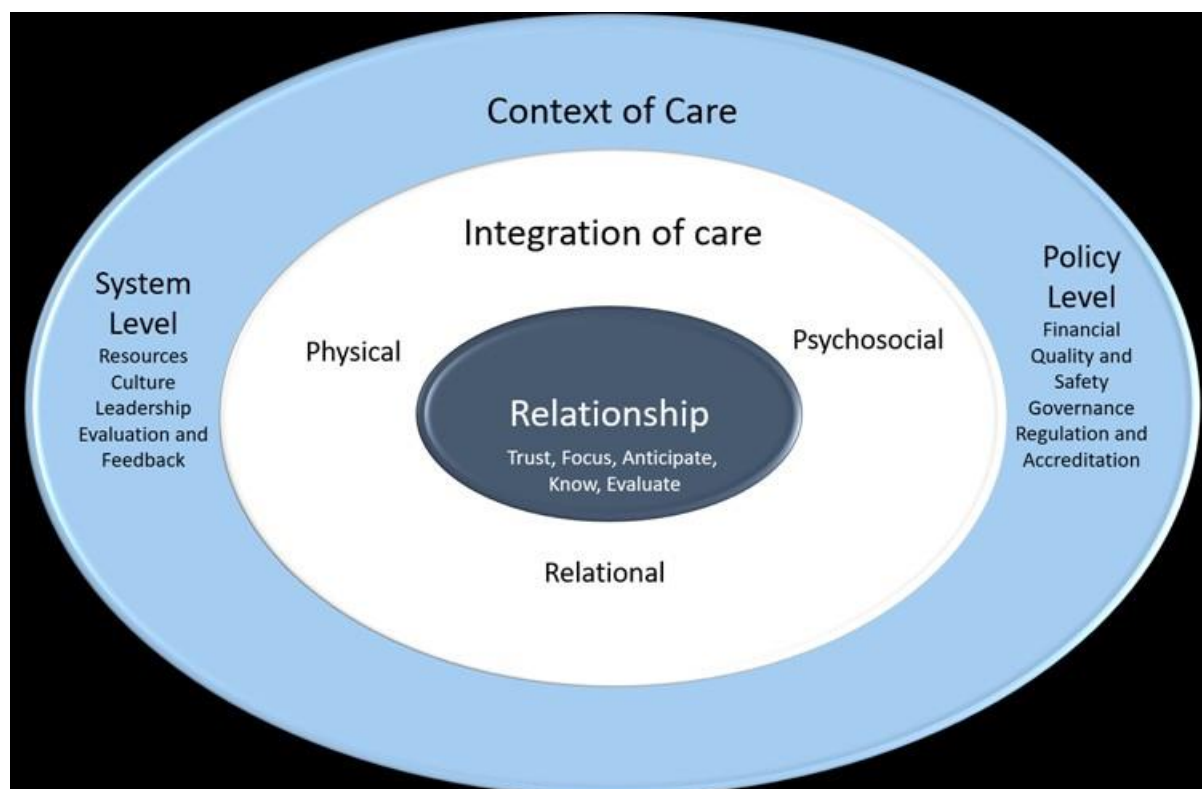
the overall direction for an episode of care (e.g. curative, restorative, palliative or terminal) and any agreed limitations on medical treatment need to be identified. Effective communication is necessary to get patients' values and preferences for care and ensure informed choices can be made about 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 of these aspects, the GOC 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.



Locate and familiarise yourself with the EWS documents and escalation process.

## 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 whānau<sup>1</sup>.



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

## MIYA BOARDS

MidCentral DHB is the first to roll-out of the next-generation Miya Precision platform. Miya Precision is being used across 17 wards and the Emergency Department (ED) at Palmerston North Hospital, and two wards at Horowhenua Health Centre. It delivers real-time patient flow information and bed management updates to MDHB staff and can be accessed by clinicians using an iPad at the bedside, workstation, and patient journey boards installed in each ward.

<sup>1</sup> Feo, R., Conroy, T., Jangland. E., Muntlin Athlin, Å., Brovall, M., Parr, J., Blomberg, K., & Kitson, A. (2017). Towards a standardised definition for fundamental care: A modified Delphi study. *Journal of Clinical Nursing*, 27, 2285-2299. doi: 10.1111/jocn.14247



The software has successfully integrated with five clinical information systems at MDHB, including WebPas, CareStream Radiology, Clinical Portal and Pathology to provide clinical staff with detailed patient information displayed on the ward’s journey board. Clinicians at the bedside can use Miya Precision to view the patient’s admission history, demographics and test results, making it simple and fast for them to make the right care decisions based on real-time information.

Miya Precision’s Hospital Operations Centre is also providing a high-level overview of hospital bed occupancy in real-time, with the ability to drill down into individual departments and wards for more detailed insight. This allows staff to quickly allocate the best beds for each individual patient, minimising wait times and keeping the patient journey as smooth as possible.

### ORIENTATION TO THE CLINICAL AREA

It is important that you have an awareness of the environment in which you will be working to ensure the safety of yourself, the patient and other staff members. You are required to complete a clinical area orientation checklist. This is provided by your academic institution: once completed give this to your Clinical Lecturer.

## EXPECTATIONS REGARDING CLINICAL LOAD

- Year Two/ 600 Level: a clinical placement in a medical/surgical area. Students take 2-3 patients, with preceptor support, as they progress through the 3/6-week placement.
- Year Three/ 700 Level: In the final 9-week transition placement the expectation is that by week 5 the student manages the preceptor's entire patient case load largely independently.

## ORIENTATION TO KEY PEOPLE AND ROLES

WHO/WHAT	(v) when completed (x) if not applicable
Charge Nurse	
Nurse Educator	
Ward Clerk	
Med Oncology Registrar	
Med Oncology House Officer	
Haematology Registrar	
Haematology House Officer	
Radiotherapy Registrar	
Radiotherapy House Officer	
Dietician/s	
Social Worker/s	
Physiotherapist	
Occupational Therapist	
Clinical Nurse Specialists - Haematology	
Clinical Nurse Specialists – Medical Oncology	
Chaplain	
CNS Palliative Care	
Mauri Ora Facilitator	
Pharmacist/s	
Health Care Assistants (4)	
Radiotherapy Orderly	
Cleaner	
Meal Orderly	

## EMERGENCY RESPONSE

The emergency number for Fire, Cardiac Arrest and Security is 777. In an emergency situation, 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	

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Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	
EWS Forms and Process	
Fire Extinguishers	
Fire Hoses	
Portable Oxygen	
Red Phone (fire emergencies)	
Suction	

## 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.)*

## MEDICATIONS

**At no time are student nurses permitted to be unsupervised whilst in the medication room. If your preceptor leaves the room, you must leave with them.**

This placement is a good opportunity for you to familiarise yourself with the mode of action, administration, risks and nursing considerations related to a number of medications within these drug groups.

### 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 10 rights of safe medication administration:

Remember 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

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8. Right documentation
9. Right formulation e.g. immediate release or slow release
10. Right to refuse after being offered and informed choice.

### 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 and 3<sup>rd</sup> year students - IV infusions may be prepared under the supervision of a RN. As per hospital policy, student nurses, who are fully endorsed by their Tertiary institutions, will be supported from their 2nd year of training onwards, to develop the skills necessary to safely administer IV and related therapies. Refer to MDHB-11, page 8.

3rd year students completing their TTP placement – some IV infusions and medications 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). **No students are permitted to give antineoplastic medications, controlled drugs, or medications through a central line at any time.**

### Controlled Drugs

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

## COMMON MEDICATIONS

Drug Name	Classification	Mode Of Action
Acyclovir		
Allopurinol		
Clexane		
Codiene		
Cyclizine		
Dexamethasone		
Domperidone		
Fentanyl		

Drug Name	Classification	Mode Of Action
Fluconazole		
Folinic Acid (calcium folinate)		
Frusemide		
GCSF (Filgrastim)		
Hydrocortisone		
Ibuprofen		
Lactulose		
Laxsol		
Loperamide		
Metoclopramide		
Morphine		
Nystatin		
Olanzapine		
Omeprazole		
Ondansetron		
Oxycodone		
Paracetamol		
Prednisone		
Sevredol		
Tramadol		
Valacyclovir		
Vancomycin		

## COMMON PRESENTATIONS TO WARD 23

Common presentations to Ward 23 that you may wish to read more about prior to your placement include, but are not limited to:

- Neutropenic Sepsis
  - Hypercalcemia
  - Spinal Cord Compression
  - Acute Leukaemia
  - Solid cancer tumours (breast, gastric, oesophageal, lung, prostate, thyroid etc.)
- Lymphoma
  - Acute Kidney Injury (AKI)
  - Work up for Stem Cell Transplantation
  - Glioblastoma

## ABBREVIATIONS

We use lots of abbreviations in the oncology setting. Here are some of the common ones:

#	Cycle or Number
ALL/CLL	Acute Lymphoblastic Leukaemia/Chronic Lymphoblastic Leukaemia
AML/CML	Acute Myeloid Leukaemia/Chronic Myeloid Leukaemia
AKI	Acute Kidney Injury
AKA	Above Knee Amputation
ATSP	Asked to see Patient
AXR	Abdominal X-ray
BCC	Basal Cell Carcinoma
BKA	Below Knee Amputation
BMT	Bone Marrow Transplant
BIBA	Brought in by Ambulance
BNO	Bowels not open
BO	Bowels open
Ca	Cancer
Chemo	Chemotherapy
CXR	Chest X-ray
CVC/CVL	Central Venous Catheter/Central Venous Line
DLBCL	Diffuse Large B Cell Lymphoma
D/W	Discussed with
IDC	Indwelling catheter (urinary)
IV	Intravenous
Mets	Metastases
MUD	Matched Unrelated Donor
NBM	Nil by Mouth
NFR	Not for Resuscitation
NG	Naso Gastric
NHL	Non Hodgkins Lymphoma
NSCLCa	Non Small Cell Lung Cancer
PUO	Pyrexia of Unknown Origin



Rtx	Radiotherapy
RTW	Returned to Ward
SCC	Spinal Cord Compression (also Squamous Cell Carcinoma)
S/B	Seen By
SOB	Short of Breath
SOBOE	Short of Breath on Exertion
Tx	Treatment

**It would be beneficial to you to ensure you are familiar with the following terms prior to your placement also:**

Neutropenic/Neutropenia  
 Anaemia  
 Thrombocytopenia

Antineoplastic  
 Sepsis  
 Immunotherapy

Thrombosis  
 Cytotoxic  
 Pancytopenia

Specific antineoplastic drug regimens are numerous – you will potentially see many while you are with us. You will not be involved in the administration of antineoplastic drugs, although you may observe.

## 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	

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.