STUDENT NURSE HANDBOOK

Uru Kiriora: Primary, Public and Community Health

Developed by: Nga Manu Teka: Practice Development
MAY 2020

Contents

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Welcome

Welcome to Primary Health Care in the MidCentral District. Primary Health Care relates to the professional health care provided within the community, usually from a General Practitioner (GP), Practice Nurse, Nurse Practitioner, Pharmacist or other Health Professional working within a general practice. Primary Health Care covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening to name a few. This resource is designed to guide, and provide information on available Community Services within our region, key objectives and skill development whilst on your placement experience.

We sincerely hope that you enjoy your time with us and that you find it a worthwhile and interesting learning experience. Your placement will give you the opportunity to understand the delivery of Primary Health Care within a Multidisciplinary Team and allow you to gain a greater understanding of the population we service within MidCentral Region, their health needs, and their requirements.

A robust Primary Health Care System is central to improving the health of all New Zealanders and reducing health inequalities between different groups and ultimately, population health in general. The launch of the Primary Health Care Strategy in 2001, followed by the establishment of Primary Health Organisations (PHOs), set the direction and vision for Primary Health Care Services in New Zealand. Primary Health Care is an essential element in health promotion, disease prevention and hospital admission avoidance. In the MidCentral Region, we service an area within an 8,912km^2 radius, that includes Manawatu, Tararua, Horowhenua, Otaki and Palmerston North City.

In 2016, the Ministry of Health updated the New Zealand Health Strategy, which recognises the need for change and the challenges faced by the health system. Crucial to the strategy is the idea of 'All New Zealanders living well, staying well and getting well' - http://www.health.govt.nz/our-work/primary-health-care

This highlights the need for:

- A shift from treatment to prevention, improving people's lives and supporting greater financial sustainability.
- Overcoming the inequities in the health system so that it works for every New Zealander.
- A deep understanding of what it's like to use the health system – so that services are customer-friendly and barriers to equity are removed.
- The Ministry, Health Providers, and other Government Agencies, Non-Governmental Organisations (NGOs) and Communities working better together, because lots of factors affect a person's health and wellbeing.

In 2018, the Government announced its commitment to improving access to Primary Health Care along with initiatives to reduce the cost of visiting a general practice for some people, including under-14s and Community Services Card holders.

During your placement you may have the opportunity to experience a number of specialty services such as long-term conditions, older adult and child health and also to

experience the roles of physical activity educators, dieticians and clinical pharmacists to name but a few.

To assist you to get the most out of your placement and ensure we are able, to meet your learning objectives for this paper we would ask you to develop some personalised learning objectives. We hope that you enjoy your placement with us and look forward to working with you.

Primary Health Care

In 2009, the Government released its Better Sooner More Convenient approach to integrated health care across primary and secondary providers with the patient, rather than the organisation at the centre of service delivery. District Health Boards (DHBs), Primary Health Organisation (PHOs) and General Practice Teams (GPTs) now work together in alliances to meet the health needs of people within their district. The aim is to promote a seamless patient journey across community, primary and hospital sectors and, a greater use of primary and community care and care provided closer to the patient's home.

The Care Closer to Home Booklet looks at how health professionals in our communities are working with one another and with hospital-based clinicians to provide more Community Services in settings, which, for most New Zealanders, translates to 'Care Closer to Home'. This and other resources are available on the MoH website: http://www.health.govt.nz/our-work/primary-health-care

THINK Hauora

T: Technology - **H**: Health - **I**: Innovation - **N**: Networks - **K**: Knowledge
Hauora: Health, Wellness & Wellbeing

(Hau: Wind and Air - to be alive and well we need oxygen).
(Ora: Alive and Well - to be well we need the energy of the sun).

THINK Hauora

The majority of service provision in THINK Hauora is completed through a contracted network of General Practice providers. In New Zealand, General Practice will generally be the first point of contact within the health system. General Practice Teams include General Practitioners, Practice Nurses, Nurse Practitioners, Clinical Nurse Specialists, Consultant's, Social Workers and a range of Allied Health Professionals working together to improve, maintain, restore and co-ordinate people's health care.

Services Available

DESCRIPTION		INFORMATION LINK
Cardiac Rehabilitation	The Cardiac Rehabilitation Programme is an education programme that empowers positive lifestyle behaviours to get people back to living as full a life as possible, following a heart event.	http://www.thinkhauora.nz/node/596
Cervical Screening	THINK Hauora Cervical Screening Team provides cervical screening to women who are unable to, or do not wish to visit their General Practice. Women have a choice of venue, as there are several screening options within the region – no cost is involved.	http://www.thinkhauora.nz/node/603
Clinical Dietitian Service	The Clinical Dietitian Service is for people diagnosed with or at high risk of developing a long-term condition. Dieticians work with people to help them better understand how what we eat affects our health and wellbeing.	http://www.thinkhauora.nz/node/81
Clinical Pharmacists	General Practice based Clinical Pharmacists work alongside the General Practice Team to provide medicines related advice and support to clinicians as well as patients – particularly those with long-term conditions and/or older persons.	http://www.thinkhauora.nz/node/751
Community Clinical Nurse: *Long Term Conditions Programme*	The Community Clinic Nurse (CCN): Long-Term Conditions (LTC) offers a comprehensive health assessment and care planning; integrated, structured patient care using a case management framework; focus on self-management support; and, local cardiac and pulmonary rehabilitation programmes.	http://www.thinkhauora.nz/node/82
Community Referred Radiology	Radiology Services are available in the three main regions outside of Palmerston North. Regardless of where people live, they are able to access services when they need it for x-ray and ultrasound.	http://www.thinkhauora.nz/node/598
Continuing Professional Development (CPD)	THINK Hauora supports the provision of essential Primary Health Care Services and provides continuing professional development, education and resources. Professional Development activities tailored to the changing needs of the Primary Health Care Teams delivered in a way that enables discussion, debate, networking and collaboration. Continuing Professional Development Facility for Health Care Providers in our district can be located on the THINK Hauora Calendar. Follow the link for more information.	http://www.thinkhauora.nz/calendar

DESCRIPTION		INFORMATION LINK
Diabetes Podiatrist	The Diabetes Podiatry Service provides foot care for people with diabetes who are at high risk of foot problems, caused by their diabetes. The services include: ▪ Foot Screening – this involves testing how well the patient can feel their feet, areas in danger of infection or ulceration, and a test of the blood supply to the feet. All the tests are non-invasive and painless. ▪ Treatment – Provided depending on foot health. ▪ Education – Footwear selection and foot care. ▪ Prevention – Potential foot problems. ▪ NOTE – Nail cutting, nail reduction and general foot care are not included.	http://www.thinkhauora.nz/node/83
Fracture Liaison Nurse	A Physiotherapist visits in the home, to make an assessment, then prescribe an exercise programme of strengthening exercises to help improve balance and mobility to enable people to stay as independent as possible. The In-Home Strength and Balance Programme is aimed at people over the age of 65 who are frail, and are at great risk of falling.	https://www.thinkhauora.nz/maintainingindependence
Hauora Māori	Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori Whānau. This can be actualised by *(in no particular order)*: ▪ Acknowledging Te Whare Tapa Whā - (Māori Model of Health). ▪ Asking Māori clients if they would like their Whānau or significant others to be involved in assessment and treatment. ▪ Asking Māori clients about any particular cultural beliefs they or their Whānau have that might impact on assessment and treatment of the particular health issue (Cultural Issue). ▪ *Whakawhanaungatanga* - Consider the importance of making meaningful connections with Māori Client and their Whānau. ▪ Knowledge of Whānau Ora, Te Ara Whānau Ora and Navigators where it is appropriate.	http://www.thinkhauora.nz/node/688

DESCRIPTION		INFORMATION LINK
Health Care Home	Health Care Home is a Model of Care centred on a patient's needs. The model enables patients to access same day appointments, provides extended hours of access and allows patients to have virtual consultations with GPs via phone, or secure messaging. Patients will also have access to their clinical information through Patient Portals.	http://www.thinkhauora.org.nz/node/594
Horowhenua – Health of Older People	This service aims to provide additional support to General Practice Teams to support older adults. The Health of Older Persons Team operates in Horowhenua. The Team makes referrals from Support Links and the Palmerston North Hospital PEDAL Team to address unmet medical or social needs for people over 65. In addition, the Team, including a physiotherapist, accepts referrals from the Hospital Emergency Department when a falls assessment is required for a person over 65 years of age.	http://www.thinkhauora.nz/node/114
Immunisation Coordinators	The service promotes Immunisation and provides Immunisation information, education, support and advice to all vaccinators, including General Practice Teams, Pharmacists, Non-vaccinators and the general-public. The service ensures people immunising are competent to safely give vaccines and assists them to meet and maintain National Standards for vaccine storage and transportation.	http://www.thinkhauora.nz/node/601
Language Assistance Services	Language Assistance Services provided by THINK Hauora to General Practices, Optometrists and Counsellors when help is needed with language and/or sign language translations, during consultation. Translators are available both face-to-face and telephonically, depending on need and demand. Current providers of the service are Interpreting Service Limited – provide face-to-face and/or telephone translators, and Language Line, which provide only telephone translators. Palmerston North is now the third largest refugee settlement site in New Zealand meaning translation services are in demand. THINK Hauora funds this service from its flexible funding pool.	http://www.thinkhauora.nz/node/654

DESCRIPTION		INFORMATION LINK
My Health My-Self Management Course	This self-management course is for people aged 18 years and older who have long-term conditions. Led by two trained facilitators and set in a friendly, group environment, the course consists of one 2.5 Hour Session each week for six weeks. Interactive classes focus on developing effective self-management skills.	http://www.thinkhauora.nz/myhealthmyself
Primary Options for Acute Care (POAC)	Primary Options for Acute Care (POAC), is a patient-centred service, which enables General Practice Teams (GPTs) to safely manage acute illness by accessing an increased range of specified services with in the community. This service provides an alternative to referring patients to hospital who would otherwise, have been sent to the Emergency Department (ED).	http://www.thinkhauora.nz/node/628
Quit Smoking Coach	TOAM is a DHB Funded Community Stop Smoking Service that is engaged to reduce smoking rates in the MidCentral region to 5% by 2025. TOAM works in collaboration with its partner, THINK Hauora to run Stop Smoking Clinics in General Practices and with the DHB to provide services at hospital clinics, as well as in communities. TOAM have a dedicated team of Stop Smoking Coaches covering Dannevirke to Pahiatua and Eketahuna in the east, and Palmerston North, Levin, Shannon, Foxton and Otaki, out to Feilding and Apiti in the west.	http://www.thinkhauora.nz/node/477
Outreach Nursing	Based in Tararua, Otaki the Outreach Nurse works with individuals and families in the home or workplace. The Nurse offers assessment, assistance in managing life-long conditions, education, support and referral to other services including General Practice and hospitals to help meet needs. The purpose of this service is to improve the health of those members of our community who have difficulty accessing health services.	
Palliative Care Partnership	The Palliative Care Partnership Programme is for patients with a terminal illness, in the last year of their life. The focus is ongoing management of the patient's health and wellbeing and reducing the cost of care to the patient. ▪ An initial assessment by the specialist palliative care service. ▪ Development of a plan of care including goal setting.	

DESCRIPTION		INFORMATION LINK
	▪ The Plan of Care and goals are agreed with the patient, their family/whānau and the General Practice Team. ▪ A programme of health reviews, consults and treatment by the General Practice Team. ▪ In order to provide this service, the General Practice Team members need to undertake additional palliative care training, which includes three, two-hour training sessions followed by one, one-hour update annually.	
Pasifika Health Service	The Pasifika Maternal and Child Health Coordinator supports and cares for Pasifika mothers and children; navigates the health systems with clients; and reduces barriers and increases access to health care and other services for Pacific Peoples. The new Tapuaki Smartphone App http://www.tapuaki.org.nz/ and website is first of its kind in New Zealand and will allow Pacific mothers and other members of the family to find information leading up to, during and post pregnancy. The App provides a convenient way of learning about oneself and the development of baby through the duration of pregnancy. Le Va is the National Pacific Health Workforce Development Unit within Te Pou. Our vision is clear – '*Vibrant Pacific Leadership and well Pacific Families'*.	http://www.thinkhauora.nz/node/480
Physical Activity Educator	The Physical Activity Service Educator targets people diagnosed with, or at high-risk of developing a long-term condition with the goal to prevent and manage the long-term condition. Clinical Exercise Physiologists run the programme specialising in providing regulated monitoring of exercise, lifestyle and behavioural change applications. The length of the programme is up to 12 Weeks and includes: ▪ A health history assessment and measurements of current health status ▪ Individualized exercise programme suitable for the patients' health condition(s) ▪ Programme delivery is either at home, the gym or pool.	

DESCRIPTION		INFORMATION LINK
	▪ The Physical Activity Service is free of charge, however when using the gym or pool, a part-charge for use of the facility is incurred. On completion of the programme, people are eligible for a reduced rate gym membership, if they wish to continue.	http://www.thinkhauora.nz/node/481
Respiratory Physiotherapy	Assessment and management of Chronic Respiratory Conditions - *(COPD, bronchiectasis, chronic asthma, breathing dysfunctions and co-facilitation Pulmonary Rehabilitation).*	http://www.thinkhauora.nz/node/482

Referral Criteria

SERVICE	ELIGIBILITY CRITERIA	EXCLUSIONS	PROGRAMME
Long-Term Conditions Nurse (CCN-LTC)	Adults in the MDHB Region diagnosed with one or more Long-Term Conditions including but not limited to: Patients deemed to have moderate to complex LTCs health-related needs including, but not limited to multiple co-morbidities with a focus on: ▪ Diabetes ▪ Cardiac conditions – heart failure, disease or recent cardiac event, high blood-pressure ▪ Respiratory disease – asthma, COPD ▪ Cancer – those with a definite diagnosis of cancer not otherwise receiving community based clinical support ▪ Other – Arthritis, Chronic Pain Those people whose health is unstable (but not acute) who are at risk and present frequently to GP Teams. ▪ Multiple hospital inpatient admissions or ED attendances Patients whose health parameters are not within acceptable range and there is evidence that they are not self-managing effectively	People currently requiring specialist support for Type-1 Diabetes. Pregnant women with gestational diabetes Pregnant women with pre-existing Type-1 or Type-2 Diabetes Children with Type-1 Diabetes People residing in an Aged Care Facility	Needs of patient assessed by the LTC Nurse at their initial appointment. A letter confirming the intended programme is sent. A Comprehensive Health Assessment (CHA), Care Plan and Action Plan activated. Regular update(s) sent to GP Team.
Pasifika Health Service	Pregnant Pasifika mothers to 16 weeks post-delivery and children aged 0 – 12 years of age resident in the MDHB Region. Support for navigation Pasifika families of pregnant Pasifika mothers and children aged 0 – 12 years of age. Translation/Interpretation in Pasifika languages for people referred into the service. Pasifika adults with Long-Term Conditions resident in MDHB Region. Support with navigating for Pasifika families/whānau who have whānau with long-term conditions.	Non- Pasifika People residing in an Aged Care Facility	An initial assessment letter is sent after the second appointment, outlining the intended programme A Comprehensive Health Assessment (CHA), Care Plan and Action Plan activated. Regular update(s) sent to GP Team.

SERVICE	ELIGIBILITY CRITERIA	EXCLUSIONS	PROGRAMME
Physical Activity Educators (PAEs) ***(Clinical Exercise Physiologists – CEPs)***	People at moderate to high-risk of developing/having one or more long-term conditions with a priority for people with Cardiovascular, Diabetes and Respiratory conditions.	People under the age of 18 Anyone with a low risk of developing a long-term condition People residing in an Aged Care Facility	The PAE Programme is a 12-week course. Arranged appointments once a week. Priority of Patients is according to complexity. A person with a low priority score may be on-referred to another service eg Green Rx. Home-Based Programme is free – Gym: $5 Pool: $2 Regular update(s) sent to GP Team.
Clinical Dietitians	***Diabetes:*** All people with newly diagnosed Type-2 diabetes and all people with Type-2 diabetes requiring ongoing dietetic input, including those established on insulin – ▪ Pre-diabetes HbA1c 41-49mmol/l ▪ Post GDM Weight Management ***Cardio-Vascular Disease (CVD):*** ▪ CVD Risk > 20% ▪ Cholesterol > 4mmol/l ▪ Blood Pressure > 130/80mm Hg ***Adult Obesity:*** ▪ Overweight BMI > 25-29.9kg/m^2 with co-morbidities ▪ Obesity BMI > 30kg/m^2 with or without co-morbidities ▪ Maternal Obesity BMI > 30kg/m^2 ***Chronic Obstructive Pulmonary Disease (COPD):*** ▪ Underweight BMI < 18.5kg/m^2 ▪ Unintentional weight loss of 10% in 3-6 months ▪ *Cancer:* Underweight with a BMI < 18.5kg/m^2 ▪ *Renal Failure:* Stages 1-3 eGFR 30-60 ***Mental Health:*** Diagnosed mild to moderate mental health condition and would benefit from dietetic input ***Children (> 12 Months of Age):*** ▪ Obesity with no co-morbidities ▪ Single food allergy as confirmed by clinical history +/- diagnostic testing	Children and adolescents should be referred to MidCentral Health (MCH) Eating Disorders Coeliac Disease or other IBD	Programme consists of up to 6 appointments within a 12-month timeframe. Regular update(s) sent to GP Team.

SERVICE	ELIGIBILITY CRITERIA	EXCLUSIONS	PROGRAMME
Te Ara Rau *Services to Improve Mental Health and Wellbeing*	People who present with mild to moderate mental health and addiction concerns. Priority areas are: ▪ Māori ▪ Pasifika ▪ Young people between the ages of 12-24 years ▪ Community Service Card Holders	Not and emergency or acute service Active/Open to Secondary Services People residing in an Aged Care Facility	A Package of Care consists of a maximum of six (6) appointments with our Mātanga Whai Ora - (with an experienced Clinician) and/or another contracted provider.
Diabetic Podiatry	***Aged 20 Years and Over:*** Persons diagnosed with diabetes and who has high-risk of developing foot problems ***People who have Neuropathy:*** Reduced sensation with other risk factors and/or ischemia with musculoskeletal deformity Absent pedal pulses with no current ulceration but a positive history of ulceration History of gangrene or amputation Pre-ulcerative Lesion	Nail Cutting/Reduction Children and Youth Pregnant women with gestational diabetes Acute/Ongoing complex co-morbidities People residing in an Aged Care Facility General Palliative Care	Podiatrist will assess the needs of the person at the initial appointment. An initial assessment letter is sent after the second appointment, outlining the intended programme Regular update(s) sent to GP Team.
Respiratory Physiotherapy	Aged 15 Years or over and who have been diagnosed with a respiratory condition. FEV1, FVC, FEV1/FVC - Ratio must be provided, if known.	People who require immediate attention for acute need(s). *This is not an acute service.* People aged under the age of 15 years People residing in an Aged Care Facility	Long-term support for people with Chronic Respiratory Disease. An initial assessment letter is sent after the second appointment, outlining the intended programme Regular update(s) sent to GP Team.
Community Based Spirometry Service	Aged 16 Years or over with diagnosis of: ▪ Suspected disease of airways ▪ Smoking history ▪ Increased breathlessness or Dyspnoea ▪ Unresolved or repeated chest infections (sputum) ▪ Chronic Cough ▪ Asthma – a progression of the disease and/or symptoms	Unstable Cardio Vascular status. Haemoptysis. Pneumothorax. Aneurysm – thoracic, abdominal, cerebral. Recent eye or abdominal surgery. Nausea/Vomiting or other acute symptoms that would affect testing. Dementia or confused state. Syncope or uncontrolled hypertension.	Spirometry testing is performed within the referring practice premises – with a GP/NP on site. Direct entry of results into practice PMS.

SERVICE	ELIGIBILITY CRITERIA	EXCLUSIONS	PROGRAMME
Cardiac Rehab	Aged 20 Year or Over All people who have a high cardiovascular risk profile of over 15% and those diagnosed with a cardiovascular event or have had cardiac surgery	Children and adolescents should be referred to MCH Adult Congenital Cardiac Patients	A 10-week Programme with no limit to number of courses attended.
Health of the Older Person (Horowhenua)	Age – 65 and Over or > 55 if Māori Health of the Older Person (HoP) Service Horowhenua, currently only receives referrals from Supportlinks, PEDALS and from people identified through the Falls Protocol locally.	Those outside of the eligible criteria Referrals directly from GP Teams to service	GPSI assessment followed by letter to GP Team after assessment appointment. Health Assessment (CHA), Care Plan is written and left with the client.
PETALS ***Pre-Diabetes Education Treatment and Lifestyle for Self-Management (Horowhenua)***	People of any age who have an HbA1C between 41-49 HbA1C and Cholesterol Blood Tests within the last three months are required	Tests with HbA1C > 50 People with learning difficulty or those for whom group settings are not the correct learning environment, should be referred for an individual clinic appointment with this stipulated on the form.	3-Hour Programme offered every fourth Tuesday of the month at the Horowhenua Health Centre.
Community Support Worker (Tararua)	People who have a long-term condition and who have one or more of the following criteria: ▪ Low Income/High Deprivation ▪ Māori ▪ Pasifika ▪ Mild to moderate mental health or addiction concerns ▪ People at high risk of developing a long-term condition ▪ People over the age of 16 including those who are not under CAFs Services	Children under 16 years of age and those who are already under CAFs Service Those already supported by a mental health worker from another service	Programme consists of up to 12 visits. If more support is required then the GP or referrer will be contacted and client re-referred. Self-referrals accepted on case-by-case basis. Group work can be offered.

Expectations of the Student Nurse

Working hours are from 8.00am to 4.30pm with half hour lunch break, and a morning and afternoon break of 15mins each - Monday to Friday with no exceptions.

It is an expectancy that you arrive on time as some teams run tight with their workloads and cannot wait around for you. If you are going to be late or are unwell and cannot attend, please contact the Nurse Educator or Primary Care Clinical Facilitator (PCCF).

We endeavour to give you continuity of Preceptor(s) wherever able. If you are unable to work the days that you have been rostered, you need to discuss this with the Nurse Educator or Primary Care Clinical Facilitator (PCCF) or your CTA.

- You must complete the full shift that as allocated to you. If you are unable to do so, please discuss this with your Preceptor and inform your CTA.
- The Preceptor you are working with should be aware of your learning objectives. Please discuss these at the start of your shift.
- Your Preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to the setting.
- If you are not achieving your objectives, please see your CTA.
- A working knowledge of drug calculations is essential. It is also essential that you review your knowledge of normal temperature, pulse, respiration rate, blood pressure and blood glucose levels.
- Please ensure that your uniform meets your institution standards and that your uniform is clean, jewellery removed and hair tied back.
- Please complete the Preceptor Evaluation Form at the end of placement and give this to the Nurse Educator.

Preceptor Role

One main Preceptor is allocated; this Preceptor will be responsible for helping you complete your objectives. It may not be possible to work solely with this Preceptor every day. It is your responsibility to ensure the Nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your Preceptor in a timely fashion (i.e. not on the due date).

Objectives

Before you start, it is helpful if you consider what you want and need to achieve on this placement. Remember some, or your entire clinical placement, could include observational practice, which research revealed that individuals improve technical skill performance by viewing demonstrations and or modelling by either Expert or Novice Practitioner(s).

Observational practice is valued as an excellent opportunity for you to experience exemplary practitioner's role modelling excellence in clinical nursing practice. Specifically, observing how they make connections, maintaining a light-hearted attitude, demonstrating boundaries and generally demonstrating excellent assessment, implementation and evaluation skills. As we know, nursing is grounded in the ethic of caring and, in order to develop relevant skills we need to learn from excellent role models in clinical practice.

An excellent example of this was when a student was present observing a consultation with one of our Te Tihi Whānau Ora Navigator/Kaiwhakaarara and a patient with uncontrolled diabetes with little or no compliance with his treatment. He used focused language and through carefully chosen questioning, allowed the patient to come to his own realization regarding his own health and the needs of his family etc ...

Bring a list of objectives, remembering that these need to be realistic. Please share with your Preceptor(s) at the beginning of your placement, all the documentation that needs completion whilst you are on placement. Use your initiative to make the most of your placement, for example:

- Ask lots of questions
- Ask to go places and meet teams, e.g. Māori Health Team, Child Health Team
- Ask to do and see things, e.g. dressings, procedures etc ...

The following objectives are some of the general objectives for community health placements:

- Discuss Primary Health Care philosophy and principles
- Demonstrate an awareness of Primary Health Care Programmes available in our community
- Discuss Primary Health Care nursing in the contexts of primary, secondary and tertiary settings
- Demonstrate an understanding of issues relating to health equity, social justice, access and cultural awareness
- Demonstrate necessary knowledge and skills to perform comprehensive client assessment appropriate to year level
- Discuss health promotion/disease prevention strategies appropriate to client health status and readiness for change
- Participate in the processes to formulate, deliver and evaluate care plans based on identified client needs
- Demonstrate an understanding of the principles of habitation, rehabilitation and palliative phases of long term conditions

- Demonstrate an ability to critically analyse nursing strategies used in the management of clients with long term conditions
- Demonstrate an ability to apply therapeutic and interpersonal communication skills
- Demonstrate an ability to complete documentation accurately and clearly
- Demonstrate an understanding of legal and ethical issues related to caring for clients within the community setting
- Demonstrate an ability to critically analyse and reflect upon nursing practices
- Demonstrate an understanding of the roles and referral processes of the multidisciplinary team

If you have any concerns or questions do not hesitate to contact the Nurse Educator or Primary Care Clinical Facilitator (PCCF)

Health and Safety

Every Staff-member is responsible for their own safety and for the safety of others. You will be taken around the building on your first day for your orientation and we will ask you to sign a placement agreement with THINK Hauora. One copy will remain for you in your Orientation Booklet, please give the other copy to the Risk and Contracts Coordinator. Please also familiarise yourself with these hazards and their management. All incidents/accidents are reported to the Nurse Educator or the Primary Care Clinical Facilitator (PCCF) and Clinical Lecturer, documented through the electronic risk tool and emailed to sharron.smith@thinkhauora.nz

Emergencies

All staff are to 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. Clear exits must be available at all times.

Student Time Table

Preceptors will use this interactive document to plan your weekly programme.

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
AM	**COMPULSORY** Orientation to Primary Health Care Site Building, and Health and Safety instruction for 1 Hour				
PM					
WEEK 2	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
AM					
PM					
WEEK 3	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
AM					
PM					

When planning the activities for Student Placements, Preceptors may like to include a variety of the services below, to enhance maximum exposure to Primary Health Care.

Long Term Condition Programmes:

Long Term Conditions Programme
Clinical Pharmacist Team
Programme
Community Clinic Nurse
Palliative Care Partnership Programme
Podiatrist-Diabetes Care
Respiratory Physiotherapist
Te Ara Rau- Mental Health
Clinical Dietitian Service
Community Cardiac Rehabilitation
My Health Myself Course
Long Term Conditions
Physical Activity Education
Pulmonary Rehabilitation
Retinal Screening
Te Ohu Auahi Mutunga

Acute Care Programme:

Community Referred Radiology
Primary Options for Acute Care

Population Health Programme

Hauora Māori
Whānau Ora Navigation Service
Falls Risk Prevention
Immunisation Services
Pasifika Health Service (PHS)
Youth One Stop Shop (YOSS)
Health Care Home
Supporting Practices
Māori Mental Health Wellbeing
Cervical Screening Programme
Health of Older Persons (HOP Team)
Language Assistance Services
Sexual Health & Reproductive Services
Easier Access to Your Health Information
Improving Our System
System Level Measure

Key Contacts

Please contact the Nurse Educator (CQ) or your CTA to confirm your start dates and times. If you are unable to attend your placement, please ring THINK Hauora and advise the Nurse Educator or Primary Care Clinical Facilitator (PCCF) and your CTA.

THINK Hauora	Admin	(06) 354 9107	Linda.walton@thinkhauora.nz
Director, Clinical Services	Kylie Ryland	(06) 354 9107	kylie.ryland@thinkhauora.nz
Nurse Educator Primary Health Care (PHC)	Kim Worsfold	027 212 6238	Kim.Worsfold@midcentraldhb.govt.nz
Primary Care Clinical Facilitator (PCCF)	Kirsty Ward	022 049 3451	kirsty.ward@thinkhauora.nz

Clinical Experience Feedback Form – WEEK 1

Student Name		ID Number		Placement		Date	

Mark on the gradient where you perceive student practice to be in relation to assessment criteria

Professional Responsibility	Accepts responsibility for actions and decision making in scope of practice and practices ethical decision making.	☐	☐	☐	☐	☐	☐	☐	*How has professional responsibility been demonstrated by the student?*
	Demonstrates accountability for monitoring and evaluating nursing care.	☐	☐	☐	☐	☐	☐	☐	
	Demonstrates appropriate reflection on and reasoned judgement about nursing practice.	☐	☐	☐	☐	☐	☐	☐	
Management of Nursing Care	Uses comprehensive assessment skills appropriate to client health.	☐	☐	☐	☐	☐	☐	☐	*How has Nursing Care Management been demonstrated and are assessment skills being engaged consistently?*
	Shows ability to think independently and uses initiative in nursing practice.	☐	☐	☐	☐	☐	☐	☐	
	Assumes responsibility for own clinical judgment and action using relevant research to guide nursing care.	☐	☐	☐	☐	☐	☐	☐	
Inter-Personal Relationship between Nurse and Client	Demonstrates respect, empathy and connection with the client. Communication shows flexibility and adaptability. Responds appropriately to the client's questions, requests and problems.	☐	☐	☐	☐	☐	☐	☐	*How has this student communicated and developed therapeutic relationships with clients?*
	Facilitates a relationship of independence, self-esteem and safety for the client. Supports and assists clients to exercise their rights.	☐	☐	☐	☐	☐	☐	☐	
Inter-Professional Health and Quality Improvement	Collaborates, consults with and provides accurate information to the client and other health professionals about prescribed interventions or treatments.	☐	☐	☐	☐	☐	☐	☐	*How has inter-professional practice been demonstrated by the student to coordinate care of clients to ensure maximum benefit outcomes?*
	Makes the nursing contribution to client care visible during inter-professional planning and activities.	☐	☐	☐	☐	☐	☐	☐	
	Works effectively in a team by respecting and accommodating different working styles.	☐	☐	☐	☐	☐	☐	☐	
		Pink Column represents practice that has NOT BEEN OBSERVED		Blue Column represents practice that has NOT MET Expectations		Lavender Column represents practice that MEETS Expectations		Green Column represents practice that EXCEEDS Expectations	

Registered Health Professional Details

DESIGNATION _____ NAME _____ SIGNATURE _____ DATE _____

Clinical Experience Feedback Form – WEEK 2

Student Name		ID Number		Placement		Date	

Mark on the gradient where you perceive student practice to be in relation to assessment criteria

Professional Responsibility	Accepts responsibility for actions and decision making in scope of practice and practices ethical decision making.	☐	Pink Column represents practice that has NOT BEEN OBSERVED	☐	Blue Column represents practice that has NOT MET Expectations	☐	Lavender Column represents practice that MEETS Expectations	☐	Green Column represents practice that EXCEEDS Expectations	*How has professional responsibility been demonstrated by the student?*
	Demonstrates accountability for monitoring and evaluating nursing care.	☐		☐		☐		☐		
	Demonstrates appropriate reflection on and reasoned judgement about nursing practice.	☐		☐		☐		☐		
Management of Nursing Care	Uses comprehensive assessment skills appropriate to client health.	☐		☐		☐		☐		*How has Nursing Care Management been demonstrated and are assessment skills being engaged consistently?*
	Shows ability to think independently and uses initiative in nursing practice.	☐		☐		☐		☐		
	Assumes responsibility for own clinical judgment and action using relevant research to guide nursing care.	☐		☐		☐		☐		
Inter-Personal Relationship between Nurse and Client	Demonstrates respect, empathy and connection with the client. Communication shows flexibility and adaptability. Responds appropriately to the client's questions, requests and problems.	☐		☐		☐		☐		*How has this student communicated and developed therapeutic relationships with clients?*
	Facilitates a relationship of independence, self-esteem and safety for the client. Supports and assists clients to exercise their rights.	☐		☐		☐		☐		
Inter-Professional Health and Quality Improvement	Collaborates, consults with and provides accurate information to the client and other health professionals about prescribed interventions or treatments.	☐		☐		☐		☐		*How has inter-professional practice been demonstrated by the student to coordinate care of clients to ensure maximum benefit outcomes?*
	Makes the nursing contribution to client care visible during inter-professional planning and activities.	☐		☐		☐		☐		
	Works effectively in a team by respecting and accommodating different working styles.	☐		☐		☐		☐		

Registered Health Professional Details

DESIGNATION _____ NAME _____ SIGNATURE _____ DATE _____

Clinical Experience Feedback Form – WEEK 3

Student Name		ID Number		Placement		Date	

Mark on the gradient where you perceive student practice to be in relation to assessment criteria

Professional Responsibility	Accepts responsibility for actions and decision making in scope of practice and practices ethical decision making.	☐	☐	☐	☐	☐			*How has professional responsibility been demonstrated by the student?*
	Demonstrates accountability for monitoring and evaluating nursing care.	☐	☐	☐	☐	☐			
	Demonstrates appropriate reflection on and reasoned judgement about nursing practice.	☐	☐	☐	☐	☐			
Management of Nursing Care	Uses comprehensive assessment skills appropriate to client health.	☐	☐	☐	☐	☐			*How has Nursing Care Management been demonstrated and are assessment skills being engaged consistently?*
	Shows ability to think independently and uses initiative in nursing practice.	☐	☐	☐	☐	☐			
	Assumes responsibility for own clinical judgment and action using relevant research to guide nursing care.	☐	☐	☐	☐	☐			
Inter-Personal Relationship between Nurse and Client	Demonstrates respect, empathy and connection with the client. Communication shows flexibility and adaptability. Responds appropriately to the client's questions, requests and problems.	☐	☐	☐	☐	☐			*How has this student communicated and developed therapeutic relationships with clients?*
	Facilitates a relationship of independence, self-esteem and safety for the client. Supports and assists clients to exercise their rights.	☐	☐	☐	☐	☐			
Inter-Professional Health and Quality Improvement	Collaborates, consults with and provides accurate information to the client and other health professionals about prescribed interventions or treatments.	☐	☐	☐	☐	☐			*How has inter-professional practice been demonstrated by the student to coordinate care of clients to ensure maximum benefit outcomes?*
	Makes the nursing contribution to client care visible during inter-professional planning and activities.	☐	☐	☐	☐	☐			
	Works effectively in a team by respecting and accommodating different working styles.	☐	☐	☐	☐	☐			

Pink Column represents practice that has NOT BEEN OBSERVED

Blue Column represents practice that has NOT MET Expectations

Lavender Column represents practice that MEETS Expectations

Green Column represents practice that EXCEEDS Expectations

Registered Health Professional Details

DESIGNATION _____ NAME _____ SIGNATURE _____ DATE _____

Placement Agreement

Date

Name
Address
Address
Postal Code

Dear Name

We wish to welcome you to the organization in your capacity as a Student Placement.

To protect both yourself and the organization, please read the following and sign at the end of the document to confirm your agreement to comply with these Terms and Conditions.

The term of this Student Placement is FROM _____ TO _____.

You will be based at _____ and you will be in attendance between the hours of _____ am TO _____ pm

Obligations of THINK Hauora

THINK Hauora will:

- Act in good faith in all dealings with you;
- Take all practicable steps to provide you with a safe and healthy environment. This includes provision of adequate lighting and ventilation as well as a smoke free environment.

Obligations of the Student on Placement

You shall:

- Comply with all reasonable and lawful requests provided by THINK Haora;
- Use your best endeavours to perform your duties with all reasonable skill and diligence;
- Conduct yourself in the best interests of the organization and our relationship;
- Comply with all Policies and Procedures (Codes of Conduct), implemented from time to time by THINK Hauora;
- Take all practicable steps to act in a way that is safe and healthy for you and your fellow workers; and
- Attend regular staff meeting where appropriate.

Health and Safety

Maintain a safe organizational environment, you are required to comply with the organization's health and safety rules and procedures and take all practicable steps to ensure your own fitness for work and safety and the safety of others, within the workplace. You are required to report all potential hazards to management and co-operate in assisting the organization to reduce, minimize and monitor such hazards. Failure to comply with the organization's health and safety rules may cause termination of the relationship with you.

Confidential Information

"Confidential Information" means all confidential information, which is not in the public domain and which is reasonably regarded by the organization, as confidential to it, which you become aware of in the course of your time with organization including, but not limited to:

1. THINK Hauora financial affairs;
2. Confidential business and operational information;
3. Business methods and management systems;
4. Detailed information and records relating to patients, clients, applicants, staff and parties with whom THINK Hauora deals; and
5. Any information of the organization or any related party of the organization.

You agree that you will hold all confidential information in confidence and will not without the written consent of the organization, directly or indirectly, at any time during the term of this agreement or following its termination, for any reason (for so long as the information continues to be Confidential Information):

1. Use any Confidential Information;
2. Disclose any Confidential Information to any person, firm, company or organization;
3. Copy any material containing Confidential Information for personal use or for use by any other unauthorized person, firm, company or organization; or
4. As required by law.

You acknowledge that the organization will treat a breach of this clause as serious misconduct and may terminate your relationship summarily.

Use of Internet and Email

You may have access to email and the Internet in the course of your time with the organization. You will ensure that, at all times, your use of the email and Internet facilities at THINK Hauora meets the ethical and social standards of the workplace. Whilst a reasonable level of personal use is acceptable to the organization, this must be approved by your supervisor, must not interfere with your duties or obligations, and must not be illegal or contrary to the interests and values of the organization. You shall also comply with all email and Internet policies issued, from time to time, by the organization.

Privacy Obligations

You and the organization shall comply with the obligations set out in the Privacy Act 1993. You must not breach the privacy of any employee, contractor, service provider, customer or client.

Conflict of Interest

You agree that there are no contracts, restrictions or other matters, which would interfere with your ability to discharge your obligations under this agreement. If you become aware of any potential or actual conflict between your interests and those of THINK Hauora, then you shall immediately inform THINK Hauora. Where THINK Hauora forms the view that such a conflict does or could exist, it may direct you to take action(s) to resolve that conflict, and you shall comply with that instruction. When acting in your capacity as Trainee on Student Placement, you shall not either directly or indirectly, receive or accept for you own benefit or the benefit of any person or entity, any gratuity, emolument, or payment of any kind from any person having or intending to have any business with THINK Hauora.

Copyright and Other Intellectual Property

All work produced for THINK Hauora by you under this agreement or otherwise and the right to the copyright and all other intellectual property in all such work remains the sole property of THINK Hauora.

Financial Provision

There is no financial remuneration whatsoever for this role.

Please contact _____ on _____ if you have any questions.

Yours sincerely,

_____
Name
Role

I, _____ (Full Name), agree to the above Terms and Conditions.

Student Signature _____ Date _____

Preceptor Signature _____ Date _____

Evaluation of your Preceptor

Please return this evaluation to your Charge Nurse or Manager.

Name of Preceptor _____ Date _____

W

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

Please read the following statement 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/Did Not do well				
Describe anything that you feel should/could be done differently				

Name _____ Signature _____ Date _____

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 would you provide the ward with your contact details and an emergency contact using the form below.

Name	
Home 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, or for support in the case of any problems. Please would 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 stays on record for the length of your placement, and then securely disposed of by Document Destruction Services. It is not shared with anyone else, unless authorised by you, or in the case of an emergency.