



Te Whare Ra Uta

2021

Student Name:

Te Whare Ra Uta

Nau mai, haere mai, welcome to the mental Health Service Older persons (MHSOP) based at Te Whare Ra Uta, Kenepuru Community Hospital.

MHSOP is a community based service with a 16 bed specialist inpatient unit co-located at Te Whare Ra Uta.

We provide and offer assessment, treatment and rehabilitation interventions as a multidisciplinary team to the following Tangata Whaiora.

- People who present with moderate to severe BPSD (behavioral and psychological symptom of dementia)
- People under 65 years and diagnosed with dementia (early onset)
- People over the age 65 years who present with a recent onset functional mental illness
- People with complex physical and mental health needs where consult or coordinated care across services may be indicated
- We triage all referrals for specialist intervention to ensure all effective screening has taken place for reversible causes

The unit uses a holistic approach to treatment looking at mental, physical, psychosocial and spiritual aspects of a client's life to develop a plan of care to meet their needs.

Assessment and intervention is provided by a multidisciplinary team consisting of consultant psychogeriatrician, registrar, house surgeon, registered nurses, social worker, occupational therapist, registered nurses, and health care assistants. We work closely with the community team, chaplaincy, Māori and Pasifika services. We are a 3DHB service under the Mental Health Addictions and Intellectual Disability Service (MHAIDS)

The address of the unit is

**Te Whare Ra Uta
Clinic Crescent
Off Ambulance Drive
Kenepuru Hospital
Porirua**

04 978 2865

Welcome!!
We are looking
forward to working
with you

Contacts

This should contain information on all the key contacts for the ward/unit and their preferred method of contact

Te Whare Ra Uta	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Specialist	Jenny White		Cellphone 027 6498056
Clinical Coordinator	Rosa Evasco (Acting)		DD 978 2865 Cellphone 027 4432956
Acting Team Leader –	Helen Richardson		DD 978 2844 Cellphone 0274432956

Please contact the clinical coordinator who is responsible for allocating shifts and preceptor, the CNS will liaise with students on arrival and before leaving to discuss the placement

Your Preceptor

You will be allocated one main preceptor; this preceptor will be responsible for helping you completing your objectives. We will endeavor to ensure that you mainly work with this preceptor; however, due to shift work this is not always possible. 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!!). Your preceptor will not complete any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact the CNS or your CTA.

Expectations of the Student Nurse while in Te Whare Ra Uta

The shifts in the Te Whare Ra Uta Unit are:

Morning	:	0700hrs to 1530hrs
Afternoon	:	1430hrs to 2300hrs
Night	:	2245hrs to 0715hrs

We have a few expectations of student nurses working in the Te Whare Ra Uta unit:

- ❖ It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call the unit on 04 978 2863.
- ❖ You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or clinical coordinator and inform your CTA. A lot of learning occurs at quiet times in the unit!!
- ❖ It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives. Please have these available on your first shift.
- ❖ Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working on the floor.
- ❖ If you are not achieving your objective please see the CNS or your preceptor and your CTA (before the last week on the unit).
- ❖ Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement.

Things you will find yourself doing.

- Hygiene and grooming cares.
- Nutrition and fluids, charting and monitoring.
- Drug administration under supervision.
- Blood glucose monitoring.
- Wound management.
- Continence management.
- Falls management/ risk assessments.
- Pressure risk / Skin care using Braden Scale.
- Moving and handling.
- Pain management.
- Family and client education.
- Nutrition and Hydration management.
- Admission and discharge procedures.
- Documentation / Care planning / goal planning.
- Management of challenging behaviours.
- Completing risk assessments.
- Completing discharge care plans.
- Presenting your client at MDT meetings and evaluating care.
- Ward rounds with our registrar.
- Liaising with our House Surgeon.

We are aware that all students are at different levels. All we expect from you is a willingness to learn and make the most of your clinical time. We expect you to be open and honest and you can expect the same from your preceptors.

We will try to provide the best teaching we can but it often depends on the ward on the day. We may have days where we can only let you observe and not have the time to teach. On these days you may have to make the most of your learning by reading the many resources that are on the ward, looking in depth at a patient's 'old notes' to gain a broader clinical picture or perhaps observe various procedures occurring on the ward.

We work as a team in TWRU and invite you to become part of the team while you are here. When in doubt, overwhelmed, confused, uncomfortable or unsure, please speak up. There is NO such thing as a silly question; we have all asked them ourselves at some time or another. Also feel free to ask to observe procedures that may be happening on the ward and if the patient agrees and it is appropriate you may watch. Discuss it with your preceptor first.

Suggested Learning Opportunities on Te Whare Ra Uta.

- To understand responsibilities in a medical emergency.
- To understand role of an older persons mental health nurse.
- To know 'who is who' on the unit.
- To know where to access policies and regulations of the clinic.
- To understand the main diagnoses of assigned client.
- To develop good rapport with patients.
- To identify and monitor risk factors of assigned clients.
- To know how to carry out falls risk assessment.
- To write progress notes and deliver verbal handovers of assigned patients.
- To define dementia.
- To understand different types of dementia such as Alzheimer's disease, vascular dementia, Parkinson's dementia, frontal-temporal dementia.
- To be able to present a verbal handover to tutor of to patients and discuss their conditions.
- To understand the difference between dementia and schizophrenia.
- To understand the benefits and side effects of Olanzapine Risperidone and Quetiapine.
- To be able to observe and identify the management style practice in the clinic.
- To understand the mode of action for Donepezil (cognitive enhancer).
- To discuss with clinical tutor the education package to be delivered to staff.
- To understand the reasons patients in the clinic experience complications.
- To understand the difference between delirium and dementia.
- To be able explain the emergency procedure for anaphylaxis.
- To describe the concept of patient-centered care.
- To increase knowledge and confidence in admission and discharge procedures.
- To increase knowledge and skills on testing blood sugar levels of patients.
- To develop knowledge on assessment of vital signs.
- To increase knowledge and confidence in administration of medication.
- To increase knowledge and skills to use assessment tools of the clinic.

- To develop knowledge relating to policies such as health and safety, infection control, restraint & falls risk.
- To understand the application of the Mental Health (assessment and treatment) Act 1992, and how it is used on this unit.
- To understand the different roles of the multidisciplinary team.
- To understand the role of the community nurse.
- To understand the benefit and side effect of lithium carbonate and sodium valproate drug.
- To distinguish the difference between bipolar and schizophrenic clients.
- To understand the effect of Fluoxetine drug on clients.
- To have knowledge about the emergency trolley, the contents and their use.
- To learn and understand the routine care performed by nurses at Te Whare Ra Uta.
- To note what supplements the client are given.
- To understand the effect of Benzodiazepines.

Safety Measures in Te Whare Ra Uta

Please detail specific safety measures applied or needed in your unit/ward. This should include:

- What to do in the event of a cardiac arrest – you will be shown where relevant emergency equipment and alarms are on your first day, it is likely that you will be asked to help manage the environment whilst the nursing staff/medical team deal with the situation.

- What to do in the event of a fire – the meeting point is outside in the courtyard, you may be asked to help clients outside and to provide comfort and support to those outside until the situation is resolved.

- Any other unit/ward specific issues.

- Swipe cards – where possible you will be given access to a swipe card and a key depending on the needs of the unit at the time.

Objectives

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including
 - Accurate assessment.
 - Competent implementation of care.
 - Documentation.
 - Referrals.
- Gain an understanding of the multidisciplinary team.
- Knowledge/Awareness of Mental Health Act.
- Knowledge/Awareness of the PPPR Act (EPOA/Welfare Guardian).
- Practice good infection control measures.
- Mental state Assessment.
- Communicating with cognitively impaired patient.

Common Presentations to Te Whare Ra Uta

The Most common presentations on the unit are.

- Mood disorders
- Psychotic disorders – Schizophrenia, Psychotic episodes.
- Neuro-cognitive disorders - Dementia.
- BPSD (Behavioural and psychological symptoms of dementia)
- Palliative care

Common Medications

Psychotropic medications:

- Olanzapine
- Quetiapine
- Risperidone
- Levomepromazine (Nozinan)
- Donepezil
- Citalopram
- Escitalopram
- Sertraline
- Venlafaxine
- Fluoxetine
- Paroxetine
- Mirtazapine
- Aripiprazole
- Lorazepam
- Clonazepam
- Zopiclone

Physical

- Heart medications
- Blood pressure medications
- Steroids
- Pain relief

Legislation

There are a number of Acts and Regulations relevant to health care and mental health. These include (but are not limited to):

- Mental Health Assessment and Treatment Act 1992 (and amendments 1999).
- Privacy Act.
- Health and Disability Commissioners Act.
- Health Practitioners Competency Assurance Act.
- Human Rights Act.
- Medicines Act.
- Crimes Act.
- Health Information Code.
- Children, Young Persons, and Their Families Act 1989
- Criminal Procedure (Mentally Impaired Persons) Act 2003

Full copies of all NZ Acts of Parliament, amendments, Bills and Regulations can be found at <http://www.legislation.co.nz/>

Pre-reading/Resources

3DHB ACP Health Pathways – accessible through the CCDHB intranet

www.thinkdelirium.com

Understanding Dementia MOOC -

<http://www.utas.edu.au/wicking/understanding-dementia>

www.scie.org.uk/dementia

Evaluation of Clinical Experience

Nurse: _____ Date of placement _____

Date of Evaluation: _____ Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:
