

Student Nurses



Consultation-Liaison Psychiatry 2022

Student Name:

The Consult-Liaison Service

Welcome to the Consultation-Liaison Psychiatry Service (C-L). There is a C-L Service at both Wellington Regional Hospital and Lower Hutt DHB. Consult-Liaison operates Monday to Friday.

Refer to page 5 for full contact details of respective services:

WELLINGTON

DDI: Judy Beswick (administrator) ph: 806 2185

LOWER HUTT

DDI: Jane Gibson (administrator) ph: 566 69 99 ext: 2564

What the Consult-Liaison service does:

C-L is responsible for providing Mental Health Services in the general hospital for patients (clients) who:

- have a primary medical condition that may be associated with or manifested by some form of mental disorder or
- Have an existing mental disorder associated with or complicated by a medical problem.

C-L provides a range of services to the general hospital staff. This includes:

- psychiatric / psychological assessment and treatment for patients / clients who may exhibit mental health difficulties during their inpatient stay
- provides 'advice' and assist in developing plans to address specific health issues
- undertakes risk assessment for people who have tried to harm themselves and
- facilitates education in the general hospital to increase staff capacity to respond to mental health issues

The other significant aspect of C-L work is the 'liaison' function. This may be linking existing supports i.e. community based MHS teams with key hospital staff, or strengthening the interface between the primary, secondary and tertiary services.

Differences between DHB's

The scope of the C-L Service at Wellington and Lower Hutt differ slightly. Your preceptor will discuss how their respective service works. Most of Wellington's work is based in the general hospital with some outpatient work (no domiciliary follow-up).

The Lower Hutt team does not do outpatient work but may follow-up patients at home after discharge from hospital for a short time. They also have a close relationship with the Burns and Plastics who are a Regional Service based at Hutt Valley DHB.

Unit/Ward philosophy

C-L employs a strong bio-psychosocial approach to understanding health issues. C-L appreciates that health is contextually and culturally bound and understanding the person is central to understanding their health issues.

Kinds of patients/conditions

C-L sees a range of patients from aged 18 upwards whose primary presentation to hospital is for a physiological reason.

Common mental health issues include Depression, Bi-polar Disorder, Anxiety, Agitation, Psychosis, Eating Disorders, Delirium, Dementia, Substance and or Alcohol Abuse / Dependence, difficulties with adjustment and coping / difficulties coping with pain, complicated Grief and assessment of Competence and Capacity.

C-L also undertakes risk assessment and advice on behavioral management.

Multidisciplinary team/roles

We are a multi-disciplinary team including Consultant Psychiatrist(s), Psychiatric Registrars (Dr's training to be psychiatrist), Psychology (Wellington only) and Registered Nurses.

All staff have a range of generic and discipline specific skills depending upon their professional background and training. For example, every staff member can undertake a comprehensive assessment (including Mental Status Examination and Risk Assessment) while only Dr's may prescribe medicines. Psychologists may see patients for a longer period of time and engage in treatment for depression or anxiety.

As a student nurse, you will work predominantly with the nursing staff. You will also have ample opportunity to work across disciplines and observe a variety of therapeutic skills and interventions.

The nursing role

The nursing role was established at Lower Hutt Hospital several years ago and more recently in Wellington. Since that time, nursing has become an integral part of the C-L Service working both independently and collaboratively with other disciplines.

An advanced level of practise is required in this setting and a diverse range of clinical skills is necessary. Effective communication skills and establishing strong clinical relationships is fundamental to being successful in this role. Students will get to witness a broad range of skills, knowledge and expertise during their time here.

Preparation for placement:

Prior to this clinical placement please briefly review Depression, Anxiety, Bi-Polar Affective Disorder and Schizophrenia. You will also need to be familiar with Mental State Examination and the general principles of Mental Health Assessment.

Swipe cards / Computer Access:

Most students now have their own access cards, if you do not have one please try to arrange this prior to your placement.

You will be able to enhance your learning if you have pre-arranged computer / security access too.

Wellington based Students:

If you are on placement in Wellington, make your way to 'Mojo' coffee (level 3) near the CSB. One of the team will meet you there and escort you to the C-L office (swipe card entry only).

Office hours are 0830-1700.

Hutt Valley Students:

If you are on placement in Lower Hutt, please proceed to the 1st floor in the Clock Tower building opposite Plastics Outpatients. Take the corridor to CATT (now known as the Crisis Resolution Service) and the C-L office is located there. Office hours are 0800-1630.

Students do not need swipe card access for Hutt Hospital.

Contacts

This should contain information on all the key contacts for the ward/unit

Consult-Liaison	Main contact	Email for main contact	Phone number for ward/Unit
Hutt Valley DHB Tanya Moore RN Katherine Smith RN	Tanya Moore		DD 566 69 99 ext 2564 Tanya 027 809 32 70 Katherine 027 836 67 76
Wellington DHB Kim Dobchuk RN Sarah Davies RN	Kim Dobchuk		3855999 (ask to be put through to Kim) Kim (number will be given to you on placement)
Team Leader: Lynda Simeona CNS: Nito Dube	025554446 0277064196		

Please contact the nursing staff the week prior to your placement as they will be able to advise you about start time and where to present for placement. The C-L services work Mon-Friday.

Staff at C-L do not wear a uniform. Your clothing should reflect the same 'standard' as a uniform.

Your Preceptor / Clinical Liaison Nurse

The nursing staff (preceptors) will discuss your supervision and support during your orientation to their respective service(s)

You can be assured that the nursing staff are aware of your generic learning needs and they will support you to meet your clinical and academic obligations.

Please ensure you come to your placement with specific learning objectives. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day /week.

You also need to provide evaluations and /or other paperwork to nursing staff prior to the final date of your placement.

Expectations of the Student Nurse while in C-L Service

Hours of work: Monday-Friday (Wgt) 0830-1700 (Hutt) 0800-1630

Uniform: Mufti – professional standard. Long hair to be tied back.

Cross Infection: Please ensure hands are cleansed prior to entering and leaving any clinical area AND between patient contacts. Our role takes us across the general hospital and we can be a major source of cross-infection.

Documentation for placement: present and discuss requirement during week one

Do's and Don'ts:

Be observant and interested. There is much to learn by developing strong observation / cognitive skills.

- Use your senses: - what did you see, hear?
- What does this mean here and now for this person?
- How will it inform the current situation / plan?
- When do we need to do what?
- Who else do you need to speak to / who needs to be involved in plan of care?
- What is the rationale underlying your thinking?

Develop an empathic, respectful / non-judgmental approach.

Don't be afraid to ask questions.

We have a few expectations of student nurses working in the Consult-Liaison Service:

- ❖ **Attendance:** If you are going to be late or you are unwell please contact us (numbers above for respective staff). If you are unable to complete a day or need to be absent for some reason, please discuss this with your nurse, preceptor or tutor.

- ❖ You are expected to remain on clinical placement even if the area is not busy. A lot of learning occurs at quiet times in the unit.
- ❖ Your preceptor needs to be aware of your learning objectives in order to assist you to meet these. Please present these early in your placement and advise us of any assessments you need to complete as part of your placement.
- ❖ If you are not achieving your objectives please discuss with preceptor and Clinical Tutor at earliest opportunity
- ❖ 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

Evaluation of Clinical Placement:

See evaluation at end of document. Please complete, we welcome your feedback and use this to improve our service.

Safety Measures in Consult-Liaison Service

What to do in the event of a patient becoming irritable, agitated or hostile towards staff:

Please follow the direction of your preceptor - keeping everyone safe is our priority. Delirium and advancing cognitive decline can also result in agitation or behavioural disturbance.

When someone is agitated their sense of personal space increases. They may also become intrusive and violate another's personal space. Generally 'withdrawal' is a quick, simple effective strategy. Your preceptor may try to defuse / de-escalate the situation. As a student nurse you are not expected to be able to do this.

Observation and early recognition / intervention reduces agitation and irritability and increases personal safety.

What to do in the event of a fire;

The C-L Services are not based in clinical areas. You will be advised of evacuation procedures on Day 1 of orientation. When on the wards, follow their instructions.

Confidentiality

Whilst on placement you are bound by the requirements of the Privacy Act and the Health Information Code in maintaining client confidentiality. This means client information, must not be shared with anyone outside of the service at any time. Whilst discussing client-sensitive information, please be mindful of those who may potentially overhear your discussion.

From time to time you may notice information regarding a friend, family member, or someone else you know outside of this placement. It is a breach of the Privacy Act for you to access this information. If you do become aware of this information, please advise your preceptor who can then ensure that you do not access this client's information. You are asked not to read or have any contact with this person while on placement.

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/>

Objectives

We recommend that students focus some attention on:

- the principles of 'patient centered care'
- adjustment and coping with changes in health
- working with strengths
- developing skills and confidence to engage with patients about their health ie ask appropriate questions, clarify issues and understand priorities
- develop oral and written skills related to health information

Core Mental Health Skills:

1. Mental State Examination
2. Comprehensive Psychiatric Assessment - be able to identify elements and undertake selected aspects of assessment with supervision
3. Understanding of Depression, Bi-polar Affective Disorder, Schizophrenia
4. Mental Health (Compulsory Assessment and Treatment Act) 1992.
5. Risk Assessment / Personal Safety.

The Role of Medication – see section below.

By the conclusion of your placement you will also have a good understanding of 'Delirium' and 'Capacity'.

Common Presentations to Consult-Liaison Service

Discussed on page 3

Common Medications

It is unlikely that you will administer medication while on this clinical placement. Should an opportunity to administer a depot medication presents, your preceptor will discuss this with you.

We recommend that you always review a patient's medication chart as part of your own assessment, and research at least one drug relevant to the presentation / referral. You may need to ask your preceptor which drug this may be.

By the end of your placement you do need to have an understanding of the role of various medication groups commonly used in a mental health setting. These include: anti-psychotics, antidepressants, mood stabilizers and anti-anxiety medications ie the benzodiazepines.

It is helpful to be able to briefly identify the basic differences between:

- the older and newer anti-psychotics
- the various 'families' of anti-depressant medicines ie SSRI's, tricyclic's and MAOI's anti-depressants and
- issues related to use of benzodiazepines

Having a general 'knowledge' about sub-classes of medications, helps you understand how medication works, and the potential side-effects of a particular medication.

We have a MIMS and some text books in the office, and you can use the internet to research medication during less busy periods.

More commonly used medications include:

Olanzapine, Risperidone and Quetiapine

Lithium, Sodium Valproate

Fluoxetine Venlafaxine, Citalopram, Sertraline and Mirtazapine

Clonazepam, Lorazepam.

Pre-reading/Resources

Julie Sharrock & Brenda Happell have written extensively on the nursing role in C-L & are well known throughout Australasia. Bring an article along and we can discuss it together!

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:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator

