



Student Nurses

Orientation for Tūhonohono Addiction Services

2022

Student Name:

The Tūhonohono Addiction Services

Overview of the service:

Tūhonohono – Addiction Services (MHAIDS) is made up of the Opioid Treatment Service (OTS) and Community Alcohol and Drug Service (CADS). OTS offers treatment for people experiencing opioid use disorders and dependence with clinics operating in Wellington, Porirua, Kapiti and the Hutt Valley. CADS covers the Capital & Coast DHB area and offers treatment for people who are experiencing a moderate to severe substance use problem alongside a moderate to severe mental health problem that is not the primary concern (we do not normally administer the Mental Health Act or provide for depot medications).

Tūhonohono staff also provide services including consultation and training for other clinicians in MHAIDS under the name of the Co-Existing Disorder Service (CEDS), assisting people who require medical support to stop drug use under the Managed Withdrawal Service (MWS), supporting people who are receiving opioid substitution from their GP through our OTS Primary Care Service, and administering the Substance Addiction (Compulsory Assessment and Treatment) Act (SACATA) for compulsory treatment. We are currently working with approximately 700 people through our various services.

Our kaupapa:

We are a collective of skilled professionals that value working in a client and whānau centred manner, including cultural and community connections, to deliver high quality services. We strive to create a climate of safety for ourselves and colleagues. We are dedicated to staff development and run specialist in-service training and Te Reo Māori courses.

Services We Provide:

We offer a range of services with the aim of supporting people to make changes to their alcohol and/or drug use, and providing strategies to help in maintaining these changes. Some of the services that we offer include:

- Comprehensive assessment of substance use and mental health problems.
- Motivational Interviewing to explore substance use and develop goals.
- Relapse prevention training in order to assist people to maintain their changes.
- Managed withdrawal support for people who may have medical risks associated with stopping their use of alcohol.
- Specialist assessment and support from psychiatrists and psychologists.
- Talking therapies that include Cognitive-Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), and Eye-Movement Desensitization and Reprocessing (EMDR).
- Medications for opiate substitution, to support people who want to reduce or stop their alcohol or drug use, or to support people with their mental health difficulties.
- Access to two group therapies: one aimed at developing skills to help with avoiding relapse to problematic substance use, and the other aimed at developing skills to help manage difficult emotions.
- Referral to residential rehabilitation for substance use problems.
- Neuropsychological assessments.
- Assessments for SACATA and compulsory treatment for substance use problems.
- Under Section 24 of the Misuse of Drugs Act (1975) Tūhonohono has a statutory role in reviewing prescribing of drugs of dependency.
- Referral to social services that can assist people with other supports in terms of housing, physical health, employment, navigation, and in-home support.

Referrals:

Across all our teams we get approximately 40-60 referrals each month for various services. We get referrals from a large range of sources including other MHAIDS teams, GP's, emergency departments, hospital wards, crisis services, NGO's, emergency services, other DHB's, family members, and people themselves. Because of the number of referrals and the range of sources we prefer for all external referrals to go through the MHAIDS referral service, Te Haika (0800 745 477), as this helps to ensure that the referral process is consistent and that people do not 'fall through the gaps'.

Our Staff:

We have approximately 30 staff consisting of Addiction Specialists (Doctors), Administrators, Clinical Psychologists, Consultant Psychiatrists, Registered Nurses, Occupational Therapists, and Social Workers. We are closely involved with universities and teaching institutes, so we also have a number of interns, students, trainees, and new graduates on our staff.

Our service is located at:

Level 1

113 Adelaide Road

Mount Cook

Wellington 6021

Phone: (04) 494 9170

Haere Mai!
We are looking forward to working
with you

Contacts

Tūhonohono Addiction Services	Main contact	Email for main contact	Phone number for ward/Unit
Team Leader	Rongo Patel		04 494 9170
Clinical Coordinator	Kelly Henson		04 494 9170

If you are unable to come into placement due to illness or for other reasons, please call and speak to either your Preceptor, the Clinical Coordinator, or the Team Leader.

Your Preceptor/ Clinical Liaison Nurse

You will be allocated one main preceptor, this preceptor will be responsible for helping you completing your objectives. Due to the nature of our community setting, you may work with other staff in order to pursue more learning opportunities. 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 first day

Your preceptor will provide you with a timetable and familiarize you with other aspects of the service relevant to your placement. A Health and Safety Representative will walk through the building with you and familiarize you with the various emergency procedures.

Please come with an open mind and a non-judgmental attitude. We ask that you use this opportunity to get a glimpse of some of the struggles our clients face daily. You may not be interested in pursuing a career in addictions, however, by choosing a career in nursing you will, regardless of your area of practice, be working with people who have addiction.

Expectations while on placement

- ❖ Please arrive on time. Our hours of work are Monday to Friday 08:30 until 17:00, if you are going to be late or are unwell please call us on 04 494 9170
- ❖ We do not wear a uniform, dress code is tidy casual.
- ❖ It is important that the preceptor you are working with is aware of your objectives. If you are not achieving your objectives please see your preceptor (before the last week of placement)
- ❖ Please ensure that you have your objectives to work on during the day as there will be times that you will not be able to participate in clinical assessments or appointments.
- ❖ Students have a login for EHR (electronic health records) and may be asked to write the notes up and these must be done in accordance with the documentation policy and under the supervision of the preceptor.
- ❖ Please inform your preceptor of who your CTA is and when they will be visiting.

Confidentiality

- ❖ Whilst on placement in this service, students are bound by the requirements of the Privacy Act and the Health Information Code in maintaining client confidentiality, which means information given by clients, 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, it is best that you 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.

Objectives

The following maybe some of the objectives you can complete during your placement:

- ❖ Gain an understanding of the multidisciplinary team, the multidisciplinary team meeting, processes and outcomes.
- ❖ Gain an understanding of the referral process for clients that will potentially be accepted to the team.
- ❖ Observing and taking part in Choice Appointments.
- ❖ Medication administration and the process for titration onto Opioid Substitution Treatment.
- ❖ Whanau/family involvement.
- ❖ Risk assessment and management.
- ❖ Introduction to some of the harm reduction advice that is commonly given to clients in CADS and OTS
- ❖ Assessment of intoxication and sedation, including respiratory depression
- ❖ Assessment of withdrawal symptoms using clinical tools
- ❖ Mindfulness, grounding techniques, distraction techniques and self-soothing.

Common Presentations to Tūhonohono Addiction Services

- ❖ Alcohol dependence
- ❖ Benzodiazepine dependence
- ❖ Opioid dependence
- ❖ Trauma and PTSD
- ❖ Anxiety
- ❖ Depression
- ❖ Personality Disorders

Common Medications

- ❖ Disulfiram (Antabuse)
- ❖ Naltrexone
- ❖ Thiamine
- ❖ Methadone
- ❖ Buprenorphine (with naloxone)
- ❖ Diazepam

Pre-reading/Resources

If you get an opportunity please have a look at the following resources:

- ❖ <https://www.drugfoundation.org.nz/>
- ❖ <http://alcohol.org.nz/>
- ❖ <https://www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse/alcohol>
- ❖ <https://www.health.govt.nz/publication/new-zealand-practice-guidelines-opioid-substitution-treatment-2014>

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

