

Student Nurses



Tāne Mahuta *2022*

Student Name:

Welcome to Tāne Mahuta, Regional Rehabilitation Services

The Regional Rehabilitation Service (RRS) is a 24-hour inpatient extended care service located on the Rātonga-Rūa-o-Porirua campus. The central region covered includes Mid Central, Hutt Valley, Tairāwhiti, Hawkes Bay, Wanganui and the greater Wellington area. RRS has two inpatient units and cottages as part of the rehabilitation campus. The service provides both longer-term care (Tāwhirimātea Unit) and intensive rehabilitation (Tāne Mahuta) within both secure and open settings. The service has 65 inpatient beds in total, some of which are in purpose built cottages ranging from 1 to 4 bedrooms. There are also 16 step-down beds for the Central Regional Forensic Mental Health Service.

The service's focus is on recovery and rehabilitation through providing people with the opportunity to learn new skills, as well as gain independence and empowerment for community living. The service links into other elements within the hospital such as the programmes run from Tangaroa and Rūaumoko, work programmes, and linking with community based resources and organisations. Both units provide clients with individualised recovery programme in both, a safe care or open setting.

Tangaroa is an activity based centre situated on the rehabilitation campus. Group and individual work to assist clients with leisure and occupational activities such as art and crafts, computer, pool, gym, cooking in a functional kitchen, and sewing, are provided.

A GP and nurse are located on campus at a GP clinic. Clients make appointments for treatment for chronic illness management such as diabetes, asthma, heart disease, smoking cessation.

Tāne Mahuta has 34 beds which is divided between 14 beds in the unit and 18 beds in 7 adjacent cottages. The cottages support the intensive rehabilitation focus. While in the service, the clients work with a multi-disciplinary team which aims to equip them with the skills they need to function as independently as possible.

Welcome!!
We are looking forward to working with
you

Contacts

Tāne Mahuta	Main contact	Email for main contact	Phone number for ward/Unit
Team Leader	Lucie Terry	Lucie.Terry@ccdhb.org.nz	918 2436
Clinical Nurse Specialist	Alisa Cunningham	Alisa.Cunningham@ccdhb.org.nz	918 2437
Clinical Coordinator	Amanda Corbett	Amanda.Corbett@ccdhb.org.nz	918 2429
CLN	Matti Kernaghan	Matti.Kernaghan@ccdhb.org.nz	918 2429
CLN	Carla Kennedy	Carla.Kennedy@ccdhb.org.nz	918 2429
Nursing Base			918 2429

If you are unable to attend your placement (unwell or late) please contact the NURSING BASE by phone.

Your Preceptor

You will be allocated two preceptors, who will be responsible for helping you complete your objectives. We will endeavor to ensure that you mainly work with your preceptors, 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 us.

Expectations of the Student Nurse while in Tāne Mahuta Unit

The shifts at Tāne Mahuta are:

Morning	:	0700hrs to 1530hrs
Afternoon	:	1430hrs to 2230hrs
Night	:	2245hrs to 0715hrs (Students will not be expected to do night shifts)

We have a few expectations of student nurses working at Tāne Mahuta:

- ❖ 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.
- ❖ 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, CLN or Clinical Coordinator. A lot of learning occurs at quiet times in the unit!!
- ❖ You will be expected to wear tidy, comfortable, casual clothing. Excessive jewelry is discouraged as are jandals or backless shoes. It is also recommended that revealing or tight fitting clothing is not worn on the unit.
- ❖ It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives.
- ❖ Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit.
- ❖ Tāne Mahuta is located on a smokefree campus, during your shift you will be unable to smoke, nicotine replacement therapy is available if required.
- ❖ We expect all staff and students to come to Tāne Mahuta with a non-judgmental attitude, an open mind and willingness to learn.

Safety measures in Tāne Mahuta unit

Identification must be worn at all times.

When you arrive at Tāne Mahuta you will be given a swipe card and key which you must sign out and on return each day. This will allow access to staff only areas and client bedrooms, cottages etc. It is important that this is kept on your person at all times, and if misplaced the nurse in charge should be notified straight away.

You will be required to carry a handheld duress alarm/phone when out in communal areas. You will receive instruction of how to use these. They are primarily used for staff to contact each-other but also to raise alarm if needed. There are also wall duress alarms in every room of the unit which can be activated by staff and clients.

We ask that you inform your preceptor where you are at all times.

In case of emergency follow instruction of your preceptor or shift coordinator, the emergency phone number is 777. Fire evacuation point is the village green. Further information will be given during your orientation.

Tāne Mahuta is an open ward, and outside doors are only locked for security reasons overnight. Please ensure all doors you find locked are left locked when you exit.

You will be required to complete a health and safety questionnaire during orientation and you will be responsible for reporting any workplace hazards and acting to prevent, eliminate or minimize any Hazards.

Treasure hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

Medication room	Discharge information
Controlled drug cupboard	Clinical policies & procedures
Drug fridge	Client files
BSL equipment	Roster
Treatment room	Laboratory forms
Resuscitation trolley	Client medication charts
Sharps containers	Incident reporting - SQUARE
Defibrillator	Emergency phone number
Tympanic thermometer & covers	Internal phone directory
Scales	How to transfer a call/intercom
BP machine	Procedure for MPOC
Sluice room	Photocopier/fax machine
Specimen fridge	Document destruction bin
ECG machine	Huihui/MDT meeting schedules
Oxygen and suction equipment	Chit forms/cashier office
Team leader office	Special patient leave forms.
Conference room	Client labels
Civil defense emergency equipment	Laundry
Linen collection point	Spare progress notes
Emergency water supply	Client phone booths and numbers
Rubbish cage and key	Evacuation meeting place
Bulk File store	Fire alarms
Store room	Duress alarms
Staff tea room	Client call bell and reset
Linen cupboards	Fire extinguishers

Objectives

You will be expected to have your own objectives to achieve during your placement. Here are some ideas for objectives that might help you make the most of your placement.

- Be able to complete accurate mental state assessment and document in progress notes.
- Understand risk issues and management in this setting.
- Understanding of relevant medications, interaction, side effects and monitoring requirements.
- Gain an understanding of what rehabilitation is in mental health and the recovery model.
- Importance of maintaining professional boundaries, and developing therapeutic engagement.
- Understanding of relevant legislation in this environment, including the Mental Health Act 1992, and The Criminal Proceedings (Mentally Impaired Persons) Act 2003.
- Understanding consumer rights, legislation and the protective support networks available to clients.
- Gain an understanding of the multidisciplinary team.

Common presentations to Tāne Mahuta

Common presentations to Tāne Mahuta unit include:

- Anxiety.
- Psychosis.
- Frontal lobe disturbance.
- Mood disorders.
- Obsessive compulsive disorder.
- Autistic spectrum disorders.
- Personality disorders.
- Alcohol and substance issues.

Common medications to learn about:

Antipsychotic medication:

- Clozapine.
- Olanzapine.
- Risperidone.
- Aripiprazole.
- Amisulpride.
- Quetiapine.

Mood stabilizers:

- Sodium Valproate.
- Lithium Carbonate.
- Lamotrigine.

Antidepressants:

- Citalopram.
- Sertraline.
- Escitalopram.
- Fluoxetine.

Benzodiazepines:

- Lorazepam.
- Diazepam.
- Clonazepam.

ADHD medication:

- Methylphenidate.
- Atomoxetine.

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						

Please return this form to the NE.