



Student Nurses

Te Whare o Matairangi 2021

Student Name:

Te Whare o Matairangi Unit

Our service reflects the Government's commitment throughout the Health and Disability Services Sectors to The Treaty, its principles of protection, participation, and partnership including the improvement of Māori health, and the development of bicultural partnerships and services.

Te Whare o Matairangi – Student Nurse Orientation book

Welcome to Te Whare o Matairangi (TWOM) mental health recovery unit and the Mental Health, Addictions and Intellectual Disability Service (MHAIDS) of Capital & Coast District Health Board (CCDHB). TWOM provides the acute inpatient adult mental health service for Wellington, Porirua and Kapiti Coast. As CCDHB merges with Wairarapa and Hutt Valley DHBs, also known as the 3DHBs, changes to services and structures are continuing. We work closely with other services in the MHAID Directorate; also nongovernment organizations (NGOs).

Our service reflects the Government's commitment throughout the Health and Disability Services Sectors to The Treaty, its principles of protection, participation, and partnership including the improvement of Maori health, and the development of bicultural partnerships and services

Te Whare o Matairangi

TWOM provides 30 inpatient beds for adults aged 18 to 65 years experiencing severe mental distress and/or an acute episode of mental illness. These people are too unwell to be cared for in their usual environment. We aim to provide excellent clinical care in a respectful, supportive and safe environment for people to recover and return to the community as soon as possible. The unit has three areas:

- Te Taha Tauira is TWOM's 18 bed area for people who require the most intensive 24-hour clinical assessment and treatment in a secure locked environment.
- Whakatau Wairua is the low-stimulus de-escalation area within Te Taha Tauira with the facility for seclusion if required.
- Te Taha Manaaki is TWOM's 12 bed area which is unlocked during the day. A person may be admitted to any of these areas or move between them during their stay according to their needs.

SMOKE FREE-CCDHB for everyone

- Smoking is prohibited on all CCDHB premises, grounds and vehicles by everyone including staff, contractors, patients and visitors.
- Please become familiar with the TWOM Vaporizer and smoke free policy.
- There is nicotine replacement therapy including DHB approved vaporizers for use at TWOM.
- Be familiar with TWOM protocols for the use and storage of cigarettes, lighters/matches and RNS please complete Nicotine replacement therapy.
- NB: Patients do not have escorted leave from TWOM to smoke.
Patients cannot leave TWOM to smoke between 22:00-08:00hrs.

Welcome!!
**We are looking forward to working with
you.**

Contacts

Name	Role	Email for main contact	Phone number for ward/Unit
Carol Ryan	Team Leader		
Mei Ning	Clinical Nurse Specialists (CNS)		0273049613
Sharon Smith	Clinical Coordinator		0274956375
Shift Coordinator	ACNMS or a senior nurse		0274242548
DEU-TWOM	Clinical Liaison Nurse (CLN)	DEU-TWOMCCDHB@ccdhb.org.nz	

If you are late or not fit to be on duty, you should advise the shift co-coordinator on duty as soon as possible.

DEU-TWOM email is set up for you to contact Clinical Liaison Nurse regarding if you have any questions in relation to your placement, e.g. rosters, formal/summative assessment and questions.

Team Roles

Administration Staff – specialize in mental health administration for the unit including organizing the legal paperwork for people under the mental health act.

Associate Charge Nurse Manager – A registered nurse who assists the unit's team leader to manage the unit.

Cleaners – provide daily cleaning services to the unit

Clinical Nurse Specialist – A registered nurse providing clinical leadership to the unit

Clinical Psychologist – Psychologist with specialist training in psychological assessments and treatment of social, emotional, psychiatric and cognitive difficulties.

Clinical Coordinator – Oversees and attends to clinical concerns on the ward regarding patients and staff, including arranging a patient's admission, respite, discharge or transfer.

Consumer consultant – has personal experience of using mental health services and functions as a link between patients and management.

Cultural Liaison Worker - Provides cultural advice, advocacy liaison and individual support for patients, their whanau/families, communities, and TWOM care team.

House Surgeon - Recently qualified doctor gaining experience around the hospital usually on a 3 month placement.

Mental Health and Occupational Therapy Support Workers - work alongside registered nurses and occupational therapists to assist patients with their treatment plans and activities.

Occupational Therapist – Trained to assess the effects of illness on the performance of daily activities, work, leisure and self-care. They use a number of activities to improve independence and wellbeing.

Psychiatric Registrar - A qualified doctor now in training to become a psychiatrist, who usually has a 6 month placement at TWOM.

Psychiatrist - A qualified doctor with specialist training and qualifications to assess and treat mental illness.

Receptionist - Records patients and visitors entering and leaving the unit to enhance the safety of the environment and as a part of emergency procedures.

Registered Nurse - A registered nurse trained in mental health care including assessment of mental state, managing activities, providing treatment, support, and administering medication.

Responsible Clinician - A qualified mental health clinician assigned to a person's care, who is usually a psychiatrist. They have an official role under the mental health act.

Social Worker - Trained to assess the impact of illness in the context of a person's personal, family and social environment. They provide a link: supporting patients, family/whanau, advocating and connecting them with community services.

Team Leader – The trained clinician who provides managerial leadership for the unit.

Dedicated Educational Unit

The Dedicated Education Unit (DEU) model of clinical teaching and learning is used in Wellington. It is a partnership between the education providers: Massey University (Massey) and Whitireia New Zealand (Whitireia) and MHAIDS at CCDHB. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEU's are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model, which replaces the Preceptorship model to focus on student learning and curriculum integration.

Preceptor:

Your Preceptor will work alongside you to support your practice and learning during your placement. You will work with your preceptor in a shared care model for your orientation period. This means you will be allocated your own workload and be supported by your preceptor for this time.

Clinical Liaison Nurse (CLN)

Fanga and Grant are the Dedicated Education Unit Clinical liaison nurses (CLNs). They can be contact by DEU-TWOM email. Both of them will provide you with some structured clinical learning during your clinical placement. Both of them have an excellent understanding of your programme and academic study and will work alongside your academic tutors and yourself to support your learning needs and complete formative and summative assessments during your placement.

In addition the CLN will complete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact DEU-TWOMCCDHB@ccdhb.org.nz.

Your Preceptor/Clinical Liaison Nurse

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, please let them know at start of duty. 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.

We have a few expectations of student nurses working in Te Whare o Matairangi

Shift Hours at Te Whare o Matairangi

Morning A	07:00hrs to 15:30hrs
Afternoon P	14:30hrs to 23:00hrs
Night N	22:45hrs to 07:15hrs

Please:

- Arrive for your shift on time so the current shift can handover and finish on time.
- If running late or unable to come, call/notify Shift Coordinator cell phone number 027-4242548 ASAP.
- You must complete the entire shift. If you cannot do this please discuss it with the Clinical Coordinator, Shift Coordinator or the Team Leader.
- Wear tidy and appropriate clothing and shoes and name badges.
- Please see attachment of the hints for helping nursing student to guide you with some learning objectives.
- If you are not achieving your objectives please see the CLN or your preceptor before your hallway point.
- Please ensure your documentation in the MAP is approved by your preceptor or the nurse you are working with.
- Please ensure all the documentation you need to complete for your course is accomplished before the last days in the units. 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.

Note:

We do have vulnerable patients (male or female) here, who may be disinhibited. Please be mindful of your professional boundaries, code of conduct, and areas such as bedrooms or bathrooms where you should not be alone with patients.

If you become aware that there is a patient on the ward that you know please advise the clinical coordinator and preceptor/DEU Nurse – see section on confidentiality below regarding this.

Health and Safety Measures in Te Whare O Matairangi Safety

Be familiar with the location of Emergency Trolleys, Fire Alarms, and other emergency equipment e.g. treatment rooms, drug room and the evacuation areas for the unit.

Access cards and keys

You will be issued a swipe card and key to use during your placement at TWOM. If you lose any keys or your swipe card, please notify the Shift Coordinator immediately. Please return your keys and swipe card to the Shift Coordinator on your last day of placement.

Duress Handsets and Alarms

Nursing staff carry Personal Duress Handsets with alarms. Please collect your allocated handset from reception at the beginning of your shift. If one is not allocated check with the door receptionist. After your shift return it to its place in reception to recharge for reuse.

Know where the Duress Alarms are located on the handsets and fixed to walls around TWOM.

Nurse Call Buttons

These are located in bedrooms and bathrooms for emergencies or other assistance. When a button is activated the location flashes on sensory screens on ceilings around TWOM. A RN/MHSW investigates, attends to the situation, and cancels the bell at the source to stop it ringing.

Emergencies

Be familiar with the Emergency Response Procedures charts hanging in TWOM office areas. Know the locations of TWOM's emergency equipment. If you come across an emergency activate a duress alarm and tell staff ASAP. Follow instructions of the person in charge. Emergency calls go to the hospital operator on 777. Indicate the emergency type and its location.

- Medical Emergency-the hospital medical emergency response team may also attend.
- Fire-TWOM has sprinklers, fire extinguishers and alarms. The Fire Brigade attends fire alarms. Lighters/matches are prohibited on patients inside TWOM. They must always be handed in to staff.

Evacuation and Assembly Points

Follow the instructions of the person in charge of the evacuation wearing a yellow helmet, regarding what to do and where to assemble. Evacuation plans are on the walls of the office and in communal patient areas.

A continuous alarm in your area means evacuate immediately; an intermittent alarm means prepare to evacuate, but do not evacuate yet.

Aggression and agitation

Nursing staff are trained in calming and restraint techniques. If you are feeling unsafe due to a person's actions leave the floor, seek assistance and/or activate a duress alarm.

Medicines, remedies, drugs, alcohol, sharps, lighter, matches, weapons or other dangerous or hazardous items

- (refer to admission and discharge checklists)

Any such items are not permitted on a patient. If seen in their possession advise staff so they can investigate the situation to take appropriate steps to remove any prohibited items with advice or assistance from other staff if required. Ensure all medicines, vitamins etc. need to be charted and kept in the drug room.

Patient's Leave – Refer to TWOM leave policy

All leave must go through the patient's allocated nurse for the shift even if it has a pink slip approval as their condition may change during a shift and it can be temporarily cancelled

- **Leave with permission**

There are clinical and legal factors to take into account when a patient wants to leave the ward. Each patient has current leave status information in their progress notes on the pink sticker to indicate if they have leave or any leave conditions e.g. accompanied or unaccompanied leave. Their arrivals and departures must be recorded using ward protocols.

- **Leave without permission**

If patients leave the ward without permission please consider factors e.g. their legal status and potential risk of harm to self or others: inform your preceptor / the person in charge and their RC or the On Call Registrar.

Infection prevention and control

Be familiar with the infection control policies, protocols and eLearning in Capital.doc Know the PPE and infectious disease control policy.

Bodily Fluid Exposure

The CCDHB Policy and Procedures are on line; print off the relevant forms to complete. Please familiarize yourself with these procedures online or on the health and safety board BEFORE you need them. Follow the instructions completely if you are exposed. Many of our clients have high risk lifestyles. This protocol is to protect you.

Patients exposed - contact the on call doctor initiates the same procedure.

- Remember:
 - Cover all cuts/wounds before you begin a shift.
 - Use gloves to handle any fluids; transport and dispose any hazardous items appropriately.

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.

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.
- 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/>

Treasure Hunt

Please locate these items to help you become familiar with the environment.

- | | |
|--|--|
| <input type="checkbox"/> Te Taha Taurira Emergency trolley | <input type="checkbox"/> Court room |
| <input type="checkbox"/> Dangerous Drug cupboard | <input type="checkbox"/> Clinical policies manual |
| <input type="checkbox"/> Fire/Emergency exits | <input type="checkbox"/> Procedures manual |
| <input type="checkbox"/> Fire alarms | <input type="checkbox"/> Health & Safety manual |
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> Manual BP machine |
| <input type="checkbox"/> Fire blanket | <input type="checkbox"/> Suction equipment |
| <input type="checkbox"/> Emergency buttons | <input type="checkbox"/> Bio-hazard bags |
| <input type="checkbox"/> Linen supplies | <input type="checkbox"/> Tympanic thermometer covers |
| <input type="checkbox"/> CNS/Clinical Coordinators office | <input type="checkbox"/> Stationery supplies |
| <input type="checkbox"/> Dirty linen/rubbish storage area | <input type="checkbox"/> Photocopier |
| <input type="checkbox"/> IV syringes | <input type="checkbox"/> Patient charts |
| <input type="checkbox"/> Manaaki & Taurira OT kitchens | <input type="checkbox"/> Laboratory forms |
| <input type="checkbox"/> Staff tea room | <input type="checkbox"/> Purpose of stay forms for respite |
| <input type="checkbox"/> Property room | <input type="checkbox"/> Specimen containers |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Whakatau Wairua Staff Office |
| <input type="checkbox"/> Sluice rooms | <input type="checkbox"/> PPE: Gloves, facemasks, aprons |
| <input type="checkbox"/> Manaaki Treatment Room | <input type="checkbox"/> Music Room |
| <input type="checkbox"/> Taurira Treatment Room | <input type="checkbox"/> Ligature Cutters |
| <input type="checkbox"/> Wound Dressing Supplies | <input type="checkbox"/> Interview rooms |
| <input type="checkbox"/> Medication Room | <input type="checkbox"/> Door Monitor |
| <input type="checkbox"/> Diabetic equipment/Emergency Kits | <input type="checkbox"/> Sensory Room |
| <input type="checkbox"/> Manaaki OT Activity room | <input type="checkbox"/> All TWOM Evacuation Assembly F |
| <input type="checkbox"/> Staff locker/cloak room | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Write-up room | <input type="checkbox"/> Whanau/Family room |
| <input type="checkbox"/> Pyxis Medication Trolley | <input type="checkbox"/> Manaaki Emergency trolley |

WORK PLACE ORIENTATION TE WHARE O MATAIRANGI

Preceptor _____

Student Name: _____

Please ensure you are orientated to the unit including doing the orientation checklist. After completing these, you and the person orientating you must sign here.

Objectives

This section should include some of the objectives students should aim to complete during their placement. Remember that although students should have done some pre-reading regarding your specialist area they may not understand what you do. Objectives help them to begin to focus their learning.

For example:

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including
 - Accurate assessment
 - Implementation of care
 - Documentation

- 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 unit

- Practice good infection control measures

- Gain some understanding of management of mental health issues e.g. stress, aggression

- Food and Fluid management/Fluid balance

- Wound management

- Be part of the Admission procedures and Discharge Planning

- Medication administration

Mental Health Act and court proceedings

- Mindfulness, grounding techniques, distraction techniques and self-soothing and relaxation techniques

- Whanau/family Involvement

- Risk assessment and management

- Life skills

Common Presentations at Te Whare o Matairangi

People usually present to the unit with some form of disorder relating to mood, thought or feelings. The NZ Mental Health Act requires people to be treated in the least restrictive environment proportionate to risk. Therefore, people come in as a voluntary or informal patient if they have some insight or understand they are unwell and are willing to be admitted for care; otherwise they are assessed to be admitted formally under the Mental Health Act. Their legal status may change during an admission. People admitted under the Mental Health Act may become informal/voluntary patients as their mental state improves and they are able to understand their health needs. If their condition deteriorates they could be placed under the Mental Health Act if they meet the criteria, to receive the treatment and care required.

Common presentations at Te Whare O Matairangi include:

- Schizophrenia
- Bi-polar affective disorder
- Borderline personality disorder
- Psychosis NOS
- Schizo-affective disorder
- Drug induced psychosis
- Depression
- Suicidal ideation
- Post-Traumatic Stress Disorder
- Insomnia
- Alcohol and or drug dependency

Common Medications

- Most medicine at TWOM is administered in oral or intramuscular form.
- Use of IV medication, drips or nasogastric tubes is uncommon here. Administering IV medication on the unit is restricted to doctors and any RNs with a current competency. The latter is uncommon, so arrangements are usually made with the General Hospital for someone to do this.
- Know what medications require double-checking by two RNs and/or extra recorded documentation such as controlled drugs, intramuscular or subcutaneous injections.
- If a medicine chart is unclear in any way, seek clarification from a doctor before administering it. Unless a Registered Nurse has prescribing rights, they cannot alter charts, they can only document details of medicine administration.
- Become familiar with these types of medication commonly used at TWOM: antidepressants, antipsychotics, tranquilizers, mood stabilizers, plus medications used for side effects such as anticholinergic, anti-Parkinson and bowel regulating medications. For further information see:
 - Ministry of Health NZ drug policy
<http://www.health.govt.nz/our-work-z/mental-health-and-addictions/drug-policy>
 - Mental health and addictions
<http://www.health.govt.nz/our-work-z/mental-health-and-addictions>
 - Medsafe Consumer Medicine Information
URL: www.medsafe.govt.nz/Consumers/cmi/CMIFORM.asp is a government website with information about medications used in NZ including mental health, such as:
 - o How Medication Helps
 - o Antidepressant Medications
 - o Anti-Psychotic Medications
 - o Tranquilizers
 - o Mood stabilizers
 - o Medsafe datasheets URL:
www.medsafe.govt.nz/profs/Datasheet/dsform.asp
 - o NZ Formulary data sheets

Pre-reading/Resources

Some Reading/Resources

Nursing Key texts

Wepa, D. (2005) *Cultural Safety in Aotearoa New Zealand*. Auckland, New Zealand: Pearson

Elder, R., Evans, K., & Nizette, D. (Eds.). (2008). *Psychiatric & mental health nursing (2nd Ed)*. Marrickville, Australia: Elsevier

Lehne, R.A. (2010). *Pharmacology for nursing care (7th Ed.)*. St Louis, MO: Elsevier Saunders.

Whitireia Community Polytechnic. (2011). *Psychopharmacology: A handbook for New Zealand health professionals*. Wellington, New Zealand: Author

Procter N, Hamer H, McGarry D, Wilson R and Froggatt T (2013) *Mental Health: a person-centred approach*. Australia, Cambridge University Press

People's Experiences

Mary O'Hagan- <http://www.maryohagan.com/about-mary.php>

Mary used mental health services in New Zealand as a young woman. Following this, she has worked to make a difference to the way society and services respond to people with major mental distress.

Her website has a number of publications from mental health user/survivor perspectives <http://www.maryohagan.com/publications.php> e.g.:

- Madness made me: A memoir O'Hagan, M. (2014) Open Box
- Two Accounts of Mental Distress. Mary's journal juxtaposed with her clinical notes.
- The Services We Need - a description of the services people who use services want in New Zealand.
- Getting the Services We Need - a systemic advocacy manual for getting the services we need.
- Leadership for Empowerment and Equality. A paper on user/survivor leadership in mental health.
- Recovery and Wellbeing, Mental health user/survivor perspectives, Peer run services, Compulsory Interventions and Discrimination.

Recovery

An example of a Wellness Recovery Action Plan (Mary Copeland USA)

<http://www.mentalhealthrecovery.com/recovery-resources/crisis-planning.php>

NZ Mental Health Foundation - 5 ways to wellbeing

http://www.mentalhealth.org.nz/file/WWW/PDF/mentalhealth_5ways_web_single_2.pdf

Te Whare O Matairangi Adult Mental Health Recovery Unit Information Booklet
CCDHB (Given to people on admission)

ISOBAR Format for Documentation and Communication

Identify Person

Situation

- location
- shift

Observation

A: OBSERVATION

- Level of nursing observation during shift (document change in observation status discussed with nurse-in-charge)

B: VITAL SIGNS/EWS

C: OTHER MONITORING e.g.

- blood glucose
- metabolic monitoring
- clozapine
- CIWA
- Room Health and Safety Check

Background

A: MENTAL STATE

- Incidents of concern

B: PHYSICAL STATE

- Food/fluid intake
- Medical conditions

C: GENERAL

- Room H&S check
- Response to medicines/ side-effects/ adherence (both regular and prn)
- Ward activities
- Leave taken

Assessment

A: OVERALL CONDITION

B: RISKS

C: CARE NEEDS

Recommendation

A: INTERVENTIONS

B: MONITORING

C: APPOINTMENTS

Signature & designation *

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

