



# Student Nurses

## *Community Health Clinical area*

2022

Student Name

.....

## The community health Clinical area

The following orientation programme will provide you with important information regarding the service, the physical environment, policies and procedures and will assist you in completing the identified competencies relevant to Community Health Services (CHS).

### Service Vision

The aim of Community Health Services is to deliver the highest standard of community health care, by providing an effective, responsive specialist community nursing service in partnership with our patients and other primary and secondary health service providers.

### Service Values

The service philosophy of Community Health Service provides a framework for the delivery of quality care to patients in the community.

Always Caring – respectful, kind & helpful

Can do – positive learning & growing, being appreciative

In Partnership – welcoming, listens, communicating & being involved

Being our Best – innovating, professional & safe

These values support consistency of response by CHS to patient referrals and needs, regardless of where the person lives or who makes the referral.

Welcome!!  
We are looking forward to working with  
you

## Check list: Things students need to know or have arranged prior to your placement

Medical application portal (MAP) access.  <b>Login number, password and CCDHB email address essential</b>  See your tutor to get this organised. They can contact Kathy Trezise to help with this <a href="mailto:Kathy.Trezise@ccdhb.org.nz">Kathy.Trezise@ccdhb.org.nz</a>	
Access to on line learning platform Capital & Coast “ <b>Connect Me</b> ”	
Pre-reading see next page	
Maps <a href="https://3dhub.sharepoint.com/sites/ccdhbintranet/Pages/How%20Do%20I/Campus-maps.aspx">https://3dhub.sharepoint.com/sites/ccdhbintranet/Pages/How%20Do%20I/Campus-maps.aspx</a>	
Please ring the CNM to inform them when you are arriving and to find out where to come to. See contact page 4	
Wear student uniform and change daily. Tie back long hair	
Wear student identification badge	
Bring water bottle and lunch	
CHS - shift hours are 7 days a week AM 08:00 – 16:30 PM 13:30 – 22:00	
Parking at <ul style="list-style-type: none"> <li>• CHS Kenepuru (below the community health building where all the hospital cars) and parking is free</li> <li>• CHS Kapiti Health Centre (to the left of the Capital Coast car park cage) and parking is free.</li> <li>• CHS Wellington is around the Ewart Building (Coromandel Street area) and is paid parking. There is street parking which is free, but you will need to be early to get it.</li> </ul>	

## Pre-reading or on placement/Resource

Via Capital Coast Connect Me  
E-learning packages that will be helpful

- Wound care Fundamentals
- Leg ulcer pathway
- Wound hygiene
- Wound products
- Male indwelling urethral catheters
- Health and safety policy
- Covid Home visit infection prevention community information pack. link below

## Contacts

Community health	Main contact	Email for main contact	Phone number for ward/Unit
<b>Kapiti CNM</b>	Pam Hill	<a href="mailto:Pam.Hill@ccdhb.org.nz">Pam.Hill@ccdhb.org.nz</a> Kapiti Health Centre 35 Warimoo Street Paraparaumu Phone: 04 9030224	<b>0274223575</b> <b>Ext: 4217</b>
<b>Kenepuru CNM</b>	Wendy Lewis	<a href="mailto:Wendy.Lewis@ccdhb.org.nz">Wendy.Lewis@ccdhb.org.nz</a> Community Health Building Raiha Street, Porirua. Phone: 049182011	<b>0272748453</b> <b>Ext: 7389</b>
<b>Wellington CNM</b>	Kate Wild	<a href="mailto:Kate.Wild@ccdhb.org.nz">Kate.Wild@ccdhb.org.nz</a> Ewart Building. 2 Coromandel Street Wellington Phone: 043855821	<b>0274409137</b> <b>Ext: 6391</b>
<b>Clinical Nurse Educator (CNE)</b>	Leonie Liddicoat	<a href="mailto:Leonie.Liddicoat@ccdhb.org.nz">Leonie.Liddicoat@ccdhb.org.nz</a>	<b>0275447548</b>

## Your Preceptor

You will be allocated one or two main preceptors. These preceptors will be responsible for helping you complete your objectives. We will endeavor to ensure that you mainly work with these 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/placement.

Your preceptor, manager nurse, educator and academic tutors will provide you with some structured clinical learning during your clinical placement. They will also work alongside you to support your learning needs and complete formative and summative assessments during your placement. If you are a third year nurse you will also be supported with your own work load.

If you have any concerns or questions do not hesitate to contact either your preceptor/ CNM / nurse educator

Your preceptors name is:.....

Contact number is: .....

## Expectations of the Student Nurse while on their Community Health placement

### **Absence from Clinical Placement**

If you are unable to attend your clinical placement due to illness, please give the maximum notice you can and your anticipated return date. If you require time off for other reasons, please discuss this with your preceptor, Charge Nurse Manager and your tutor.

## Medication administration

Please remember that your preceptor (who must be a registered nurse) is accountable for your safe practice.

You must check all medications with your preceptor before administering to a patient. The checking process is not complete until you and your Preceptor have identified the patient, administered the drug and signed the drug chart correctly. A registered nurse must ensure direct supervision of the administration of any drug by the student.

The administration of intravenous medicines and fluids by a student nurse is done under the direct supervision of a registered nurse who holds current Capital Coast basic intravenous therapy certification. The student nurse is directly supervised by a registered nurse throughout the entire process of medicine/fluid administration. If the medicine/fluid being administered requires double checking e.g. opioid or blood product administration, two registered nurses are required to carry out this procedure. A student is not used as part of the double checking process.

Please note that the administration of intravenous medications/fluids is contra-indicated if:

- Your teaching establishment has a policy that does not allow intravenous medicine and fluid administration to be carried out by their students.
- Either you or your Preceptor is uncomfortable about the process going ahead.
- The patient declines to be involved in the process.

## General

You will need to get access to write in our progress notes online. Your CNM will be able to do this for you.

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

area you are working in – 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.

Community Health Service is a specialised and complex area to work in. We only expect you to be able to look after patients that require basic nursing care and this may mean you do not get great choice in the patients you look after.

You will be responsible for carrying out all the care for your patients under the supervision of your Preceptor. These patients will be delegated to you by their primary nurses. The care you will be expected to undertake will include taking and recording vital sign observations, assessing and dressing wounds, checking pressure areas, general patient hygiene needs and writing nursing reports and tasks delegated to you by the district nurse. All these care situations will be explained and demonstrated to you before you are expected to carry them out. You are encouraged to give constant feedback to your preceptor and seek help or advice whenever you need it.

As a non-Capital Coast employee, you are permitted to use a fleet vehicle as long as the CNM has seen your driver's license and information has been sent through to transport so they can be set up on fleet wise by site admin staff.

Remember to think of your patients holistically. Don't forget their emotional care. Many patients and their families may be uncertain how their health issue will impact on their present and future well-being; therefore they require and appreciate time to talk about their worries and concerns.

We will also arrange for you to spend some time with our specialist nurses while you are with us. These dates and times will be confirmed.

Time management and prioritising your workload is often the hardest thing to learn. Your preceptor will help you develop this skill, but can only do so effectively if you keep them informed. Remember – communication is the key at all times.

The safety of the patient is the ultimate responsibility of the Registered Nurse. If you are unable to carry out a delegated task

for whatever reason, tell your Preceptor immediately. They will then be able to tell you if it is a task that can be completed later or if it needs to be done now. Do not attempt to do something you do not fully understand

We want you to enjoy your placement with us and hope that you will get a lot out of it. We also want to see you using your clinical time well and achieving lots of practice hands on experiences and learning. If you feel unsure about something, overwhelmed or confused, then please speak up. There is NO such thing as a silly question. We all have been new at some time or other.

## **Safety Measures in the community**

### **Health and Safety**

All identified hazards are recorded on the unit hazard register. All relevant documentation is included in the orange Health and Safety Manual in each area – ask who the health and safety representative and familiarise yourself with the hazards that are identified for community nursing.

Please ensure you have completed all PPE training/ e-learning and been fit tested for an N95 mask to cover COVID requirements. Familiarise yourself with

[2DHB COVID Home Visit Infection Prevention & Control Community In...](#)

### **Emergency Number**

- When in the hospital, phone 777, except for when working in Kapiti, where you dial 1 to get out then 111 for all emergencies i.e. fire, cardiac arrest, security emergencies etc. Advise the operator of you exact position in the hospital and the type of emergency. Follow the emergency procedures on the flip chart in your area.
- In the community it is 111
- Emergency number 385 5855 for the hospital



## Reportable Events

- All near misses (e.g. where a medication was almost given incorrectly) and incidents or accidents resulting in harm to a patient or yourself, damage or a reduction in the quality of services are reported on line on your desk top via squares icon.
- You are required to read and be familiar with the Reportable Events Policy. It is critical that Reportable Event forms are completed on line in squares as per the policy, as they are Capital Coast quality improvement tools for the detection of potential and actual problems.

When an event occurs it is your responsibility to:

- Prevent further injury/accident and provide any care as required e.g. organise a medical review by a doctor for yourself/patient.
- Ensure the appropriate staff members complete the RE form (on line).
- Inform your Charge Nurse Manager and the CSS Quality Facilitator or after hours Duty Manager of any serious or sentinel events then complete the review.

## District nursing bags

Core equipment is provided in a district nursing bag, which is refilled in Wellington at Materials Management on a Monday - Friday basis. These bags are then delivered to each base. Bags are taken out by the district nurse at the beginning of the day and once they have finished are returned to be collected for replenishment at the designated area. Your preceptor will tell you how we utilise these bags and the boot boxes which are held in cars. Make sure you keep the content of these bags clean by always washing your hands before getting anything out of them. Please replace anything you use from the cars.

## Patient Documentation

Patients' notes are accurately and comprehensively completed following each patient visit. Some district nurses prefer to do this during or immediately following the visit. Current patient's notes are

kept securely alongside the primary nurse's desk. We are also using electronic notes which are accessed via the progress notes page on MAP(concerto).

Ensure you have access to MAP and our notes. We also use silhouette to document wound assessments your preceptor will show you this.

### **Patient electronic lists**

Each primary nurse has a list of patients, along with the schedule of visits for those patients. These lists are updated continually by the visiting nurse and are updated electronically daily by the district nurse via patient s information on the G drive At the end of each day, the district nurse will plan the next day's work from these electronic lists.

### **Daily district nursing stats recoding.** (Third year nurses only)

A patient loading score is calculated on the basis of time spent with patients. This is done in ten minute blocks. One ten minute block is given a patient loading of 1; two ten minute blocks are equivalent to a loading of 2 and so on. Patient workloads are allocated discussed and distributed accordingly to each bases system by the CNM. This will take into account the skill mix of the district nursing team.

Statistics need to be completed for each patient seen, these are added when documenting the visit via MAP (concerto). Your preceptor will go through the statistics and how to add them on to MAP. See instructions are attached on the next page.

### **Weekend lists** (Third year nurses only)

Patients who need to be seen over the weekend are placed on a weekend list. Please check that these are up to date. There is reduced staff on during the weekend, only essential patients are visited. A weekend list is generated by the Charge Nurse Manager on a Friday. Maximum notice as to who needs to be on the weekend list is appreciated. Weekend clinics are available in some areas.

## **INSTRUCTION FOR ENTERING STATS ON LINE**

**Go to Clinical documents R) top hand side.**

Click on head –

Referral functions –

Patient referral list –

My Department

CHS Event (related to visit ie wound care) –

Add contact –

Health provider (change to your name) –

Activity Setting –

Activity - Enter direct minutes – Add

**YOU ARE FINISHED>**

If the stat is incorrect and you want to remove it. Click on Stat at bottom is a box that says cancel – click on it.

**NOTE: ACC DISCHARGE 01 01 - EMAIL  
GAYLENE Patient details and ACC Number.**

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## Community Health Service (CHS) team

The team at CHS includes skilled nurses who work alongside other community providers to ensure the needs of the individual are met and patients receive specialist nursing services in their own homes. The team includes:

- Service Manager
- Associate Director of Nursing (DON)
- Charge Nurse Managers (CNM) One per site
- Community Clinical Nurse Specialists with specialty portfolios such as palliative, wound and acute community care, continence, respiratory and stoma.
- Nurse Educator
- District nurses
- Enrolled nurses
- Health Care Assistants
- Pulmonary rehab nurses
- Administration personnel Wellington, Kenepuru and Kapiti
- Community Cancer Nurses located at each base

CHS is located within the Capital Coast area, which extends from Wellington city to the Kapiti Coast (Peka Peka).

Community Health Service, in partnership with the Therapies Service, provides inter-disciplinary professional services and home support services to patients with a personal health need that may be appropriately managed in the community. People experiencing difficulty caring for themselves due to an illness, chronic medical condition or recent hospitalisation are considered to have a personal health problem as distinct from a disability. Community Health provides specialist nursing input and Home Help Services.

By providing nursing services at home we can enable people to spend as much time as possible in their familiar environment, retaining control and using their own resources.

As hospitals work towards a model of ambulatory care and early discharge, CHS increasingly provides the acute nursing services previously provided in hospital. The broad range of competencies practiced by community nurses enables an appropriate response

to the critically ill, the dying, post-acute, frail, disabled, rehabilitating patients and patients managing chronic conditions.

After a referral is received, an initial assessment in the home is made where the primary nurse determines and negotiates in partnership with the patient (and carer), the best plan of care to meet their needs.

This may include assisting the patient towards self-management in certain aspects of their care plan.

- Acute Nursing Care (after hospital discharge) and to avoid hospital admission
- Hospital in the home
- Cancer nursing services (under the direction of Wellington Blood & Cancer Centre)
- Assessment and treatment of complex and chronic wounds
- Home intravenous therapy
- Domiciliary oxygen and respiratory nursing services
- Stomal therapy services
- Continence services
- Tracheostomy care
- Enteral care and equipment
- Palliative care services in partnership with Mary Potter Hospice
- Enuresis
- Home based chemotherapy
- Pulmonary rehabilitation programme
- Continence, stomal and oxygen consumables supply service
- Home support services (Personal Care & Home Help)
- Intra peritoneal or Intrapleural drainage

Mary Potter Hospice provides palliative care co-ordination services in partnership with the Community Health Service. Mary Potter Hospice Palliative Care coordinator work with the district nurses to provide nursing care to palliative patients in their homes.

Clinics are provided at each base to meet the needs of patients who are not are not mobile and whose needs cannot be met by their General Practitioner or Practice Nurse.

## Treasure Hunt

This list is designed to help you become familiar with the environment.

<input type="checkbox"/> Meeting and hand over rooms	<input type="checkbox"/> Discharge information
<input type="checkbox"/> Wound care products	<input type="checkbox"/> Clinical policies & procedures
<input type="checkbox"/> IPADs and cell phones	<input type="checkbox"/> New Zealand formulary online
<input type="checkbox"/> Linen supplies	<input type="checkbox"/> Roster
<input type="checkbox"/> Clinical Nurse Manager Office	<input type="checkbox"/> District nurse bags
<input type="checkbox"/> CNE	<input type="checkbox"/> Oxygen masks and tubing
<input type="checkbox"/> Intravenous Fluids and equipment	<input type="checkbox"/> Wound care room and equipment
<input type="checkbox"/> Store room	<input type="checkbox"/> Sterile / non sterile gloves
<input type="checkbox"/> Staff tea room	<input type="checkbox"/> Administration office
<input type="checkbox"/> Resuscitation trolley and suction equipment	<input type="checkbox"/> Photocopier
<input type="checkbox"/> D/N clinics	<input type="checkbox"/> Patient files and paperwork
<input type="checkbox"/> PPE equipment	<input type="checkbox"/> Diabetic equipment
<input type="checkbox"/> Catheterization equipment	<input type="checkbox"/> Store rooms
<input type="checkbox"/> Continence and ostomy supplies	<input type="checkbox"/> Incident Reporting
<input type="checkbox"/> Fire exits	<input type="checkbox"/> Yellow hat and emergency flip file
<input type="checkbox"/> Emergency Water supplies	<input type="checkbox"/> Syringe driver boxes
<input type="checkbox"/> Fire hose and extinguishes	<input type="checkbox"/> Photocopier / scanner
<input type="checkbox"/> Emergency meeting areas	<input type="checkbox"/> Drug Fridges
<input type="checkbox"/> Staff toilets	<input type="checkbox"/> Oxygen saturation monitor
<input type="checkbox"/> Admin office	<input type="checkbox"/> District nurse wound bags pick up and drop off

## Objectives

General objectives for your CHS orientation that you could use.

1. Be aware of the department layout and routines, location of equipment and location of administrative and resource documents.
2. Have an understanding of Community Health and other services in the hospital and community settings.
3. Have an understanding of and be able to safely be involved in the admission and discharge of patients.
4. Be able to assess, plan, deliver and evaluate nursing care for patients in the community setting.
5. Be able to be involved in the management of a wide range of patient care problems in the community setting.
6. Have an understanding of and be able to safely undertake vital sign observations – Temperature, Pulse, B/P, Respiratory rate, O2 Saturations, BSL monitoring.
7. Have an understanding of and/or be able to safely administer oral, syringe driver and Sub cut medications. This will include opioid and sedatives that are administered in the community. All medication administration is under direct supervision.
8. Have an understanding of intravenous access devices commonly used in the community setting.
9. Have an understanding of and be able to be involved in the management of supra pubic, intermittent and indwelling urinary catheters.
10. Have an understanding of and effective care for patients with a stoma.
11. Have an understanding of safe and effective care for patients having undergone breast surgery.
12. Have an understanding of effective care for patients with respiratory conditions.
13. Have an understanding of and be able to safely assess and manage simple to complex wounds using silhouette.
14. Have an understanding of and be able to be involved in the provision of safe and effective care and symptom management for the palliative care patient. Document on Pal care.

## 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/ 2 preceptors 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						
<b>How was the Preceptor?</b>						
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  
[Leonie.Liddicoat@ccdhb.org.nz](mailto:Leonie.Liddicoat@ccdhb.org.nz)