



Te-Upoko-me-Te-Karu-o-Te-Ika Mental Health, Addiction and Intellectual Disability Service

Wellington Central Community Mental Health Team 2023 Wellington Central CMHT – Student Nurse Orientation book

# Welcome!! We are looking forward to working with you

## Contacts

Name	Role	Email for main	Phone number for	
		contact	ward/Unit	
Jo Newman RN	Acting team Leader		04 8061366	
Joy-Maree Alexander	Acting co-clinical	04 8061366		
RN	coordinator			

## **Contacting the Team**

Please make note of which team you are being placed with as we also have another team based on the same floor as us. Call reception on 04 8061366 and ask to speak with Jo Newman, please advise admin that you are a student nurse.

## Location

Level 2, 113 Adelaide Road Mount Cook Wellington

## **Team Roles**

## Team Leader (TL):

The team leader provides clinical and managerial leadership for the day to day running of the team and is accountable to the Operations Manager. To be available to practitioners for advice, guidance and support and ensuring the team works within the policies and procedures of the organisation.

## **Consultant Psychiatrist:**

A Psychiatrist is a qualified medical doctor who has obtained additional qualifications to become a specialist in the diagnosis, treatment, and prevention of mental illnesses. In addition to their clinical work, psychiatrists train doctors who are working towards a post-graduate qualification in psychiatry (Psychiatric Registrars). They also teach and train House Surgeons, trainee interns (6<sup>th</sup> year medical students) and medical students.

### **Clinical Psychologist:**

A clinical psychologist's role includes assessment, formulation and diagnosis of cognitive, emotional and behavioural problems. The role also includes development and implementation of evidence-based intervention plans, using a range of therapy modalities such as Cognitive Behavioural Therapy (CBT). Clinical psychologists further carry out neuropsychological assessment.

### **Administration staff:**

Administration staff are essential for the establishment and maintenance of client information and data. They provide administration support, process client-related information and facilitate the smooth transfer of this information throughout the services. Administration staff include the receptionists who attend the telephone enquiries and client appointments.

### **Community Mental Health Nurses:**

The nurse's role includes administration of medication, client education, and supporting clients to understand their condition and assisting clients to develop strategies to minimise the impact of illness in their quality of life. CMHNs also provide assessment, case management and monitoring of client symptoms and risks. They also provide some therapies such as CBT, DBT and ACT. CMHNs act as care managers within the team to co-ordinate a person's care.

## **Occupational Therapist (OT):**

Occupational Therapy is assessment and treatment through the specific use of selective activity and a focus upon sensory modulation. Functional assessments and group work are also key in assessing day-to-day skills of our client group. They also provide some therapies such as CBT, DBT and ACT. OT's act as care managers within the team to co-ordinate a person's care.

### Social Worker (SW):

Social workers also act as care managers within the team to co-ordinate people's care. Social workers tend to focus upon bio/psycho/social aspects of care including family systems, links within the community and resources, networking and child safety. They provide broader holistic approaches that augment the medical model. They also provide some therapies such as CBT, DBT and ACT.

### **GP Liaison Nurse:**

The interface between clients who have been discharged to the GP on the GP Liaison Scheme.

## Your Preceptor/ Clinical Liaison Nurse

You will be allocated a preceptor, this preceptor will be responsible for helping you complete your objectives. We will endeavor to ensure that you mainly work with this preceptor, as well as having the opportunity to observe other disciplines. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the placement. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). You preceptor will not complete any evaluations if you give it to them on your last days in the team.

## **Expectations of the Student Nurse**

We have a few expectations of student nurses working in the Wellington Central

CMHT:

- Hours at Wellington Central CMHT are Monday to Friday 8:30 am-5 pm
- It is expected that you arrive on time and if you are going to be late or you are unwell and cannot come, call us on 04 8061366.
- Our daily morning meeting is held from 8:45 am 9:15 am. Our weekly MDT meetings are Monday 1-2 pm and Thursday 2-3 pm. Please do not book any meetings with your CTA during this time.
- Please advise your preceptor of who your CTA is and when they will be visiting.
- It is important for your preceptor or the nurse you are working with that they are aware of your objectives.
- 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.
- If you are not achieving your objectives please discuss with your preceptor as soon as feasible (before the last week in the team).
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days with the team your preceptor <u>will not</u> complete any paper that is given to him or her if it is given in the last days of your placement.
- We do not wear a uniform in CMHT's. Your attire should be tidy, casual and appropriate, following the Dress code policy. Please wear your name badge; you need only have your first name showing.
- Students now have a login for EHR (electronic health records) and may be asked to write the notes up. Notes must be done in accordance with the documentation policy and documented that they were done under the supervision of the preceptor.

# 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. This 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 Ac.
- 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 <a href="http://www.leglislation.co.nz/">http://www.leglislation.co.nz/</a>

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## **Environmental checklist**

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.

	Swipe card		Fire Alarms
	Car parking areas		Clinical policies & procedures
	Duty Room		Emergency assembly point
	Linen supplies		GASS forms
	Staff Room		Sphygmomanometer
	In-out whiteboard		Clinic and Medication room
?	Metabolic monitoring bags	?	Café Laffare coffee
	Duress Alarms		Bio-hazard bags
	Store room		Tympanic thermometer & covers
	Defib		Stationery supplies
	Resuscitation trolley		Photocopier
	Controlled Drugs cupboard		File room and key
	Staff toilets		Laboratory forms
	Drug Fridge		Client EHR files
	First Aid Kit		Incident Reporting
	Your desk		Fire exits/exits
	Toilets		Blue duress lights
?	Alarm board	?	Health and safety manual
	Civil defence cupboard		Health and safety rep
?	Fire wardens	?	Toiletries and food for clients
?	shower	?	Prescription line cell phone
?	Blood and body fluid spill kits	?	Needle stick injury kit
?	Incident reporting	?	Car parking areas

# Objectives

The following may be some of the objectives you can complete during your placement.

- The provision of appropriate care to the tangata whaiora 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 team
- Taking part in CHOICE and First Partnership Appointments
- Medication administration, in particular intramuscular injections
- Participation in clozapine and olanzapine clinics
- Metabolic monitoring
- Knowledge of post-injection syndrome
- Use of Electroconvulsive Therapy (ECT)
- Mental Health Act and court proceedings
- Mindfulness, sleep hygiene, grounding techniques, distraction techniques and self-soothing
- Whanau/family involvement
- Risk assessment and management
- Therapeutic communication skills
- Life skills

# **Common Presentations to Wellington Central CMHT**

Some common presentations of people admitted to the team:

- Anxiety Disorders
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorders (ASD)
- Bipolar Affective Disorder (BPAD)
- Borderline Personality Disorder (BPD)
- Depressive Disorders
- Drug-induced psychosis
- Eating Disorders
- Obsessive Compulsive Disorder
- Personality Disorders
- Post-traumatic Stress Disorder (PTSD)
- Psychosis
- Schizophrenia & Schizoaffective Disorder

# **Common Medications Used at WCCMHT**

#### Antipsychotics

First Generation Antipsychotics (FGAs)	Second Generation Antipsychotics (SGAs)		
Chlorpromazine	Amisulpride		
Flupenthixol	Aripiprazole		
Haloperidol	Clozapine		
Zuclopenthixol	Olanzapine		
	Quetiapine		
	Risperidone		
	Ziprasidone		

### Antidepressants

SSRIs	SNRIs	TCAs	Miscellaneous
Citalopram	Duloxetine	Amitriptyline	Buproprion
Escitalopram	Venlafaxine	Nortriptyline	Mirtazapine
Fluoxetine			
Paroxetine			
Sertraline			

#### Mood Stabilisers

Carbamazepine Lithium Lamotrigine Sodium Valproate					
	C	arbamazepine	Lithium	Lamotrigine	Sodium Valproate

### Anxiolytics

Benzodiazepines	Miscellaneous
Clonazepam	Buspirone
Diazepam	Propranolol
Lorazepam	

### Sleep

Melatonin	Zopiclone
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### Stimulants

Dexamphetamine	Methylphenidate
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#### ✤ Other

Atomoxetine	Benztropine	Metformin
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### Intramuscular injections (IMI) commonly used at Wellington Central CMHT are:

Stock Medications	Patient-Specific Depots
Beztropine	Olanzapine Relprevv
Flupenthixol	Paliperidone
Haloperidol	Risperdal Consta
Zuclopenthixol	

# **Pre-reading/Resources/Policies**

- CMHT Medication
  - o CapDocs Policy: Community Mental Health Medication
- Clinical Documentation
  - Guideline: ISBAR Clinical Communication Guideline
- Clozapine
  - CapDocs Policy: Clozapine Initiation and Monitoring Pack
- Intramuscular Injection
  - o CapDocs Guideline: Intramuscular Injection in Adults
- Mental State Examination: <u>https://www.rch.org.au/clinicalguide/guideline\_index/Mental\_state\_examination/</u>
- Metabolic Monitoring:
  - CapDocs Policy: Metabolic Monitoring for people receiving Antipsychotic Therapy & Mood Stabilisers
- Metabolic syndrome: <u>https://www.clinicalkey.com.au/#!/content/derived\_clinical\_overview/7</u> <u>6-s2.0-B9780323755702005853</u>
- Olanzapine Relprevv
  - CapDocs Protocol: Olanzapine pamoate long-acting injection administration guidelines & post-injection syndrome monitoring protocol
- Serotonin syndrome: <u>https://www.clinicalkey.com.au/#!/content/derived\_clinical\_overview/7</u> <u>6-s2.0-B9780323755702008250</u>
- Mental Health Act: <u>https://www.legislation.govt.nz/act/public/1992/0046/latest/whole.htm</u> <u>l</u>

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## **Evaluation of Clinical Experience**

Nurse:-----

Date of placement

Preceptor:

te of Evaluation:
te of Evaluation:

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1	2	3	4	5	Comments
	Strongly	Agree	Neither agree	Disagree	Strongly	
	Agree	-	or disagree	-	disagree	
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