



MidCentral District Health Board | Te Pae Hauora o Ruahine o Tairāia

# **AMBULATORY CARE**

## **URU AROTAU**

### **STUDENT NURSE ORIENTATION**

Developed by: Nga Manu Teka: Practice Development  
November 2019

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## DOCUMENT CONTROL

Version	Issue & Circulation Date	Brief Summary of Change
1.	January 2017	Release authorised by Charge Nurse
2.	November 2019	
3.		
Authors	Ann Dowdle: Yvonne Stillwell	
Location	MDHB: student	
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## WELCOME

Ambulatory Care can be a foreign environment for students who sometimes feel a little ‘lost’ or unsure of what’s going on. This package provides you with information that will give a bit of insight into our unit and how we operate. The intention is to provide you with an opportunity to get the most out of your placement.

While you are with us you will be working with a different person due to the nature of our work. However, we think that there is an advantage in working with different people as everybody has a slightly different focus, comes from diverse nursing backgrounds and have their own “specialties”.

Ambulatory Care Services provides outpatient service/clinics for children and adults, Monday to Friday, 8am-6pm. This includes surgical, neurology, ophthalmology, dermatology, rheumatology, urology, Ear, Nose and Throat and medical outpatient services such as respiratory. It is a first specialist and follow-up assessment facility providing assessment, diagnostics and procedures. Clinics are also provided at Dannevirke and Horowhenua.

Registered and Enrolled Nurses, Health Care Assistants and Clerical members staff the department. Each type of clinic has a specialty nurse. A desk file is available for each clinic type, which describes the particular requirements and equipment required for the clinics.

The Charge Nurse has an office within the department and can assist with any questions you may have. There are also staff with delegated positions of responsibility, including your preceptor, that will be able to assist you.

### KEY CONTACTS

Ambulatory Care	Reception	06 350 9159 ext. 8611
Charge Nurse	Steven Stewart	06 356 9169 ext. 8773 Page: 338
Nurse Educator	Ann Dowdle	06 356 9169 ext. 7249 Page:071

Please contact the Charge Nurse to confirm your start dates and times. If you are unable to attend your placement, please ring the ward and advise the Charge Nurse and your Clinical Lecturer.

### PRECEPTOR

The Charge Nurse will arrange to meet with you prior to placement to orientate you to the setting and plan for your first week. Due to the nature of **Ambulatory Care** work, it is not possible to work with the same preceptor every day as you will rotate through various settings and clinics, but someone will be assigned to help you complete your paperwork. It is your

responsibility to ensure the nurses you are working with are aware of your objectives for the day/week.

## EXPECTATIONS OF THE STUDENT NURSE

- On the first day please complete the Student contact details form (page 18) and give it to the Charge Nurse.
- It is expected that you arrive on time and if you are going to be late or unwell and cannot come in please ring and ask to speak to the Charge Nurse/nurse in charge of the shift. Hours of work are 0800 to 1630 hours each day.
- You must complete the full shift that you are allocated to work.
- The preceptor you are working with needs to be aware of your learning objectives.
- Your preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to the setting.
- A working knowledge of drug calculations is essential. Please review your knowledge of normal temperature, pulse, respiration rate, blood pressure, pain assessment and blood glucose levels.
- Third year nursing students commencing their final placement need to identify which preceptor will be completing their documentation requirements and ensure their preceptor has an adequate timeframe to complete this.
- Please ensure that your uniform meets your institution standards.
- Please complete the Preceptor Evaluation Form (Page 17) and give this to the Charge Nurse.

## HEALTH AND SAFETY

Everyone is responsible for their own safety and the safety of others. The Occupational Health and Safety Manual outlines the hazards within the department. Please familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse and a Riskman completed.

## EMERGENCIES

All students should make themselves familiar with the response requirements for all emergencies during their orientation. Please ensure that fire exits are always kept clear and corridors uncluttered. Exits must be clear at all times.

## OBJECTIVES

Before you start on the unit please consider what you want to achieve on this placement. Bring to the ward a list of objectives, remembering that these need to be realistic. Please share with your preceptor/s at the beginning of your placement the documentation that must be completed while on that placement. Use your initiative to make the most of your placement, for example:

- Ask lots of questions

Compassionate  
Ka whai aroha

Respectful  
Ka whai ngākau

Courageous  
Ka mātātoa

Accountable  
Ka noho haepapa

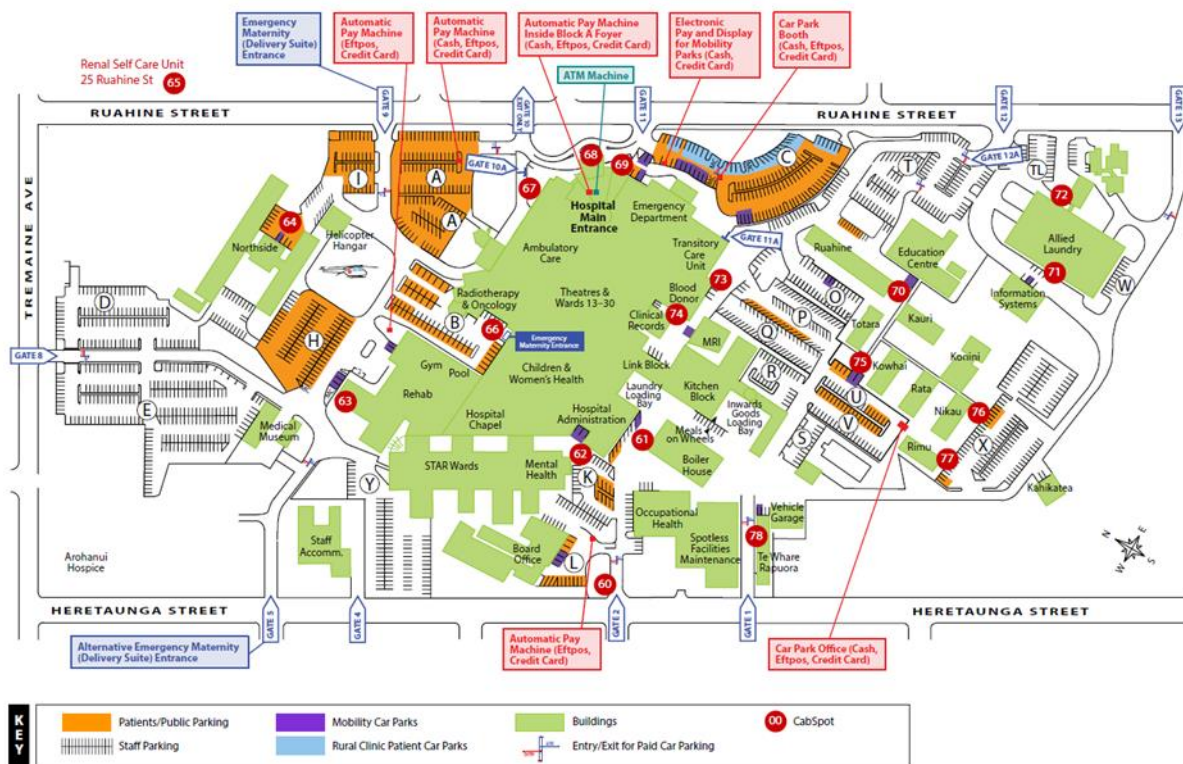
- Ask to go places, e.g. radiology
- Ask to do and see things, e.g. Dressings, procedures.

Objectives may include but are not limited to:

- Documentation
- Gain an understanding of the multidisciplinary team
- Infection prevention and control
- Patient assessment-including risk assessments
- Time management and prioritising care
- Vital signs – accurate recording and interpretation
- Wound management

## PARKING

Students can purchase concession parking cards from the Wilson Parking Office on site to get a discounted parking fee: a \$20 bond is required to purchase these cards.



## ORIENTATION TO THE CLINICAL AREA

It is important that you have an awareness of the environment in which you will be working to ensure the safety of yourself, the patient and other staff members. Make sure you are aware of what to do if there is a fire, arrest or security emergency and where to find the emergency equipment.

Departments and Services within the Ambulatory Care Centre include:

Audiology, Booking Clerks, Cardiology, Cardiothoracic, Continence, Dental, Dermatology, Diabetes Lifestyle Centre, ECG, Ear Nose and Throat, Endocrinology, Eyes, General Surgical, General Medical, Infectious Diseases, Medical Typists, Minor Operations, Neurology, Neurosurgical, Orthopaedics, Plaster Room, Plastic Surgery, Plastics Nurse-Led Dressing Clinic, Preadmissions, Respiratory Service, Sleep Service, Rheumatology, Sleep Service, Urology & Wound Care Service

## ORIENTATION TO KEY PEOPLE AND ROLES

WHO/WHAT	(v) when completed (x) if not applicable
Charge Nurse	
Booking Clerks	
Clinical Nurse Specialists	
Enrolled Nurses	
Health Care Assistants	
Multi - Disciplinary Team Members	
Nurse Educator	
Preceptors	
Registered Nurses	

## EMERGENCY RESPONSE

The emergency number for Fire, Cardiac Arrest and Security is 777. In an emergency situation, please follow the direction of the nursing and medical staff. Locate the following:	
WHAT	(v) when completed (x) if not applicable
Duress Button Procedure	
Emergency Bells	
Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	

Compassionate  
Ka whai aroha

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Accountable  
Ka noho haepapa

EWS Forms and Process	
Fire Extinguishers	
Fire Hoses	
Portable Oxygen	
Red Phone (fire emergencies)	
Suction	

## COMMON MEDICATIONS

Although not all areas of Ambulatory Care administer medications regularly several areas do such as the Transitory Care Unit where you may spend some time. It is important to familiarise yourself with the mode of action, administration, risks and nursing considerations related to a number of medications. All nurses need to be aware of the principles of safe medication administration. These include:

The ten rights of safe medication administration:

1. Right patient
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right reason (e.g. if BP is 90/50 should you administer an antihypertensive medication?)
7. Right response to the medication e.g. analgesia
8. Right documentation
9. Right formulation e.g. immediate release or slow release
10. Right to refuse after being offered and informed choice.

### Oral medications

You may check and give oral medications under the direct supervision of a registered nurse (RN) if (s)he is confident for you to do so, remembering the 5 rights:

Right patient / drug / route / dose / time

### Subcutaneous (SC) and Intramuscular (IM) medications

A student nurse may administer SC and IM injections under the direct supervision of a RN.

### Intravenous medications

2nd year students - IV infusions may be prepared under the supervision of a RN. The 2nd year student nurse may not administer IV infusions.

3rd year students – IV infusions may be prepared and administered under the direct supervision of a RN after completion of the student workbook (please see the Clinical Lecturer for the same).

### Controlled Drugs

Controlled drugs are kept in the locked controlled drugs cupboard, inside the general drugs cupboard at all times. Student nurses are not permitted to double check or sign for controlled drugs.

### AMBULATORY CARE SERVICE OBJECTIVES

All services have objectives or key performance indicators to meet to help measure the effectiveness of the service and identify areas for improvement. Medical and Surgical Services negotiate contracts with the District Health Board which sets the level of activity (volumes) for different specialties.

Department specific objectives include:

- Referral letters processed and appointments or waiting advice letters sent out to the patient within 5 working days of receipt.
- Patients are seen within 30 minutes of the appointment time
- Every effort is made to reduce the number of patients not attending their appointments to less than 10% of total patient attendances.
- All staff understand and participate fully in quality improvement programmes

### ESSENTIAL SKILLS: SUGGESTIONS

These are education modules you could complete while on your placement to develop your knowledge and skills.

Skill	How to access
ABC smoking brief advice	<a href="https://learnonline.health.nz/login/index.php">https://learnonline.health.nz/login/index.php</a>
Hand Hygiene	<a href="http://www.handhygiene.org.nz">www.handhygiene.org.nz</a>
Code of Conduct	<a href="http://www.nursingcouncil.org.nz/Nurses/Code-of-Conduct">www.nursingcouncil.org.nz/Nurses/Code-of-Conduct</a>
Direction and Delegation	<a href="http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses">www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses</a>
Safe Moving and Handling	Safe Moving and Handling site via the MidCentral Intranet



## DOCUMENT MANAGEMENT SYSTEM CONTROLLED DOCUMENTS

Once on placement you will need to access relevant policies, procedures and guidelines. Ask your preceptor to help you find the Document Management System on the intranet. (Note: you cannot access this outside of the organisation.)

MidCentral DHB Staff Intranet

MidCentral DHB SharedNet | MidCent

HOME Projects Clinical Leadership Professional Groups Education Documents St

Staff Intranet

Announcements & Updates - please refresh (F5) to view latest updates

Status	Title	Priority	Modified
1.Planned	MIYA – Patching 31/10/2019 0200 - 0600 <span>NEW</span>	Important	30/10/2019 10:05 a.m.
1.Planned	MIT strike schedule <span>NEW</span>	Important	29/10/2019 3:03 p.m.
1.Planned	Planned Maintenance	Routine	21/10/2019 10:18 a.m.
1.Planned	Digital Services Survey	Routine	9/08/2019 8:49 a.m.

Clinical Applications/Systems

Regional Clinical Portal	Eclair Diagnostic	WebPAS Production	Quickpage Paging	PACS Advan. Viewer	PACS Vue Motion	Regional RIS
Last Days of Life Care Plan	Hospital Medicines List	New Zealand Formulary	Injectable Drugs	Special Authority	SaferSleep Portal	Health Pathways
ChemWatch Safety Sheets	Medical Practitioners	Healthcare Assistant	Laboratory Handbook	O&G Rostering	Medical Rostering	Paed Emerg Drug Calc
	ePharm Web Imprest	ePharm Ref Viewer		Everlight IntelBrowser	Blood Resources	

MCNEWS LATEST ISSUE HERE MCNEWS LATEST ISSUE HERE

Corporate/Support Applications/Systems

Outlook Webmail	Recall IT Email	Yourself HR Portal	Riskman Production	Citrix Applications	<b>Controlled Documents</b>	Library Catalogue
Postcode Finder	Legal Compliance	JD Edwards Production	Education Calendar	Spotless Applications	Orderlies Request	Equipment Loan Store
Ko Awatea LEARN	Approval Plus	Health and BI Reports	Make a SUFS Report	User Access Request	Password Self Service	Whanganui DHB Citrix

### COMMON ABBREVIATIONS

This is not a comprehensive list but is to give an idea of some of the abbreviations you may see.

a.c.: Before meals. As in taking a medicine before meals.

ADR: Adverse drug reaction.

AKA: Above knee amputation.

AKI: Acute Kidney Injury or ARF: Acute renal failure

Anuric: Not producing urine

BD or BID: Twice daily. As in taking a medicine twice daily.

BKA: Below the knee amputation.

BP: Blood pressure

C&S: Culture and sensitivity, to detect infection and antibiotic sensitivity.  
C/O: Complaint of.  
CBC: Complete blood count (same as FBC).  
CPAP: Continuous positive airway pressure. A treatment for sleep apnoea.  
COPD: Chronic obstructive pulmonary disease.  
CVA: Cerebrovascular accident or stroke  
CXR: Chest xray  
D/C or DC: Discontinue or discharge.  
DM: Diabetes mellitus.  
DNC, D&C, or D and C: Dilation and curettage, removing tissue lining the uterus  
DNR: Do not resuscitate  
DVT: Deep venous thrombosis (blood clot in large vein).  
ETOH: Alcohol  
#: Fracture.  
FBC: Full blood count or Fluid balance chart  
Wt.: Weight.  
H/O or h/o: History of.  
HTN: Hypertension.  
I&D: Incision and drainage.  
IBD: Inflammatory bowel disease, Crohn's disease and ulcerative colitis  
IMP: Impression or the summary conclusion  
IU: International units.  
K or KCL: Potassium.  
N/V: Nausea and/or vomiting.  
Na: Sodium  
NBM or npo: Nil by mouth.  
NSR: Normal sinus rhythm of the heart  
O.D.: Right eye. O.S.: Left eye. O.U.: Both eyes.  
p.o.: By mouth. From the Latin - per os.  
p.r.n.: As needed.  
PERRLA: Pupils equal, round, and reactive to light and accommodation.  
PTH: Parathyroid hormone  
q.d.: Each day. q.i.d.: Four times daily. q2h: Every 2 hours.  
RA: Rheumatoid arthritis.  
RBC or PRC: Red blood cells, or Packed Red Cells  
SOB: Shortness of breath.  
T&A: Tonsillectomy and adenoidectomy.  
TAH: Total abdominal hysterectomy  
THR: Total hip replacement. TKR: Total Knee replacement  
TMJ: Temporomandibular joint  
U & E: Urea and electrolytes, blood test.  
UA or u/a: Urinalysis. A UA is a typical part of a comprehensive physical examination.  
UTI: Urinary tract infection.

## EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse

Name of Preceptor \_\_\_\_\_ Date \_\_\_\_\_

**E** = Excellent    **VG** = Very Good    **S** = Satisfactory    **NI** = Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	E	VG	S	NI
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

## YOUR CONTACT DETAILS

We care about your well-being as well as your education. If you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency we need to be able to contact you. Please could you provide the ward with your contact details and an emergency contact using the form below.

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency contact	
Phone number of emergency contact	

From time to time the staff on the ward may need to contact your lecturer regarding your progress, for support or in the case of problems. Please could you supply the contact details of the Lecturer/CTA that will be supporting you during this placement, in the form below?

Name of Lecturer/CTA	
Phone number of Lecturer/CTA	

This information will be kept for the length of this placement and then disposed of. It will not be shared with anyone else without your permission unless there is an emergency.