



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

DISTRICT NURSING

URU KIRIORA

STUDENT NURSE ORIENTATION

Developed by: Nga Manu Teka: Practice Development
November 2020

Contents

WELCOME.....	3
EXPECTATIONS OF THE STUDENT NURSE	4
DOMAINS OF NURSING PRACTICE (NCNZ).....	7
PROFESSIONAL RESPONSIBILITY; INTERPROFESSIONAL HEALTH CARE AND QUALITY IMPROVEMENT: DOMAINS 1 AND 4	7
INTERPERSONAL RELATIONSHIPS: DOMAIN 3	8
PROFESSIONAL RESPONSIBILITY: DOMAIN 1.....	8
MANAGEMENT OF NURSING CARE: DOMAIN 2.....	8
DAILY ROUTINE.....	10
PATIENT JOURNEY THROUGH THE DN SERVICE	11
DISTRICT NURSING SERVICE CONTRACTS	12
EVALUATION OF YOUR PRECEPTOR.....	13
YOUR CONTACT DETAILS.....	15

DOCUMENT CONTROL

Version	Issue & Circulation Date	Brief Summary of Change
1.	November 2019	
2.		
3.		
Authors	Christine Cumming: Yvonne Stillwell	
Location	MDHB: student	
Contact	christine.cumming@midcentraldhb.govt.nz	
Approved	November 2019	

WELCOME

Welcome to the MidCentral District Nursing Service.

We hope that you enjoy your placement with us and that you find it a worthwhile and interesting learning experience where you are able to apply your theoretical knowledge to practice, expand your knowledge base and advance your nursing skills. Our aim is to give you a supportive environment in which to do this, and where you can learn how to work as part of a wider team in partnership with people and their whānau.

District Nurses as agency staff will guide you while giving you responsibilities. These will involve active participation in planned learning activities within the realm of safe nursing practice. District Nurses will observe and discuss with you your progress and performance and report evaluation outcomes to you as students and to your Clinical Lecturer. Each student will be assigned to a specific District Nurse.

We have developed a planned orientation programme to assist you as students to achieve your learning aims. Your preceptor will primarily be responsible for you however please feel free to contact me or the Charge Nurse with any questions.

Christine Cumming

Nurse Educator

KEY CONTACTS

District Nursing Service	Reception	PHONE: (06) 350 8100 FAX: (06) 350 8102 E: districtnursingreferrals@midcentraldhb.govt.nz
Nurse Educator	Christine Cumming	PHONE: (06) 350 8100 E: christine.cumming@midcentraldhb.govt.nz
Associate Charge Nurses	Theresa Makiwa, Kate Palmer, Kirsty Ward	PHONE: (06) 350 8109
Charge Nurse	Mandy Bevan	PHONE: (06) 350 8105

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

Compassionate
Ka whai aroha

Respectful
Ka whai ngākau

Courageous
Ka mātātoa

Accountable
Ka noho haepapa

EXPECTATIONS OF THE STUDENT NURSE

- On the first day please complete the Student contact details form (page 15) and give it to the Nurse Educator or Associate Charge Nurse.
- If you are unable to arrive on time for any reason or are unwell and cannot come in please ring and ask to speak to the Associate Charge Nurse.
- All Nurses, at all bases, commence morning duties at 0800. All students will work 0800-1630, Monday to Friday in their first week of the placement unless otherwise discussed and it is expected that they will get to the allocated base at that time.
- District Nurses can be accessed, by phone, from 0700-2300, on either 3508100 or 0800 001 491 (if out of free call area). Messages for all bases, can be left on either number.
- **PALMERSTON NORTH** Ph. 3508100 or 0800-001-491 (if out of free call area)
 - Located at Kowhai House, Community Village, Gate 1, Heretaunga St.
 - Use main door entrance. Usually the Nurse Educator will be there to greet you otherwise the receptionist will direct you to your preceptor.

PARKING

- Morning shift, car park at back of village, off Bodell Place.
- Afternoon shift, car park nearest Kowhai House, Gate 1, off Heretaunga St.
- Parking fees apply. 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.
- If parking on the streets allow enough time for a 10-minute walk.
- **FEILDING** Ph. 3235408
 - Located at Feilding Health Centre, 7 Duke Street (off Derby St) - use main entrance. Go to reception and ask for DN. Car park available.
- **DANNEVIRKE** Ph. 06-3749633
 - Located at Dannevirke Community Hospital, corner Barraud and Waterloo St. The DNs share the room with other MCH Services. Park on road.
- **PAHIATUA** Ph. 06-3767 444 (ext. 3). S
 - Located at corner of Main and Centre Streets; shared with other MCH Services
 - District Nurses' office is first room on right hand side, through reception. Park in Main Street (Centre St is saved for patients) unless otherwise directed.

- **LEVIN** Ph. 06 366 0888
 - Located at Horowhenua Hospital, 62 Liverpool Street.
 - First day go to front reception desk & ask receptionist to phone the DNs and they will come & meet you. Then you will get a guest ID card. Carpark available.
- **OTAKI** Ph. 06-3648223
 - Located in Medical Centre at 2 Aotaki Street. Go to reception and ask for DN. Park on road.
- **FOXTON**
 - Te Waiora Health Centre. 10 Lady's Mile. Go to reception and ask for DN. Carpark available.
- You must complete the full shift that you are allocated to work. If you are unable to do so, please discuss this with your preceptor and inform your Clinical Lecturer.
- The preceptor you are working with should be aware of your learning objectives. Please discuss these at the start of your shift.
- Your preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to the setting.
- If you are not achieving your objectives, please see your Clinical Lecturer.
- Please review your knowledge of normal temperature, pulse, respiration rate, blood pressure and blood glucose levels; wound healing, continence and palliative care.
- Please ensure that your uniform meets your institution standards and that your uniform is clean, jewellery removed and hair tied back.
- Please complete the Preceptor Evaluation Form (Page 13) and give to the Associate Charge Nurse.

HEALTH AND SAFETY

Every staff member 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.

OBJECTIVES

Before you start with the Service please consider what you want to achieve on this placement. Bring 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
- ask to do and see things, e.g. dressings, procedures.

LEARNING AIMS identified by District Nursing Service may include but are not limited to:

- Familiarising self with the District Nursing Service through reading information provided.
- Familiarising self with the District Nursing Standards of Practice (on the DN Portal).
- Demonstrating knowledge of primary nursing in the community, your role and responsibilities.
- Demonstrating knowledge of channels of communication & key personnel.
- Identifying available resources and equipment, and how to access and utilise.
- Demonstrating knowledge of the role and responsibilities of other team members and Community Health Service structure.
- Discussing procedure to follow in an emergency situation in base/community.
- Demonstrating knowledge of home visiting & professional practice, risk management, patient assessment, care planning & documentation, wound management, continence management and palliative care.

DOMAINS OF NURSING PRACTICE (NCNZ)

PROFESSIONAL RESPONSIBILITY; INTERPROFESSIONAL HEALTH CARE AND QUALITY IMPROVEMENT: DOMAINS 1 AND 4	
INTRODUCTION TO DEPARTMENT	Signature
Care of personal belongings	
Buildings / Layout / Toilets	
Car Parking	
STRUCTURE AND ROLE OF SERVICE	Signature
Role of Charge Nurse/Associate Charge Nurse, Nurse Educator, Referral Nurse, Admin Staff	
Role of Nursing Leadership at MCH <ul style="list-style-type: none"> • Executive Director of Nursing and Midwifery • Associate DON Primary, Public and Community • Nurse Educators • CNS Tissue Viability • Nurse Practitioner: Respiratory • Nurse Practitioner: Diabetes • Nurse Practitioner: Pain • CNS IV Therapy • CNS Urology • CNS Colo-rectal Service 	
DAILY ROUTINES	Signature
Ordering and Collecting Supplies	
Dressing Bag	
Car Box	
Messages	
Display Book	
Sharps and Rubbish Disposal	
COMMUNITY HEALTH & ALLIED STAFF	Signature
Hospice Palliative Care Coordinators	
Occupational Therapists	
Physiotherapists – Mobility and Respiratory	
SupportLinks <ul style="list-style-type: none"> ○ Home Help ○ Meals On Wheels 	
Social Workers	
QUALITY	Signature
Organisation Policy	
Nursing Philosophy	
DNS Philosophy and Quality Committee	
Policies and Procedures on portal	
Nursing Standards	

INTERPERSONAL RELATIONSHIPS: DOMAIN 3	
HOME VISITING AND PROFESSIONAL PRACTICE Nursing Students will be able to demonstrate knowledge and identify resources/management in the following areas. It is the student's responsibility to ensure Clinical Nursing Lecturer or District Nurse verify the checklist.	Signature
<ul style="list-style-type: none"> • Always wear name badge & be dressed in uniform 	
<ul style="list-style-type: none"> • Demonstrate communication skills 	
<ul style="list-style-type: none"> • Discuss the establishment of a therapeutic relationship 	
<ul style="list-style-type: none"> • Demonstrate appropriate versus inappropriate self-disclosure 	
<ul style="list-style-type: none"> • Observe environment for safety, neighbours/support, cleanliness 	
<ul style="list-style-type: none"> • Take care in house i.e. do not put bags on tables, be careful not to cause any damage 	

PROFESSIONAL RESPONSIBILITY: DOMAIN 1	
RISK MANAGEMENT	Signature
<ul style="list-style-type: none"> • Emergency procedures, rooms / community 	
<ul style="list-style-type: none"> • RiskMan (accidents/incidents) 	
<ul style="list-style-type: none"> • Safe Moving and Handling 	
<ul style="list-style-type: none"> • Student responsibility in relation to drug administration 	
<ul style="list-style-type: none"> • Students not to drive company cars 	
<ul style="list-style-type: none"> • Patient Rights and Responsibilities 	
<ul style="list-style-type: none"> • Cultural safety 	
<ul style="list-style-type: none"> • Standard precautions 	
<ul style="list-style-type: none"> • Multi-drug Resistant Organisms 	
<ul style="list-style-type: none"> • Hazard identification 	

MANAGEMENT OF NURSING CARE: DOMAIN 2	
ASSESSMENT, CARE PLANNING & PATIENT DOCUMENTATION	Signature
<ul style="list-style-type: none"> • Patient confidentiality is maintained 	
<ul style="list-style-type: none"> • Care plan reflects adherence to policy, e.g. manual handling 	
<ul style="list-style-type: none"> • Care plan and documentation is done in patient's presence 	
<ul style="list-style-type: none"> • Care plan is legible and updated as required 	
<ul style="list-style-type: none"> • Assessment and care plan reflects holistic view and patient participation 	
<ul style="list-style-type: none"> • Clinical notes are written containing essential information only and countersigned by District Nurse/Nursing Lecturer 	
<ul style="list-style-type: none"> • Identify service contracts 	
<ul style="list-style-type: none"> • Identify Community Health Information Processing System (CHIPS) 	
<ul style="list-style-type: none"> • Identify management of ACC patients 	
<ul style="list-style-type: none"> • Referrals to other agencies 	

Compassionate
Ka whai aroha

Respectful
Ka whai ngākau

Courageous
Ka mātātoa

Accountable
Ka noho haepapa

WOUND CARE	Signature
<ul style="list-style-type: none"> Identify the factors affecting healing 	
<ul style="list-style-type: none"> Identify the aetiology of the wound 	
<ul style="list-style-type: none"> Discuss the stages of wound healing 	
<ul style="list-style-type: none"> Can identify tissue type of wounds 	
<ul style="list-style-type: none"> Demonstrate knowledge of generic wound dressings and when to use each product 	
<ul style="list-style-type: none"> Demonstrate knowledge of differences between arterial & venous ulcers and management of same 	
<ul style="list-style-type: none"> Demonstrate appropriate dressing technique 	
<ul style="list-style-type: none"> Demonstrate knowledge of wound healing and rationale for care plan 	
<ul style="list-style-type: none"> Know how to contact resource personnel and where to find resource material 	
<ul style="list-style-type: none"> Identify Braden Tool and grades of pressure areas 	
<ul style="list-style-type: none"> Can discuss MCH Wound Care Policy 	
CONTINENCE MANAGEMENT	Signature
<ul style="list-style-type: none"> Demonstrate knowledge of principles of continence assessment 	
<ul style="list-style-type: none"> Can discuss options for continence management 	
<ul style="list-style-type: none"> Demonstrate knowledge of catheter management including catheterisation 	
<ul style="list-style-type: none"> Know how to contact resource personnel and where to locate resource material 	
PALLIATIVE CARE	Signature
<ul style="list-style-type: none"> Discuss principles of symptom management e.g. <ul style="list-style-type: none"> nausea and vomiting constipation weight loss pain 	
<ul style="list-style-type: none"> Demonstrate knowledge of drug administration, use and side effect of drugs used for above symptoms 	
<ul style="list-style-type: none"> Can discuss principles of preventive intervention e.g. bowel management, pressure relief 	
<ul style="list-style-type: none"> Can discuss how to contact resource personnel and the role of Hospice 	

DAILY ROUTINE

0800

- Check message book and area pigeon hole
- Review workload for the day
- Check diary, notes in drawer, CHIPS running sheet to ensure that you have all the patients that need to be seen that day
- Check that all are within your scope of practice
- Check with EN/RN colleagues that their workload is manageable
- Prioritise patients with (eg) IV, S/C pump, compression bandaging, pilonidal sinus
- Group patients who live close together using map co-ordinates
- PN staff – write unallocated work on the whiteboard

0830

- Take notes in black box
- Take dressing bag and IV bag
- Check for any patient/car supplies that have been ordered
- Collect car keys
- Visit patients
- Write up CHIPS run sheet as you go

1200 (appx)

- Return to rooms. Check message book & pigeon holes.
- Review morning's work with EN/RN
- PN staff use joint diary to allocate next visit; outer area staff use individual diary
- Return morning notes to filing cabinet for date of next visit
- Hand in morning run sheet
- Check work for pm

1230 (appx) Lunch

1300

- Review pm work with team; reallocate work if necessary to assist others
- Some people will have meetings, education sessions etc

1600

- CHIPS running sheets to be handed in; if you expect to be out at this time hand in running sheet prior to going out and complete a second one for the later visits

1600 – 1630

- Put all notes in filing cabinet for date of next visit
- Ensure all patients are written in diary for next visit
- Put bags out for restocking – do not leave in car
- Check pigeonhole & message book prior to leaving; any new patients for the next day need to be phoned & visit time arranged
- Outer areas complete workload numbers and fax to ACN

PATIENT JOURNEY THROUGH THE DN SERVICE

1. Referral from health professional screened by referral nurse. [MDHB-172 Referral Management & Response](#) and [MDHB-1277 Service Provision Policy](#).
2. Referral allocated to appropriate area and placed in correct file depending on contract. Documented in message book and put in area cubby hole. [MDHB-172 Referral Management & Response](#).
3. New patients are phoned within the shift when possible (otherwise the following day) to check they are aware of referral, give a/h contact details & arrange next visit or inform patient that area nurse will ring them to arrange visit. [MDHB-172 Referral Management & Response](#).
4. Area nurse – ring to arrange visit time/day.
5. Prior to visiting check the referral and ensure you have all the correct documentation (eg care plans, assessments etc). [MDHB-173 Patient documentation](#); [MDHB-171 Patient Health Assessment, Care Planning, Delivery & Evaluation DNS](#) and [MDHB-3365 Patient Health Assessment, Diagnoses, Goals & Outcomes, Care Planning, Ongoing Surveillance & Evaluation](#). *NB: HITH patients will have their care plans put in their notes by HTC/N; PEDAL & R@H patients will have notes at house & a base file. M14 patients MAY already have a base file set up by the PCC but more likely we will need to do it.* If IV patient check fax copy of drug chart and make sure you have Notes on Injectables page.
6. First visit – do assessment(s), care plan(s) and required nursing care. Complete ACC documentation if applicable. [MDHB-173 Patient documentation](#). Tick boxes on front page stamp to indicate what has been done. Ensure patient has DN contact details and give (& explain) information about the DN Service and MCH Rights and Responsibilities Pamphlet. Complete GP letter, any referrals required (eg Wound Service), any imprest/ordering required. Assess suitability for self-wound care/clinic / ensure patient is aware of next visit. Think about discharge planning. Write on CHIPS run sheet. [MDHB-1799 CHIPS Data Collection](#).
7. Reschedule patient in shared diary for next visit and put notes in appropriate slot. *NB: catheter patients may go in the “catheter” drawer.* If patient requires an evening visit discuss with ACN. [MDHB 3141 Workload Allocation System and Team Workload Processes in DN Policies, Procedures & Processes Book](#).
8. At each visit document care given using focused charting and review any new needs. See ACC process if new injury occurs (other than the one on original referral). Re-assess suitability for self-wound care/clinic and prepare for any discharge needs. Sign and date Referral Update stamp as applicable.
9. Informal reassessment occurs each visit but formal reassessment is 6 weeks after admission and 6-12 weekly after that depending on patient circumstances. [MDHB-168 Clinical Review and Documentation Audit](#). Wound measuring/tracing should be 2 weekly for acute wounds & at least 3 monthly for long term chronic wounds. This may also be driven by ACC requirements for wound updates.
10. Discharge according to criteria. Discuss any ACC patients with ACC Coordinator prior to discharge. Ensure discharge needs/plans are in place. Advise patient that they will be discharged and need to return to their GP for any future problems. Tell them that they will get a copy of the letter sent to their GP advising them of the care given while under the DN Service. Complete GP letter, cancel imprest if applicable. Put notes in discharged patient file. Discharge on CHIPS.

DISTRICT NURSING SERVICES



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tararua

MIDCENTRAL HEALTH DISTRICT NURSING SERVICE

Provides a comprehensive range of specialised nursing within the primary care setting throughout the MidCentral Health Region 0700-2300 7 days a week

<p>SPECIALISED NURSING DOM 101</p> <p>Patient under the care of General Practice Team (GPT)</p> <p>Dom 2 O₂ Dom 3 Stoma Dom 4 Continence Dom 8 IV Dom 10 Enteral Dom 11 Chronic Wound Dom 12 General Nursing</p>	<p>ACC HOME NURSING</p> <p>Patient under the care of GPT</p>	<p>PALLIATIVE CARE</p> <p>Patient under the care of Arohanui Hospice & GPT</p>	<p>HOSPITAL IN THE HOME (HITH)</p> <p>Patient under MCH hospital consultant</p>
<p>Entry Criteria</p> <p>Patients with health care needs that cannot solely be met by GPT or other primary providers AND who are at risk of further deterioration without provision of specialised nursing care AND whose health would not be compromised by receiving community care</p>	<p>Entry Criteria</p> <p>Injury related accident with nursing needs</p>	<p>Entry Criteria</p> <p>Palliative care needs</p>	<p>Entry Criteria</p> <p>Patient medically stable Patient, carer, District Nurses & specialist agree to care being provided at home Patient has transport & telephone</p>
<p>Care Provided</p> <ul style="list-style-type: none"> • IV therapy • Acute/complex wounds • Chronic wounds & leg ulcers • Ostomy support • Post discharge rehabilitation • Palliative care (non-hospice) • Medication management • Gastrostomy management • Other short term needs • Health recovery support to prevent hospital admission (Post ED Assessment & Liaison – PEDAL; Acute Nursing at home). <p><i>Care at home or clinic</i></p>	<p>Care Provided</p> <ul style="list-style-type: none"> • IV Therapy • Wound Care • Continence management <p>(Not personal care - refer to ACC)</p> <ul style="list-style-type: none"> • Health recovery support to prevent hospital admission - Acute Nursing at Home or PEDAL <p><i>Care at home or clinic</i></p>	<p>Care Provided</p> <ul style="list-style-type: none"> • Symptom management • Home based End of Life Care • Pressure area care • Personal care • Psychological support • Family support • Bereavement support <p><i>Care at home</i></p>	<p>Care Provided</p> <ul style="list-style-type: none"> • Early discharge from hospital ward for: <ul style="list-style-type: none"> ○ IV antibiotics to treat cellulitis, orthopaedic, cardiac, respiratory & other infections ○ IV fluids, TPN & treatment of chronic diseases ○ Management of profound neutropenia <p><i>Care usually at home</i></p>

Compassionate
Ka whai aroha

Respectful
Ka whai ngākau

Courageous
Ka mātātoa

Accountable
Ka noho haepapa

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 principles when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: _____ Name: _____

Compassionate
Ka whai aroha

Respectful
Ka whai ngākau

Courageous
Ka mātātoa

Accountable
Ka noho haepapa

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 would 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.

Compassionate
Ka whai aroha

Respectful
Ka whai ngākau

Courageous
Ka mātātoa

Accountable
Ka noho haepapa