

URU RAUHĪ - MENTAL HEALTH AND ADDICTIONS SERVICES

TE MĀTĀPUNA O TE ORA

Ward 21

Acute Adult Inpatient Service

Student Nurse orientation

**Hapaitia te ara tika pumau ai te rangatiratanga mo nga uri
whakatipu**

Foster the pathway of knowledge to strength, independence and
growth for future generations

Please note the information within this document is specific to the Ward 21 environment

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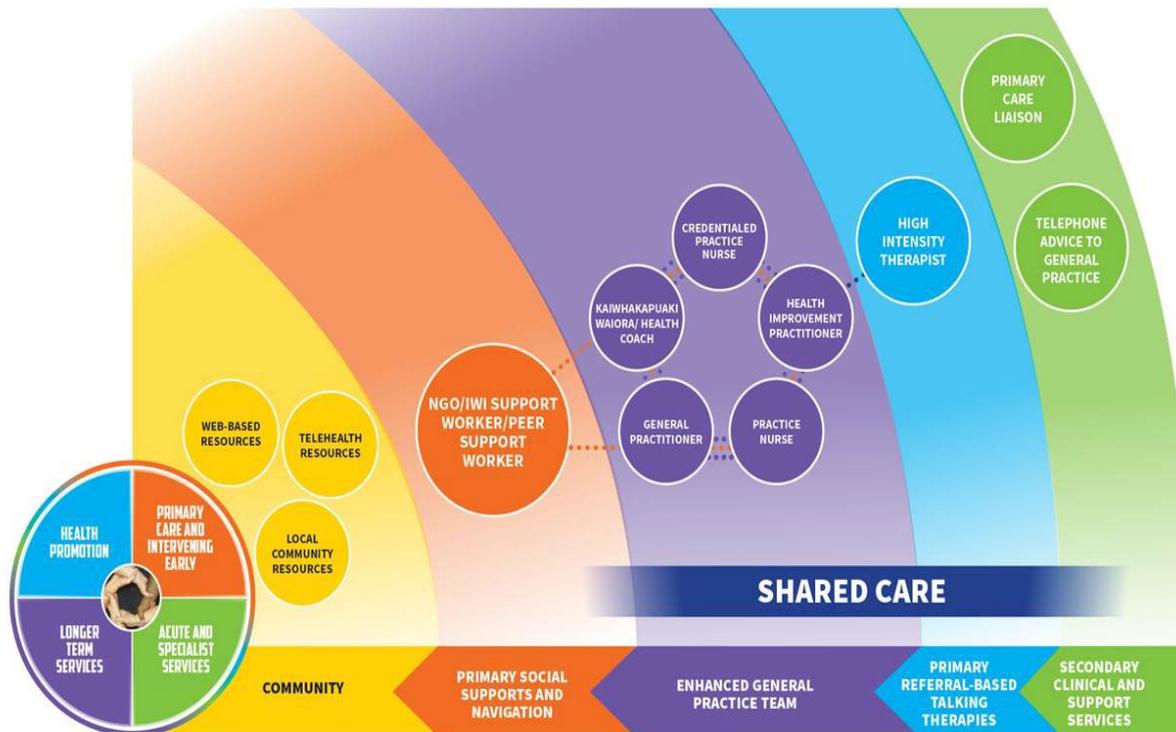
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1. WELCOME : NAU MAI HAERE MAI

Welcome to Uru Rauhi, Mental Health and Addictions Services (MHAS).

MHAS provide treatment and connection to recovery orientated services for individuals experiencing mental illness or addiction issues. Mental health and addiction services also include support for families/whānau and increasing society’s awareness of the importance of mental health and well-being. Services are delivered across the continuum of lifespan, both regionally and locally. While some individuals can lead independent healthy lives and manage their mental illness, others rely on full time care within specially designed residential programmes that provide 24 hour, seven days a week service.



2. MENTAL HEALTH AND ADDICTION SERVICES – TE MĀTĀPUNA O TE ORA – THE SOURCE OF WELLBEING

Te Mātāpuna o te Ora relates and recognises the important role te awa (the river) plays in ensuring the holistic wellbeing of people. Traditionally Māori acknowledged awa as tupuna, an ancestor or named them after a significant event or attribute. Awa have mana (pride) and mauri (a life-force) of their own and enhance the mana and the mauri of the people.

The use of this expression promotes a focus on wellness and encourages interconnectedness socially, spiritually, physically, and environmentally and encompasses the aspirations to achieve ‘WAIORA’ flourishing individuals, whānau and communities. This new service model delivery approach will support the achievement of tangata whaiora as laid out in the MDHB response to the Mental Health enquiry leading to He Ara Oranga and the endorsed 38 commitments.

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3. WAYS OF WORKING

A “Team of Teams” is the name to an approach designed to achieve the flat, cross functional organisation necessary to work within a complex integrated health care environment. Fostering cross-functional collaboration and aligning the entire organisation with a shared sense of trust and purpose.

The teams of team’s approach creates an eco-system of teams to ensure a positive, supportive and recovery focused experience for the service users and their whānau. This approach ensures staff remain connected with their professional groups and avoids individuals working in isolation.

Teams will work with an interdisciplinary approach. **Interdisciplinary clinical care** refers to the concept of a single subject from multiple perspectives, allowing clinical and support staff to think critically, accept the unknown, and respect ethical quandaries.

In practice all staff that work within Mental Health & Addictions services will have a “home base” where they will predominately work. However, to build a flexible, responsive, and resilient model and to support each other, staff may be asked to work in other areas or locations as required to respond to need. Staff will be provided with the digital tools and resources to enable this mobility, flexibility, and responsiveness.

4. ACUTE MENTAL HEALTH AND ADDICTIONS SERVICES

The integrated Acute Mental Health and Addictions pathway refers to services that work in close partnership to support service users and their whānau to resolve acute mental health and addictions issues. Community services work to identify a robust plan of care as an alternative to acute ward admission. FACT crisis intervention will identify opportunities for intensive supervision and care at the service user’s home (or where the service user feels safe) with a shared caseload. Throughout their journey, some service users may require acute mental health and addictions services.

Acute mental health and addictions services will provide a service to those people on the continuum of mental health or addictions crisis, whether they are experiencing, are at risk of, or are recovering from a crisis. The acute services will follow an integrated acute mental health and addictions pathway. This pathway acknowledges the close partnership working of multiple services and agencies from entry to exit point, recognising that acute intervention also has a continuum.

5. HOSPITAL BASED CRISIS RESOLUTION SERVICES (CRS)

The after-hours crisis resolution service will operate 7 days/week between the hours of **14:30 – 07:30 (2 shifts)** taking over as an extended hours service from the locality community mental health teams. The service operates across the district as the after-hours front door for mental health and addictions crisis in terms of receiving calls via the 0800 mental health line and mobilising responses to crisis.

This service also can deliver home-based treatment. Home-based treatment is intensive acute clinical care offered to service users either in their own home or in a community facility. This service aims to provide acute care that supports the service user to remain in the community and to continue to get support from their usual sources. Where the service user is accessing

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community mental health and addiction services, this function may be delivered entirely, or in collaboration with CRS, by the community mental health and addiction service.

6. MENTAL HEALTH LIAISON SERVICES

The Mental Health Hospital Liaison Service will be comprised of the Clinical Nurse Specialist (CNS) leading the service, a Consultant Psychiatrist, three Registered Nurses Monday to Friday, and two Saturday and Sunday. The service will respond to the general hospital referrals of people that have mental health or addiction issues associated with physical health problems, exhibit challenging behaviours, and crisis presentations at the Emergency Department (ED) or with accompanying physical health problems that may need to be located in medical wards due to their compromised physical health. There will be a dedicated role within this team that will provide support to the ED and the general hospital wards around detox and withdrawal management.

7. ACUTE ADULT IN-PATIENT SERVICE – WARD 21

The future in-patient facility will include high needs unit (HNU) beds, Short Stay Unit (SSU) beds and a number of low needs unit (LNU) beds. These areas will be flexible to allow the environment to meet the needs of service users and to be able to safely support vulnerable service user groups within discrete environments without loss of space. There will be an additional two low stimulus environments. The in-patient facility provides a safe, welcoming, and comfortable environment for timely admissions and discharges, which includes 24-hour comprehensive mental health and addictions assessment, diagnostic clarity, and treatment for adults in an integrated approach in partnership with our community mental health centres and Integrated Family Health Centres (IFHCs). The acute in-patient facility is a nurse-led service in partnership with medical staff, supported by a multi-disciplinary service of Doctors, Allied Health, Cultural Advisors, Lived Experience Practitioners as well as service users and whānau.

8. SUPPORT FOR WORKING IN MENTAL HEALTH SERVICES

Clinical placement supervision – Acute mental health is a high-stress, fast-paced and confronting experience for both students and staff members. As staff/students we witness Tangata Whaiora who are experiencing mental distress, social inequities, traumatic responses, and custodial encounters. At any time please feel free to reflect, share, or discuss your own wellbeing with your preceptor, NE, ACN, CLN or colleague – MDHB is committed to keeping you and your growing practice safe.

Debriefing - MidCentral Health Board supports debriefing critical incidents. Please discuss with the ACN, CNS, CN, NE, CLN if you would like to attend a debrief or have one held.

9. 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 each department. Please

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familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse/ACN/allocated RN and a Riskman completed.

10. DURESS ALARMS

A duress alarm is required to be worn throughout your shift, at every shift, for all floor staff and students at Ward 21. These are located on the nursing station and are to be signed in/out at every shift. Please return to the board once your shift is finished. Should a duress alarm be activated, student nurses are to remain at the nursing station as your safety is our priority. SPEC trained staff can attend and assist duress alarm activation. Day 1 orientation with the Ward 21 NE will include how and when to activate your duress should this need occur.

11. EMERGENCIES

All staff 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.

Emergency Tray: Locate this within your service. In the case of cardiac arrest, you may be asked to dial 777 to access the Emergency Services. The operator will then notify the emergency response team of the situation.

11.1 EMERGENCY RESPONSE

The emergency number for Fire, Cardiac Arrest and Security is 777. 111 to access ambulance, police and/or fire services. In an emergency situation, please follow the direction of the nursing and medical staff. Locate the following within Ward 21:

WHAT	(v) when completed (x) if not applicable
Defibrillator	
Duress Alarm	
Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	
Fire Alarm Evacuation Meeting Point	
Fire Extinguishers/Hoses	

12. PARKING

You 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 or sign up on a fortnightly pre-payment plan. We recommend car-pooling where possible and side-street parking at your earliest convenience. Entry to Ward 21 is best from Gate 2 on Heretaunga Street.

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13. ORIENTATING CLINICIAN/PRECEPTOR

You will be allocated a primary preceptor to work alongside however, due to staffing and acuity there will be times you are allocated to another clinician. If there are any concerns, questions or feedback, please discuss with your CLN, Ward 21 NE or CNS.

14. NURSE EDUCATOR ORIENTATION & FEEDBACK - DAY 1

Day one of your clinical placement you will spend 2 hours with the Ward 21 NE. An overview of documentation, assessments, professional and personal safety, Ward environment, and general mental health conditions will be given.

15. COMMUNITY AGENICES/SERVICES:

- Across Social Services – bereaved by suicide whānau support
- Best Care Whakapai Hauora – clinical support and post-vention suicide support
- Emerge Aotearoa – Te Uruuru Tangata, rehabilitation accommodation
- Highbury Whanau Centre – advice & support. Youth programmes
- Mana o te Tangata – peer support and advocacy for mental health & addiction clients
- Manawatu Supporting Families – whanau support, programmes for adults & children living with parents with mental illness
- Manchester House Social Services
- MASH Trust – recovery support & medication support short term, complex accommodation & planned respite
- Methodist Social Services
- Rangitane o Tamaki Nui A Rua – activity-based recovery support Dannevirke
- Raukawa whanau Ora – recovery support Levin
- St Dominic's/Yaxley – high level accommodation provider & crisis respite services
- Think Hauora – brief interventions and health improvement practitioners
- Whaiora Trust – rehabilitation and employment support & education
- YOSS – Youth One Stop Shop - counselling and health advice, GP on site

More can be found at <https://www.healthpoint.co.nz/mental-health-addictions/Manawatu> there are over 100 support agencies in our area. Consider linking in with the Patient Flow and Bed Manager to discuss all the options available to whanau whaiora across the region.

16. CONTROLLED DOCUMENTS

Working within MDHB you will need to access relevant policies, procedures, and guidelines. Ask your preceptor/orientating clinician to help you find the Controlled Documents on the intranet. *(Note: you cannot access this outside of the organisation.)*

17. HOURS OF WORK

- It is expected that you arrive on time and if you are going to be late, are unwell, or cannot come in, please ring and ask to speak to the ACN and institution CLN.
- **Shift hours are:**
Morning (AM): 07:00 – 15:30, Afternoon (PM): 14:30 – 23:00, and Nocte (N): 22:45 – 07:00 (for transition students only)

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18. ID CARDS

As a student you will be issued a generic Student ID swipe card with limited access to certain areas in Ward 21 from your institution. If there are any access issues, please discuss this with your CLN. Due to the nature of our unique ward environment please ensure if your swipe card is missing/lost/taken your CLN and ACN is notified immediately.

19. SECURITY

Security support is available to Ward 21 if required. Security staff are directed by Ward 21. Your preceptor, ACN, CN, or CNS will contact security if needed.

20. CLINICAL DOCUMENTATION

Clinical notes contain a **legal** record following any involvement with a client. This may include face to face, phone calls, meetings, family/whanau hui, and other agency involvement in the care and treatment of the client.

Clinical notes are to be written in a clear and concise manner capturing all the relevant information.

Different RNs have different progress note templates they use. Options include ISBAR, BATOMI, or Te Whare Tapa Wha. Required content includes mental state, medication administration and observation level of each Whaiora.

Please ensure all clinical notes include your full legal name, date, time, your signature and discipline. All student progress notes are to be co-signed by a RN.

21. LEGISLATION

Legislation you should be aware of, these can be looked up on the internet via 'search the web' on the intranet:

- [Mental Health Act 1992](#)
- [Protection of Personal and Property Rights Act 1988](#)
- [Health & Disability Commissioner \(Code of Health & Disability services Consumers' Rights\) Regulation 1996](#)
- [Health Practitioners Competence Assurance Act 2003](#)
- [Privacy Act 2020](#)
- [Substance Addiction \(Compulsory Assessment and Treatment\) Act 2017](#)

22. ADMINISTRATION

Ward 21 has two administrators who can support you during your placement. Feel free to ask questions to find out the below:

- Where mail to be posted goes
- Where referral forms and brochures are kept
- How and where to find documents
- How to use the fax machine/photocopier
- Where to get stationery and refreshment supplies
- Admin tasks (such as printing, discharging clients, answering the phone, using the airlock intercom etc.)

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23. COMPUTER SYSTEMS

To use any of the computers you can use the Ward 21 generic log on and password, please ask your preceptor for this information. From there, you will be able to use Microsoft Office (Word, Excel, PowerPoint, etc). You may also have access to the intranet, email, and internet. If you have any questions about using these programmes and where you should save any documents, you create please discuss with your preceptor.

Key computer programs are:

- Trendcare
- Webpas

24. LIBRARY SERVICES

The library is located on the 1st Floor of the General Hospital building. It is staffed from 0830-1700 hours, Monday, Thursday and Friday and 0830-2000 hours on Tuesday and Wednesday.

25. RISK ASSESSMENT AND MANAGEMENT

Risk assessment is an essential part of ongoing acute care and treatment planning. All staff should be aware of the specific risk issues of all clients and observing for changes in presentation that may indicate heightened risk. Risk Assessments are completed using the START model in community settings and Ward 21, or the static/dynamic model at Ward 21.

26. CARE PLANNING, (INCLUDING INTEGRATED TREATMENT PLAN, RELAPSE PREVENTION AND DISCHARGE PLANNING)

Care planning is a process which begins with clients as soon as they are admitted to the service and include interventions to prepare the client to move toward discharge in a planned manner. There are a variety of intervention tools which can be used in working with service users around their mental health related issues. Specific models to become familiar with is Te Whare Tapa Wha Maori hauora model, trauma informed care, and the wellness recovery action plan model.

27. MULTIDISCIPLINARY TEAM AND INTERDISCIPLINARY PLANNING MEETINGS

Care planning also involves meeting with the different people involved in the treatment and care of each whaiora. Each whaiora admitted to the service will be allocated a primary psychiatrist and care team. Weekly MDT are held at Ward 21 for each whaiora, please discuss with your preceptor regarding attendance.

28. HONOS (HEALTH OF THE NATION OUTCOME SCALES)

These measures allow information about service users' changes in health, wellbeing, and circumstances to be collected.

- HoNOS - designed for adult service users between the age 18 and 65 years
- HoNOSCA - designed for children and adolescent service users between the age of 4 and 17 years
- HoNOS65+ - amended version of the HoNOS designed for adult service users over the age of 65

HoNOS statistic are collected first contact, 3 monthly, if a significant change in clients mental health occurs and upon discharge from secondary mental health services.

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29. MENTAL HEALTH ACT

It is usual that there will be a number of service users under the Mental Health Act.

If you are not clear on the process of the mental health act, rights for service users, and your role in caring for people on the mental health act please discuss this with your preceptor, NE, CLN, ACN or allocated RN. Below are some key aspects of MHA Tangata Whaiora care:

- Patient rights
- Role of the District inspector
- Second health professional role – Registered Nurse
- Duly Authorised Officer role
- Mental health administrator's role
- Director of Area Mental Health services
- Mental Health Act Court

29.1 DULY AUTHORISED OFFICERS (DAO'S)

DAOs are health professionals designated and authorised by a DAMHS to perform certain functions and use certain powers under the MH Act.

DAOs must have appropriate training and experience to respond to concerns about a person's mental health and to contribute to the assessment and treatment of people with mental health problems.

Section 93(1)(b) of the Act assumes that DAOs will often be the first point of contact for members of the public seeking information or assistance when they are experiencing mental health difficulties or are concerned about someone else's mental health.

DAOs are required to provide general advice and assistance under section 37.

30. MENTAL HEALTH ACT

A DAMHS flowchart of the Mental Health Compulsory Assessment and Treatment Act 1992 will be provided at the NE Orientation day.

31. MEDICATION

Medication Room – Please talk to your allocated RN to access the medication room.

Within the Ward 21 medication room there are:

- client specific medication
- controlled drugs
- IM equipment
- Diabetic equipment
- Medication fridge
- NRT
- Vital signs machine
- Client leave medication
- Wound care products
- Ligature cutters

Depot medication –The medication charts for depot medications are available onsite, please discuss with your preceptor.

Commencing and administering new medication – Students need to be aware of the different processes including usual titration, expected effects and side effects, management of side effect, liaison with pharmacist and how to access information to provide the service user/Tangata Whaiora.

32. COMMON MEDICATIONS

Each placement is a good opportunity for you to familiarise yourself with the mode of action, administration, risks, and nursing considerations related to a number of medications within these drug groups.

Information about drugs used in New Zealand can be accessed from <http://www.medsafe.govt.nz/>

Please remember the 10 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 an informed choice.

33. THE TREATMENT ROOM

This room provides equipment to undertake metabolic monitoring of clients and undertake medical procedures such as IMIs, dressings, physical examinations and drawing blood. Please be mindful of the possibility the room is engaged, and endeavour to keep the room clean and tidy.

34. COMMON MEDICATIONS

2nd Generation antipsychotic	Intramuscular antipsychotic	Mood Stabilizer	Antidepressant (other)
Olanzapine	Fluclophenxol	Lithium Carbonate	Venlafaxine
Risperidone	Risperidone	Sodium Valproate	Phenylzine
Quetiapine	Haloperidol	Lamotrigine	Tranlycypromine
Aripiprazole	Flupentixol		
Clozapine	Olanzapine		

Benzodiazepine & Hypnotics	Antidepressant (SSRI)	Addiction related medications	Side-effect management
Clonazepam	Citalopram	Methadone	Benzotropine
Diazepam	Fluoxetine	Thiamine	1st Generation antipsychotic
Lorazepam		Naltrexone	Chlorpromazine
Zopiclone		Clonidine	Haloperidol

35. PROFESSIONAL BOUNDARIES

The Nursing Council of New Zealand has strict guidelines regarding professional boundaries.

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35.1 What Are Professional Boundaries?

- Clearly established limits that allow for safe connections between clinicians and their Tangata whaiora / service users.
- “**Being with**” the Tangata whaiora / services user, not becoming the Tangata whaiora / services user
- Being **friendly**, not friends
- The ability to know where you end and the Tangata whaiora / service users begins
- A clear understanding of the limits and responsibilities of your role as a clinician

35.2 The Importance of Boundaries

- Role modelling to the Tangata whaiora / service users healthy communication and professional relationships.
- Avoiding the “rescuer” role
- Staying focused on one’s responsibilities to the Tangata whaiora / service users & the provision of helpful and appropriate services to the Tangata whaiora / service users
- Avoiding burn-out (“compassion fatigue”)
- If working in conjunction with other services providers: maintaining a healthy, open, communicating, and functioning team
- Maintaining one’s physical and emotional safety

35.3 Consequences of having loose/poor Boundaries

- Compassion fatigue – the clinician’s role may not feel sustainable.
- Potential for “splitting” in teams. Tangata whaiora / service users may not be given appropriate or helpful care, which could affect his/her willingness to accept future care.
- Tangata whaiora / services users may feel betrayed, abandoned, and/or poorly served.
- Clinician may act unethically
- The reputation of the mental health service and/or profession may be compromised.

35.4 Why Is It difficult to establish and maintain Professional Boundaries?

- Dual relationships – The clinician & Tangata whaiora / service user know each other in a personal context from another setting.
- Values conflicts – The Tangata whaiora / service user’s choices, history, relationships, feelings, lifestyle and/or life circumstances conflict with the clinician’s values and/or knowledge about best practices.
- Vicarious trauma – The clinician experiences trauma symptoms from hearing about the Tangata whaiora / services user’s experiences. The clinician may be triggered due to having a history of similar circumstances.
- Playing the “hero” role – The clinician feels the need to “save” the Tangata whaiora / service user.
- Poor teamwork – The clinician does not trust that other team members are fulfilling their responsibilities to the Tangata whaiora / service users and believes that he/she can provide their services better than they can, and/or believes that the Tangata whaiora / services users works best only with him/her. The clinician takes over the roles of the other team members.

35.5 Signs that Boundary Issues May Be Present Between Clinician and Tangata whaiora / services users

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- The Tangata whaiora / services user and clinician begin referring to each other as friends.
- Clinician receives gifts from or gives gifts to Tangata whaiora / service user.
- Tangata whaiora / service user has or is asking for clinician's home phone number or other significant personal information.
- Tangata whaiora / service user asks/expects clinician to socialize with him/her outside of professional setting (e.g., Tangata whaiora / service user asks clinician to begin attending church with his/her family).
- Clinician reveals excessive personal information to Tangata whaiora / service user.
- Clinician becomes overly anxious related to Tangata whaiora / service users/Tangata whaiora / service user situation.
- Discussion regarding work/Tangata whaiora / service user dominates clinician's social interactions with friends & family.
- Clinician offers to provide assistance to Tangata whaiora / service user outside of his/her role (e.g., babysitting; transportation).
- Clinician finds him/herself "venting" with Tangata whaiora / service users about other clinicians on team.

35.6 **Techniques for Creating & Maintaining Healthy Professional Boundaries**

- Early in your clinical nursing practice of a Tangata whaiora / service user **clear agreements should be established** regarding
 - the role of a clinician, your availability
 - best ways to communicate with staff, and
 - What to do if you see one another in public.
- When boundary issues or warning signs appear, **address these**
- **issues** with the Tangata whaiora / service users quickly. Be sensitive to their feelings when doing this; emphasize the importance of and your commitment to maintaining healthy boundaries.
- Self-disclosure: if you do decide to tell a Tangata whaiora / service user something personal about yourself, **ensure that the information is related to the Tangata whaiora / service users' goals**. Too much self-disclosure shifts the focus from the Tangata whaiora / service user to the clinician and can confuse the Tangata whaiora / service user in terms of roles and expectations of the relationship.
- Realize that how a Tangata whaiora / service user interprets your words and actions might not match what you were trying to communicate. With these sensitive relationships, you **may need to frequently clarify your role and boundaries**.

36. **WARD 21 PLACEMENT LEARNING GUIDELINE**

Please see attached a copy of the Ward 21 Placement Learning Guideline to assist your placement journey

Remember – there is no such thing is a silly question! Enjoy your learning as we enjoy your contribution 😊

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Ward 21 Placement Learning Guide 2023

Te Whatu Ora
 Health New Zealand
 Te Pae Houora o Ruahine o Taranua
 MidCentral

Placement timeline	Tasks <i>*Ideal learning opportunities/objectives</i>	Clinical learning <i>*Can be used as program learning objectives, not compulsory</i>
Week 1: Patient load - 0	Observations <input type="checkbox"/> Vital signs/EWS/ECG <input type="checkbox"/> Trendcare <input type="checkbox"/> MDT attendance <input type="checkbox"/> Answering ward phone <input type="checkbox"/> Introduce yourself 😊 <input type="checkbox"/>	Nurse Educator Orientation - Day 1: Orientation to Ward 21 Lorazepam - Indication - Administration methods - - Nurse 'need to knows'
Week 2: Patient load - 1	*Continue previous tasks completed Mental state exam <input type="checkbox"/> Verbal h/o to next shift RN <input type="checkbox"/> Progress notes <input type="checkbox"/> Med admin with RN <input type="checkbox"/>	Olanzapine - Indication - - Administration methods - - Nurse 'need to knows'
Week 3: Patient load - 2	*Continue previous tasks completed START risk assessment <input type="checkbox"/> Openside care plan <input type="checkbox"/> Mental Health Court <input type="checkbox"/>	Risperidone - Indication - - Administration methods - - Nurse 'need to knows'
Week 4: Patient load - 2	*Continue previous tasks completed Admission <input type="checkbox"/> In-service referral <input type="checkbox"/>	Clozapine - Indication - - Administration methods - - Nurse 'need to knows'
Week 5: Patient load - 2	*Continue previous tasks completed Discharge <input type="checkbox"/>	Lithium - Indication - - Administration methods - - Nurse 'need to knows'
Week 6: Patient load - 3	*Continue previous tasks completed	Haloperidol - Indication - - Administration methods - - Nurse 'need to knows' Nurse Educator Feedback - Last shift of placement - Complete remaining documentation - Share reflections of placement

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