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| Student Nurses |



*Ward 6 East*

*and Acute Frailty Unit (AFU)*

2023

Student Name:

The Ward 6 East Unit

**UNIT OVERVIEW**

Ward 6 East is a 16 bed general medicine unit with a close working relationship with Ward 5 South which includes a four bed High Dependency Unit (HDB) and Acute Frailty Unit (AFU). 6 East provides a 24 hour a day, 7 days a week service that focuses on timely assessment, diagnosis and acute treatment planning of patients with a wide range of medical conditions. 6 East uses a Collaborative Nursing Model to provide enhanced patient care by:

• More efficient use of nursing resources

• Improved communication between staff

• Improved support for staff new to an area of practice

• Improved capacity to effectively utilize different skills within the nursing team.

A collaborative nursing model is a model of care delivery based on collaboration where an appropriately skilled nurse takes responsibility for leading a team. The team can accommodate different levels of nurses working together with a shared goal, to meet the comprehensive holistic care needs of a group of patients. The aim of the Collaborative Nursing Model is to utilize and develop the skills of the nurses to the fullest extent by providing a supportive learning environment.

**SERVICE PERSPECTIVE**

Internal Medicine is the largest inpatient service and provides assessment, diagnosis, stabilization and treatment, and rehabilitation of patients who present acutely for urgent medical diagnosis and treatment.

Services provided include:

• Acute medical care and assessment

• Infectious Diseases: general and HIV medicine

• Diabetes and Endocrine, Dermatology, Rheumatology, Neurology and Oncology (acute presenting)

• Respiratory (inpatients)

• Elderly Services (Older Adult Rehabilitation and Allied Health Services)

• Alcohol and drug detoxification

• Consultation to surgical, orthopaedic and ICU patients

• Medical presentations (are the most common group of patient) in ED

Acute Frailty Unit (AFU)

**UNIT OVERVIEW**

AFU (previously called as Acute Health of Older People/AHOP) is a 12-14 bed facility that generally has 12 beds open and resourced. Patients are admitted either under the AFU service or General Medicine. Of those 12 beds approximately 10 are used for admission under the AFU service.

The ward promotes interdisciplinary professional care. Early mobility assessment and goal planning. A length of stay less than 4 days and clear clinical criteria for discharge.

The AFU provides 24 hours a day, 7 days a week services that focuses on timely assessment, diagnosis and acute treatment planning of frail patients with a wide range of medical conditions. All of the patients admitted into this area benefit from a model of care that focuses on reducing hospital harm. This is achieved by a short length of stay, an interdisciplinary model of care that prevents patients deconditioning. The treatment plans include expected date of discharge and clinical criteria for discharge that can be facilitated by the ward nurses. Patients who are identified to benefit from rehabilitation or longer period of treatment at KPH will be identified early in their admission.

The facility design principles included: The need to fit a ward into an existing space. The ward is located away from other wards in order to keep vulnerable frail elderly people separated from potential COVID-19 patients. The facility provides an area that encourages combined dining and socializing to reduce deconditioning.

**SERVICE OVERVIEW**

This AFU service manages frail older patients that require assessment, treatment and discharge from Wellington Hospital. This geriatric model of care, named AFU, aims to direct patients promptly onto the appropriate pathway, avoid deconditioning, and ensure early discharge planning and early rehabilitation, frequent medical review, prepared environment to facilitate physical and cognitive functioning and shorter length of stays. The Wellington AFU service has four teams: ED based, Ward 3 Acute Frailty Unit. Consult Geriatric, KPH triage team along with the Ortho-geriatric team.

**NURSING PHILOSOPHY**

As inpatient nurses working in a ward of a tertiary hospital we aim to provide compassionate, effective efficient, service to our patients with care and dignity.

* This service will be delivered within a safe, friendly and supportive environment.
* Each individual is central to the care provided and will be treated with dignity and respect.
* We aim to improve patients health and wellbeing by reducing anxiety levels, providing effective assessments

 We value collaboration with other health professionals. We have the shared goal of maintaining quality healthcare while patients are in Ward 6 East/AFU.

**MULTIDISCPLINARY TEAM (MDT)**

Ward 6 East and Acute Frailty Unit are both working in close ties with the following members of the MDT:

* Physiotherapist
* Occupational therapist
* Dietitian
* Speech Language therapist
* Social worker
* Patient Care Coordinator
* AWHI (Advanced Wellness Health Initiative)
* Clinical Nurse Specialist (CNS) i.e. palliative CNS, wound CNS
* Pharmacist
* Whanau Care Services
* Pacific Health Services

**Welcome!!**

**We are looking forward to working with you**

**Contacts**

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| --- | --- | --- | --- |
| Ward 6 East/Acute Health of Older Person Unit | Main contact | Email for main contact | Phone number for ward/Unit |
| Clinical Nurse Educator | Georgia Sutton | georgia.sutton@ccdhb.org.nz | Ext 80559 |
| Charge Nurse Manager | Robert Dano | robert.dano@ccdhb.org.nz | Ext 82823 |
| Associate Charge Nurse Manager | Jeramy BaborElla SanchezChristine MarianoCazzandra Romo | jeramy.babor@ccdhb.org.nzella.sanchez@ccdhb.org.nz**christine.m**ariano@ccdhb.org.nzCazzandra.romo@cchdb.org.nz | Ext 82827 |
| DEU Clinical Liaison Nurses (CLN) | Ella SanchezChristine MarianoHelen Dennison | ella.sanchez@ccdhb.org.nzchristine.mariano@ccdhb.org.nzhelen.dennison@cccdhb.org.nz | Ext 82826 |

\*\*\*If you have any concerns or questions during your placement in 6 East or AFU, please do not hesitate to contact your designated CLN. If your designated CLN is not available, and you need support, you can contact another CLN or the nurse coordinator for that shift or the ACNM/CNM\*\*\*

**Location**

Ward 6 East is located in level 6 (take the orange lifts) in between 6 North and 6 South.

AFU (previously ward 3/winter ward) is located in Ward Service Block (WSB). From the main entrance, turn right on the corner by the orange lifts. Go straight ahead and take the stairs on your left (adjacent to transit lounge before ED entrance). Walk straight ahead, pass Mojo Café. Then take the left corner by the purple lifts then straight ahead to the Vibe Café. Turn right until you see the blue lifts. AFU is in level 8 or H of the blue lifts.

**Dedicated Education Unit**

Both Ward 6 East and Acute Frailty Unit (AFU) are Dedicated Education Unit (DEU). The DEU is a model of clinical teaching and learning in Wellington and is a partnership between organizations, the education provider Massey University (Massey) and Whitireia New Zealand (Whitireia) and Te Whatu Ora – Capital, Coast & Hutt Valley District. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEUs are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model and replaces the Preceptorship model to focus on student learning and curriculum integration.

**PRECEPTOR**

Each shift you will work alongside a Registered Nurse (Preceptor) who will support your practice and learning during your placement. Over the placement you will work with a number of different preceptors. You will work with your preceptors in a shared care model. This means you will be working towards allocation of your own workload and be supported by your preceptors during your development. It is **your** responsibility to ensure the RN you are working with is aware of your objectives for the day/week. Please provide any paperwork requiring their attention early in the shift. We will prioritize that you work in the same allocation, and with the same nurse if possible, but the acuity of care and the rosters make this challenging. Allocation is done at handover, and we try to give you the best experience/preceptor at the time.

**CLINICAL LIAISON NURSE**

Ella, Christine, and Helen are the Dedicated Education Unit Clinical liaison nurses (CLNs) for Ward 6 East. They are your main clinical contact person. One of them will be assigned for your clinical placement. They will provide you with some structured clinical learning during your clinical placement. They have an excellent understanding of your program and academic study and will work alongside your academic tutors (ALNs), your preceptors, and yourself to support your learning needs and complete formative and summative assessments during your placement.

In addition, the CLNs will compete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact the CLN thru the contact details provided on this booklet.

**Expectations of the Student Nurse while in Ward 6 East/AFU**

The shifts in Ward 6 East/AFU unit are:

|  |  |  |
| --- | --- | --- |
| Morning | : | 0700hrs to 1530hrs |
| Afternoon | : | 1430hrs to 2300hrs |
| Night | : | 2245hrs to 0715hrs |

* It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call the unit on 021 801 750 (Ward 6 East Coordinator) or 04 385 5999 ext 82827 (Ward 6 East telephone number)/ 027 383 1028 (Ward 3/AFU Coordinator) or 04 385 5999 ext 5696 (Ward 3 telephone number). Please avoid sending an e-mail or text message.
* You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times in the unit. Also, handover at the end of the shift is a nursing responsibility.
* It is important that you set objectives for that day/week and share this to your preceptor.
* If you are not achieving your objective, please see your CLN or tell your preceptor (sooner is better, but any time is better than not at all!)
* Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor
* Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – 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.
* The handover sheet contains confidential information and must be disposed of in one of the shredding bins prior to leaving the ward.

**ROSTER**

Your roster will be sent to your Tertiary Education Provider (TEP) who will forward it to you. Your roster will also be placed in the roster folder which is most of the time located in the fish bowl.

**HANDOVER**

Handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient or group of patients to another person or group on a temporary or permanent basis. The handover should include all team members including Healthcare Assistants, Support Workers, casual staff and students.

**Bedside handover** is done in 6 East and AFU to provide better patient-centered care as it enables the following:

* Pt introduced to their nurse sooner
* Pts seen earlier in the shift ‘visual’
* Any patient concerns are known at the commencement of shift
* Pt can correct any misinformation
* Transfer of accountability is visible to patients
* Nurse able to prioritise care sooner
* Structure safety checks (IV line check, O2 & suction, medication chart check, obs, wound etc)

**SWIPE CARDS**

Your tertiary education provider should organize a swipe card for your placement, this should be given to you before your first shift. Please see your ALN if you have a problem with access.

**DOCUMENTATION GUIDELINES**

Accurate nursing/clinical documentation is a fundamental component to the patient’s clinical record. It provides information and communication to ensure continuity and safe delivery of care. Documentation also provides legal evidence. Clinical records are subjected to audit and quality management on a national and international level. Nursing leadership at C&C DHB has developed basic documentation guiding principles that nurses and other health professionals must adhere to when writing in the clinical record.

This include:

* Write neatly, concisely and legibly
* Entries must be written in ink (black) or are computer generated
* Entries must be timed in a 24 hr format and dated (day/month/year), and include a legible signature (and name printed alongside each entry) and a designation
* Entries must be factual, objective, relevant, accurate, up to date, complete and not misleading
* Entries should be made as close to the timing of the event as possible
* Avoid abbreviation. If needed only use those listed in the DHB policy
* Wherever possible refer to medications using generic names
* Progress notes will indicate deviation from the ADP/care plan/pathway-documentation will be by exclusion
* ADP/care plan/pathway will be reviewed every shift and signed/dated
* Late entry documentation must be correctly identified.
* Ensure the patients ID label is on each side of every page.
* When an error has occurred, draw a single line through the error and initial the correction. Using correcting fluid or obliterating an entry is unacceptable.

**Safety Measures in Ward 6 East/AFU**

If you have serious concerns about a patient, press the emergency call button immediately (located in each room on top of the head of the bed and also inside each toilet).

The emergency number in the hospital is **777**.

This number can be used for any emergency in the hospital, such as medical emergencies, fire, or aggressive behavior.

The Medical Emergency Team (MET) responds to medical emergencies in the hospital.

If you are asked to place a MET call – please ring 777 then

* State your name
* State what kind of emergency i.e. medical, security breach/code black, fire
* State the location of the emergency (including ward and bed number)
* Request the operator says it back to you
* Inform your colleagues you have activated the MET team

This is the procedure for any in-hospital medical emergency, including cardiac arrest. You can help clear the room and bring in the resuscitation trolley which is in between beds 5 & 6 in Ward 6 East and in front of the fishbowl for AFU.

In the event of the fire alarm sounding please follow the instructions from the shift coordinator, who will be the fire warden on that shift. If the sound is intermittent then the fire is in another area either adjacent, above or below you – so await further instructions. If the alarm is continuous the fire is within the vicinity and instructions will be given by the coordinator. A 777 call should be placed.

**Objectives**

Planning objectives will help guide your learning and help you to meet your competencies too. You may set an objective but never get the opportunity to fully put it in to practice. That is okay. You can learn a lot on the way. In many ways, this is an expected part of being a health professional.

Break objectives into manageable steps (RNs, CLNs, ALNs and other students can help you do this).

For example you would like to be competent in inserting a Peripheral Intravenous Catheter (PIVC). This can be your long-term goal which you can achieved once you are a Registered Nurse. As for your short-term goal, you can take practical steps towards it.

Example:

1. Learn different indications of PIVC.
2. Assessment of PIVC. Identifying signs of phlebitis and management of phlebitis.
3. Complications of PIVC.
4. Medications that are contraindicated for PIVC.

Other objectives on Ward 6 East/AFU (NOT a complete list) could be formed around:

* Fluid balance recording and interpretation
* End of life care pathway or Te Ara Whakapiri pathway
* Pain assessment i.e. using verbal and non-verbal assessments and pain management
* PADP admission assessments and developing daily care plans
* Referring to/working with the MDT
* Communicating with the team (taking/giving hand over, using ISBAR on SmartPage, updating TrendCare)
* Discharge planning
* Practice good infection control measures

**Common Presentations to Ward 6 East/AFU**

* Patients with Acute Delirium.
* Dementia
* CVA/Stroke
* Urinary Tract Infection
* Alcohol intoxication
* Deliberate self-harm/overdose
* Fluid overload
* Diabetes Mellitus-Type 1 and Type 2
* Anorexia Nervosa
* Heart Failure
* Pneumonia
* Sepsis
* Atrial Fibrillation
* Respiratory Failure i.e. Chronic Obstructive Pulmonary Disease (COPD)
* Palliative/end-of-life care
* Frail elderly patients (more evident in AFU)
* Low-risk Covid patients who are waiting for swab result (students can be allocated to these patients provided they have **PASSED** their mask fit testing)

**Common Medications**

**All medication,** including oral, subcutaneous, or IV, must be administered under the direct direction of an RN. This includes counter-signing the drug chart. Please note that CCDHB policy requires you to have completed the aseptic non-touch technique (ANTT course), available on ConnectMe, and a clinical day on IV therapy at your tertiary education provider (TEP) before performing IV medication and related therapies while on clinical placement. Please discuss any questions with your TEP and/or CLN.

When arriving to the ward it is recommended that you view the following policies:

• Safe Medicine Administration – Document number 1.964

• Administration and management of intravenous medicines and fluids – excluding neonates – Document number 1.190

These policies are available on Cap Docs on CCDHB intranet.

It is recommended that you read up on these medications before attending your clinical placements.

|  |  |  |
| --- | --- | --- |
| DRUG NAME | CLASSIFICATION | MODE OF ACTION |
| Aspirin |  |  |
| Augmentin |  |  |
| Azithromycin |  |  |
| Ceftriaxone |  |  |
| Cefuroxime |  |  |
| Cilazapril |  |  |
| Clexane |  |  |
| Codeine |  |  |
| Dabigatran |  |  |
| Diazepam |  |  |
| Digoxin |  |  |
| Fentanyl |  |  |
| Flucloxacillin |  |  |
| Furosemide/Frusemide |  |  |
| GTN |  |  |
| Haloperidol |  |  |
| Ibuprofen |  |  |
| Ipratropium |  |  |
| Lactulose |  |  |
| Lantus |  |  |
| Laxsol |  |  |
| Metoclopramide |  |  |
| Metoprolol |  |  |
| Molaxole |  |  |
| Morphine |  |  |
| Novorapid |  |  |
| Ondansetron |  |  |
| Paracetamol |  |  |
| Simvastatin |  |  |
| Tazocin |  |  |
| Warfarin |  |  |
| Zopiclone |  |  |

**Pre-reading/Resources**

You may want read on the following policies (available in Cap docs on CCDHB intranet) that would help you on this placement:

**Adult eating disorder-Medical and Nursing Guideline** Document no. ID 1. 1346

**Te Ara Whakapiri Guidance Document (MOH)** Document no. 1.104344

**Te Ara Whakapiri Symptom Management** Document no. 1.104345

**The Delirium Programme in a nutshell** Document no. ID 1.103071

**Acute Health of Older Persons (AHOP) Unit Operating Principles** Document no. 1.104630

There are further resources available on the ward to aid you in your learning. Ask any of the CLNs or your preceptor for this.

Education sessions are also provided at times (can be organized by MAPU/5 South) for all nurses on the ward. Information about the education session will be disseminated prior afternoon shift. You are welcome to attend.

**Treasure Hunt**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Pyxis Medication Machine | □ | Discharge information |
| □ | Controlled Drug cupboard | □ | Clinical policies & procedures |
| □ | Admission Trolley/drawer  | □ | “Notes on Injectable Drugs” |
| □ | Linen supplies | □ | Roster |
| □ | Clinical Nurse Manager Office | □ | Manual BP machine  |
| □ | ACNM Office | □ | Suction Equipment  |
|  |  | □ | Scales |
| □ | Intravenous Fluids and equipment | □ | Bio-hazard bags |
| □ | Shared equipment room | □ | Tympanic thermometer & covers |
| □ | Staff tea room | □ | Stationery supplies |
| □ | Resuscitation trolley | □ | Photocopier/Fax machine |
| □ | Dirty utility room | □ | Patient charts |
| □ | Whiteboard | □ | Laboratory forms |
| □ | Dressing trolley and Materials  | □ | Hoists and mobility aids |
| □ | Isolation Equipment | □ | Incident Reporting-SQUARE/BEIMS |
| □ | ECG machine | □ | Pneumatic tube system (PTS) |
| □ | Blood glucose trolley | □ | Sterile Gloves |
| □ | District Nurse Referral | □ | Bedside/toilet emergency bell |
| □ | Where to store your bags | □ | Drug Fridge |
| □ | Advanced wound cupboard | □ | Dining area (AHOP) |
| □  | Incontinence products |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Evaluation of Clinical Experience**

Student Nurse: Date of placement:

Preceptor: Date of evaluation:

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 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.**

