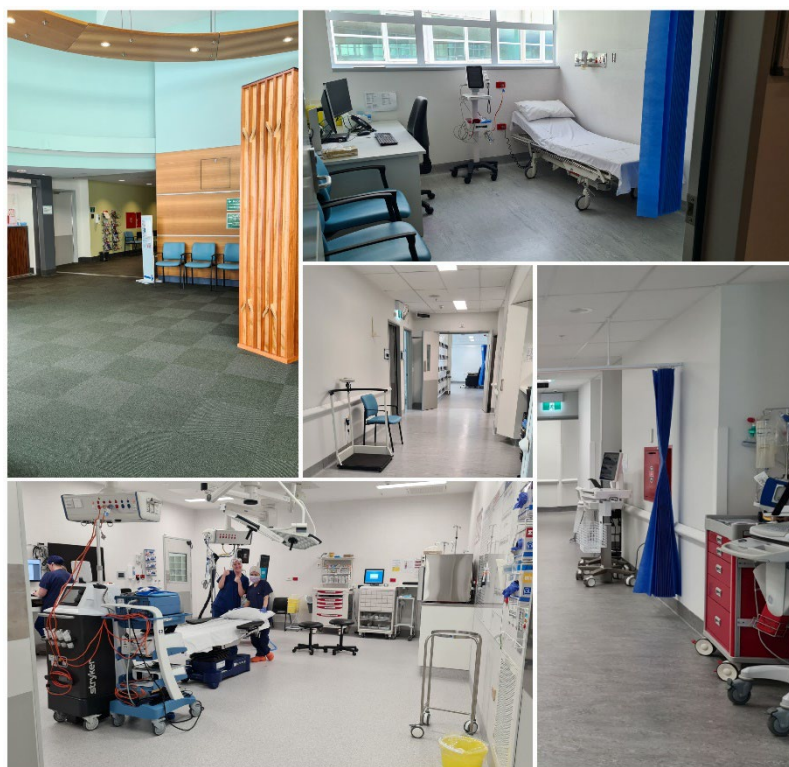


Te Whatu Ora

Health New Zealand

Te Pae Hauora o Ruahine o Tararua
MidCentral

PERIOPERATIVE SERVICES TE URU AROTAU



STUDENT NURSE ORIENTATION

January 2024



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DOCUMENT CONTROL

Version	Issue & Circulation Date	Brief Summary of Change
1.	April 2017	
2.	November 2019	
3.	May 2021	Key contacts updated
4.	December 2023	Updated Jenny Condliffe
Authors	Kelly Jones: Yvonne Stillwell	
Location	MDHB: student	
Contact	Kelly.jones@midcentraldhb.govt.nz	
Approved	November 2019	
Developed by	Nga Manu Teka: Practice Development	

WELCOME

Welcome to Palmerston North Hospitals' Perioperative Services. We hope that you enjoy your time with us and that you find it a worthwhile and interesting learning experience. This package will give you some brief information about what you can expect from your time with us.

Perioperative Services comprise Pre-Operative Assessment Clinic (POAC), Day of Surgery Admissions (DOSAs), Surgical Short Stay Unit (SSSU), Operating Theatre, Post Anaesthetic Care Unit (PACU), which are part of the Uru Arotau, Acute and Elective Specialist Services at MidCentral.

The concept of the Perioperative continuum encompasses the three phases of the patients' surgical experience and is vital to ensuring continuity in the provision of care for the patient. Registered Nurses who work in this specialty area provide complex care for patients based on knowledge and critical application of the biological, physiological, behavioural and social sciences. The perioperative nurse is in a unique and privileged position as they provide support and resources to plan, coordinate and deliver care for the patient to ensure optimum outcomes.

The Operating Theatre complex at Palmerston North Hospital has within it - 9 operating theatres, 2 Procedure Rooms, a Gastroenterology suite with 2 endoscopy procedure rooms, a Day of Surgery Admissions including a Surgical Short Stay Unit and a Post Anaesthetic Care Unit with a maximum capacity of 15 patients. A Cardiac Cath Lab and PICC line service also operate from within our department. Up to 110 elective sessions are provided each week, and procedures are performed on approximately 33,000 patients annually, primarily for residents of the Midcentral region. Palmerston North Hospital is one of the major hospitals in New Zealand that treat patients requiring acute and unplanned surgery - the Operating Theatre complex provides a 24-hour service that supports this workload.

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Ka whai ngākau

Courageous
Ka mātātoa

Accountable
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KEY CONTACTS

Operating Theatre Main Reception	06 350 8500	Inform who you are calling for and you will be re-directed
Operational Lead	Chris Simpson	
Associate Lead	Kirsty Malcolm	
Theatre Coordinator	Kathy Geange	
Nurse Educator	Jenny Condliffe	Extension 8500 jennyco@mdhb.health.nz
CHARGE NURSES	SPECIALTY	CONTACT
Shilmy Tom	ORL Ophthalmology	
Val Devery	Gynaecology & Obstetrics Urology	
Alice Joseph	General Surgery & Vascular Dental & Internal Medicine	
Geoff Urquhart	Orthopaedics Acutes	
Ben Duff Kelly Jones ACN	Pre-Operative Assessment Clinic (POAC) Day of Surgery Admissions (DOSA) Surgical Short Stay Unit (SSSU) Post Anaesthetic Care Unit (PACU) Gastroenterology Medical Imaging	Extension 7153 PACU/DOSA Co-ordinator Phone: 027 279 2944 Gastro Co-ordinator Phone: 027 265 6477

Other personnel within the department include: Registered Nurses, Anaesthetic Technicians, Doctors, Surgeons and Anaesthetists, Orderlies, HCA and Purchasing Officer, Receptionists and Sterile Supply Unit (SSU) who wear the grey scrubs. We also have visitors including students, midwives, radiographers, Armed Forces, Locum anaesthetic technicians.

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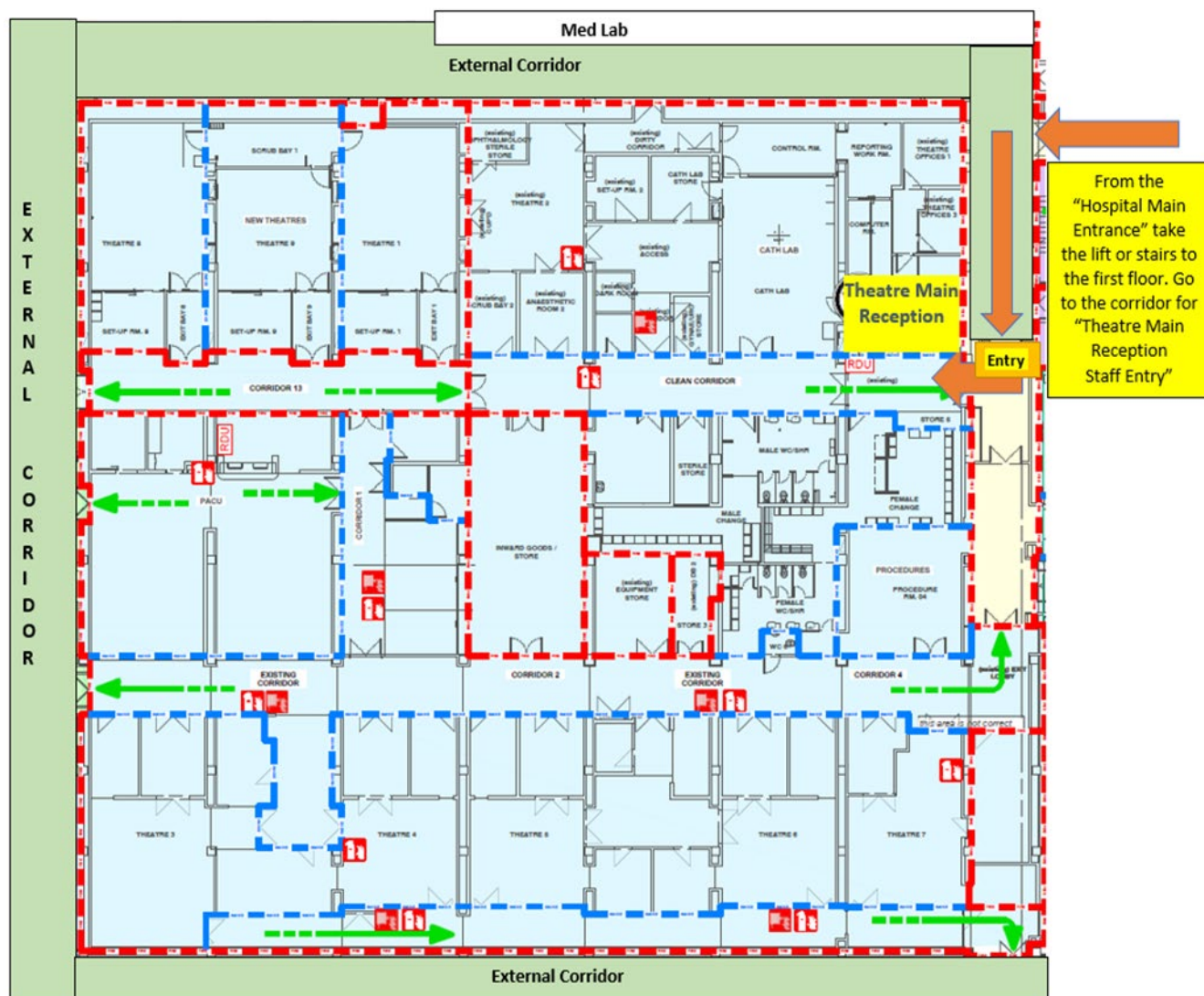
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ORIENTATION TO CLINICAL AREA

It is important that you have an awareness of the environment in which you will be working to ensure the safety of both yourself and that of the patient and other staff members. On the first day of your placement please meet at the Operating Theatre Main Reception (SEE MAP BELOW) The Nurse Educator will meet you here and your first hour will be spent orientating to the department. Following this your orientation will continue in your specific areas of placement.



You will receive more specific orientation information relating to the specialised areas you have been placed in, as each of these areas are quite different in their clinical requirements.

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

PRECEPTOR

Your preceptor is responsible at all times for the guidance, counselling, teaching and supervision of you, the student. We will endeavour to ensure that you work predominantly with one or two preceptor's who are responsible for helping you complete your objectives; however, this is not always possible. It is your responsibility to ensure the nurse you are working with is aware of your objectives for the day/week.

TTP placement students must complete the drug calculations on the 'Intravenous & Related Therapies' Student Information sheet before any involvement in medication related therapy.

You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date). If you have any concerns or questions do not hesitate to contact the **Nurse Educator** or **Charge Nurse**.

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EXPECTATIONS OF THE STUDENT NURSE

- On the first day please bring your completed “Your Contact Details” form (page 18) and give it to the Nurse Educator, Charge Nurse or nurse in charge of the shift.
- 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 vary depending on which area you are working.

DOSA/SSSU: 0645-1515; 0700-1530; 1100-1930 Monday-Saturday

Operating Theatre: 0800-1630; 1000-1830; 1430-2300, 7 Days

PACU: Staggered start shifts from 0700, 8hour shifts, 7 Days

Gastroenterology: Staggered start shifts from 0730 Monday to Saturday

- 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.
- If you are not achieving your objectives, please see you Clinical Lecturer or Nurse Educator.
- A working knowledge of drug calculations is essential. It is also essential that you review your knowledge of normal temperature, pulse, respiration rate, blood pressure and blood glucose levels.
- Third year nursing students that are commencing their final placement need to ensure their preceptor has an adequate timeframe to complete the final documentation.
- Please ensure that your uniform meets your institution standards. That your uniform is clean, jewellery is removed, long hair is tied up/back. You must wear your name badge at all times. Please make sure you have comfortable clean shoes.

Please complete the “Preceptor Evaluation Form” (Page 16) and give this to the Charge Nurse.

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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 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.

OBJECTIVES

Before you start in the department please consider what you want to achieve on this placement. Bring with you 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.

Objectives may include but are not limited to:

- Documentation
- Gain an understanding of the multidisciplinary team
- Infection prevention and control
- Time management and prioritising care
- Vital signs – accurate recording and interpretation

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.

TE MĀWHENGA TŪRORO: PATIENT DETERIORATION

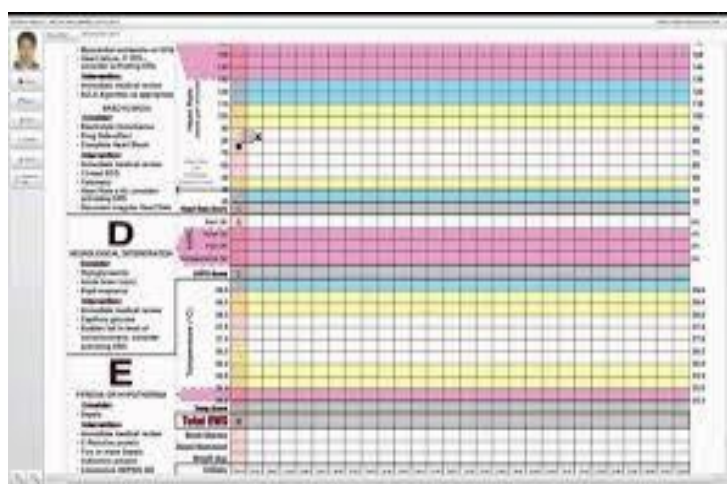
Acute deterioration can happen at any point during a patient's admission to hospital. If acute deterioration is recognised early (Early Warning Score) and responded to appropriately, patient outcomes can be improved. The Deteriorating Patient programme resulted in the implementation of the national Early Warning Score (EWS) observation chart, which has been adapted for Primary Care into some Integrated Family Healthcare Centres (IFHCs), in District Nursing, Child and Neonates and Maternity.

KORERO MAI AND SHARED GOALS OF CARE

Following on from the successful introduction of the national early warning score process, MidCentral embarked on the next stage of the Deteriorating Patient Programme, Korero Mai. Patients, families and whānau often recognise subtle signs of patient deterioration even when vital signs are normal. Korero Mai refers to a patient, family and whānau escalation of care process as part of the recognition and response system.

Unwanted or unwarranted treatments at the end of life can contribute to suffering for patients, families and whānau, moral distress for clinicians, and unnecessary expenditure for the health system. Documented shared goals of care represent the outcome of a shared decision-making process between the patient, whānau and the clinical team. At a minimum, the overall direction for an episode of care (e.g. curative, restorative, palliative or terminal) and any agreed limitations on medical treatment need to be identified.

Effective communication is necessary to get patients' values and preferences for care and ensure informed choices can be made about complex medical treatment options. Ideally these conversations occur prior to episodes of acute deterioration without the pressures of an evolving and emergent clinical crisis. The benefit of working within the 'Goals of Care' framework is that it encourages clinicians to think carefully about a patient's prognosis and likely response to treatment and to determine what treatment options are most important within the context of that person's overall life trajectory. This process respects patients' autonomy; it helps identify those who may wish to decline treatments that might otherwise be given by default and raises awareness of the importance of discussing with patients and/or their whānau what their real wishes are with regard to medical treatment. It helps to ensure that patients are offered care appropriate to their condition and not subjected to burdensome or futile treatments. In all of these aspects, the SGOC framework adopts an approach supported by the nursing profession. It also provides an incentive for treatment decisions to be made in a considered fashion by the team primarily responsible for the patient's care rather than in response to a crisis—e.g. a MET call/Rapid Response Team/Cardiac Arrest callout—which often occurs after hours and is attended by medical staff who do not know the patient and are unable to speak to their relatives or other substitute decision makers.



Please locate and familiarise yourself with the EWS documents and escalation process in your area of practice

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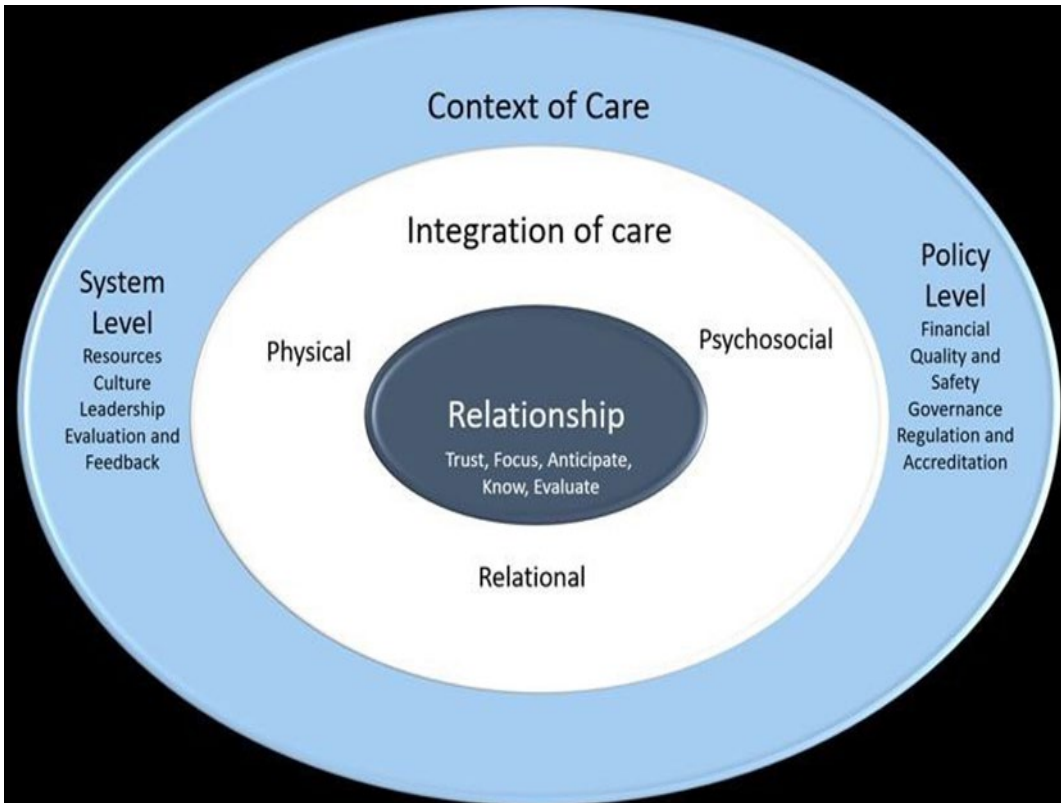
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NGĀ POU: THE FUNDAMENTALS OF CARE

Fundamental care involves actions on the part of the nurse that respect and focus on a person's essential needs to ensure their physical and psychosocial wellbeing. These needs are met by developing a positive and trusting relationship with the person being cared for as well as their whānau¹.



This is being implemented currently by the Nursing and Midwifery Directorate.

MIYA BOARDS

MidCentral is the first to roll-out the next-generation Miya Precision platform. Miya Precision is being used across 17 wards and the Emergency Department (ED) at Palmerston North Hospital and two wards at Horowhenua Health Centre. It delivers real-time patient flow information and bed management updates to Midcentral staff and can be accessed by clinicians using an iPad at the bedside, workstation, and patient journey boards installed in each ward.

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The software has successfully integrated with five clinical information systems at Midcentral including WebPas, CareStream Radiology, Clinical Portal and Pathology to provide clinical staff with detailed patient information displayed on the ward's journey board. Clinicians at the bedside can use Miya Precision to view the patient's admission history, demographics and test results, making it simple and fast for them to make the right care decisions based on real-time information.

Miya Precision's Hospital Operations Centre is also providing a high-level overview of hospital bed occupancy in real-time, with the ability to drill down into individual departments and wards for more detailed insight. This allows staff to quickly allocate the best beds for each individual patient, minimising wait times and keeping the patient journey as smooth as possible.

ORIENTATION TO KEY PEOPLE AND ROLES

WHO/WHAT	(v) when completed (x) if not applicable
Charge Nurse	
Clerical Support	
Health Care Assistants	
Multi - Disciplinary Team Members	
Nurse Educator	
Preceptors	
Registered Nurses	
Anaesthetic Technicians	

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
Emergency Bells	
Emergency Equipment	
Emergency Phone Number	
Duress Alarm	
Emergency Response Flip Chart	
EWS Forms and Process	
Fire Extinguishers	
Red Phone (WIP) fire emergencies	
Crash Carts	
Portable Oxygen	
Suction	

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MEDICATION ADMINISTRATION

This 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.

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 10 rights of safe medication administration:

Remember 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.

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.

CONTROLLED DOCUMENTS

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

TERMINOLOGY – fill in the definition to show your understanding of phrases used in surgery

Word/Phrase	Meaning/Definition
-oscopy	
-pexy	
-otomy	
-ectomy	
-plasty	
-orrhaphy	
Excision	
Incision	
Bx	
EUA	
I & D	
WLE	
SNB	
D & C	
MUA	
ERPOC	
BCC	
SSG	
FTSG	
LSCS	
FULL/RULL	
HoLEP	
TURBT	

NOTES

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EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse or Educator

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: _____

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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 in the department or in the case of an emergency, we need to be able to contact you. Please could you provide the department with your contact details and an emergency contact using the form below.

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

From time to time the staff 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	
Email 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.

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