Welcome to Monash Health

Pre-placement Orientation for Nursing Students
Objectives

After reading this orientation package students will be able to:

• Identify and demonstrate the Monash Health vision and values
• Identify mandatory training requirements for placement
• Discuss the expectations of student behaviour whilst on clinical placement
• Identify Monash Health Policies and Procedures in relation to communication, OH&S, incident reporting and emergency management
• Identify the elements of patient assessment and identify when these should be performed
Monash Health

- Victoria’s leading teaching and referral hospitals
- Monash Health services 32% of Melbourne’s population
- Provide primary, secondary and tertiary services
- Monash Health covers all aspects of public health care
- University affiliated international research and teaching facilities
About Monash Health

Services the South Eastern Suburbs

Employs over 17,000 staff

40 Monash Health sites (hospital & community health facilities)
Strategic Intent and Guiding Principles

We are relentless in our pursuit of excellence

• We consistently provide safe, high quality and timely care
• We provide experiences that exceed expectations
• We work with humility, respect, kindness and compassion in high performing teams
• We integrate teaching, research and innovation to continuously learn and improve
• We orientate care towards our community to optimise access, independence, and wellbeing
• We manage our resources wisely and sustainably to provide value for our community
Vision and Values

Our Vision:

*Exceptional Care, Outstanding Outcomes*

Our Values:

*Integrity
Compassion
Accountability
Respect
Excellence*

Our values underpin the way we deliver our services
National Safety and Quality Health Service Standards:

- Have been developed by the Australian Commission on Safety and Quality in Health Care (the commission) following extensive public and stakeholder consultation

- Provide a *nationally consistent and uniform set of measures of safety and quality* for application across a wide variety of health care services

- Propose evidence based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients

- Are standards that will apply consistently across all hospitals and day procedure services, public and private no matter who the accrediting agency is
What do the National Standards Really Mean For Us?

“Every person, every time”
Focus on consistent process of care - how things are done every day

“If it isn’t documented, it didn’t happen”
Promotes the use of evidence

“We’re all in it together”
A joint effort from everyone ensured Monash Health successfully achieved accreditation for the National Standards

Front line staff
Work within the Standards to provide safe, high quality care
Nursing and Midwifery Foundations of Care

• The fundamental care provided by nurses and midwives at Monash Health is articulated within the organisations Foundations of Care. These were initially developed in 2011 to outline the essential elements of care underpinning clinical practice.

• Each Foundation addresses the aims, assessment, plan of care, evaluation and documentation with regard to a specific area of nursing and midwifery practice.

• The Foundations were reviewed in 2015 to ensure they remain contemporary, evidenced based and fit for purpose.
Nursing and Midwifery Foundations of Care

- The 10 elements of the Foundations of Care are:

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Hygiene</th>
<th>Hydration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination</td>
<td>Mobility</td>
<td>Comfort</td>
</tr>
<tr>
<td>Physiological</td>
<td>Psychological</td>
<td>Sociocultural</td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Parking and Transport

• Please note that student parking is not available on site at all larger Monash Health facilities. Some smaller community based sites and clinics may still offer student parking in some cases (please check locally). Students are welcome to park in the public car parks on site and may access weekly ticket discounts from the parking validation machines in the car park.

• Further parking and public transport information can be found on the Monash Health website www.monashhealth.org

• Please observe parking signs in side streets carefully

• Kerb or Oscar app may be useful

Site specific tips:

• Casey – Public car park $9.50 per day. Students are able to validate their parking ticket at site reception (open Monday to Friday from 08.00 – 16.30 only) which reduces the rate to $5 per day.

• Kingston – Side street parking may be available in Bernard Street

• Moorabbin – Side street parking may be available in Gardeners Rd, Longview Ave or Northam Rd
Mandatory Training

To prepare for clinical placement and use of EMR, you must complete some training using the Monash Health online learning portal - Latte. Use your existing login or to create a new one:

- Access this link or copy the address into your browser:
  
  https://learning.monashhealth.org/auth/saml/login.php

1. Click on the ‘Volunteers/Contractors/Students/Associates’ box which will navigate to a log in screen.

2. Log in or create a new account and complete all of the fields. Please retain (write down) your login details and keep for future placements.

- Once you have submitted your request for a new account an e-mail will be sent to your nominated email address with your user ID and password which will allow you to log into Latte.
Training on

- Mandatory completion (or evidence of prior completion within the previous 12 months) required prior to clinical placement of the following courses:

1. Fire Training
2. iBelong
3. Using Social Media
4. Introduction to Health and Safety (OHS)
5. Managing Challenging Behaviour (OVA)
6. Unconscious Bias
7. Hand Hygiene - student module may be completed through Latte or on Hand Hygiene Australia website
Keeping a Record of Learning

• Keep a record of your learning to email to your clinical facilitator prior to your placement.
  • Click on the Reports tab
  • Click on My Course Completions
  • Click on Export and choose the PDF option
EMR – Electronic Medical Records

• Monash Health have recently implemented a new Electronic Medical Records system to enhance patient safety and care.

• This excludes some areas such as Residential and Aged Care

• All health professional students will have the ability to interact with the EMR in a student capacity and under supervision, while on clinical placement.

• Training prior to placement is highly recommended to aid in your preparation
EMR Training on

- **EMR Training is highly recommended prior to clinical placement.**
- When you are logged into Latte, click on the “START EMR TRAINING” tab which will allow you to scroll down and select “Click for the View Only module” under the View Only heading.
- Select EMR Program – View Only from the left of the screen
- View each module by following the links
- Ensure that “pop ups” are allowed in your web browser
EMR Training on Latte

Mental health and Wellbeing

Look after your own mental health and the mental health of your colleagues with these new workplace resilience training programs.

Search Black Dog in the Course Catalogue to enroll.

My Required Learning

As part of the requirement training for your course, the programmes and courses below need completing. Please note ‘Due Soon’ may also apply to courses that require re-completion and are due in the next 2 months (i.e. ‘working’).

<table>
<thead>
<tr>
<th>Status</th>
<th>All Records</th>
<th>Completed</th>
<th>Overdue</th>
<th>Started</th>
<th>Due Soon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Training</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Managing Challenging Behaviour (MCA)</td>
<td>incomplete</td>
<td>incomplete</td>
<td>incomplete</td>
<td>incomplete</td>
<td>incomplete</td>
</tr>
<tr>
<td>Introduction to Health and Safety (IHS)</td>
<td>completed</td>
<td>17 Jan 2019</td>
<td>1 Aug 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using Social Media</td>
<td>completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td>completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMR Training on Latte

Welcome to your EMR Training

To start your EMR program of learning:
1. Locate your learning discipline(s) from the list below and click on its corresponding link.
2. Turn on your audio to listen to a short introduction to your learning and commence your learning. You will need to click the "Start" button on the course entry page to begin.
3. Ensure your computer system is correctly set up by going through this Quick Reference Guide.

Enrollment options

- Self-enrollment allowed

Your EMR learning program will then be visible on your 'My Required Learning' dashboard on the Home page.

Please note: Due to the high volume of use of the system you may experience some delay in seeing your program of learning link appear in your 'My Required Learning' dashboard.
Accessing the EMR

• Students will receive a Monash Health IT account which allows them to access Monash Health applications including EMR, whilst on placement.

• This is received via student email or on your first day via your facilitators.

• This account has a separate log in and password to your LATTE account.

• Both accounts will be kept for all placements so please retain details and keep them safe/confidential.
Accessing the EMR

• Students will need to login to EMR without the use of an ID Badge

• Students should never use their supervisors ID badge to access EMR

• Students must have all documentation in the EMR authenticated by their supervising nurse
Other useful links for EMR information

• Monash Health EMR website

• EMR Quick Reference Guides

• EMR Proficiency Guides
O H & S

- Monash Health has a manual handling policy

- Use appropriate equipment such as slide sheets, lifting machine, standing machine, bariatric equipment

- Report any injuries to your Preceptor, Nurse-In-Charge, facilitator, university and document on Riskman

- Monash Health is a smoke free environment, smoking is no longer tolerated anywhere on hospital grounds
Whilst emergencies differ, the R.A.C.E. concept offers a set of immediate, generic responses which are easily memorised and appropriate in most circumstances.
**R.A.C.E. Principle**

**R**emoove any person in immediate danger if safe to do so.

**A**lert call emergency number “999” and operate nearest break glass alarm.

**C**ontain & control by closing doors.

**E**xtinguish fire if safe to do so & evacuate to assembly area.
Emergency Codes > Dial 999

• Red - Fire/Smoke
• Orange - Evacuation
• Purple – Bomb threat
• Black – Personal threat
• Yellow – Internal Emergency
• Blue – Medical Emergency
• Brown – External Emergency
• Grey – De escalation of verbal or physical violence or aggression
Code Blue or MET call
Code Blue > Dial 999

Basic Life Support for anyone who is unresponsive and not breathing normally.
  • DRS ABCD

To activate the Resuscitation Team
  • Call 999 or 0000 for residential

Nurse Role
  • CPR, scribe, runner

Get to know your emergency equipment
  • Look at the resuscitation trolley,
Medical Emergency Team (MET Call)  
Dial 999

- **Adult MET Call Criteria**
  - **Airway** - Respiratory distress, threatened airway.
  - **Breathing**
    - RR > 30/min, RR < 6/min
    - SaO₂ <90% on Oxygen
    - Difficulty speaking.
  - **Circulation**
    - Blood pressure <90 systolic, despite treatment
    - Pulse > 130
  - **Neurological**
    - Drop in GCS
    - Fitting
  - **Other** - Concerned, need prompt attention.

(Be aware that separate criteria exists for paediatric MET calls)
Assisting in Emergencies

• Check the emergency equipment at the bedside at the start of every shift
• Know where the staff assist buzzer is located
• Know where the resuscitation trolley (crash cart) is located. Find time to learn the equipment on the trolley
• Many staff are involved in a Code Blue or MET call. Learn about the different roles. The environment can get crowded and you may be asked to leave the area
• If asked to obtain equipment do so promptly. If you don’t know where something is located speak up promptly
Riskman Incident Reporting

• Monash Health has a no blame culture

• An Incident report isn’t filled out as a means to blame someone but to look at ways to prevent the incident occurring again
• By reporting incidents you are protecting patients, staff, visitors and the organisation. It helps Monash Health to implement strategies to improve patient care and safety
• Riskman is used to report clinical incidents such as a missed medication and also occupational health and safety incidents
Riskman Incident Reporting

- Monash Health uses Riskman as its incident reporting program
- Riskman is available on every computer within Monash Health
- There are 4 different levels of Incident Investigation that can be undertaken

![Diagram showing Sentinel Event, Adverse Event, Incident, Near Miss categories]
Riskman Incident Reporting

If an incident occurs the student should follow these steps:

• Notify preceptor/buddy nurse
• Notify nurse in charge of shift
• Notify clinical facilitator ASAP – leave a phone message if after hours
• Preceptor or facilitator will need to complete the Riskman report, however you will need to be there to assist and provide information regarding the incident.
• Please include Clinical Education Coordinator Katherine Cook in the Riskman distribution list – Katherine.cook@monashhealth.org
The 5 Moments of Hand Hygiene

1. Before touching the patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching the patient’s environment
Infection Control

• Avagard is available for hand hygiene at the end of every bed, outside every room & various other locations throughout the ward
• Non-sterile gloves for hand hygiene can be found in every patient room
• Personal Protective Equipment such as yellow gowns, goggles, and face masks are available on all wards.
• Be vigilant. Infection Control protects our patients, families, our colleagues and ourselves
### Infection Control.
**Summary of requirements of each transmission based precaution type**

<table>
<thead>
<tr>
<th></th>
<th><strong>Airborne</strong></th>
<th><strong>Droplet</strong></th>
<th><strong>Contact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single room</strong></td>
<td>Yes: negative pressure&lt;br&gt;Door closed. Enter via anteroom. Negative pressure reading to be observed and documented each shift. Appendix 1</td>
<td>Yes (or cohort with other patients colonised or infected with the same organism)&lt;br&gt;Door may remain open</td>
<td>Yes (or cohort with other patients colonised or infected with the same organism)&lt;br&gt;Patients require their own bathroom and toilet facilities&lt;br&gt;Door may remain open</td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>On entering the room</td>
</tr>
<tr>
<td><strong>Gowns</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>Long sleeve gown on entering the room</td>
</tr>
<tr>
<td><strong>Masks</strong></td>
<td>Particulate filter (N95) mask before entering the room</td>
<td>Surgical mask within one meter of patient or before entering room</td>
<td>As per Standard precautions</td>
</tr>
<tr>
<td><strong>Goggles/Face Shield</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
</tr>
<tr>
<td><strong>Health Record Forms</strong></td>
<td>May be in room</td>
<td>May be in room</td>
<td>Outside room</td>
</tr>
<tr>
<td><strong>Daily Cleaning</strong></td>
<td>As per daily clean procedure</td>
<td>As per daily clean procedure</td>
<td>As per daily clean procedure</td>
</tr>
</tbody>
</table>
## Infection Control

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Linen and Waste</th>
<th>Transfer of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>As per Standard Precautions.</td>
<td>As per Standard precautions</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer. Patient to wear N95 if tolerated, or surgical mask</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer. Patient to wear surgical mask</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer.</td>
</tr>
<tr>
<td>Discharge Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As per terminal clean procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Immunisation Status

- **Immunisation Status** includes:
  - Hepatitis B
  - Varicella
  - Measles, Mumps, Rubella
  - Pertussis
  - Mantoux or Quantiferon
  - Influenza vaccination for **current** year

- Your education provider provides a declaration to Monash Health prior to placement that states that you meet immunisation guidelines as per “Vaccination for healthcare workers”

Communication Using ISBAR

What is ISBAR?

• ISBAR is a standardised communication tool used to improve the structure and effectiveness of clinical communication. This mnemonic helps staff to remember the key elements of clinical information that should be used.

When is ISBAR used?

• During clinical communication
  • Referrals
  • Handovers
  • Telephone and LAN paging
# Using ISBAR

<table>
<thead>
<tr>
<th></th>
<th>For Telephone or verbal communication</th>
<th>During Handover</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Identify</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yourself (name, position, location) and patient</td>
<td>Patient – 3 identifiers such as name, DOB and medical record number</td>
</tr>
<tr>
<td>S</td>
<td>Situation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why are you calling? – if it’s urgent, then say so</td>
<td>Patient’s diagnosis/current problem</td>
</tr>
<tr>
<td>B</td>
<td>Background</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brief history and background of the current situation</td>
<td>The patient’s past history</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What do you think is occurring?</td>
<td>Systems or head to toe assessment</td>
</tr>
<tr>
<td>R</td>
<td>Request</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What do you want? For example request a review or referral</td>
<td>What is the current plan?</td>
</tr>
</tbody>
</table>
LAN Page Communication

Lan Page

• Computer system
• A standardised format for LAN Paging exists
• Maximum of 80 characters per message
• Make the message short!
• For example: “Pt Smith 32S, needs Consent for procedure, Karen 12345”
Sending a LAN Page

Access LAN Page system via any computer on the network.
The LAN Page icon is located on the desktop.

Type in Holder Number and click Search
or
Type in the Pager Number into the boxes.

Type in the Message using the standardised format of IS & R from ISBAR.
LAN Page Standardised Message

I S R

Identify

Your name, position, extension and pager
Your patient, ward, bed number

Situation

What is the situation?
What do you want actioned?

Request

URGENCY RATING
Policy and Procedures

• Policy
  • Statement of expectations

• Procedure
  • Implements a policy
  • Steps required to complete an activity

• Why do we have them
  • Evidence based
  • Best practice standard
  • Standardisation throughout Monash Health

• Located on the intranet – please ask if you are unsure how to access PROMPT
Supervision and Delegation

• All students must work under the delegation and supervision of a registered nurse or midwife at all times in the clinical environment.

• This can be direct supervision or indirect supervision depending on the task.

• Supervisors may consist of clinical facilitators, preceptors, buddy nurses/midwives or nurse/midwife in charge of the shift.

• It is your responsibility as a student to also ensure that you have the correct supervision prior to completing patient care.

• You must be aware of your own scope of practice and inform the delegating person if you have not been adequately trained or are uncertain of any aspect.

• If you are unsure whether you are allowed to complete a skill or task, please contact your clinical facilitator or your education provider prior to completing the task.
Ask yourself…
1. Am I educated?
2. Am I authorised?
3. Am I competent?
Supervision

• Direct Supervision
  Direct supervision is provided when the registered nurse or midwife is actually present, observes, works with and directs the person who is being supervised.

• Indirect Supervision
  Indirect supervision is provided when the registered nurse or midwife is easily contactable but does not directly observe the activities.
Medication Administration

Medication administration:
• Right patient
• Right medication
• Right dose
• Right route
• Right time
• Right reason
• Right documentation
• Right monitoring
• Remember to check allergies

Students **must be directly supervised at all times when preparing & administering ALL medications**

*This includes IV therapy and oxygen administration*
Monash Health Medication Administration Policy

• Please review the following policy in the first days of placement
  • Medication Administration
Oxygen is also a medication!

When doing oxygen safety checks remember to...

1. Visualise your patient during bedside handover - are they wearing nasal cannula or a mask for example?
2. Check the patient’s chart - is there oxygen therapy recorded - how many litres?
3. Discuss with your buddy before doing safety checks

No tubing connected:
Simply test the O2 works

Tubing connected:
Is O2 running?
Is it connected to the patient or a device?
Check the patients chart – how many L’s?
Consent

- You must obtain verbal consent from a patient prior to performing any care
- The patient must be aware that you are a student
- The patient **must** be informed by you if you are performing a procedure for the first time
- The patient has the right to refuse care from you
- Patient consent must be obtained before you can disclose any patient information to family or visitors. Encourage the patient to update their visitors about their progress.
Confidentiality

• **Statement by Student on Clinical Placement** - must be completed and returned prior to placement commencement

• Be mindful of where you are discussing any aspect of your clinical placement or patient information. Public areas like the cafeteria are an inappropriate place to have clinical discussions, however the handover room is appropriate.

• It is inappropriate to share information between patients

• **DO NOT** discuss any clinical placement details on social media such as Facebook or Twitter

• Debriefs – anything said in debrief is confidential and not to be discussed on the wards

• Dispose of your handover sheet (non EMR sites) at the end of each shift in the confidential waste bin
Complaints

• If you have a complaint or any concern, speak to your facilitator who can support you and escalate the issue as required

• If complaint pertains to Clinical Facilitator:
  
  • Please contact Katherine Cook, Clinical Education Coordinator on 0466 204 099
  
  Or
  
  • Contact Nursing and Midwifery Education and Strategy on 9594 2876
What Makes a Successful Student?

• Completion of pre placement training and orientation.
• “Tools of the trade” – bring to every shift
• Well presented in correct student uniform
• Punctuality
• Showing initiative
• Good communication skills
• Good knowledge base
• Ability to apply knowledge
What Makes a Successful Student?

- Adaptability
- Problem solving skills
- Self directed
- Enthusiastic
- Keen & motivated
- Maintenance of privacy and confidentiality
- Wise use of resources, find out what and who these are in your clinical area and use them!
- Build upon current knowledge, learn common medications, diagnoses in your area.
“Tools of the Trade” – bring these to every shift

- Stethoscope
- Nurses watch
- Pharmacology book
- Note pad
- Pens and highlighters
- Pick-pocket with scissors/tape/pen torch
- Student ID badge
Clinical Expectations for each shift

• Bedside safety checks – see next slide

• Shift planners (Should be completed on EMR if EMR is utilised at your placement site):
  • Do at start of shift and update throughout your shift to assist with time management and prioritisation of care
  • Include: medications, vital signs, falls risk, pressure injury risk, and patient specific assessments such as fluid balance input and output, drainage tubes and IDCs, wound management, GCS, pre or post op obs

• **Manual** blood pressures; respiratory rate and pulse checked for 1 min

• Head-to-toe assessments on all your patients’

• Auscultate your patient’s chest and abdomen

• If there’s any change in your patient’s condition, make sure you tell your preceptor/buddy or nurse-in-charge
Bedside Safety Checks

Safety check of area
- Obstacles, falls risks, blood, water, sharps
- Bed brakes on, cot sides up (if appropriate)
- Call bell within reach of patient

Safety check of patient
- Response, airway, breathing, circulation
- Check ID bands
- Check any IV sites and fluids, wounds, drains

Safety Equipment
- Oxygen flow meter, wall suction and suction tubing
- Emergency Box/Bag - oropharyngeal airway (Guedel), oxygen tubing, nasal prongs/Hudson mask/Air Viva, Yankeur sucker, suction catheter
- Avagard and gloves
Nursing Progress notes – only for sites that do not utilise EMR

Nursing Progress Notes: What do I need to include?

• Use objective not subjective language e.g. patient states he has nil pain
• Use a systems or ‘head to toe’ approach
• At start of notes document: date, time, nursing notes
• Use PIE to report Problem, Intervention and Evaluation
• Finish by signing & printing your name, year level nursing student, and university. Your Preceptor or Buddy must co-sign your notes as this is a legal document
• If it isn’t documented it hasn’t been done
Nursing Progress notes – only for sites that do not utilise EMR

**PATIENT ASSESSMENT** to be carried out at start of each shift & PRN i.e. pt. condition deteriorates, post OT, MET/Code Blue and on admission

- Start with emergency /safety check
- Medication/Infusion charts check with RN from previous shift
- Check for ID bands; IV site

**NEUROLOGY/HEAD/PAIN & SEDATION**

- Orientation to time and place
- GCS assessment
- Pain assessment - scale
- Infusions/Meds affecting GCS
- Eye assessment, nose, ears, hair, head
- Mouth assessment

**RESPIRATORY**

- Airway, trache- size, cuff check
- Spontaneous ventilation assessment i.e. use of accessory muscles, diaphoretic, work of breathing, respiratory rate
- Chest auscultation
- CXR check and follow up with doctor
- Chest drains, Swinging Bubbling Draining
- Sputum type, amount, colour
- Blood gas analysis

**CARDIOVASCULAR**

- Heart Rate, rhythm, Blood pressure
- Central and peripheral temperature/pulses
- Intravenous fluids
- IV Site(s) insertion dates and condition
- Infusions/Meds affecting blood pressure
<table>
<thead>
<tr>
<th>Nursing Progress notes – only for sites that do not utilise EMR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION/HYDRATION/ABDOMINAL</strong></td>
</tr>
<tr>
<td>• Palpation. observation</td>
</tr>
<tr>
<td>• Eating habits/ food chart</td>
</tr>
<tr>
<td>• MUST Tool</td>
</tr>
<tr>
<td>• Nasogastric aspiration, feeding regime,</td>
</tr>
<tr>
<td>• Blood sugar levels, insulin infusion, other metabolic disturbances</td>
</tr>
<tr>
<td>• TPN- lines</td>
</tr>
<tr>
<td><strong>HYGIENE/MOBILITY/WOUND CARE</strong></td>
</tr>
<tr>
<td>• Mobility/ Assistance required</td>
</tr>
<tr>
<td>• Wound Care</td>
</tr>
<tr>
<td>• Braden Scale</td>
</tr>
<tr>
<td>• DVT prophylaxis</td>
</tr>
<tr>
<td>• Falls Risk</td>
</tr>
<tr>
<td>• Infection, antibiotics, recent cultures and wound swabs</td>
</tr>
<tr>
<td><strong>RENAL/ELIMINATION</strong></td>
</tr>
<tr>
<td>• FBC, intake and output</td>
</tr>
<tr>
<td>• Skin turgor, dry moist</td>
</tr>
<tr>
<td>• Bowels, medications affecting bowels, bowel sounds, ulcer prophylaxis</td>
</tr>
<tr>
<td>• Biochemistry results</td>
</tr>
<tr>
<td><strong>PSYCHOLOGICAL/SOCIAL/CULTURAL</strong></td>
</tr>
<tr>
<td>• Emotional well being</td>
</tr>
<tr>
<td>• Day / Night routine, sleep patterns</td>
</tr>
<tr>
<td>• Person responsible</td>
</tr>
<tr>
<td><strong>DISCHARGE PROGRESS</strong></td>
</tr>
<tr>
<td>• Discharge date</td>
</tr>
<tr>
<td>• Discharge plan</td>
</tr>
<tr>
<td>• Arrangements in place for discharge, i.e. pharmacy, transport home</td>
</tr>
<tr>
<td><strong>TIP</strong> Use the “PIE” model to show follow-up of patient issues – Problem, Intervention, Evaluation</td>
</tr>
<tr>
<td>E.g. patient had 6/10 chronic back pain reduced to 2/10 with administration of prn analgesia, repositioning and warm shower</td>
</tr>
</tbody>
</table>
Rosters

• This clinical placement takes priority over other outside commitments

• Take the time to read the key on your roster so you are aware of your shift times

• Please arrive 10 minutes before the start of each shift

• There will be no changing of shifts – speak to facilitator if there are any MAJOR concerns
Preceptorship Model

• What does this mean?
  • You are allocated a preceptor and you follow their shifts for the duration of your placement. This includes mornings, afternoons, weekends, nights and public holidays
  • If your preceptor does not work full time then you will be allocated to work with a ‘buddy nurse’ for the shift
  • Your preceptors will be involved in your placement appraisal and may also complete competency assessments
Preceptorship Model

• Benefits
  • A constant support person
  • A fair and accurate assessment from a person who has spent a lot of time with you
  • A realistic nursing experience
Sick leave

If you are sick you must make 3 phone calls prior to commencement of your shift:
- call the ward you are on,
- call CNE on their office phone (leave a message if it is out of hours)
- call your education provider

You must get a medical certificate from your health provider or a statutory declaration and hand to the CNE on return to placement.

You may need to make up sick leave.
Clinical Facilitator Role

• **Patient/client advocate**

• **Support** both student and preceptor

• **Assist** students to seek out learning opportunities within a safe environment

• **Assessment** Provide accurate, realistic but fair assessment of student performance

• **Education** Provide clinical education and debriefing sessions, assist students in the process of reflection
Student Clinical Assessment

Clinical facilitators and preceptors will be assessing the following when students are on placement:

- Patient assessment skills
- Prioritisation of care
- Time management
- Confidence and taking initiative in patient care
- Communication with health care team
- Documentation
- Medication safety
- Critical thinking and problem solving
Student Clinical Assessments

• Assessments can be completed by your Preceptor, Buddy or Clinical facilitator

• Ensure your Preceptor or Buddy is aware of your assessments, the due date, and has sufficient time to complete them

• Each education provider has its own assessments such as:
  • Interim assessment – done half way through placement
  • Final assessment – done in the last days of placement

• All assessments are based on the Australian Nursing and Midwifery Competency Standards.

• The assessments are your evidence of successful placement. Please take responsibility for completion in a timely manner

• At end of placement you must scan a copy of all assessments to your Clinical Facilitator
Monash Health Patient Assessment

• Assessment must be conducted:
  • On admission
  • Shift by shift
  • Post-operatively
  • To reflect change of condition
  • MET calls/Code Blue
Head to Toe Assessments

Practise performing these assessments on all of your patients

The next slides are a guide to what should be included in your assessments

Remember practise makes perfect 😊
Head to Toe Assessments

Start with safety check
• Oxygen & Suction

• Infusion check - Right drug, Right rate, Right patient

• Medication Chart check with RN from previous shift to ensure all orders are signed

• Name band/allergy band

• Patient safety and comfort – Remember
Neurology/Head/Pain/Sedation (CNS)

• C-spine assessment
• GCS assessment - Orientation to time, person and place
• Communication, speech, swallow
• Pupil assessment – PEARL & size
• Limb strength – is it equal? Are there weaknesses
• Pain assessment- PQRST
• Infusions/ Meds affecting GCS i.e. Sedation and analgesia
• Eye assessment, nose, ears, hair, head (bumps or grazes)
Respiratory (RESP)

- Airway, trache size, cuff check
- Spontaneous ventilation assessment. Respiratory rate, use of accessory muscles, chest symmetry, depth, pattern
- SaO₂, mode of oxygen delivery, flow and FiO₂
- Chest auscultation
- CXR check
- ICC – swinging, draining, bubbling
- Cough – Moist/dry, sputum type, amount, colour
- Peak flow
- Nebs
- Blood gas analysis
Cardiovascular (CVS)

- Cardiac history
- Heart rate, rhythm, pulse strength, blood pressure
- Skin - colour, warmth, turgor, presence of oedema
- Temperature
- Neurovascular observations
- IV Infusions
- IV cannulas, insertion site, date of insertion and condition of site
- Blood results FBE, clotting
- ECG, chest pain
- Heart sounds
Gastrointestinal Tract (GIT)

- Tolerating diet/fluids, nausea, vomiting
- Food chart
- Abdominal inspection, auscultation, palpation
- Abdominal pain - PQRST
- Bowels – bowel actions, medications affecting bowels
- Ulcer prophylaxis
- NGT/NJT/PEG aspirations, feeding/flushing regime
- MUST tool
Renal

- FBC - input and output
- Urine – dysuria, urgency, frequency, odour, colour, haematuria, continence
- Bladder distention
- Bladder scan results
- IDC – insertion
- Urinalysis
- Fluid restrictions, diuretics, daily weights
- Biochemistry results
Endocrine

- Blood sugar levels
- Insulin – infusions, sliding scale
- Diabetes referrals
- Other metabolic disturbances
Hygiene/Mobility/Wound Care

- Mobility / Assistance required / aids used
- Skin integrity
- Wounds – dressing regime, wound swabs
- Drains
- DVT prophylaxis
- Braden scale – pressure ulcer interventions, e.g., Bi-wave mattress
- Falls risk
Psychosocial

• Psychological assessment – appearance, mood, behaviour, thoughts etc
• Living arrangements
• Needs of patient – what do they feel they require
• Needs of family – i.e. is the patient primary carer for family member
• Day / Night routine, sleep patterns
• Behavioural issues
• Quality of life
• Work situation
Summary

Thanks for taking the time to thoroughly read your orientation package prior to clinical placement. We look forward to facilitating your student placement at Monash Health.