



Government of **Western Australia**
Department of **Health**
WA Country Health Service

Nursing Rural Student Placement Orientation Guide (Pre-Placement)



*Working together for a healthier **country WA***



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Introduction

Welcome to the WA Country Health Service Nursing Rural Placement Student Orientation Guide.

Firstly, congratulations on deciding to undertake a rural or remote student placement. Rural placements provide students with a fantastic opportunity for both professional and personal development. Professionally, placements give you an insight into rural health and service provision, and foster greater confidence and independence. Personally, they offer you the chance to experience a different lifestyle, to meet new and interesting people and to move beyond comfort zones.

Why must I read this document?

In order to make the most of your placement, we have created this pre-placement orientation guide. The guide will compliment orientation information provided at the commencement of your placement by your preceptor. The guide contains information that has medico legal and workplace health and safety implications for anyone working in the WA Country Health Service, including students such as you. It provides information about important policies, procedures and workplace expectations that will influence the way you conduct yourself on placement. It also aims to highlight some of the unique aspects and considerations of rural and remote practice. It is your responsibility to know about and understand the content of this document before you commence your placement.

What is covered?

This document covers the following areas:

- Before you go and settling in
- Placement logistics
- Health service resources and facilities
- Mandatory requirements
- Legal and ethical practice
- Looking after yourself
- Rural student placement resources.

How long will it take?

It will take about 15–20 minutes to read this guide. Extra links have been provided for further information, including a number of recommended learning modules. Each module will take between 10–15 minutes each to complete.

Acknowledgements:

This package has been adapted from the WA Country Health Service: Allied Health Rural Student Placement Orientation Guide(Pre-Placement) and has been modified by WACHS Area Nursing and Midwifery Services for nursing students. Acknowledgement and appreciation for the original Allied Health version is extended to the WACHS Area Program Manager, Allied Health, Allied Health Professionals and University Clinical Coordinators who contributed to the development of the package, in particular the membership of the Allied Health Reference Group. This package is copyright to WA Country Health Service.



About WA Country Health Service

Introducing WA Country Health Service

The WA Country Health Service (WACHS) is the single biggest Area Health Service in Western Australia and the largest country health system in Australia. It services an area of some 2.55 million square kilometres with a combined regional population of 454,000 people (almost a third of the State's population), including nearly 45,000 Aboriginal people. The health service comprises of seven regions Kimberley, Pilbara, Midwest, Wheatbelt, Goldfields, South West and Great Southern and is supported by an area office based in Perth. The breadth and scope of the WACHS organisation is enormous, with services being planned and delivered for a particularly diverse and sprawling population with widely varying health needs. See appendix one for a map of WACHS.

WACHS has a workforce of more than 5,600 FTE staff including over 2,300 nurses, 500 allied health and health science professionals, 180 salaried doctors and 250 Visiting Medical Officers. We deliver acute and primary health care services across more than 70 hospitals, a large number of smaller health services and nursing posts, aged care facilities, child & community health, dental, alcohol and drug services, mental health and public health facilities. Each year on average, we deal with around 325,000 emergency department visits (excluding other forms of emergency responses characteristic of rural health), 96,000 hospital discharges, and 380,000 inpatient bed days across the State.

Nursing Services in WACHS

Our services are predominantly dispersed along the coastal regions, extending inland into the rural and remote areas across to the borders with Northern Territory and South Australia.

WACHS provides nursing services within:

- 6 Regional Resource Centres
- 15 District Hospitals (integrated district health services)
- 50 Small Hospitals (including 29 multi-purpose services)
- 33 Nursing Posts/Remote Area Nursing Posts
- 26 Mental Health services
- 4 Multi-Purpose Sites.

The seven Regional Health Networks of the Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West; provide a diverse range of services including emergency departments, mental health, obstetrics, surgical, medical and dialysis. These health networks operate in collaboration with a number of partners including Aboriginal Health services, retrieval services and tertiary centres; providing additional networks and experiences for nurses working in rural and remote areas. Consequently your experiences whilst on placement will be wide and diverse.

For detailed information about nursing services and facilities in each region, see the WACHS Nursing Life profiles at www.wacountry.health.wa.gov.au/default.asp?documentid=721

Learning Objectives on Rural Clinical Placement

In addition to providing you with the opportunity to learn and consolidate your clinical skills, rural clinical placements provide a number of additional learning opportunities, including:

- Exposure to different service delivery models
- Working in different service settings
- Collaboration with other health service providers
- Adaptation of evidence base practice to the remote and rural context
- Engaging with the community in the provision of health services
- Implementation of primary health care principles
- Working with Aboriginal people and in a cultural secure manner
- Awareness of the nature of rural and remote practice
- Understanding of health characteristics and social-cultural demographical impacts on health
- Plus much much more...

There are a multitude of experiences available to you during a rural and remote placement, and we would encourage you to make the most of these opportunities.





1.0 Before you go and settling in

Getting there

There are many different ways to get to a rural placement including driving, flying or catching public transport (train or bus). Talk to the coordinator at your destination site about the different ways and costs of travelling to the community. If you are flying or catching public transport, ask about getting from the airport or bus/train station to your accommodation. Make sure you get the address of and directions to the health service and your accommodation.

It is important to be especially careful when driving, as country roads are quite different from driving around the city. Find out how long it takes to drive and the best routes to take (avoiding unsealed roads). Make sure you allow plenty of time for travel, and always let someone know when you are leaving and when you arrive.

Getting around (local transport)

Many country towns in WA are without public transport facilities or taxi services. If you are not taking your own transport, this can make getting around your community a little more difficult. Before you go out on placement, find out about:

- The distance of your accommodation from your work site and other facilities, such as supermarkets
- Local transport facilities, such as buses and taxis
- Alternative transport, such as bike hire (or even taking your bike along with you), which is often a cheap option worth thinking about.

Getting to and from work

If you are staying in accommodation which is not on the hospital site, you will need to consider how you will get safely to and from work, remembering that you will be rostered on a variety of shifts which may commence or finish early in the morning or late in the evening in darkness. Consideration for your own personal safety is vitally important, particularly when you are in an unfamiliar town. You will not be able to rely on public transport at these times of the day; even in larger regional resources centres with regular public transport it does not usually run at these times.

Accommodation

Whilst accommodation support is not available in all WA Country Health Service sites and you may be required to make your own arrangements, some sites may provide accommodation free of charge, or at a subsidised rate, to students completing rural placements. It is important to discuss accommodation availability as early as possible with your school coordinator and the coordinator at your destination site. Please also discuss if you have any special requirements. Accommodation (if available) books out quickly, so contact the coordinator early as they need to book your accommodation well in advance.

Health service supported accommodation is of varying types and standards, and it is recommended you ask the coordinator about the type of accommodation available. Normally accommodation is either staff quarters or shared accommodation. This type of accommodation will give you the opportunity to mix with other health professionals (e.g. doctors, nurses and allied health professionals) as well as other students. Within the staff quarters you typically have your own room (lockable) with shared cooking facilities, TV room, laundry facilities etc.

The quality of accommodation does vary across sites. You should consider placement accommodation the same as you would accommodation when travelling or backpacking – an adventure and an experience. If you have any issues with your accommodation, please discuss them with the coordinator immediately.

Whilst for some sites there is no or minimal charge to you for your accommodation, there is a significant cost to the health service. It is important to remember that the health site is paying for your accommodation. For many sites there is also a shortage of accommodation, even for staff – so accommodation if available should be considered a privilege rather than an expectation. You should leave your accommodation clean and tidy, in the same (or better) condition than you found it.

Staying in touch

It is important whilst you are on placement to stay in touch with family and friends. Find out from the coordinator about availability of, access to and cost of the Internet (for emails) and landline phones for personal communications.

Mobile phone coverage will be specific to your local carrier, with some carriers not having reception in all country communities. It is recommended you check your mobile phone coverage before you leave for your rural placement.

Community facilities

The services available in the community vary, primarily dependent on the size of the town. Check with the coordinator what facilities are available in town, including shops, library, post office and banks. If you are a keen sports person, find out what is available in town also. This type of information can also be found on the web (just type the town name into a google search).

Things to see and do

Going on a rural placement not only provides a rural health experience, but also the opportunity to see more of country WA. Spend some time finding out about things to do and see in and around your placement town. The staff at your placement site will be able to give you lots of tips and ideas.

Becoming part of the community

Even though you may only be living in the community for a short time, you can still make the most of it and 'get into country life'. Some great suggestions for getting into the community can be found on the SARRAH Transition Toolkit website www.sarrahrtraining.com.au/site/index.cfm?display=143763

Financial support

Discuss with your university financial support available to assist with the costs of undertaking a rural placement. The university, the health service or the Australian Government may offer financial support. For example CUCRH (Combined Universities Centre for Rural Health Care) provide funding support for rural placements in collaboration with WACHS. <http://www.cucrh.uwa.edu.au/index.php/studentsfinancial-support-information>

Pre-departure checklist

A pre-departure checklist has been generated to help you prepare for your rural student placement, including questions to ask the coordinator. See Appendix Two.



2.0 Placement logistics

Coordinator

You must make contact with the coordinator at your placement site well in advance of your arrival. This should occur as soon as your placement has been confirmed through the university. You should be provided with these contact details by your university – if not, ask your clinical practicum coordinator. Throughout WACHS, different staff coordinate student placements – this person may be a nurse manager, learning and development coordinator, staff development nurse, administration assistant or similar.

The placement coordinator is usually a different person to your preceptor.

Preceptor

For each placement you will be allocated a preceptor who you will work with and who will assist you with completing your competencies and evaluations. This preceptor may vary over the course of your placement to fit with rostering and the role may be shared by several nurses. You will work under supervision at all times.

To make the most of your experience, it is important for you to talk to your preceptor(s) early in your placement about the aims of the particular practicum and whether there are specific skills which you are required to develop so that they can assist you to achieve these goals where possible. It is also important to provide your preceptor with information regarding any university assessments which require completing during your placement. Ensure you bring all documentation with you.

It is important to remember that your preceptor(s) continue to carry a full workload during your placement, and you will need to be sensitive to his/her other responsibilities.

University contact

Prior to the placement, discuss with your university coordinator the type of contact you will have with your university school. Contact with the university whilst on rural placement can be facilitated by a number of means, including email, videoconference and phone.

Orientation

At the commencement of the placement your preceptor will provide you with a workplace orientation. Appendix Three provides a check list of the sorts of orientation you will receive to the health facility/site, and clinical environment.

Working hours

You will be required to work rostered shifts as determined by the Nurse Unit Manager (NUM). These may include shifts over 7 days per week (including weekends), and may be a combination of morning and evening shifts. Night duty may be included in consultation with your university. Rostered shifts will be influenced by the number of other students and the skill-mix of staff on the ward at any one time. Personal requests for specific shifts may limit the ability of the NUM to roster you with a consistent preceptor and may cause difficulties in catering for your placement. For this reason, students are requested not to ask for specific shifts unless the reason is of the highest urgency. Most NUM's will try to roster your shifts so that you are able to travel home on the weekend at the end of your placement,

however this cannot always be guaranteed. You will need to contact your placement ward or site to obtain a copy of your roster. These are usually available 2 weeks in advance.

Meal breaks will occur in consultation with your preceptor. In most locations there are facilities for bringing your own meals with staff refrigerators and microwaves. This may vary however if you are not placed in a ward environment. Meals are available to purchase at many sites, however this cannot always be guaranteed. Ask the NUM about these facilities when you obtain your roster.

Sick and personal leave

You must notify the coordinator / NUM at your placement site as soon as possible if you are unable to work due to illness. This is particularly important if you are away from your home environment. If you become ill during your placement, you must discuss this with your supervisor so that the best action can be taken. At no time are you to leave your placement without discussing this with the coordinator, NUM or your preceptor.

Identification

You will be required to wear your university identification at all times, which clearly identifies you as a student of the facility. You may also be provided with identification by the health site.

Dress code

Nurses within WACHS comply with a dress code to ensure a professional and positive image of nursing is portrayed at all times. As a nursing student on placement within the organisation, you are also required to present a professional image. Your university is likely to have guidelines for personal presentation while on clinical placement which you should be familiar with.





You are required to wear your school of nursing uniform at all times, unless the environment in which you are working does not support the wearing of uniforms for recognised clinical psychosocial reasons. Please check dress code requirements with the NUM or placement coordinator prior to placement.

You are required to dress in a neat, tidy and safe manner. Dress standards whilst on placement should be appropriate to the functions being performed, occupational health and safety, cultural diversity, local site standards and climate.

Hair must be tidy and well groomed and if below the collar line, should be tied or clipped back. Jewellery should be kept to a minimum and not present any risk to wearer or patients. Nails are to be kept neat and trimmed and acrylic nails are to be avoided. Enclosed, flat shoes in a good state of repair must be worn.

Work cars

In most instances you will not be permitted to drive vehicles leased or under the control of WA Country Health Service. Occasions may occur where special permission is granted for you to drive a WACHS vehicle. If permission is provided your driver's license will be required to be sighted, for currency and appropriateness.

Special requirements

It is important you notify your preceptor of any special requirements that may impact on your clinical placement (e.g. medical condition, disability, religious/cultural requirements).



3.0 Health service resources and facilities

Computers

On placement you may or may not be permitted access to the health service computer network for work related purposes. This will depend upon the site at which you are undertaking your work placement. If access is provided, you will share the computer with other staff and students.

Library

If you are granted access to the computer network, you will have access to a comprehensive online library service, hosted by WA Health, which includes access to databases and electronic journals. Some sites/departments also have small libraries of key text and journals.

Phones

Work place phones are for work use only. Discuss with your preceptor the appropriate protocol for answering the phone, responding to enquiries and taking messages.

Photocopier/fax

All departments have access to a photocopier and fax. Again these are for work use only. Please seek permission from your preceptor to photocopy resources for personal use. You are not permitted to copy any patient records or health service documents.

Car parking

Most health facilities will have car parking available on site, free of charge to staff and students.

Professional development opportunities

During your placement you may be given the opportunity to attend onsite professional development events. This includes videoconference/satellite events or departmental/site events. Your attendance at these events will be at the approval of your preceptor.

Evaluation Forms

You may be asked by the hospital or department to complete an evaluation form about your practicum. It is important these are returned as they enable coordinators to address problems and improve clinical placements. It is also a good way of showing your appreciation for any positive experiences.



4.0 Mandatory requirements

Accidents, injuries and incidents

During the placement you must report any accidents, injuries or incidents immediately to your preceptor. You are also required to report any 'near misses' or 'potential risks'. This includes risks/incidents to yourself, your patient and/or others. Please also check with your university as to what university reporting is required if the incident, accident or injury (both during work time and outside of work time) involves you or a patient you are working with.

Emergency protocols

Your site orientation should include an overview of the protocols for emergencies, including emergency evacuation and response to emergencies such as cyclones. All sites have a clear pathway to follow for raising the alarm and obtaining assistance in case of patient emergencies, including cardiac and/or respiratory arrest. These may differ from the procedures you have been instructed to follow on other clinical placements. Ensure you familiarise yourself with the specific site protocols when you first arrive, prior to undertaking patient care.



Next of kin/emergency contact details

At the commencement of your placement you should provide the coordinator at the placement site with next of kin emergency contact details. You should also provide your next of kin with emergency contact details for you whilst on placement (e.g. site phone number and coordinator's contact details).

Policies and procedures

WA Country Health Service and WA Health have a range of policies, procedures and guidelines that you must comply with during placement. Your preceptor will identify those most relevant to your placement and show you how to access them.

Fire and safety

Fire and safety information should be provided as part of your orientation at the commencement of your placement. Training includes understanding the fire/emergency warning signals and knowing evacuation points and location of fire fighting equipment.

Immunisations and infection control

Your university will have required you to provide evidence of your immunisation status for vaccine preventable diseases such as Hepatitis B, Measles, Mumps, Rubella, Varicella, Diphtheria, Tetanus, Influenza, and Pertussis. Mantoux test to determine Tuberculosis exposure is also required. Further more, if you have worked or been a patient in a hospital outside of WA within the last 12 months you will be required to provide evidence that you have MRSA clearance. Some WACHS sites will require additional screening to be undertaken due to specific risk factors at their location. The coordinator will advise you of these requirements.

During your placement, you must abide by infection prevention processes and standards within the health site. Good hand hygiene is the single most important strategy in preventing health care associated infections. Other considerations include not using single use equipment/items again, provision of protective equipment, general hygiene standards, and screening and vaccine programs.

Criminal screening and working with children check

At the commencement of your placement, you will be required to show your current Criminal Record Clearance. If you will be working with children during your placement, you are also required to have a current Working with Children Check. If you will be working in a facility with commonwealth subsidised aged care services you will also be required to show your Aged Care Clearance (National Police Certificate). Your coordinator will advise you if you require either a Working with Children Check or an Aged Care Clearance. Ensure you bring the required cards or other documents with you.

You will **not** be able to commence your clinical placement if your clearances are not complete, current and deemed satisfactory.



Hand Hygiene Learning Package

It is highly recommended you complete the National Hand Hygiene Learning Package before you commence the placement.

www.hha.org.au/LearningPackage.aspx



Bullying and harassment

Whilst on placement you should not feel that you are being bullied, harassed or discriminated against in any way. If you do however, please discuss immediately with your preceptor or your university.

Code of conduct

As a student within a WA Health facility you are required to read and comply with the WA Health Code of Conduct (www.health.wa.gov.au/circularsnew/pdfs/12431.pdf). The document outlines the principles that guide behaviour between colleagues, staff, patients, carers and the community. As a student health professional, you are also required to abide by the code of conduct of your university and your profession.



5.0 Ethical and legal practice

Access to medical records

Access to medical records and patient information is limited to those patients that you are providing care to, and who have consented to being seen by a student health professional.

Documenting in medical records

During your placement you may be required to document in a patient's permanent medical records. Documentation is completed under direction of your preceptor, who maintains responsibility for the information documented and ultimately the patient's care. Your preceptor is required to read and countersign all your medical record entries.

Your preceptor will discuss with you the preferred style of entering in medical records at the onset of placement. All medical records documentation should comply with the guidelines outlined in Appendix Four.

Confidentiality

Whilst on clinical placement you have a duty to maintain the confidentiality of all information that comes to you in the course of providing care to patients. Health care professionals (and students under the supervision of the health professional) who have a legitimate therapeutic interest in the care of the patient may generally have access to the information they need to know in order to provide appropriate care and treatment. Consent to the sharing of information in these circumstances will generally be implied.





At the commencement of the placement you will be required to sign a declaration of confidentiality. This form states that you will regard and maintain all information gained in the course of your placement directly or indirectly relating to patients, clients, staff, operational or procedure and policy matters as confidential. This is a standard form that all employees sign.

See Appendix Five for further considerations in patient confidentiality.



Confidentiality and Professional Boundaries Learning Package

It is highly recommended you complete the SARRAH Confidentiality and Professional Boundaries Learning Module before you commence your placement.

<http://www.sarahtraining.com.au/site/index.cfm?display=143686>



A Word about.... Confidentiality in the rural environment

Health practitioners in the rural environment face additional challenges in maintaining confidentiality due to the nature of rural practice and rural community living.

From the consumer's perspective, rural and remote towns are a generally discrete and small population that increases people's visibility. Unlike those living in large metropolitan areas, patients are not able to access a service in another suburb, outside their residential location. This increases the chances of being recognised as a user of the service. Even parking one's car can be an issue, most people know and recognise each other's cars. Once inside the building there is always the risk of meeting someone who is known to you and hence creating an uncomfortable situation as patients try to work out what they are willing to disclose to others. In addition patient and health staff live in the same community hence can meet one another at the doctor's surgery, playing sport, across the fruit and vegetables at the supermarket and at social occasions.

From the student's perspective, as a member of the community, it is inevitable that you may encounter your patients outside the patient care context. This may be a one-off encounter down the street or in the supermarket – or a more frequent occurrence within a sporting club or leisure activity. You may also encounter friends and families of patients, who may enquire about their friend/family's member's condition or progress. It can be very difficult to explain to a patient or family member that waiting in line at the deli counter is not the most appropriate time to update the worker on progress made.

It is important that you have strategies for dealing with these situations as they occur (as they will happen at some point). You should familiarize yourself with the circumstances of how confidentiality may be broken in the communities, and devise a means for either addressing or circumventing those circumstances.

Professional boundaries

Professional boundaries are important to ensure that the relationship between you and your patients are both safe and helpful. While a professional relationship will follow many everyday courtesies and social conventions, it is very different to an ordinary social relationship or friendship. Professional boundaries may be crossed by:

- Having dual and/or multiple relationships with the patient (e.g. friend, team member etc)
- Disclosing too much information about yourself to your patients or asking too personal (non issue related) information from your patient
- Imposing personal values and attitudes on your patients
- Giving or receiving gifts (to name a few).

Appropriate professional boundaries also extends to the relationship between yourself and your preceptor. Read the Nurses and Midwives Board of WA guideline "Boundaries for Therapeutic Relationships". www.nmbwa.org.au/3/2208/50/boundaries_for_therapeutic_relationships.pm

A word about... Professional boundaries in the rural environment

On rural placement you will live and work in the same community as your patients and preceptor. Consequently you may have "out of hours" connections (e.g. neighbours, friends, team mates, club members). You need to be especially cognisant of your relationship with your patients and preceptor outside of work.



Consent

You, and/or your preceptor, should seek consent from patients and clients for you to deliver care. You must respect the wishes of patients and clients, so be prepared to leave, or not see the patient, if consent is not provided.

Scope of practice

As a student, you must work within your own scope of practice, that of your preceptor and also the scope of practice for the profession/position within the organisation. It is important that you notify the preceptor immediately if you feel you are working (or being requested to work) outside of your current skill and knowledge level.

Professional behaviour

You must behave in a way that upholds the reputation of your profession, the WA Country Health Service and your university. Professional behaviour encompasses not only clinical practice, but includes: being polite; punctual; appropriately dressed; adhering to policies and procedures; maintaining confidentiality and showing respect to others at all times.

Cultural safety

In remote and rural nursing practice you are likely to see clients from various cultural backgrounds. In particular, depending where you are practicing, it is likely you will be providing services to Aboriginal patients. It is important that you are aware of and have the opportunity to develop your skills in cultural safety and awareness to ensure your practice is appropriate.



Cultural safety

It is highly recommended you complete the following before you commence your placement.

SARRAH Cultural Safety Learning Module:
<http://sarrahrtraining.com.au/site/index.cfm?display=143690>

WACHS/DSC/CUCRH Cultural Orientation Plan for Health Professionals (2 hours)
<http://lms.cucrh.uwa.edu.au/moodle/>



6.0 Looking after yourself

Whilst rural placements can be a fantastic experience and an amazing learning opportunity, they sometimes can be a little overwhelming. Some common feelings experienced by students include:

- Finding the placement different
- Finding it difficult to adjust to the rural setting
- Feeling under-prepared for the placement
- Missing home and your family
- Feeling lonely and isolated

Some strategies to assist you:

- Talk to your preceptor. No doubt they have had similar experiences
- Contact a staff member at your university
- Find out who else is on rural placement and organise to chat to them. They might be feeling the same way
- Maintain regular contact with your family and friends
- If your placement isn't working out as you had envisioned there is help available locally. The student placement coordinator is a valuable resource/liason person



Self Care

It is highly recommended you complete/read the following before you commence your placement:

SARRAH Self Care Management Learning Module

<http://www.sarrahrtraining.com.au/site/index.cfm?display=143712>





7.0 Rural student placement resources

SARRAH: Supporting the transition to remote and rural practice toolkit

This toolkit, developed for Allied Health Professionals but equally relevant to nurses, may be useful for any health professional entering the remote and rural context, including students on clinical placement, graduates commencing work, or experienced practitioners commencing work in a remote or rural area for the first time.

The toolkit includes a whole host of information, resources and support pathways around the:

- Remote and Rural Context
- Remote and Rural Practice
- Skills and Competencies
- Orientation, Development and Support.

It is recommended that you visit this toolkit before you commence your rural placement.
www.sarrahtraining.com.au

WACHS: Student health professionals

This website contains links to a variety of resources for students and further information about WA Country Health Service.

www.wacountry.health.wa.gov.au/healthstudents

CUCRH: Rural placement sites

This website provides details on a number for placement sites across country WA.

www.cucrh.uwa.edu.au/index.php/students/preparation-for-rural-placement/information-about-towns

NRHSN: When the cowpat hits the windmill – A guide to staying mentally fit

The Guide is a resource written by students for students focusing on mental health issues faced by Australia's future rural and remote workforce while on placement or working out bush.

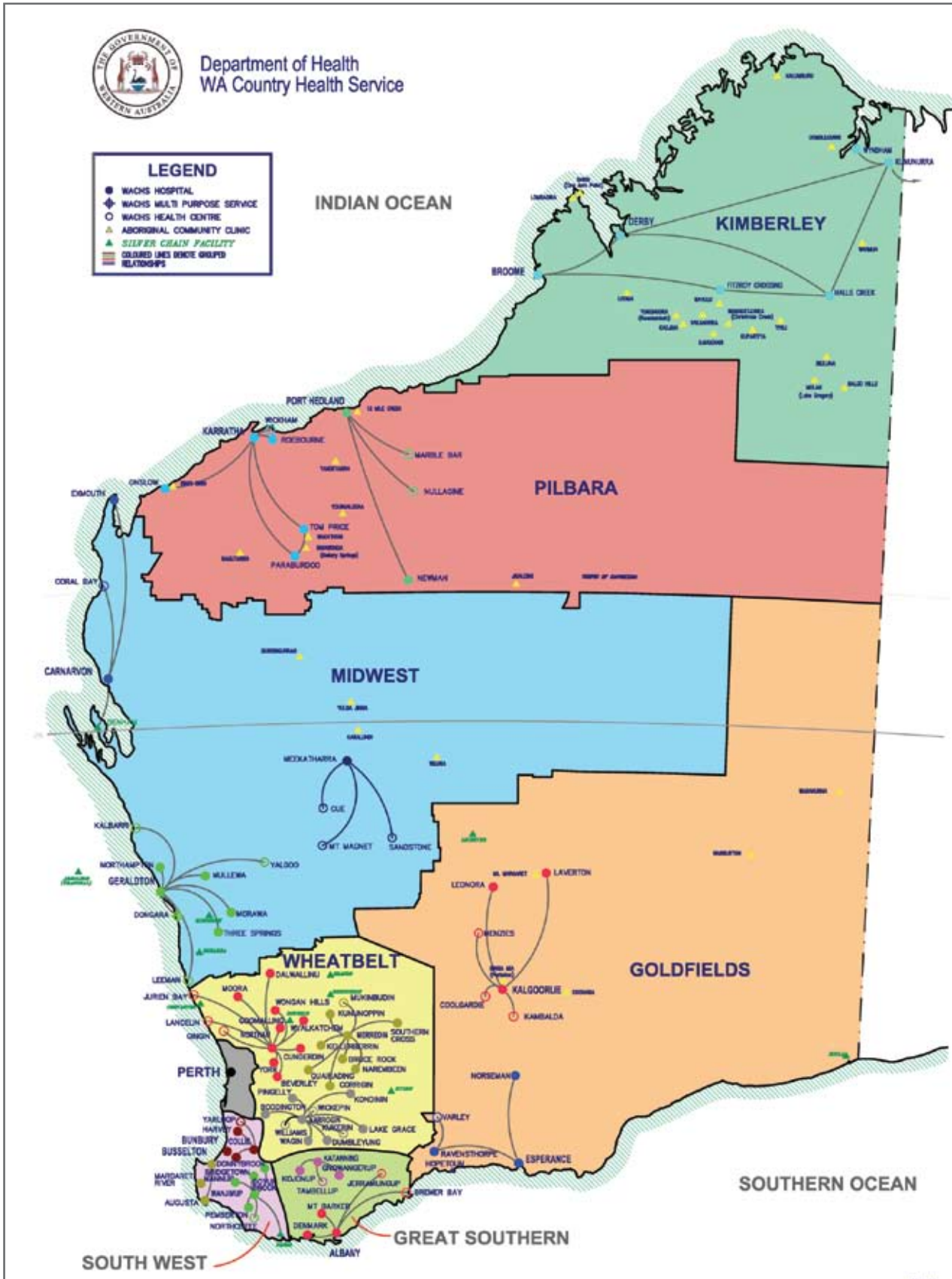
www.nrhn.org.au/site/index.cfm?display=40504

NRHSN: Rural placement guide – How to make the most of your rural placement

The Guide has plenty of information and tips to help students prepare and organise for a rural or remote placement including a checklist. There is some information about cultural awareness, keeping safe while on placement, managing disclosures and what to do if things don't go as planned.

www.nrhn.org.au/site/index.cfm?display=78080

Appendix One: WA Country Health Service Map





Appendix Two: Pre-departure checklist

Travel and transport

- Have you considered how you will get there? (Bus, fly, car etc)
- If you are driving, have you got an up to date map? Quite often roads in rural and remote WA are poorly sign posted.
- Are the roads you plan on taking sealed? If not is your car up to dirt road conditions?
- How will you get around the community? What transport services are available and how appropriate are they for your needs?
- How far is your accommodation from your workplace?
- Do you need to notify anyone of your flight/bus times?
- Are you able to be picked up when arriving?
- Do you need the taxi contact details?
- Can you hire a bike in your community?

Accommodation

- Is accommodation provided and booked for you? If not have you asked your coordinator of other accommodation options, and have you booked (tourist towns in peak season must be booked ahead)?
- What is the cost of your accommodation? Is it subsidized? If so how much and by whom?
- Do you know where in town your accommodation is, and what are the contact details?
- Does your accommodation provide cooking facilities, laundry, fridge, toilets, beds, linen, pillows TV, microwave, crockery and cookware?
- Do you know when and where to pick up keys?
- How far away from the workplace is your accommodation? How will you get between work and home safely, particularly if working shift work?
- What do you need to take with you (linen, food, alarm clock etc)?

Communication

- How will you communicate with home? Will you have mobile reception or access to a phone where you are staying?
- Will you have access to email for personal use? (Local Internet cafes, Telecentre and libraries offer Internet access).
- What are the contact details (phone, address) of your accommodation, your work placement and preceptor?
- What communication facilities are available to you at your workplace or in town (computer, internet, public phones, mobile recharge cards etc)?
- Have you checked the mobile phone coverage?

Community

- What is the community like e.g. demography/geography?
- Where can you source information about the community (shire, tourist information centre etc)?
- Will you need a map of the town-site and surrounding areas?
- What social or recreational activities are available in the community?
- What else can you do in the community other than work?
- What are the health services available in the community or surrounding areas?
- Are there any support services in the community? If so what are they and how accessible are they?
- What are the priority health issues for the community?

Placement

- How can you prepare for your rural placement?
- How is a rural placement different from metropolitan placement?
- Are there any handy resources worth bringing along?
- How much money will you need?
- On the first day, who will be meeting you and where do you go?
- Do you need to phone the coordinator/NUM for your roster and start time?
- Do you have all your university clinical placement documentation?

Uniform

- What is your uniform or dress code?
- Do you need to purchase anything in way of uniform?

Orientation

- What is your ward/location of work?
- What are your working hours?
- What are the policy and procedures specific to your workplace?
- Who will you be working with (other staff etc)?
- Are there other students from same discipline or other disciplines at the workplace?
- What other health professionals work in the health service?
- Will you be travelling (visiting remote communities etc), if so, what do you need to take with you?
- What facilities are available to you at the workplace (computer, internet, library etc)?
- Do you need to bring additional resources to complete your studies (text books, laptop etc)?
- Will you have regular contact with your coordinator?
- What is expected of you?
- What do you expect of your placement, preceptor and workplace?



Appendix Three: Site orientation checklist

Policy and procedures

- Key policies and procedures
- Key departmental procedure

Facilities

- Nurses workstation
- Security and access (getting in and out of areas)
- Site orientation (departments, wards etc)
- Parking, toilets, staff room, cafeteria
- Duress alarms/emergency alarms
- Evacuation points
- Pantry, patient food/beverage supplies and protocols
- Disposal areas (linen, clinical waste)

Resources

- Clinical equipment and supplies
- Medications and reference books (MIMS, Injection handbooks)
- Linen supplies
- Resuscitation trolley
- Computers
- Telephone/fax
- Pager
- Meeting rooms

HR

- Identification badge
- WWC, Criminal screening
- Immunisation status
- Start/finish times (roster)
- Dress code/uniform standards

Directories

- Local health service directory
- Community services directory
- Key contact lists

Administration

- Clerical assistance
- Medical records forms and charts

Information management

- Patient notes
- Online pathology results
- Records management systems

Community

- Town map
- Town facilities and extracurricular activities
- Accommodation

Mandatory skills

- Fire and safety (fire wardens)
- Aggression/bullying
- Manual handling, CPR/BLS
- Emergency response (including cyclone)
- Infection control
- Evacuation procedure (muster point)
- Incident and accident reporting (clinical and non-clinical)

Consumers

- Complaints management procedures

Other

Appendix Four: Documenting in medical records

- All documentation to be filed in chronological sequence.
- Each record page to be clearly identified with the patient identification (name, MRN, dob).
- All entries in the medical record to be legible and clear.
- All entries in the medical record to be dated, timed (the time the medical record is written in), signed and include the position/office of the author. It is important that the author is identifiable. Where signatures are illegible, staff should print their surname alongside the entry.
- All entries are concise, accurate, relevant, in chronological order and treated confidentially.
- Leaving applicable data items blank on forms should be avoided.
- The use of non-specific terms such as “*had a good day*” be avoided.
 - All entries be objective, i.e., facts only. Subjective or emotional statements and moral judgments should be avoided.
 - An example of a subjective comment in relation to a patient would be a notation to the effect that the patient “*appears drunk*”. An example of an objective comment would be “*the patient was unsteady on his feet, speech slurred and his breath smelt strongly of alcohol*”.
 - Another example of a subjective comment would be “*the patient was uncooperative*”. Recorded objectively the entry might read “*The patient refused his medication and stated he did not wish to have a shower*”.





- There may be times when it is necessary to record opinion for clinical purposes (e.g., where problem-solving approaches to patient care are used). Where such opinion is expressed, the objective data and clinical observations upon which the opinion is expressed should be recorded as well as the opinion(s) formed on the basis of that information. For example, “*Mrs Peterson is pale, sweating, has a feeble pulse with a blood pressure of 90/40. Query shock*”.
- Wherever possible, only those events the author has direct knowledge of (e.g., matters you saw, heard, did, said or felt) should be recorded.
- Where it is necessary to record hearsay information, state the source of your information. For example, where a patient informs you he or she fell out of bed but you did not witness the event, the entry should read “*the patient says she fell out of the bed during the night...*”. Do not write “*the patient fell out of bed during the night*” as the patient’s legal counsel could try to use such a statement in court as an admission by the health service the event in fact took place.
- Gaps are not to be left within or between entries.
- Only authorised or approved forms are to be used to document patient information.
- Every patient encounter should be documented, including telephone conversations and failed attempts to make telephone contact. If any conversation takes place at home or whilst in the middle of ward rounds an entry in the patient’s medical record should be made at the next available moment, and dated appropriately. There is nothing to stop health care professionals from making a brief note at the time of the conversation, which can be properly entered into the medical record subsequently.
- When recording telephone advice include in your notation who you spoke to, the person’s designation, what their instructions were and what action you took as a result of that advice.
- Every encounter (including telephone conversations and failed attempts to make telephone contact) with the referring or treating medical practitioner, consultant or specialist, or other health professionals involved in the patient care should be documented.
- Wherever possible, entries should be contemporaneous. Document as close as possible to the time the event occurred. If additional information is added later, note ‘*Late Entry*’ and write the time and date of the addition and then sign.
- The sooner after the event an entry is made the more inclined a court will be to accept it as a true record of events. The fact that an entry must be made contemporaneously is also relevant to a rule of evidence regarding witnesses refreshing their memory from documents. The general rule is that a witness at trial may only refresh their memory from a document if it was made at the time or shortly after the event.
- Avoid the practice of writing notes ahead of time.
- When a word, line or extra note is written in error do not erase, “white out” or otherwise totally obliterate the entry. Do not write over an existing entry. Instead, correct the entry as soon as possible by:
 - Drawing a single line through each word or line of words; and
 - Write “mistaken entry” next to it before initialling, dating and signing the correction; and
 - Enter the correct information.
- Blue/black pen be used for recording information, not pencil. Black pen is the preferred colour of use.

Source: Department of Health
Legal and Legislative Services

Appendix Five: Confidentiality considerations

- Sensitive documents including patient's case notes are stored in a safe and secure area.
- Discussions of personal information about patients do not occur.
- Names and other personal details of people are not to be revealed in tutorials, conferences, workshops or seminars.
- Information concerning patients is not accessed other than in the direct course of providing care.
- All information concerning patients is treated with the strictest confidence.
- You are not permitted to release confidential information to the media, other hospitals, solicitors or any person not involved in the delivery of care to the patient including visitors.
- Any information obtained for a case study or presentation must have permission of the patient.
- Information obtained to provide information for a case study or presentation must have all identifiers removed.
- You are not permitted to take photographs of the patient.
- When carrying confidential information ensure these items are not left unsecured in an area for inappropriate lengths of time. Ensure all identifying details are not visible when carrying patient's case notes. Patient records should also be transported in a secure manner.
- Handover notes should be kept on your person during the shift and disposed of in the confidential bin before leaving the hospital or worksite.
- Remember also never to breach confidentiality of any health professional colleague's details e.g. releasing personal telephone numbers.
- It is also important to not discuss personal details that other staff members may have disclosed to you.

Adapted from Nursing and Midwifery Student Clinical Placement Orientation, SA Health





WA Country Health Service
189 Wellington Street PERTH WA 6004
www.wacountry.health.wa.gov.au

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