

Learning Environment



Clinical Investigations Unit (CIU)
CDH

Learner Booklet

Welcome

We would like to warmly welcome you to Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR).

We have created this pack as a useful resource to help you to settle in with us. The purpose of this booklet is to provide you with information to help you on your learning environment.

About LTHTR

We have three equally important strategic aims:

- To provide outstanding and sustainable healthcare to our local communities
- To offer a range of high-quality specialist services to patients in Lancashire and South Cumbria
- To drive health innovation through world class education, training and research

We provide a range of Hospital based health services for adults and children and cover a range of specialities. These include cancer services such as radiotherapy, drug therapies and surgery, disablement services such as artificial limbs and wheelchair provision. Other specialities include vascular, major trauma, renal, neurosurgery and neurology including brain surgery and nervous system diseases.

Our five core values:

- Being caring and compassionate
- Recognising individuality
- Seeking to involve
- Building team spirit
- Taking personal responsibility



We deliver care and treatment from three main facilities:

- Royal Preston Hospital
- Chorley and South Ribble Hospital
- Specialist Mobility and Rehabilitation Centre, Preston

In relation to car parking, please refer to your Induction to the Trust, for information regarding car parking. Additional information can be found on our Intranet page.

<https://legacy-intranet.lthtr.nhs.uk/car-parking-documents>



E-roster for Nursing and Midwifery Learners

It is your responsibility to ensure that you access your Healthroster account on a regular basis, to make a note of your rota.

Please note the following;

- You will need to make any specific requests of change to your rota to your placement area, in line with our Trust Healthroster deadlines.
- You will need to make a request to your placement area for study leave to be added to your Healthroster, should study leave be required.

Orientation to your Learning Environment – Adult Nursing

Please complete and present at your initial meeting.

Pre-orientation 2 weeks prior to starting your Learning Environment

- Arrange a pre-visit to your new Learning Environment.
- Visit your Learning Environment; ask to be shown around and ask what to expect on your first day i.e. where do I put my belongings, where can I put my lunch, where should I go on my first day and who should I report to.
- Ask to be shown your Learner Board, where you will find out who your Supervisor and Assessor is.
- Ask to be shown your Learner Resource File.
- Access your Healthroster to ensure you have your off duty and should you have any queries regarding your rota, please direct them to your Ward Manager or Learning Environment Manager.
- Access your learning handbook via the Health Academy webpage and start planning what you want to achieve from your Learning Environment.
- We advise that on your **first day you will be starting at 9am**, please discuss this with your learning environment.

First day on your new Learning Environment

- Introduce yourself and inform them that it's your first day.
- Ask to be shown around again, should you require this.
- Request to be shown the Team Board where the teams for the day are displayed, so you can familiarise yourself with, who is in your team, who you are working alongside and where your break times will be displayed.
- Ask to have the chain of command explained to you on this Learning Environment and ask who oversees this Learning Environment (i.e. Unit/Ward Manager).
- The local fire procedures have been explained and where you can find the equipment needed.
- Resuscitation equipment has been shown and explained.
- You know how to summon help in the event of an emergency.
- Lone working policy has been explained (if applicable).
- Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed).
- You are aware of your professional role in practice.

Within your first week on your Learning Environment

- Resuscitation policy and procedures have been explained.
- You are aware of where to find local policies.
 - Health & Safety
 - Incident reporting procedures
 - Infection control
 - Handling of messages and enquiries
 - Information Governance requirements
 - Other policies
- Policy regarding Safeguarding has been explained.
- Complete your initial meeting with your Practice Supervisor/Assessor and discuss any Inter-professional Learning Sessions that you would like to attend.

If you require any further support with your orientation, please contact your
Unit/Ward Manager or our Clinical Placement Support Team on
01772 528111/placement.support@lthtr.nhs.uk

Please note: Any member of staff can complete this document with you.

Learning Environment

We would like to welcome you to your learning environment. We are based at Chorley Hospital on Astley Ward. We are a nurse led outpatient clinic, providing non-surgical treatments as a day treatment service.

The clinic provides treatments for patients with a variety of conditions. Throughout this placement you will be given the opportunity to research and gain knowledge of many types of conditions that are treated, monitored and managed on CIU.

Orientation to the ward (Contact Number 01257 245782)

- Meet your allocated mentor
- Clinic walk around
- Meet other members of staff
- Emergency buzzer / fire exits
- Resus trolley

Hours of work

- Monday – Friday 08:00 -16:00
- 08:00-08:30 – Huddle
- 08:30 – Treatments commence
- Saturday –Sunday 08:00 – 13:00 (OPAT treatments ONLY + Clinic prep for following week)
- Learners are not expected to work regular weekends

What to bring on your first day

- Small notebook
- Pens / highlighters
- PARE documentation ready

Sickness & Lateness Policy

- Ring clinic at 8am for any sickness/lateness
- If due to be absent, contact your University
- If due to be absent, email learner.absences@lthtr.nhs.uk

Changing facilities

- Staff room / toilets available
- Please follow our Uniform policy

Catering facilities

- Staff room with microwave / toaster / staff fridge
- WRVS Café at main entrance or Costa Coffee on Level 1

Learning opportunities available / transferable

- PICC line care
- Safe blood transfusion
- Documentation
- Communication skills
- Recognising the deteriorating patient
- IV medication
- IV pumps
- ANTT
- Venepuncture (where applicable)
- Cannulation (where applicable)

Below is an overview of treatments and tests that the clinic provides:

BLOOD TRANSFUSION

A blood transfusion is a common procedure in which patients receive blood through an intravenous (IV) line for patients with severe anaemia or blood loss. Observations must be completed pre transfusion, 15 minutes post transfusion and at the end of the transfusion.

Blood transfusions are common at CIU. There are many reasons why patients require a blood transfusion. It could be due to haematology conditions, pre surgery requirement or oncology requests. A blood transfusion takes between 2-4 hours to complete unless stated otherwise by a doctor.

The most common blood types are A, B, AB, O, Rh-Positive or Rh-Negative.

The blood used for transfusion must be compatible with the blood group of the patient. Otherwise, antibodies (proteins) in the blood attack the new blood which makes the patient severely unwell resulting in a blood transfusion associated reaction which can result in death. Approximately 40% of the population have type O blood. Type O Rh -ve blood is used for emergencies when there is insufficient time to test a patient's blood type. People who have this blood group are called Universal donors. People who have type AB blood are called Universal recipients. This means they can receive any type of blood.

CROSS MATCHING/ GROUP AND SAVE

All patients requiring a blood transfusion will need to have a valid group and save or a cross match. A cross match is a blood test which ensures the donors blood is compatible with the blood of the intended recipient. Compatibility is determined by pathology in which they check the cross match to determine the blood group ABO and Rh as well as testing for the presence of any antibodies. If a patient has had a blood transfusion within the last three months the cross match will only be valid for 72 hours.

PLATELET INFUSIONS

A platelet infusion is used to treat people who have abnormally low levels of platelet cells in their blood. This is known as Thrombocytopenia.

A low platelet count will mean the patient is at risk of excessive bleeding, either through a minor accident, cut or graze, or because of surgery or dental work.

Causes of Thrombocytopenia that may need treatment with platelet infusions are:

- Types of Cancers such as Leukaemia or Lymphoma
- Chemotherapy or bone marrow transplants, which reduces the production of platelets
- Chronic Liver disease or Cirrhosis (scarring of the liver, which has many causes, such as alcohol abuse)
- Sepsis or severe infection. This can cause abnormal clotting and low platelets

INTRAVENOUS ANTIBIOTICS

The clinic provides an outpatient antimicrobial therapy (OPAT) service. This service prevents patients having to remain in hospital for extended IV antibiotics. These patients are required to come daily for IV antibiotics but as an outpatient. The patients are reviewed by the microbiology team on a regular basis. The patients are usually referred from the wards within the hospital, or from A+E or urgent care services this helps reduce the number of beds being used and gives the patient more independence. If the patients require long term antibiotics, they may have a peripherally central inserted catheter (PICC) line in situ.

A PICC line is a long, slender, small flexible tube that is inserted into a peripheral vein, usually in the upper arm and advanced until the catheter tip terminates in a large vein near the heart to obtain venous access. A PICC line can be used for a prolonged period of time and can be in situ up to a year. The insertion of a PICC line is done using ultrasound by a specialised trained nurse from the Central Venous Access Team (CVAT). There are different types of venous access that you will become familiar with on the unit.

FERINJECT INFUSIONS

Ferinject is an Iron replacement product indicated for the treatment of Iron deficiency Anaemia. It is given intravenously, and the dosage is dependent on the patient's Haemoglobin level (HB), Iron level and weight.

Most patients are referred for IV Iron therapy when they are unable to tolerate oral Iron medication. You cannot give more than 1000mg of Ferinject in one week. It is given in 100 or 250mls normal saline over 15 minutes. Patients are asked to wait 30 minutes post infusion for observation of any type of reaction before being discharged.

INFLIXIMAB INFUSIONS

Infliximab is a monoclonal antibody used to treat Ulcerative Colitis and Crohns disease, which are the two main types of inflammatory bowel disease (IBD). Infliximab is given intravenously (IV) and the dosage is weight dependent. We need to ensure the patient is free from infection. Infliximab reduces the bodies over reaction in the bowel that can cause chronic inflammation. The infusion is given over a 1–2-hour period and the same rest period post infusion to observe for reactions.

VENESECTIONS

Venesections are similar to donating blood but the blood is harvested for medical reasons.

The two conditions treated with venesections are Haemochromatosis and Polycythaemia.

Haemochromatosis is a hereditary condition which results in an iron overload leading to damage of vital organs, especially the liver if untreated. The patient's haemoglobin (HB) is monitored to make sure the patient does not become anaemic during the course of treatment. The ferritin and iron stores are also monitored to stay within normal parameters. The protocol for haemochromatosis states that we should aim for a ferritin level of 50. However, this set as directed by the consultant. This may also vary with different trusts.

Polycythaemia is a type of blood cancer and is an overproduction of red blood cells. The patient's haemoglobin (HB) and haematocrit (Hct) are monitored due to the high level and thickness of red cells. Patients are at risk of developing blood clots if untreated and can be fatal. The protocol for polycythaemia states that we should aim for a haematocrit reading of 0.45 or less to maintain stability, unless directed by the consultant.

INTERNATIONAL NORMALISING RATIO (INR)

Patients attend CIU for an INR check. This is a finger prick or blood test. The normal therapeutic INR range should be 2-3. Patients will attend with us until they are in the therapeutic range then attend anticoagulant clinic. Most people who attend for an INR check come as a result of a having a pulmonary embolism, deep vein thrombosis, atrial fibrillation or mechanical heart valve. These patients need a medication called warfarin or less often Synthrome which decreases the rate at which blood clots in the body. The risk of bleeding is increased, so careful monitoring is required.

ENDOCRINE TESTS

- Short Synacthen test (SST)
- Water deprivation test
- Glucose tolerance test
- Glucagon stimulation test
- Growth hormone day curve
- Cortisol day curve
- Dexamethasone suppression test
- Arginine stimulation test

These tests can be explained in detail by staff nurses on CIU.

Induction

The Local Induction process will take place throughout the first week of your placement.

This will comprise of:

- Trust and department orientation, including housekeeping information
- Location of emergency equipment
- IT access
- Reading & acknowledgement of Mandatory Trust policies such as Health & Safety, Fire Safety, Infection Control, Information Governance, Staff Code of Conduct, Social Networking and Dress Code policies.
- Adult Basic Life Support training if applicable
- Trust Moving & Handling Training if applicable
- COVID-related policies & procedure
- Orientation
- Professional voice: - freedom to speak up, datix, chain of command, open door policy
- An awareness of our Educational Governance Team- evaluation and importance of feedback
- Inter-professional Learning Sessions
- Practice Assessment Record and Evaluation (PARE) training, if applicable
- Collaborative Learning in Practice (CLiP™), if applicable



What to bring on your first day

- Uniform: All other items in the dress code policy must be adhered to <https://legacy-intranet.lthtr.nhs.uk/search?term=uniform+policy>
- A smallish bag which would fit into a small locker.
- You may wish to bring a packed lunch and a drink on your first day.

Inter-professional Learning Sessions and eLearning Resources

At our Trust, our Education Team facilitates a yearly programme of Inter-professional Learning (IPL) sessions. This programme consists of various teaching sessions, delivered by our Specialist Teams, to support and enhance our learners and trainees' learning experience with us.

Inter-professional learning is an important part of your development and allows you to build professional relationships and communication skills with the wider multi-disciplinary teams. Our IPL sessions are valuable in supporting you to stretch your knowledge and experiences to enhance your clinical practice. They also help bridge the gap between theory and practice, allowing you to hold a deeper understanding of the topics discussed. Our sessions are open for all learners and trainees on placement at our Trust to attend and these learning opportunities are an extension to your learning environment; therefore, these hours need to be recorded on your timesheets. We encourage our staff to facilitate enabling a learner/trainee to attend these sessions.

Please note: You must inform your learning environment prior to attending a session.

These IPL sessions need to be discussed in a timely manner with your learning environment.

You are required to complete a reflection on each of your IPL sessions, as well as documenting on your HEI documentation what you have learnt and how this relates to your current placement.

You can book onto our IPL Sessions by accessing this link <https://elearning.lthtr.nhs.uk/login/index.php> and searching for 'IPL'.

You can access our policies and procedures via our Intranet page, which will help expand and stretch your knowledge.

Support with evidencing your learning outcomes or proficiencies

We encourage you to use the Trust learning logs to collate and evidence your skills, knowledge and abilities achieved. You can then present your completed learning logs to your Practice Assessor/Educator during your assessment meetings.

Any staff member who is involved in coaching you can complete your learning log feedback.

You can request time during your placement hours to complete these and request feedback prior to your shift ending. To obtain a copy of our learning logs, please visit our Health Academy Webpage on the link below, where you will see a copy of our CLiP™ Learning Log available for you to download, on the right hand side - <https://healthacademy.lancsteachinghospitals.nhs.uk/support/clinical-placement-support/collaborative-learning-in-practice-clip/>

Collaborative Learning in Practice (CLiP™)

CLiP™ is an innovative clinical education model designed to enhance the learning experience of healthcare learners by fostering a collaborative and supportive environment. Originating in Amsterdam and introduced to the UK by Charlene Lobo, Senior Lecturer at the University of East Anglia, CLiP™ has been successfully implemented in various NHS trusts, including Royal Preston Hospital and Chorley & South Ribble Hospital.

➤ How CLiP™ Works in a Learning Environment

Learners are assigned to a practice environment and divided into smaller groups. These groups consist of learners from various year levels, promoting peer learning and support.

Each group is supervised by a coach rather than a traditional mentor. The coach is responsible for guiding the learners in delivering holistic patient care, covering essential skills, documentation, ward rounds, and shift handovers. Our coaches;

- Provide guidance and ensure that learners meet their learning objectives.
- Help bridge the gap between theoretical knowledge and practical application. Offer continuous feedback and support to enhance the overall learning experience.

Learners will be encouraged to engage in a comprehensive range of patient care activities, which include performing essential clinical skills, maintaining accurate documentation, participating in ward rounds and conducting handovers. Additionally, learners will have the opportunity to follow their patient's journey through specialist

units, by attending surgeries and also partaking in specialised treatments, therefore gaining a broader practical experience.

An overarching Practice Assessor supports the coach in order to promote the quality of the learning experience. The Practice Assessor is responsible for overseeing the learners practice assessment documentation and providing necessary support to both the coach and learners.

➤ **Benefits of Collaborative Learning in Practice (CLiP™)**

The collaborative environment helps address the challenges of traditional mentoring, such as workload balance and teaching time. This model aims to alleviate stress for both learners and Practice Assessors whilst promoting a supportive and effective learning experience.

By involving Practice Supervisors and Educators, CLiP™ ensures comprehensive support and continuous feedback, leading to richer learning experiences and better-prepared healthcare professionals.

The structured support system and hands-on learning opportunities help mitigate issues related to perceived lack of support, reducing learner dropout rates compared to traditional mentoring models. (not sure I would include this paragraph as it sounds a bit negative and I don't think the learner needs to read this)

LTHTr are dedicated to implementing innovative educational methods, such as CLiP™, to ensure our learners receive high-quality clinical education and are well-prepared to deliver exceptional patient care.

Creating a positive Organisation Culture

LTHTr strive to create a great place to work for every colleague and deliver excellent care with compassion to our patients. We all play a pivotal role, not only in providing services but also in shaping the culture of our organisation.

The attitudes, actions and behaviours we experience from others makes a huge difference, both personally and professionally. We want you to feel safe and supported in work to be able to deliver high quality care to others. We also want you to feel confident, supported and empowered in taking positive action to address and challenge others in situations that may make you or those around you feel uncomfortable.

We take a zero-tolerance approach towards any form of abuse.

You can find out more about this by reading our [Zero-Tolerance Statement](#), or by taking a look at [Creating a Positive Culture Intranet](#) pages.

Here you will find the links to lots of information, resources and training opportunities to help develop your knowledge, skills, and awareness in how to uphold the principles of [zero-tolerance](#), as a colleague at LTHTr. There is also further information available on [Civility](#), our [Best Version of Us Culture Framework](#) and [Supporting Sexual Safety in the Workplace](#).



Chain of Command

Keeping patients safe, providing the best care that we can and learning in an environment where you feel safe and valued is important to us. Speaking up about any concern you have on your learning environment is also important. In fact, it's vital, because it will help us to keep improving our services for all patients.

There may be occasions where we witness, experience or are asked to do something that causes us concern. Often these concerns can be easily resolved, but sometimes it can be difficult to know what to do.

Our Clinical Placement Support Team are available Monday to Friday, 8.00am – 5.00pm should you need to contact them in relation to any concerns regarding your learning environment. If your concern relates to patient safety and/or your concerns are outside of these hours, please follow the chain of command in your learning environment and speak with the person in charge.

Please visit our Freedom to Speak Up page on the Intranet for more details.



We value your feedback

Our Trust values your feedback. To continuously improve, we offer opportunities for our learners and trainees to provide feedback regarding both your learner experience and your learning environment. We would encourage you to kindly complete your end of placement evaluation, within your clinical hours.

We will keep you updated with the improvements that we make based on the feedback you provide us with.

Nursing Directorate monthly meetings are held to share new and innovative ideas as to how we can collaboratively enhance our learning environments, to support both learners, trainees and staff.