

# Learning Environment



**Gynae Theatres**

# 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.

### Layout

We have 3 theatres;

OG1 – Our obstetric emergency theatre where any maternity emergency procedures are performed.

OG2 – This theatre has mostly elective caesarean sections and benign gynae cases. It is sometimes utilised as an emergency gynae theatre when the need arises.

OG3 – Our complex case theatre that is mostly used for major/complex gynae cases (including oncology).

Each operating theatre consists of several **different areas**; a **scrub room** with sinks where the Scrub practitioner and surgeons get scrubbed up, an **anaesthetic room** where patients are given their anaesthesia, a **clean utility** with basic equipment and stock, a **dirty utility** (like a sluice on the wards) and the **theatre** itself. There are several doors that lead into all theatres. It is important that you enter through the correct door to ensure that airborne contaminants are limited. Please ensure that you only enter through a double door such as **the scrub room door or clean utility door**.

This may seem obvious, but **don't use your phone** in the operating theatre. Put it on **silent** and **leave it in your bag**. This is best practice. If there is an imminent reason you need your phone in theatre let the team leader know.

Our day starts with a team board meeting or huddle – this is where the whole theatre team come together to discuss the day's plans including the lists and any training requirements.

Theatre lists start with a **"team brief"** where **everyone** (e.g. surgeons, anaesthetists, nurses, ODPs, students,) introduces themselves and their role. The team, led by the surgeon and anaesthetist, then **discuss the cases** for the day, including the order of the list, the positioning, drugs and equipment that are required, and any specific issues/equipment and risks for each patient. Also due to covid we ask what PPE is to be worn.

After the team brief, the first patient will be **"sent" for** from the ward. The floor nurses and ODPs get the necessary equipment ready, and the designated scrub nurse for the operation gets scrubbed to open and prepare the instrument trays and do the surgical counts.

## Scrubs

Are found on the trolley in the recovery room – hopefully someone has already shown you.

There should be a coloured band around the collar of the scrub tops and the waistband of the scrub trousers to indicate what size they are. Yellow is small, brown is medium, blue is large, white is extra large, orange is XXL and red is XXXL.

## Shoes

There should be a selection of clogs in the changing rooms. Please help yourself to a pair – if they have a name on them they are normally owned by that person. If there aren't any or you need help, don't be scared to ask somebody who will be more than happy to help. It is very important that you don't wear your own shoes into theatre, for several reasons. Firstly, for infection control purposes no outdoor shoes should be worn but also for safety as theatre shoes are specifically designed to help stop you from slipping on wet floors. At the end of your shift please place your footwear in the linen bin for washing.

## Hats

You will need to wear a **hat** to cover your hair. These can be several colours but blue or green are the normal colours. There are two types: stretchy elastic-backed ones, and ones that tie in a knot at the back of your head. Generally, the tie-backed ones are for men and the elastic-backed ones are for ladies. All hair should be contained within the hat please – no stray hairs!

## Jewellery

The general rules for jewellery are the same in theatre as they are on the wards. You must be “**bare below the elbows**” with the exception of a plain wedding band if you're married. Earrings are permitted but only plain small studs should be worn. No necklaces are allowed to be worn.

Always ensure that your ID badge is clearly visible at all times (wear it on a lanyard or clipped to your scrub top lower pocket).

## Leaving the Department

If you want to leave the department for your break, feel free to do so. If you are wanting to go to the canteen you are allowed to go in theatre scrubs but please ensure your footwear has been changed and you are not wearing your theatre cap. If

you are wanting to go outside the building on a break you should get fully changed to go outside and change again on entry to the department. Also please ensure that the coordinator is aware that you are leaving the department – this is for safety reasons.

### Lockers

We normally have several spare lockers that can be accessed. Ask the front desk if there are any for you to keep your personal items and valuables in.

### Top Tips

**ALWAYS** have a bite to eat and something to drink before the first case starts. You will be surprised how tiring it is standing up and concentrating for long periods, and operations often take longer than expected for various reasons. Hunger and hypoglycaemia mean shaky hands and slowed reflexes. The prolonged standing, heavy scrub gowns, gloves, masks and hot bright lighting can mean you also get overheated and dehydrated very quickly.

Please make sure you talk in a low voice in theatre – many surgeons find it very distracting hearing our conversations when they are doing complex procedures. It's ok to ask questions to a fellow colleague but do not talk to the surgeon directly unless they have spoken to you. Instead go through the scrub nurse – they will know where the surgeon is up to in the procedure and will know when they can grab their attention.

Always be aware that there could be critical events happening that you are not aware of – for instance difficulties in the anaesthetic room (difficult airways or anxious patients) or a critical point in a case (major haemorrhage).

Phones are a big no no in theatres. Please do not use yours in theatre Use the coffee room to catch up with your phone. If you are needing your phone in theatre for an emergency or personal issue, please let your team leader know.

**Don't be afraid to ask questions! We are all here to help and support you so feel free to ask questions. No question is a silly one! Just one that has never been asked.**

### Procedures and Theatres – SGU

Theatre 1 – Emergency Obstetrics

Theatre 2 – Elective Obstetrics, Elective Gynaecology and Emergency Gynaecology.

(Back up theatre for emergency sections out of hours)

Theatre 3 – Elective Gynaecology and Gynae-oncology.

### Emergency obstetrics :-

- Caesarean Sections
- Manual Removal of Placenta



- Repair of 3<sup>rd</sup>/4<sup>th</sup> degree tear.
- Trial of Forceps +/- Caesarean Section
- Controlled Artificial Rupture of Membranes (ARM)

Category 1 – Immediate threat to life for mum or baby. To be done within 30minutes (E.g. cord prolapse, foot/limb breech, placental abruption)

Category 2 – No immediate threat to life of mum or baby. To be done within 75 minutes. (E.g. Failure to progress)

Category 3 – No maternal or foetal compromise but requires early delivery. (E.g. breech, SROM,)

Category 4 – No maternal or foetal compromise, at a time to suit mum and maternity services.

#### Emergency gynaecology

Category 1 –Ruptured ectopic pregnancy, laparoscopic ovarian torsion, to be done within 1 hour.

Category 2a – Stable ectopic pregnancy, laparoscopic ovarian cystectomy, to be done within 6 hours.

Category 2b – Diagnostic laparoscopy, marsupialisation of Bartholin's cyst, unstable surgical management of miscarriage, unstable evacuation of uterus, to be done within 24 hours.

Category 3 – Added onto an elective list.

#### **Important Contact Ext. Numbers for SGU Theatres**

Theatres Sisters Office – 4564

Reception – 01772 524870

Theatre 1 – 4871

Theatre 2 – 4872

Theatre 3 – 4873

Recovery – 4874

Porter – Bleep 4169

Co-Ordinator Bleep - 3194

Theatre Training Team – 2355

I.T – 2185

Car Parking/ – 8235

Blood Bank/Transfusion - 2605

Common Medical Suffixes Defined

<u>Suffix</u>	<u>Meaning</u>	<u>Examples</u>
-algia	pain	fibromyalgia, neuralgia
-cardia	of the heart	tachycardia, dextrocardia
-centesis	puncturing and draining	amniocentesis, pericardiocentesis
-cyte	cell	lymphocyte, splenocyte
-ectomy	surgery to remove	appendectomy, tonsilectomy
-emia	presence in the blood	anemia, hypoglycemia
-genic	causing	carcinogenic, pathogenic
-gram	recording	cardiogram, mammogram
-iatrics/-iatry	specialty	geriatrics, pediatrics, psychiatry
-itis	inflammation	arthritis, laryngitis, tendonitis
-lysis	deterioration or destruction	dialysis, paralysis
-ology	science of	necrology, pathology
-oma	swelling, tumor	blastoma, mesothelioma
-osis	condition, disease progress	diagnosis, prognosis
-otomy	surgical incision	lobotomy, tracheotomy
-oxia	oxygen level	anoxia, hypoxia
-pathy	disease	neuropathy, sociopathy
-phagia	swallowing	dysphagia, hyperphagia
-phasia	speech	aphasia, dysphasia
-philia/-philic	attraction to	hemophilia, hydrophilic
-phobia	fear	arachnophobia, agoraphobia
-plasty	surgical repair	angioplasty, rhinoplasty
-rrhea	flow, discharge	amenorrhea, diarrhea
-scopy	exam with an instrument	colonoscopy, endoscopy

## 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.

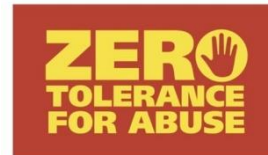
## Creating a positive Organisation Culture

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 reading our [Zero-Tolerance Statement](#), or

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](#).



about this by  
by taking a look

## 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.