

Learning Environment



Hazelwood

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.

Hazelwood Ward is a respiratory ward, caring for both males and females aged 18+. There are 19 beds, consisting of 3 bays and 4 side rooms for isolated patients. Each shift consists of 1 coordinator who oversees the ward and takes charge of that shift. We care for patients who have chronic or acute respiratory issues. Some of the conditions are Asthma, COPD, Bronchitis, Emphysema, Empyema, Pneumonia, Pleural effusion, Pneumothorax, Bronchiectasis, Type 1/2 Respiratory Failure, Pulmonary Fibrosis and Pulmonary Oedema.

Off duty

Learners off duty will be completed by your Practice Assessor. Please note that there is a Learners Off Duty Book and this should be signed by the Nurse on Charge each day that you attend a shift. This will avoid problems with needing to have your time sheets signed retrospectively.

Shift Times

07:30 – 20:00 – Day (30 mins break morning, 30 mins afternoon)
19:30 – 08:00 – Night (1 hour break overnight)

Absence

If for whatever reason you cannot attend placement or you are running late to shift, please let us know ASAP by contacting the ward. Please also let your university know of any sicknesses and email learner.absences@lthtr.nhs.uk

Ward Contact Numbers - 01257 245173/7053/5174/5406

Multi Disciplinary Team

You will get the opportunity to work alongside the Discharge Facilitator, Physios, OTs and Dietitians. We can also arrange spoke days for the wider MDT; ILD Nurse, Oxygen team, TB Specialist Nurse and our Ventilation specialist nurses. Please speak to your Practice Assessor if wanting to arrange a spoke for these members of the MDT.

The nursing team consists of Ward Manager, Sisters, Site Manager, Staff Nurses, Assistant Practitioners, Health Care Assistants, House keeper, Discharge Assessment Nurse's, Discharge Facilitator and Pharmacy.

Daily Ward Activities

This is a brief description of what type of activities are completed on a daily basis; however, it must be stressed that this is not set in stone.

- 07:30 – 08:00 – Handover
- Check quadramed to see when patients' observations are due
- Ensure patients personal hygiene needs are met and encourage patients to sit out ready for breakfast and medications.
- Assist to provide the patients their breakfast
- 8.00 – 9.00 Carry out medication rounds within your team
- Complete any outstanding patient dressings if required
- Ensure all patient risk assessments are completed on quadramed
- 11.00 – 12:00 – Carry out dinner time medication round
- 12:00- 1:00 – Help with dinnertime meals, ensure patients are sat upright, have a drink and bottles removed from any patient tables. Aid with eating and drinking when required.
- Check in with the healthcare assistants to see if any help required with patient care, turns etc.
- Assist staff to remove dinner time trays and wipe down tables
- Ensure patient documentation is completed accurately and clearly
- 16:00 – 17:00 – Teatime medication round
- 17:00 – Help out with teatime meals – ensure patients are sitting upright, have a drink and provide assistance with eating and drinking
- 18:00 – 19:00 – check patient observations
- 19:30 – 20:00 – handover to night staff

Chest Drains

As Hazelwood specialises in respiratory medicine, you may come across chest drains, including insertion of chest drains, caring for patients with chest drains and chest drain checks. A chest drain is a plastic tube inserted into the chest to drain off fluid or air or blood that might be collecting there after an operation or accident or as a result of disease.

IPC Drains

An IPC is a soft, flexible, plastic tube which can be used to drain pleural fluid from the cavity between your lungs and rib cage (the pleural cavity). It remains in place for as long as needed and avoids the need for repeated chest drains or needle drainages (aspirations) every time the pleural fluid builds up. IPC drainages are performed by a district nurse, or once the IPC is fully healed a friend or family member can be trained to do them, whichever you prefer. One end of the IPC is placed inside the pleural cavity. The tube is then tunnelled under the skin (to minimise the risk of infection and to help keep it in place) and the other end comes out through the skin. There is a valve on the outer end of the tube to prevent fluid leaking out, and this is connected to a vacuum bottle to drain the fluid as often as required. The fluid is not drained continuously, so when it is not in use the valve is covered by a cap and the external section of the tube is curled up under a dressing

Oxygen Therapy

Oxygen is only useful as a treatment for people with a low oxygen level. It doesn't help breathlessness in people whose oxygen level is not low. In most people with COPD, breathlessness is caused by difficulty moving air in and out as you breathe, rather than by a low oxygen level.

Non-invasive ventilation

Patients admitted to hospital with a severe flare-up of COPD condition, may be in Type 2 respiratory failure. (Acidotic and Retaining carbon dioxide) you may be offered non-invasive ventilation. This involves wearing a snug-fitting mask over your nose, or over your nose and mouth, connected to a machine that pushes air into your lungs. This device has two pressure settings, IPAP and EPAP. This is for patients in type 2 respiratory failure. Non-invasive ventilation supports your breathing to give your muscles a rest and gently helps with each breathe you take. This increases your oxygen level and helps you breathe out more carbon dioxide. This now takes place on Enhanced High Care Unit (ward 20, RPH)

CPAP Devices

A continuous positive airway pressure (CPAP) machine is the most commonly prescribed device for treating sleep apnoea disorders. A CPAP machine's compressor (motor) generates a continuous stream of pressurised air that travels through an air filter into a flexible tube. This tube delivers purified air into a mask that's sealed around your nose or mouth. As you sleep, the airstream from the CPAP machine pushes against any blockages, opening your airways so your lungs receive plenty of oxygen. Without anything obstructing this flow of oxygen, your breathing doesn't pause. As a result, you don't repeatedly wake up in order to resume breathing.

Nasal Cannula

The nasal cannula is a device used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory help. This device consists of a lightweight tube which on one end splits into two prongs which are placed in the nostrils and from which a mixture of air and oxygen flows. Maximum litres of oxygen this can supply is 4 litres.

Non-Rebreather Masks

A non-rebreather mask is a device used in medicine to assist in the delivery of oxygen therapy. An NRB requires that the patient can breathe unassisted, but unlike low-flow a nasal cannula, the NRB allows for the delivery of higher concentrations of oxygen.

Venturi Masks

Venturi Oxygen is controlled oxygen. This is very beneficial to patients who retain co2 to maintain an accurate flow of oxygen. Different colour attachments represent different litres of oxygen in percentages and the maximum is 15 litres.

Nebulisers

A nebuliser is a machine that helps you to breathe in medicine as a fine mist through a mask or a mouthpiece. Nebulisers can be driven through oxygen or air depending if the patient has COPD and is a Co2 retainer. A blood gas will need to be carried out to confirm this.

Blood Gases

ABG: An arterial blood gases test measures the acidity (pH) and the levels of oxygen and carbon dioxide in the blood from an artery. This test is used to find out how well your lungs are able to move oxygen into the blood and remove carbon dioxide from the blood.

CBG: A blood gas test is used to measure how much oxygen and carbon dioxide are in your blood. It's called a capillary blood gas test if the sample is collected from your earlobe using a glass tube.

Respiratory Acidosis

Respiratory acidosis occurs when too much CO₂ builds up in the body. Normally, the lungs remove CO₂ while you breathe. However, sometimes your body can't get rid of enough CO₂.

Symptoms of Respiratory Acidosis:

- Fatigue or Drowsiness
- Becoming tired easily
- Confusion
- Shortness of breath
- Sleepiness
- Headache

Metabolic Acidosis

Metabolic acidosis starts in the kidneys instead of the lungs. It occurs when they can't eliminate enough acid or when they get rid of too much base.

Symptoms of Metabolic Acidosis:

- Rapid and Shallow breathing
- Confusion
- Headache
- Sleepiness, Fatigue
- Lack of appetite
- Jaundice
- Increased heart rate
- Breath that smells fruity, which is a sign of diabetic acidosis (ketoacidosis)

Treatment for Metabolic Acidosis: The specific types of metabolic acidosis each have their own treatments. People with hyperchloremic acidosis may be given oral sodium bicarbonate. Acidosis from kidney failure may be treated with sodium citrate. Diabetics with ketoacidosis receive IV fluids and insulin to balance out their pH. Lactic acidosis treatment might include bicarbonate supplements, IV fluids, oxygen, or antibiotics, depending on the cause.

Abbreviations

NIV – Non Invasive Ventilation
CBG – Capillary Blood Gas
ABG – Arterial Blood Gas
BP – Blood Pressure
BM – Blood Glucose Monitoring
MSU – Midstream Specimen of Urine
CSU – Catheter Specimen of Urine
IV - Intravenous
IVI – Intravenous Fluids
IV ABXs – Intravenous Antibiotics
IM – Intramuscular
PO – Per Oral
PR – Per Rectum
PV – Vaginal
QDS – Four times daily
TDS – Three Times Daily
BD – Twice Daily
OD – Once Daily
STAT – Immediately
PRN – As required
NAD – No Abnormality detected
ECG –Electrocardiography
HB – Haemoglobin
U & E – Urea & Electrolytes
FBC – Full Blood Count
CRP – C Reactive Protein
C & S – Culture & Sensitivity
IDDM – Insulin Dependent Diabetic
NIDDM – Non Insulin Dependent Diabetic
FR – Fluid Restriction
AF – Atrial Fibrillation
CCF – Congestive Cardiac Failure
CABG – Coronary Artery Bypass
ECHO – Echocardiogram
IHD – Ischaemic Heart Disease
LVF – Left Ventricular Failure

PE – Pulmonary Embolism
PPM – Permanent Pacemaker
LTOT – Long term oxygen therapy
SBOT – Short burst oxygen therapy

Useful Terminology

- Asthma - Inflammation of the bronchioles causing shortness of breath, wheezing and chest tightness.
- COPD - Chronic Obstructive Pulmonary Disease- an overall term for bronchitis and emphysema.
- Bronchiectasis - damage of the airways causing accumulation of stagnant mucus, therefore leading to bacterial infection in the bronchioles.
- Emphysema - permanent enlargement and destruction of the alveoli causing the lungs to lose their elasticity and expiration to become an active process.
- Empyema - pus collection in the pleural cavity usually secondary to infection.
- Pneumonia - a bacterial infection which causes the bronchioles and alveoli to fill with fluid. The presence of leukocytes causes inflammation, preventing efficient gaseous exchange.
- Pneumothorax - air in the pleural cavity which results in the collapse of the lung.
- Pleural Effusion - collection of fluid in the pleural cavity.
- Hypoxia - the result of limited oxygen flow to tissues or organs due to a blockage, poor tissue uptake or insufficient gaseous exchange.
- Hypercapnia- abnormally high levels of carbon dioxide in the blood.

Summary

We hope that your time spent here on Hazelwood Ward is not only enjoyable but also productive in your nursing studies. The staff will endeavour to help you achieve all your aims and objectives; however, learners must realise that whilst all members of staff are willing to pass on our knowledge, we do expect you to be involved and actively participate in this two-way process in becoming an active member of the team.



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.