

Learning Environment



**Integrated Nutrition and
Communication Services – Nutrition
Team/CVAT/CIU/TACT**

Learning 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.

INCS and CIU rotational placement is a first of its kind placement which integrates 4 specialists' areas and creates a placement offering our learners a wider opportunity to learn for these specialists' area and Specialists Nurses.

Sickness reporting: If you are unable to attend work due to sickness, or for any other reason, please contact the nutrition nurses on 01772 528386 as soon as possible.

Remember, we only tend to be in the office from approximately 7:30am onwards so if there is no answer, call back at 8am. You can ask to discuss this with your Practice Assessor, if you need to, or with any of the Nutrition Nurses who are available.

Please also email learner.absences@lthtr.nhs.uk and inform your University.

• Nutrition Nurse Team

Housekeeping

7-day service, including weekends and bank holidays. 8am-4pm.

Contact details: 01772 528386 (Office)

Bleep 3057.

Email: nutrition.team@lthtr.nhs.uk

Fire assembly point is on the grass opposite the Day Treatment Centre entrance.

The nearest fire extinguisher is in the corridor, outside the Nutrition Nurses office (Foam).

Day to day working.

Everyone starts at 8am and we go through our handover and discuss any patients that we may be concerned about or who may need to be reviewed. The band 7's will allocate our day to day working pattern, this includes:

- **TPN ward round:**
 - Generally, a band 7 NMP will attend the TPN ward round. Here they are accompanied by a Dietitian and a Specialist Clinical Pharmacist. Patients are reviewed who are already on TPN and new referrals are seen. On a Friday, the Nurse who is working the weekend will attend the ward round so they know the patients for over the weekend.

- **Clinic:**
 - Clinic will vary daily. Frequent attendees include dislodged gastrostomy tubes, blocked gastrostomy tubes, water balloon changes, blocked NG's, dislodged NGs, PICC bloods, PICC dressings, Magnesium infusions, general issues with tubes and gastrostomy assessments.
 - All patients who are seen in clinic require a letter to be typed for each visit, you will have the opportunity to do some letters also.

- Wards
 - Again, this will vary on a day-to-day basis. Patients who need treatment will be highlighted on the handover and then any bleeps throughout the day will be answered / triaged / actioned. Ward jobs tend to include trouble shooting of enteral feeding devices (particularly NG tubes), insertion of NG tubes, PEG/RIGG assessments, TPN etc.
 - NG Audits.
- Chorley
 - Generally, we go over to Chorley 3 times per week (Monday / Wednesday / Friday). The Dietitians at Chorley will contact us if they need us for anything outside of these days. You will have the opportunity to accompany a CNS over to CDH to review patients and carry out any jobs over at CDH.

Below is a list of objectives which you will have the opportunity to do while with the Nutrition Team:

- Nasogastric tube insertion
- Insertion of a nasal bridle
- Troubleshooting NGs
- Ward audits for nasogastric tubes
- Water balloon changes
- Troubleshooting gastrostomy tubes
- Balloon gastrostomy replacement
- Dilation of gastrostomy tract
- Removal of gastrostomy tubes
- Peripheral bloods / insertion of a peripheral cannula
- Obtaining central line bloods
- Central line dressings
- Obtaining cultures from a central line
- Observe / administration of intravenous infusions
- TPN ward round
- Observe TPN administration
- Sit in on a gastrostomy assessment
- Watch a PEG insertion / RIGG insertion
- Assessment of mental capacity
- Best interests decision making and meetings

All other members of the Nutrition Team will be working alongside you. We do not bite, please do not worry and ask any questions at all. There is no such thing as a daft question! 😊



Different types of enteral feeding tubes

Nasogastric – generally a 10Fr tube passed via the nose, down the oesophagus and into the stomach. This tube can be passed at the bedside (with or without ENT involvement) or by interventional radiology (IR). Position confirmed as safe to use by
1) gaining an aspirate of 5.5 or less 2) Chest x-ray

Ward documentation following CXR to confirm NG tube position:
Must be documented within 2 hrs

NEX =
 CXR ax no/ date:
 NG tube:
 Bisects the **Clavicles**
 Bisects the **Carina**
 Passes midline at **Diaphragm**
Deviates to the left

Document if safe to use or remove

- If a chest x-ray is performed to confirm tube position, it must be reviewed by both a 1) radiologist and 2) other competency assessed practitioner (e.g. Doctor, ACP etc) and documented as safe for use using CCDD (clavicles, carina, diaphragm, deviates left).



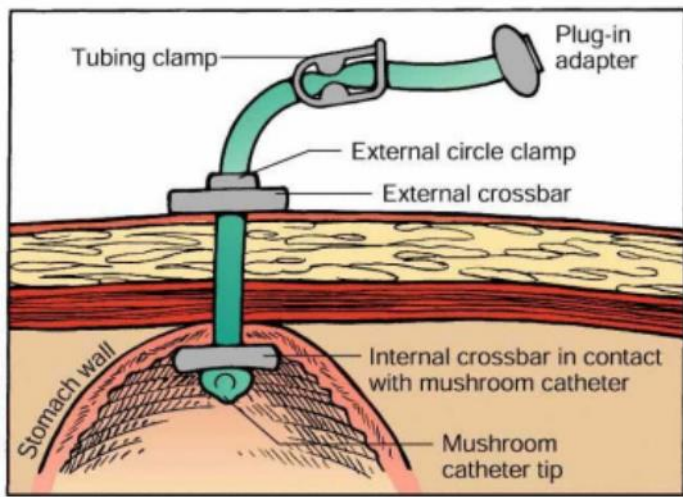
Nasojejunal – always an 8Fr tube (yellow) which is passed via the nose, down the oesophagus, into stomach and down to jejunum. This tube can be passed either at the bedside by a competent Nutrition Nurse or in IR.

Nasojejunal tubes are usually secured with a nasal bridle on insertion to prevent dislodgement.

Ongoing checks with NJ tubes: Every time the NJ tube is accessed the position marker at the nose **MUST** be checked and documented.



Percutaneous Endoscopic Gastrostomy (PEG) – a tube which is placed in the stomach, using endoscopic and pull through technique. PEGs placed at LTH are always a 16Fr Corflo. PEGs at LTH are placed by the Nutrition Nurses, with a Consultant Gastroenterologist performing the endoscopic procedure.



Radiologically Inserted Gastrostomy with Gastropexy (RIGG) – a tube which is placed directly into the stomach in Interventional Radiology. At LTH, RIGG tubes are often a 16Fr MIC the other tubes which can be used are AMT. For RIGG insertion a patient must have a nasogastric tube placed prior to the procedure which is then removed afterwards.



Also known as a 'balloon tube'

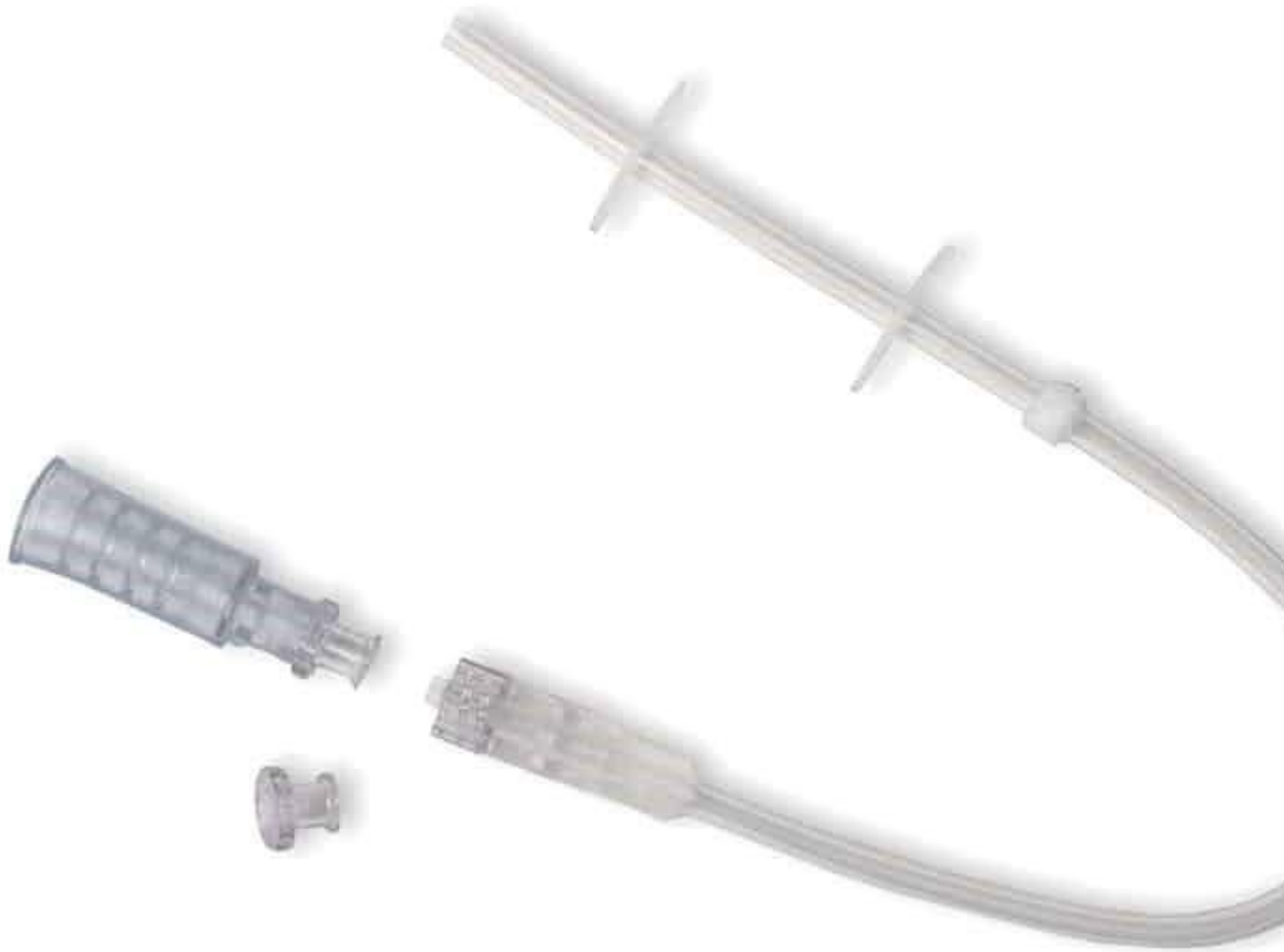
Both PEG and RIGG tubes are gastrostomy tubes! They do the same job but are just placed differently. Patients are assessed for suitability by nutrition nurses and booked depending on the outcome of the assessment.



Low profile gastrostomy tubes (MIC-KEY / MINI) – These are balloon gastrostomy tubes which are placed following a period of having a MIC / AMT.



Jejunostomy – Jejunostomy tubes are placed surgically and require a general anaesthetic. When they are first placed they have a Dacron cuff and two sets of wings to anchor them in place. If the wings become exposed / the tube splits it will need to be exchanged in IRDU and a balloon tube placed.



Transgastric jejunostomy – These tubes are placed in IRDU by a Consultant Radiologist. The tubes we use at LTH are a 16Fr MIC with a 45cm jejunal extension. These tubes have a gastric port and a jejunal port.



G-JET – These tubes are a low profile version of the above, again placed by a Consultant Radiologist in IRDU. We only have 3 patients with them in the community. _



Freka PEG with jejunal extension for Duodopa administration – These tubes are placed endoscopically and are specific for Parkinsons. Annually, we assess approx. 1 patient.

If a balloon tube fails, it will have to be replaced. Either in IRDU / clinic dependant on the tube.



Other terms you may hear:

PEGogram – a contrast study performed in x-ray if you are concerned regarding the placement of a gastrostomy tube.

JEJogram – a contrast study performed in x-ray every time a jejunostomy tube is changed.

Different brands of tubes:

Corflo Primary – Endoscopically placed PEG at LTH (usually have a white hard flange, white clamp and a y-port).

Corflo balloon – Sometimes used in the community. We do not stock these routinely.

Freka Primary – Endoscopically placed at BVH (usually have a triangle flange and specific freak ends).

MIC balloon – Radiologically placed at LTH / can be used for tube exchange.

AMT balloon – Used for tube exchange in clinic (cheaper than a MIC).

Freka balloon – Placed Endoscopically at BVH (PEXACT).

MICKEY / MINI (balloon) – Low profile balloon tubes.

GJET – low profile transgastric jejunostomy tube.

Flocare – these are our smallest balloon gastrostomy tubes (10Fr).

(This is very confusing and we do not expect you to understand them all. They all look different and can normally be recognised, but we try and guide you as best we can).

Total Parenteral Nutrition (TPN).

Total parenteral nutrition is the intravenous administration of nutrition which may include: proteins, carbohydrates, fats, minerals, electrolytes, vitamins and other trace elements. At LTHTR, TPN is always administered via a central line. TPN may be given when a patient is suffering from intestinal failure.

Intestinal failure (IF) is described by Pironi et al (2014) as the reduction in gut function below the minimum necessary for the absorption of macronutrients and/or water & electrolytes – such that intravenous supplementation is required to maintain health and/or growth.

Types of intestinal failure:

1. Self-limiting – acute post op ileus, acute inflammation.
2. Prolonged – gastrointestinal complication, enterocutaneous fistula, abdominal sepsis
3. Long term – short bowel syndrome, chronic obstruction, motility disorder.

Pironi et al (2015). Intestinal failure in Adults: Recommendations from the ESPEN expert groups. Clin Nutr 34(2): 171-180.

The need for TPN is assessed by the nutrition team, following a referral from the patient's parent team, on the daily TPN ward round.

Further reading:

- Gabe, S. (2017). Definitions & types of intestinal failure [Online]. Retrieved from [Definitions and types of intestinal failure \(stmmarksacademicinstitute.org.uk\)](http://stmmarksacademicinstitute.org.uk)
- Pironi, L. (2016). Definitions of intestinal failure and the short bowel syndrome. Best Practice & Research Clinical Gastroenterology 30(2) Pg 173-185 [Online]. Retrieved from [Definitions of intestinal failure and the short bowel syndrome - ScienceDirect](http://ScienceDirect)

. CVAT

Welcome to your placement with the Central Venous Access Team at LTHTR. We hope you enjoy your time with us. We are a team of Clinical Nurse Specialists and Assistant Practitioner who deal with the insertion and management of PICC lines, Midlines, ultrasound guided cannulation and much more.

Housekeeping

5-day service, including bank holidays. 8:30am-4:30pm.

Contact details: 01772 524781 (Office)

Email: cvat@lthtr.nhs.uk <mailto:nutrition.team@lthtr.nhs.uk>

Fire assembly point is on the grass area outside the office. The nearest fire extinguisher is in the entrance to SALT/CVAT department.

Day to day working.

Everyone starts at 8:30am, we go through new referrals, catch up on left over admin from previous day. Then we allocate tasks, these tasks include this includes:

- **PICC Insertion:** PICC insertions take place at the patient's bedside and in our clinic. The majority of the PICC placements will take place at the patient's bedside.
- **Ultrasound Cannulation/Venepuncture:** Insertion of ultrasound cannulation/venepuncture varies from day to day; this takes up 45% of our workload.
- **Clinic:** Clinic will vary daily; some weeks are busier than others. In clinic, patients will attend for PICC insertions, troubleshooting PICC's and other central lines, ultrasound guided venepuncture.
- **Wards:** Again, this will vary on a day-to-day basis. You will gain experience with bedside PICC placement, ultrasound guided cannulation and venepuncture, PICC trouble shooting and PICC/Midline care and maintenance. There may be opportunities to complete ward audits.

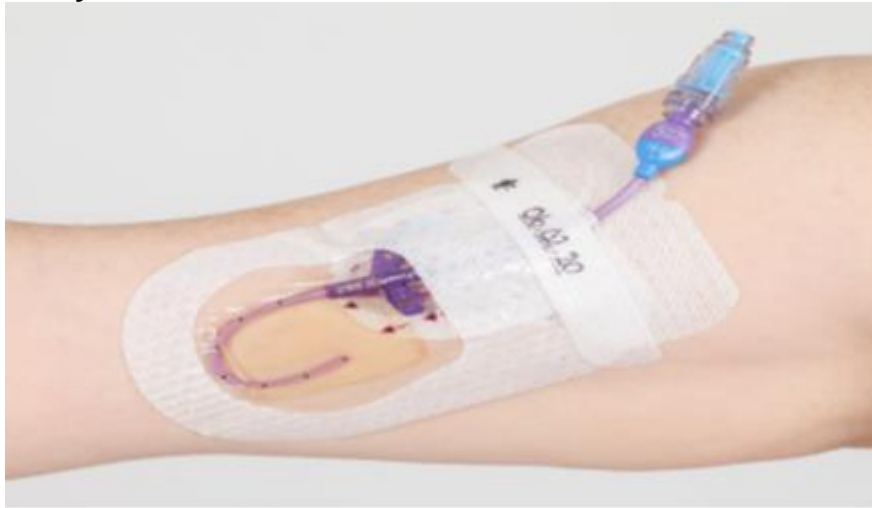
Below is a list of objectives which you will have the opportunity to do while with the CVAT:

- PICC insertion
- Troubleshooting Vascular Access Devices
- Ward audits for PICCs/Midlines
- Midline insertion
- Ultrasound guided cannulation
- Ultrasound guided venepuncture
- PICC care and maintenance
- Principles of Vessel Health Preservation
- Obtaining bloods from a Central line
- Central line dressings
- Obtaining cultures from a central line

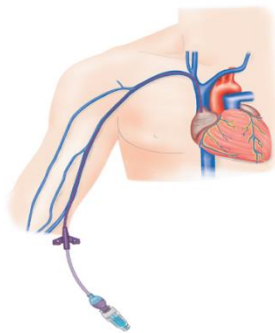
All other members of the CVAT Team will be working alongside you. Please do not worry and ask any questions at all. There is no such thing as a daft question! ☺

Different types of Vascular Access Devices

Peripherally Inserted Central Catheter - PICC



- 24hours- 12 months
- Drug pH range any
- Any Osmolarity range
- Low insertion cost
- Incompatible drugs through multi-lumens



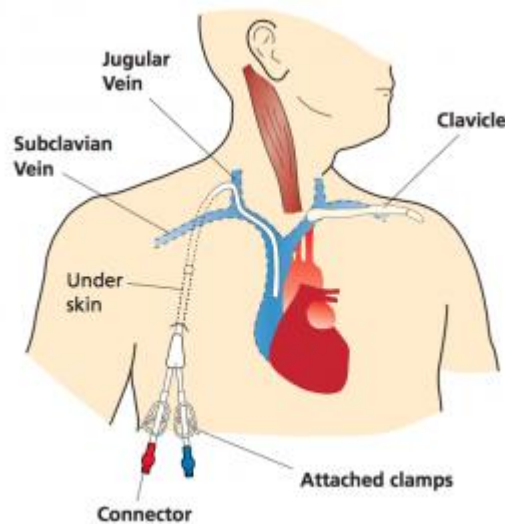
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Home infusions.

Tunnelled/Cuffed Central Venous Catheters



- 4 weeks up to 2 years
- Placed in Interventional Radiology and the Haemodialysis unit
- Cuff takes 21 days to bed in
- Any Drug pH range
- Any Osmolarity any



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- High flow rates

Incompatible drugs

- Patients with chronic diseases
- Home infusions

Tunnelled/Non cuffed Central Venous Catheter



- Up 3 weeks
- Drug pH range any
- Osmolarity range any
- Incompatible drugs through multiple lumens
- Low cost
- Multi-lumen access



Midline

- A Midline is short term device duration of up to 28 days
- 8cm to 20cm and does not extend past the axilla
- Stops the need for further cannulation
- Provides continuity of treatment
- Midlines placed 8-10cm in the upper arm , placed in either basilic, brachial or cephalic vein
- Midlines are power injectable
- Dressing + extension set to be renewed every 7 days or sooner if bloodstained or loose
- Can be used for administration of intravenous medication and possibly blood sampling
- Administration of medication with pH 5-9 and with an osmolality below 500.

Peripheral Cannula

- Up to 72 hours
- Drug pH range 5.0-9
- Osmolarity range <500mOSM/kg
- Peripheral
- Low cost



cannula with an
Integrated extension set

Non-ported safety



- Requires an extension set for use
- Ported safety cannula

Further reading:

- Vessel health and preservation: The Right Approach for Vascular Access
- [3M Health Care Academy \(3mlearning.co.uk\)](https://www.3mlearning.co.uk)

[Vessel Health and Preservation Framework 2020 | IPS](#)

- **Clinical Investigations Unit (CIU)**

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 Practice Assessor
- 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

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.

• Tobacco and Alcohol Care Team (TACT)

TACT are a team of specialist nurses (mental health and general trained) and advisors who provide assessment, advice and treatment to patients admitted to hospital who are smokers or who are identified as having an alcohol use disorder.

TACT is a seven-day service, covering all bank holidays. As a learner you will only be expected to work Monday to Friday. We cover core office hours (8am-4.30pm). Please contact us in advance of your start date to discuss the hours you will be required to work.

Contact details – telephone – 01772 52(8428). Voicemail available out of hours
Base – The office is on the 1st floor of the day treatment centre (above Fracture Clinic).

When you contact the office prior to commencing your placement we will arrange to meet you for the first time and escort you to the office and will provide you with the door codes you will need for access.

On your first day we will provide you with your learner's pack which includes a workbook. You will need bring a pen, your uniform and ID. You can use the trust changing facilities or there is a toilet on the corridor if needed.

During your placement you can expect to shadow the TACT Advisors and Specialist Nurses. You may have an opportunity to arrange a visit to community services if appropriate. By the end of your placement, we would expect that you would have worked towards or achieve -

- Taking a basic alcohol history
- Have a good understanding of the Audit-C screening tool and be able to use it
- Be able to deliver brief advice where appropriate to encourage a reduction in alcohol use and reduce the risk of harm
- Identify patients at risk of alcohol withdrawal syndrome
- Have a good understanding of the clinical institute withdrawal assessment (CIWA-Ar), the risk assessment used to monitor alcohol withdrawal symptoms and know how to use if safely.
- Understand the treatments used for alcohol withdrawal syndrome – chlordiazepoxide and pabrinex
- Know when and how to escalate concerns.
- Feel confident to promote a smokefree hospital site
- Understand nicotine dependence and treatments that can be used (NRT – patches, inhalators, lozenges etc)

There are facilities for you to store your lunch in the office fridge and there is a microwave, kettle and toaster.

We look forward to seeing you!

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

LTHTTr 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 LTHTTr. There is also further information available on [Civility](#), our [Best Version of Us Culture Framework](#) and [Supporting Sexual Safety in the Workplace](#).



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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.