

# Learning Environment



Lythgoe Theatres- Chorley Hospital

# 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. Here in theatres, we are very much aware how daunting and alien the theatre environment can be for a learner/trainee; however, despite it being a very busy department we are committed to our learners/trainees and hope you enjoy your time here with us, as there are many learning opportunities.

This welcome pack is designed to help you settle into your placement and give you some information about the department and the type of surgery you will be involved with. Included in this pack is a Hub and Spokes Model designed to enhance your experience with theatres and the multi-disciplinary team.

The theatre suite was formally named after the late J.P. Lythgoe, Consultant Surgeon 1964-1993. However, in 2021 we were thrilled that six new theatres were built incorporating day case theatres that were previously based at Royal Preston Hospital and a brand-new eye unit consisting of two theatres dedicated for eye surgery and a third that will be used for plastic surgery. The twelve theatres have many specialities including Orthopaedic Surgery which includes hip and knee surgery, spinal surgery, shoulder surgery, foot, ankle and hand surgery. Neuro spinal surgery now has operating lists here too. Other specialities include General Surgery, Plastics, ENT, Breast, Vascular, Robotic Surgery, Max Fax, Gynaecology and Urology. There are also regular cardioversion lists too. The Eye Unit has surgery for cataracts, glaucoma, oculoplastic and vitreoretinal surgery amongst other specialised eye treatments. We are collectively now known as Chorley Theatres.

### WHO'S WHO

- MATRON
- CLINICAL MANAGERS
- THEATRE CO-ORDINATOR
- TEAM LEADERS Anaesthetic & Recovery
- TEAM LEADERS for Scrub
- LEARNING ENVIRONMENT MANAGERS (LEM)

### PRACTICE SUPERVISORS AND ASSESSORS

Learners/trainees will be allocated a Practice Supervisor to support you through your placement and the expectation is that you will work with them for a minimum of 40% of your placement. You will also be allocated a Practice Assessor. Owing to shift patterns, annual leave and sickness you may not always necessarily work solely with your Practice Supervisor; however, all staff are approachable if you have any concerns.

### ELECTIVE ORTHOPEADIC PLACEMENT

If you are a student nurse on your elective orthopaedic placement this will consist of two weeks in pre-operative clinics, two weeks in theatres, two weeks on Leyland

orthopaedic ward and two weeks with the orthopaedic enhanced recovery nurse. As this will be a short time in theatres, the suggested learning opportunities will be too exhaustive. Therefore, you will focus predominantly on learning opportunities associated with orthopaedics and you will be based in these theatres. The practice assessor responsible for your PARE'S documentation will be from the placement you first started this rotational placement with. You will be allocated a practice supervisor for your time in theatres who will assist you in achieving your learning opportunities.

### **OFF DUTY**

Off duty will be completed by the LEM and we aim to have four weeks in advance. The off duty is posted on the wall in the co-ordinator's office. If you have any special requests for off duty you will need to contact the LEM. Your working hours will be 37.5 a week usually over 4 days Monday to Friday. If you want to reflect your supervisor's hours and experience different shift patterns, then speak to your Supervisor and we will do our best to accommodate you.

### **ALLOCATION BOARD**

This is located in the main reception and displays all theatre activity. Your name will be written on the board indicating which theatre you will be working in that day. If your name is not on the board then, please add it to the theatre you are working. If you change area or off duty the theatre co-ordinator must be informed in line with fire regulations.

### **REPORTING SICKNESS**

If you are sick, you must inform the university and the theatre co-ordinator on duty on the first day of your sickness at 08:00 before the start of your rostered shift. If you know the length of time you will be absent from your placement you must inform the theatre co-ordinator of this. You must inform the co-ordinator of your fitness to return to your placement. The direct telephone number for theatre reception is 01257 245701.

### **POLICIES AND PROCEDURES**

The department's policy and procedure files are kept in the Sister's office. Trust policies and procedures can also be found on the intranet. Theatre policies and procedures are the rules and guidelines set out to establish good patient care. They are updated as needed to be, usually when new working practices are implemented and up to date research warrants change.

### **REPORTING INCIDENTS AND ACCIDENTS**

The procedure for reporting accidents and incidents is by Datix which is accessed on the Trust intranet. Any accident or incident affecting a staff member, patient, relative or visitor to the department must be documented using the Datix system. Always report any of the above to the theatre co-ordinator for the department.

### **COMMUNICATION SYSTEMS**

There are telephones in each theatre, recovery, theatre reception and all coffee rooms. Internal phone directories are kept beside each phone in theatre. On the intranet you will find numbers of hospital departments throughout the Trust.

### **BLEEP SYSTEM**

How to use the bleep system

1. Dial 66
2. Dial the bleep number
3. Dial your four-digit message (usually your extension number)
4. Listen for the accepted tone
5. Replace the handset and wait for the reply

If taking a message please write down the name of the caller, what time they rang and a contact number to return the call. Pass the information on to a member of staff. If the caller says it is urgent, please find a member of staff to take the call.

### **BREAK FACILITIES**

There will be a coffee room in all areas that are for use during staff breaks. There are kitchen facilities providing tea and coffee making equipment, microwave ovens, toasters and a refrigerator. There is a shop/cafe situated by the main entrance to the hospital that provides sandwiches and snacks and a coffee Shop/cafe on level 2.

### **UNIFORM POLICY**

Theatre scrubs, hat and shoes must be worn at all times in the anaesthetic room, theatre and recovery areas. These are all provided for you. The only jewellery permitted is a wedding band. False nails and nail varnish is not allowed.

### **HEALTH AND SAFETY**

On your first day of placement, you will be orientated to the department by one of the team leaders. The following areas will be covered.

- Procedure for emergency resuscitation and location of equipment
- Safety and security measures, policies and procedures
- Use of moving and handling techniques and equipment
- Procedure in the event of fire and position of fire exits, blankets and extinguishers
- Procedure to be followed in case of sickness or absence from work

In your PARES's document there is a checklist that your Practice Supervisor will sign to document that the above has taken place.

Your PARE document will have a list of learning outcomes that you are expected to achieve on clinical placement. Your PARE's documentation will dictate what you need to achieve which is set by your university. This pack contains suggested learning opportunities pertinent to your allocated setting in scrub, anaesthetics and recovery.

There is a brief description of differing surgical procedures that you are likely to see on your placement from the areas of orthopaedics, general, urology, plastics and robotic surgery.



You will find a Hub and Spokes Model and a description of places you can arrange to visit.

You will find listed some of the common drugs used in anaesthesia as many students list pain management as a learning outcome. These outcomes are examples of the learning opportunities that are available throughout your placement as the theatre environment encompasses many facets. **You are not expected to achieve them all.**

### **LEARNING OUTCOMES ANAESTHETICS**

- The student should be familiar with the '8 steps to safer surgery', dictated by WHO guidelines. The theatre check list is part of this and is completed on the OPERA system. This is followed to ensure the patient does not come to any harm and under direct supervision the student should be able to checklist a patient.
- The student should be familiar with the role of the patients advocate and have the chance under supervision to act as the patients advocate and reflect on the situation
- The student should have the opportunity to observe and be familiar with the location of the anaesthetic equipment
- The student should have an insight into the importance of maintaining a safe environment
- The student should have basic knowledge of the key anaesthetic drugs
- The student should have an opportunity to observe general, local and regional anaesthesia
- The student should be able to demonstrate by discussion an understanding of the complications of general, local and regional anaesthesia
- The student should have an understanding of the management of a patient needing anaesthesia who is not fasted and have the opportunity to observe
- The student should be familiar with the safe positioning of patients on the operating table and participate in positioning patients
- The student should observe what interventions are undertaken with regards to pressure areas, body temperature and deep vein thrombosis prevention
- The student should be familiar with pre-operative assessment and should have the opportunity to observe assessments

### **LEARNING OUTCOMES RECOVERY**

- The student should have the opportunity under direct supervision to manage patients' airway learning the different methods to keep an airway open
- The student should participate in monitoring patients' vital signs including a full A-E assessment. They should have the knowledge to detect untoward signs and under supervision take appropriate action.
- The student should have the opportunity to observe post-operative pain management and participate in the care of the patients.
- The student should be familiar with (PARS) Post Anaesthetic Recovery Score. This is an assessment tool to determine if it is safe to discharge a patient from recovery to the ward.

### **LEARNING OUTCOMES SCRUB**

- The student should be familiar with the theatre set up for procedures including safety checks on equipment and environment
- The student should observe several operating procedures in the specialities of general, orthopaedic, vascular, plastics, urology, robotics and eyes
- The student should be able to expand current levels of knowledge concerning anatomy and physiology
- The student should demonstrate understanding of asepsis and infection control issues through discussion and practice
- The student should gain some understanding of diathermy and its role in surgical procedures
- The student should be given the opportunity to handle specimens and be aware of the relevant checking procedures
- The student should be aware of the role of the circulating person and demonstrate the opening of sterile packs and instruments to the scrub practitioner
- The student should be given the opportunity to scrub up and learn the technique of gowning and gloving for surgical procedures
- The student should be aware of the documentation process and demonstrate correct procedures for counting swabs, needles and instruments
- The student should be given the opportunity to discuss ethical issues relating to patient care in theatre

### **TOTAL HIP REPLACEMENT SURGERY**

Due to the Covid-19 pandemic waiting time for surgery has increased but in 2017 there were 96,717 primary total hip procedures carried out in England, Wales and Northern Ireland. There were also 8,598 hip revision procedures. The average age of patients having these procedures is 69 years (National Institute for Health Research).

Artificial implants, or prostheses, are used to replace diseased or damaged bone around joints so that patients are able to enjoy, to a degree, normal movement once again. The implants mimic the bone shape and can be made of metal, high density polyethylene or ceramic. Here at Chorley, you will see many primary and revision total hip and knee replacements.

The natural hip joint is a ball and socket joint which, with time, may wear out. When this happens, the joint becomes steadily more painful and eventually a hip replacement is the only way to get rid of the pain and improve quality of life.

The aim of a hip replacement is to replace the worn-out joint surfaces with new artificial surfaces. There are many different types of hip replacement available.

The traditional type of replacement, which has been in use for many years, is a metal ball on a stem cemented into the femur and a plastic socket cemented into the pelvis. This is still the most commonly used type of hip. In the older patient it is highly unlikely that it would need to be replaced within their lifetime.

Alternatively, you may see a type of replacement known as hip resurfacing. In this operation, instead of the ball part of the hip joint being removed (as in a standard hip

replacement), it is cut to shape and a new metal surface is cemented on. The socket also has a metal surface and is fixed to the pelvis without using cement.

The hip joint is made up of two major parts.

- the hip socket (a part of the pelvis bone called the acetabulum)
- the upper end of the thigh bone (called the femoral head)

One or both may be replaced during surgery. The surgeon will make a surgical cut to open up the hip joint. Then the surgeon will:

- cut and remove the head of the thigh bone
- clean out the hip socket and remove the rest of the cartilage and damaged or arthritic bone
- put the new hip socket in place, then insert the metal stem into the thigh bone
- place the correct sized ball for the new joint
- secure all of the new parts in place, sometimes with a special cement
- repair the muscle and tendons around the new joint
- close the surgical cut

### **KNEE REPLACEMENT SURGERY**

Due to the Covid-19 pandemic waiting times for surgery has increased but in 2017 there were 106,334 knee replacement procedures carried out in England, Wales and Northern Ireland. There were also 6,502 knee revision procedures where people needed a second operation. The average age of the patients was 69 years (National Institute for Health Research).

The knee is the largest joint in the body and it is also one of the most complex. The knee consists of the following:

- Tibia. This is the shin bone or larger bone of the lower leg.
- Femur. This is the thighbone or upper leg bone.
- Patella. This is the kneecap.
- Cartilage. A type of tissue that covers the surface of a bone at a joint. Cartilage helps reduce the friction of movement within a joint
- Synovial membrane. A tissue that lines the joint and seals it into a joint capsule. The synovial membrane secretes synovial fluid (a clear, sticky fluid) around the joint to lubricate it
- Ligament. A type of tough elastic connective tissue that surrounds the joint to give support and limits the joint's movements.
- Tendon. A type of tough connective tissue that connects muscles and helps to control movement of the joint.
- Meniscus. A curved part of the cartilage in the knee and other joints that acts as a shock absorber, increases contact area, and deepens the knee joint.

With time, the bones may wear out. When this happens, the joint becomes steadily more painful and eventually a knee replacement is the only way to get rid of the pain and improve quality of life.

A total knee replacement procedure consists of replacing the diseased and painful joint surfaces of the knee with metal and plastic components shaped to allow continued motion of the knee. There are many types of knee replacement available. The traditional type of total knee replacement involves replacing the bone at the lower end of the femur and replacing the bone at the top of the tibia. Sometimes only

one side (either left or right) needs replacing. This type of procedure is called a unicondylar knee replacement.

The incision can be anything from 10 to 20cm in length depending on the type of approach and the size of the leg. All the blood vessels, muscles and nerves are protected during surgery and special tools are used to remove the surface of the bone. These include power saws that are driven by battery or compressed air, special chisels and various drills to enable the components to be firmly seated. The components may be implanted by shaping the bone to and from a tight fit with the prosthesis, which is coated with a special material which allows bone to grow on to the surface and provide fixation (uncemented prosthesis). Alternatively, bone cement may be used to hold the prosthesis in place (cemented). The wound is closed with internal stitches to keep all the ligaments and muscles securely together with clips, sutures or special tape on the skin.

### **LAPAROSCOPIC CHOLECYSTECTOMY**

One of the common general surgical procedures performed at Chorley Hospital is a laparoscopic cholecystectomy, also referred to as keyhole surgery.

This procedure is the surgical removal of the gallbladder due to gallstones.

Gallstones are solid deposits that develop inside the gallbladder. The gallbladder collects and stores liquid called bile which helps the body to digest food. The gallbladder may need to be removed if it becomes diseased or damaged, or if you have gallstones. Until the late 1980's patients having their gallbladder removed had open surgery. An approximate 15cm incision was made just under the ribs and the area above the gallbladder was opened so the procedure could take place.

Laparoscopic surgery techniques became popular. Approximately 66,660 cholecystectomies are performed every year in the UK, costing about £111.6 million; around 61,220 of these are laparoscopic cholecystectomies. (NICE)

Planned laparoscopic surgery can convert to an open procedure if it is a challenging case or if complications arise. Hospital stay is usually 3-4 days post op for an open procedure whereas patients undergoing laparoscopic surgery are usually a day case patient. Below is a brief description of what happens during the surgery.

- An incision about 1cm long is made near to the navel and the laparoscope is inserted in the abdomen
- Carbon dioxide gas is used to inflate the abdomen so that the surgeon can get a view of the internal organs, and so that manipulating the surgical instrument is easier
- Three additional but smaller incisions are then made, two just under the right ribs and one in the centre of the upper abdomen. These provide access points for the different surgical instruments required.
- The bile duct and the main artery that carries blood to the gallbladder are clipped to stop the flow of bile and blood
- The instruments are then used to cut away the gallbladder from the liver, and it is removed in a bag through one of the three smaller abdominal incisions
- The incisions are closed with stitches that will dissolve over the next few weeks as the skin heals

### **TRANSURETHRAL RESECTION OF BLADDER TUMOUR (TURBT)**

About 10,000 people are diagnosed with bladder cancer every year and it's the tenth most common cancer in the UK. The condition is more common in older adults, with most new cases diagnosed in people aged 60 and above. Bladder cancer is also more common in men than in women, possibly because in the past, men were more likely to smoke and work in the manufacturing industry (Bladder Cancer NHS, 2018) TURBT is a procedure used to diagnose bladder cancer and remove any unusual growths or tumours on the bladder wall. Bladder cancer is caused by the uncontrollable growth of cells that line the bladder wall. If the cancer is just in the wall and hasn't grown into the muscle of the bladder, it's called superficial or non-muscle invasive bladder cancer. Non-muscle invasive bladder cancer can be treated by removing it from your bladder wall in a TURBT operation.

During the procedure the surgeon will pass a thin, rigid, tube-like telescope called a cystoscope into the urethra (the tube that carries urine from the bladder out of your body) and into your bladder. They will pass sterile fluid through the cystoscope into the bladder. This will make it easier to see the bladder wall. A camera lens at the end of the cystoscope will send pictures from the inside of the bladder to a monitor. The surgeon will look at these images on the monitor to locate the unusual growth or tumours on the bladder wall.

The surgeon will put a special wire loop through the cystoscope. Using this loop, they will cut away the tumour and a border of healthy tissue around it. The surgeon may also pass an electric current down the wire loop to seal the wound. They will then take the cystoscope out and pass a thin flexible tube (catheter) into the urethra. This will be left in for approximately 24 hours.

## **BREAST CANCER SURGERY**

Breast cancer is the most common type of cancer in the UK. Most women diagnosed with breast cancer are over the age of 50, but younger women can also get breast cancer.

About 1 in 8 women are diagnosed with breast cancer during their lifetime. There's a good chance of recovery if it's detected at an early stage.

In rare cases, men can also be diagnosed with breast cancer.

### **Surgery**

There are 2 main types of breast cancer surgery:

**Breast-conserving surgery**, where the cancerous lump (tumour) is removed

**Mastectomy**, where the whole breast is removed

In many cases, a mastectomy can be followed by reconstructive surgery to try to recreate a breast.

Studies have shown that breast-conserving surgery followed by radiotherapy is as successful as total mastectomy at treating early-stage breast cancer.

Breast-conserving surgery ranges from a lumpectomy or wide local excision, where the tumour and a little surrounding breast tissue is removed, to a partial mastectomy or quadrantectomy, where up to a quarter of the breast is removed.

If the patient has breast-conserving surgery, the amount of breast tissue that is removed will depend on:

- The type of cancer
- The size of the tumour and where it is in the breast

- The amount of surrounding tissue that needs to be removed
- The size of the breasts

The surgeon will always remove an area of healthy breast tissue around the tumour, which will be tested for traces of cancer.

If there's no cancer present in the healthy tissue, there's less chance that the cancer will return.

If cancer cells are found in the surrounding tissue, more tissue may need to be removed from your breast.

After having breast-conserving surgery, you'll usually be offered radiotherapy to destroy any remaining cancer cells.

### **Mastectomy**

A mastectomy is the removal of all the breast tissue, including the nipple.

If there are no obvious signs that the cancer has spread to your lymph nodes, you may have a mastectomy, where your breast is removed, along with a sentinel lymph node biopsy.

If the cancer has spread to your lymph nodes, you'll probably need more extensive removal (clearance) of lymph nodes from the area under your arm (axilla).

### **Reconstruction**

Breast reconstruction is surgery to make a new breast shape that looks as much as possible like your other breast.

Reconstruction can be done at the same time as a mastectomy (immediate reconstruction), or it can be done later (delayed reconstruction).

It can be done either by inserting a breast implant or by using tissue from another part of your body to create a new breast.

### **Lymph node surgery**

To find out if the cancer has spread, a procedure called a sentinel lymph node biopsy may be done.

The sentinel lymph nodes are the first lymph nodes that the cancer cells reach if they spread. They're part of the lymph nodes under your arms (axillary lymph nodes).

The position of the sentinel lymph nodes varies, so they're identified using a combination of a radioisotope and a blue dye.

The sentinel lymph nodes are examined in the laboratory to see if there are any cancer cells present. This provides a good indicator of whether the cancer has spread.

If there are cancer cells in the sentinel nodes, further surgery to remove more lymph nodes from under the patient's arm may be needed (NHS, 2019).

## **SPINAL SURGERY**

### **Surgical procedures**

The aim of lumbar decompression surgery is to relieve the pressure on the spinal cord or nerves, while maintaining as much of the strength and flexibility of the spine as possible.

Depending on the specific reason for having surgery, a number of different procedures may need to be carried out during the operation to achieve this.

Three of the main procedures used are:

**Laminectomy** – where a section of bone is removed from one of the vertebrae (spinal bones) to relieve pressure on the affected nerve

**Discectomy** – where a section of a damaged disc is removed

**Spinal fusion** – where 2 or more vertebrae are joined together with a bone graft

### **Laminectomy**

A laminectomy removes areas of bone or tissue that are putting pressure on the spinal cord.

The surgeon makes an incision (cut) over the affected section of spine down to the lamina (bony arch of the vertebra), to access the compressed nerve. The nerve will be pulled back towards the centre of the spinal column and part of the bone or ligament pressing on the nerve will be removed.

To complete the operation, the surgeon will close the incision using stitches or surgical staples.

### **Discectomy**

A discectomy is carried out to release the pressure on the spinal nerves caused by a bulging or slipped disc.

As with a laminectomy, the surgeon will make an incision over the affected area of the spine down to the lamina.

The surgeon will gently pull the nerve away to expose the prolapsed or bulging disc, which they'll remove just enough of to prevent pressure on the nerves. Most of the disc will be left behind to keep working as a shock absorber.

To complete the operation, the surgeon will close the incision with stitches or surgical staples.

### **Spinal fusion**

Spinal fusion is used to join 2 or more vertebrae together by placing an additional section of bone in the space between them.

This helps to prevent excessive movements between 2 adjacent vertebrae, lowering the risk of further irritation or compression of the nearby nerves and reducing pain and related symptoms.

The additional section of bone can be taken from somewhere else in the body (usually the hip) or from a donated bone. More recently, synthetic (man-made) bone substitutes have been used.

To improve the chance of fusion being successful, some surgeons may use screws and connecting rods to secure the bones.

Afterwards, the surgeon will close the incision with stitches or surgical staples (NHS 2018).

## **SPOKES AND MULTI-DISCIPLINARY TEAM INVOLVED**

### **Pre-op Assessment Clinic**

The student can witness the initial stages of the patient's journey for their planned procedure. A comprehensive medical history will be taken in order to identify any concerns relating to the surgery or anaesthesia. Investigations such as ECG's and blood tests may be performed at the clinic. The patient is given the opportunity to discuss any worries they may have and also preferences concerning anaesthesia will be discussed. Information in written form is usually given, including what to expect and preparation for surgery.

### **Surgical wards**

The student can see what happens during the patient's admission process and preparation for surgery. They will become familiar with the WHO surgical checklist and its importance. They will understand why baseline clinical observations are taken and documented. They will be able to witness the patient post operatively and understand issues relating to pain management and the criteria for a safe discharge home.

### **Pain Management Team**

The nurse specialist in pain management can discuss their role and what it involves. Topics discussed include defining what pain is and what it means to the individual. Common pain relieving drugs and side effects and how and why these drugs are administered will also be discussed. Topics relating to signs and symptoms of allergic reactions and how to manage these situations will also be discussed along with the use of PCA's and epidural infusion pumps.

### **Orthopaedic Outpatient Clinic**

The student can witness the later stage of a patient's journey following their surgery and the discharge home process. It is an opportunity to understand why and how the surgical intervention has had an impact on the patient in terms of increased mobility and reduction of pain levels.

### **Physiotherapists**

The student can work alongside the physio on the ward and witness as they help patients to regain strength, mobility and confidence. They can assist the physio as the patients take their first steps through to walking up and down stairs. The student will gain an insight into the patient assessment for recommending aids to help mobility. The physios also have a vast knowledge of A&P and can explain the rationale for what support is given and why.

### **Breast care unit**

The breast care unit is a modern unit that encompasses several MDT members. The student will be able to witness the work undertaken by the specialist breast care nurses including diagnostic tests. The student will see patients having mammograms and ultrasound scans. The diagnosed patient will see the consultant along with the nurse and will be given options relating to their treatment. The student will be able to understand the importance of excellent interpersonal skills when dealing with emotive patients and the support that the team offers.

### **Blood track training**

The blood transfusion nurses hold regular sessions which cover the basics of blood transfusions and the safety elements concerning it. The student will be trained on how to take out and put blood back into the blood fridge. The student can develop their knowledge by then reading the policies such as SHOT- Serious Hazards of Transfusion.

### **Radiographers**

The student will be aware that radiographers are very much a part of the theatre environment and will learn issues relating to safety. They will learn why the WHO surgical checklist asks if the patient could be pregnant and why lead gowns are worn and what are the safe measures of radiation. The student will witness how radiographs are interpreted and their importance in diagnostics.



### **Anaesthetists and Anaesthetic and Recovery Nurses/ODPs**

The student will be able to witness differing types of anaesthesia e.g. general, local and regional and spinal/epidurals. The anaesthetist has specialist knowledge and will give the student an insight into what type of anaesthesia is used and why. The anaesthetic nurse will show the student what equipment is used to secure an airway and airway management and give the student a basic description of the major drugs used. The recovery nurse will show the student how to look after the unconscious patient and show them when and how to safely remove the airway device e.g. laryngeal mask or I-Gel. The student can also learn aspects of pain management and how to set up a PCA-patient controlled analgesia.

### **Surgeons and Scrub Nurses/ODPs**

The student will gain knowledge in the importance of maintaining a sterile field and how a sterile field is maintained. The student will learn the technique of how to 'scrub up'. Surgical techniques can be observed along with; skin preparation, wound dressing, pressure dressing, and wound closure e.g. sutures, staples or glue.

### **Theatre Co-ordinator**

The student can be given the chance to work alongside the co-ordinator for a day to experience what happens behind the scenes; how to liaise with wards and departments concerning and managing missing notes, booking radiographers to be in theatre, dealing with sickness and absence and managing staff across the whole theatre suite. This includes managing coffee breaks and meal relief. The student will gain an understanding into the productive theatre and how this impacts on the service financially, the process for cancelling an operation and witnessing skills in de-escalating situations as they arise as the theatre environment can be a very fraught and taught area with all the MDT trying to deliver their own unique skills.

### **Surgical Enhanced Care Unit**

The surgical enhanced care unit (SECU) provides postoperative high-dependency care for high-risk surgical patients in an area separate from the general intensive care unit (ICU). It provides a clinical environment in which interventions aimed at improving outcomes, reducing morbidity and consequently length of stay, may be implemented. At Chorley Hospital the SECU consists of a four bedded unit and is situated on a ward (though separate from the ward) across from the main theatre suite. Students will be able to witness and be involved with a higher level of post-surgical care and all that involves.

### **Sharoe Green Unit and Preston Theatres**

There may be opportunities to visit these theatres. It is not always possible due to the amount of allocated students already in those areas on placement. We will do our utmost to accommodate your choices of spokes choices.

### **Common abbreviations and their meanings you may come across on your placement**

FWB fully weight bearing

PWB partial weight bearing

NWB non weight bearing

TKR total knee replacement

THR total hip replacement

TSR total shoulder replacement  
ORIF open reduction and internal fixation  
ROS removal of sutures  
POP plaster of Paris  
CVP central venous pressure  
IVI intravenous infusion  
TTO's to take out (meds)  
TPR temperature, pulse and respiration  
OPA outpatient appointment  
MUA manipulation under anaesthesia  
EUA examination under anaesthesia  
PCA patient-controlled analgesia  
FBC full blood count  
NBM nil by mouth  
CT computerised tomography

### **Common drugs used in anaesthesia and pain management**

**Adrenaline** provides physiological reversal of the immediate symptoms associated with hypersensitivity reactions such as anaphylaxis. It is used to correct hypotension

**Alfentanil** is an opioid analgesic used during surgery. Side effects include hypertension, respiratory depression and myoclonic movements (the muscles jerk)

**Atropine** is used to correct bradycardia and useful for drying up secretions

**Ketorolac** is a non-steroidal anti-inflammatory analgesic

**Cefuroxime** is an antibiotic commonly used in orthopaedic surgery

**Dexamethasone** is a steroid anti-inflammatory drug used as an anti-emetic during surgery

**Ephedrine** is used to treat hypotension associated with anaesthesia

**Fentanyl** is an opioid analgesic used during surgery. It can cause respiratory depression, pruritus, nausea and vomiting

**Gentamicin** is an antibiotic used to treat several types of bacterial infections. This may include bone infections, endocarditis, pelvic inflammatory disease, meningitis, pneumonia, urinary tract infections, and sepsis among others. It is given routinely during hip and knee replacement surgery

**Heavy Marcaine** is a local anaesthetic that blocks the sensation of pain. It is given as an injection into the spine during anaesthesia to prevent pain during surgery

**Ketamine** is an analgesic particularly used when transferring an orthopaedic trauma patient in the anaesthetic room

**Metaraminol** is used in the prevention and treatment of hypotension

**Midazolam** is used for inducing sedation

**Ondansetron** is used to prevent and treat nausea

**Oxynorm** is an opioid analgesic used during surgery and for post-operative pain relief. Side effects include nausea, itching and constipation

**Propofol** is used in the induction of anaesthesia and in maintenance of sedated patients. Side effects include hypotension related to vasodilatation and pain on injection

**Remifentanyl** is an opioid analgesic used for induction and maintenance of anaesthesia

**Sevoflurane** is a volatile liquid used for the induction and maintenance of anaesthesia

**Suxamethonium** is a short acting muscle relaxant to allow rapid intubation of the trachea

**Teicoplanin** is an antibiotic used in the prophylaxis and treatment of serious infections caused by Gram-positive bacteria, including methicillin-resistant *Staphylococcus aureus* and *Enterococcus faecalis*. It is used routinely during hip and knee replacement surgery

### Useful Web Addresses

[www.who.int](http://www.who.int) World Health Organisation

[www.aagbi.org](http://www.aagbi.org) Association of Anaesthetists of Great Britain and Ireland

[www.doh.gov.uk](http://www.doh.gov.uk) Department of Health

[www.nhs.org.uk](http://www.nhs.org.uk) National Health Service

[www.nice.org.uk](http://www.nice.org.uk) National Institute for Clinical Excellence

[www.nmc-uk.org](http://www.nmc-uk.org) Nursing and Midwifery Council (NMC) Standards/Professional Issues

[www.nursingtimes.net](http://www.nursingtimes.net) Nursing Times Journal

[www.chi.gov.uk](http://www.chi.gov.uk) Commission for Health improvement

[www.diabetes.org.uk](http://www.diabetes.org.uk) Diabetes UK

[www.heartforum.org.uk](http://www.heartforum.org.uk) National Heart Forum

[www.afpp.org.uk](http://www.afpp.org.uk) The Association for Perioperative Practitioners

[www.library.nhs.uk](http://www.library.nhs.uk) The National Electronic Library for Health

[www.nmc.org.uk/COVID19](http://www.nmc.org.uk/COVID19) NMC

<https://www.nmc.org.uk/standards/code/read-the-code-online/>

NMC Code



## 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**

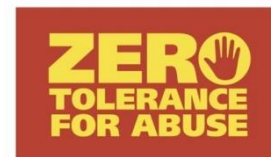
LTHTr strive to create a great place to work for every colleague and deliver excellent care with compassion to our patients. We all play a pivotal role, not only in providing services but also in shaping the culture of our organisation.

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.