

Learning Environment



**Medical Assessment Unit (MAU)
RPH**

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

Welcome to the Medical Assessment Unit (MAU). We hope that this document will provide you with relevant information to support your induction and orientation to your learning environment.

A Practice Assessor and Practice Supervisor will be allocated to you to help you settle into your learning environment.

The Medical Assessment Unit, located on the fourth floor, is a 30-bed mixed sex unit (with an extra 2 exam rooms), where patients are admitted for the assessment and treatment of a wide range of acute medical, oncology, renal and neurology problems prior to their transfer to other wards/units or their discharge home. There will be a team of doctors in the office along with the nurse co-ordinator who is responsible for the transfers of patients to and from MAU.

During your placement, you will be given opportunities to gain a wide range of skills and knowledge into acute medical nursing.

MAU staff:

Clinical Matron

Ward Manager

Learning Environment Manager

Clinical Practice Educator

Useful numbers

If calling from an external line the last four digits will change depending whom you wish to contact. The rest of the number will always stay the same: 01772 52 * * * *
MAU: 2824 / 4127

Internal Emergencies (Arrest call's) 2222

Switchboard: (external) 01772 716565 (internally) 0

Medical bleep: (externally) call switchboard and ask to be put through to the medical bleep, (internally) bleep 3052

To bleep: Press 66, then when the recorded message asks for user/team number (enter bleep number) and likewise when the recorded message asks for the four digit message, that's the extension number of the phone you're placing the bleep from.

Critical Care Outreach bleep 3388 / At night the hospital at night team will cover this service on bleep 9090

Site manager bleep 3287

Security bleep 2215

There are two phone books located at either end of MAU on the desks that contain all the other relevant numbers and bleeps you would need.

General shift patterns

Nursing staff work 12-hour shifts on MAU.

Long day- 07:00-19:30

Night 19:00 – 07:30

Hand over for shifts will commence when your shift starts so, please be ready on time and arrive a few minutes early.

In the event of sickness or absence you are required to contact the ward at your earliest opportunity and likewise when you are fit to return. You will also need to inform the appropriate individuals at university and email

learner.absences@lthtr.nhs.uk

What we expect from you

We expect the same high standards from everyone. We expect you to turn up to shift on time and presentable and give patients the high quality of care they deserve.

The unit is split into three different teams where you will be allocated at the start of your shift. There will be 1-2 registered nurses working alongside assistant practitioners and health care assistants.

On MAU all patients who arrive on the ward are admitted by a member of the nursing team. This is a good skill to learn and complete the relevant paperwork including vital observations and online risk assessments.

All admissions to MAU must have a set of observations recorded within 15 minutes of arriving to the unit. All patients with chest pain must receive an ECG in this time. An electronic risk assessment must be completed including vital signs and demographic details and including any allergy or infection status.

All patients must have an electronic generated name band. All other admission paperwork such as waterlow score, must score, falls score etc. must be completed when decision to admit had been decided. This may involve handing over any uncompleted paperwork to the nurse looking after that team of patients. You are also required to complete the electronic risk assessments.

ALL PATIENTS MUST BE SWABBED IN THE NOSE AND GROIN FOR MRSA.

Observations

All patients on MAU have their observations monitored every 4 hrs during the day. At 6am, 10am, 2pm, 6pm and 10pm. All patients must have a recorded EWS.

Any patient who triggers the EWS (scores 3 or above) should have appropriate action initiated immediately. This should be reported to the nurse you are working with, Critical Care Outreach and ensure a senior review by the medical staff. The

presence of CCOT is vital to ensure clinical support for patients who are deteriorating or at risk of deterioration in the ward environment. For more information please refer to the trust policy. If an action plan is not initiated immediately, then the co-ordinator on the shift must escalate the concerns to senior staff until action is taken, an incident report must then be completed to highlight the non-compliance with trust policy, and the educational needs required to ensure that quality care is provided at all times.

Nutrition

MAU does run differently to other wards particularly at mealtimes. Patients are offered a menu to complete on the day. Please make sure you're aware of any special requirements for your patients such as renal, pureed or textured and halal. Patients are offered hot drinks as usual at intervals of breakfast, mid-morning, lunch, mid-afternoon, tea-time and evening, ensuring that patient's hydration is maintained effectively. It is important that you establish who is on fluid balance sheets when you commence your shift, to accurately record and manage patient hydration. Dehydration can be a very crucial factor in rapid patient deterioration.

Conditions of patients you will be looking after on MAU. Common admissions are:

Respiratory problems:

Shortness of breath, Low SPO₂, lower Respiratory Tract Infection, Pulmonary Embolism, Exacerbation of COPD or Asthma

Cardiovascular problems:

Chest Pain, Palpitations, Angina, Unstable Hypertension, Tachycardia, MI, PE/DVT's, CCF

Renal problems:

Deranged U&E's, Hyperkalaemia,

Neurological problems:

New confusion, Seizure's, Reduced GCS, Headache, SAH

Gastrointestinal problems:

Gastroenteritis, Deranged LFT's, Alcoholic Liver Disease, Ascites, Upper GI bleeds, Obstructions

Endocrine problems:

Hyperglycaemia, Hypoglycaemia, Diabetic Ketone Acidosis, HHS

Infections and sepsis:

Sepsis (Covers - Chest, Urine, Abdominal Biliary, even unknown source), Cellulitis

Mental Health:

Change in behaviour, Overdose, Reduced GCS / Altered LOC

Social Issues:

Falls, Generally unwell, Frailty, Reduced mobility.

Glossary

Apnoea - Temporary cessation of breathing, especially during sleep.

Atrial Fibrillation – A heart condition that causes an irregular and often abnormally fast heart rate.

Autonomy – The right of patients to make decisions about their care without the health provider influencing their decision.

BLS – Basic life support.

Cardiac output – The amount of blood ejected by the ventricle in one minute.

Cardiopulmonary arrest – The sudden cessation of breathing and effective cardiac output.

Cardiopulmonary resuscitation – Emergency procedures to be undertaken in the event of cardiopulmonary arrest aimed at preventing irreversible brain damage caused by lack of oxygen. CPR consists of rescue breathing and chest compressions. (Also known as BLS)

Consciousness – A state of awareness of oneself and one's surroundings.

CPR – Cardiopulmonary resuscitation is an emergency procedure used to manually support the circulation, thereby preserving blood flow to the brain.

Critical Care Outreach – A team, often multi-professional, that provide clinical and educational support in the recognition and treatment at the onset of deteriorating health of adult patients on general wards.

Embolism - An embolism is the lodging of an embolus, a blockage-causing piece of material, inside a blood vessel. The embolus may be a blood clot (thrombus), a fat globule (fat embolism), a bubble of air or other gas (gas embolism), or foreign material.

EWS – Early warning Score/System. A process by which objective criteria are used to generate a score which is used as an indicator for “calling for help”.

F.O.R.C.E – Structured way of writing in cardex. Fluid balance, Observations, Risk assessments, Care given, Escalation.

Glasgow Coma Scale – GCS. An assessment tool for assessing consciousness.

Haematuria – The presence of blood in urine.

Homeostasis – The maintenance of a stable internal environment irrespective of external conditions.

Hyper (meaning high) Hypo (meaning low) in front of the following:

Kaleamia – Levels of potassium in the blood.

Natraemia – Serum sodium.

Tension – Blood pressure.

Calcaemia – Serum calcium

Thermia – Body temperature.

Intraosseous – The inside of a bone.

Intravenous – The inside of a vein.

Intramuscular - The inside of a muscle.

Ischaemia – A restriction of blood supply.

Malnutrition – Any condition in which the body does not receive enough nutrients for effective function. It may range from mild to severe and even life threatening.

Melaena – This is the black, tarry faeces associated with gastrointestinal haemorrhage. The colour is caused by the oxidation of the iron in the haemoglobin during passage through the colon.

PH – A logarithmic scale representing H⁺ concentration where 0 is the highest acidity and 14 is the lowest.

Pulse Pressure – The difference in pressure between systole and diastole.

SBAR – Situation, Background, Assessment, Recommendations. An easy to use mechanism used to structure communication, to communicate accurately what requires a clinician's immediate attention.

Sepsis – A life threatening illness caused by the body overreacting to an illness.

Thrombus – A thrombus is a healthy response to injury intended to prevent bleeding, but can be harmful in thrombosis, when clots obstruct blood flow through healthy blood vessels.

Useful Abbreviations.

ABX - Antibiotic

ABG – Arterial Blood Gas.

ACS – Acute Coronary Syndrome

ADL – Activities of Daily Living.

ALOC – Altered Level of Consciousness.

BD – Twice daily

BP – Blood Pressure.

CABG – Coronary Artery Bypass Graft.

CCU – Coronary Care Unit.

CrCu – Critical Care Unit.

CKD – Chronic Kidney Disease.

CMS – Circulation, Movement, Sensation.

C/o – Complaints of / complains of.

COPD – Chronic Obstructive Pulmonary disease.

CPR – Cardiopulmonary Resuscitation.

DKA – Diabetic Ketoacidosis.

DM – Diabetic Mellitus.

DNACPR – Do Not Attempt Cardiopulmonary Resuscitation.

ECG – Electrocardiogram.

EDD – Estimated Date of Discharge.

ETOH – Ethyl alcohol or Ethanol.

HTN – Hypertension.

IVI – Intravenous infusion.

I&O – Input / Output.

LOC – Loss of Consciousness.

NKDA – No Known Drug Allergies.

NOK – Next of Kin.

NWB – Non-weight bearing.

OD – Overdose or Once Daily

OT – Occupational therapist

PO - Orally

PMH – Past Medical History.

QDS – Four times a day

R/o – Rule out

R/v - Review

S.O.B – Shortness of Breath.

STAT – Immediately.

TDS – Three times a day.

VTBI – Volume to be Infused.

ZMF – Zimmer frame

Our learners and trainees have found the following books have been useful to support their learning:

Harrison R & Daly L: “Acute Medical Emergencies”. Churchill Livingstone. Edinburgh

Ramrakha P & Moore K: 2005 “Oxford Handbook of Acute Medicine” (2nd Edition)
Oxford University Press Oxford

Longmore M. et al 2002 “Oxford Handbook of Clinical Medicine” (5th Edition) Oxford
University Press Oxford

British Medical Association & Royal Pharmaceutical Society of Great Britain 2005
British National Formulary. BMA London

Martin E. (Ed) 2003: Oxford Concise Colour Medical Dictionary. Oxford University
Press Oxford.

See also intranet for trust policies found on the home page.

Any questions or problems, please don't hesitate to speak to the Nurse in Charge,
your Practice Assessor, your Practice Supervisor, Ward Manager or Matron.

We're all here to help.



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.