

# Learning Environment



Rookwood B

# 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.lhtr.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 Rookwood B, a stroke rehabilitation and acute elderly medicine ward. This ward is a mixed 24 bedded ward with four bays and four side rooms. Patients are mainly admitted to this ward via Ward 21 (Stroke Ward at RPH) and MAU at Chorley.

### **Contact information**

Ward Tel: 01257 245550/245552

### **Shift Times**

Night 19:30-20:00

Long day 07:30- 20:00

### Sickness policy

Please contact the ward on 01257 245550/5552 prior to your shift starting if you are ever unable to attend placement and leave a message with the nurse in charge. You also need to email [learner.absences@lthtr.nhs.uk](mailto:learner.absences@lthtr.nhs.uk)

### What is a stroke?

Stroke is a clinical syndrome characterised by sudden onset of rapidly developing focal or global neurological disturbance which lasts more than 24 hours or leads to death.

- Ischaemic stroke — neurological dysfunction due to ischaemia and death of brain, spinal cord, or retinal tissue following vascular occlusion or stenosis.
- Haemorrhagic stroke — neurological dysfunction caused by a focal collection of blood from rupture of a blood vessel within the brain (intracerebral haemorrhagic stroke) or between the surface of the brain and the arachnoid tissues covering the brain (subarachnoid haemorrhagic stroke).
- Silent stroke — radiological or pathological evidence of an infarction without an attributable history of acute neurological dysfunction.

NICE Guidelines, (2017). *Stroke and TIA*. Retrieved from

<https://cks.nice.org.uk/stroke-and-tia#!backgroundsub>

### About the Ward

The ward has a multidisciplinary approach that allows us to give our patients the care and rehabilitation they need. There are two Consultants on this ward (ward round takes place on a Monday, Tuesday, Thursday and Friday). The medical teams consist of Registrars, FY2 and FY1 doctors who are based on the ward Monday – Friday, 9am – 5pm. Occupational therapists and Physiotherapists are also based on this ward to provide a whole holistic approach to care. Other members of the multidisciplinary team that visit the ward are: Speech and Language, Dietitians, Pharmacists, Nutritional team, Social workers and discharge facilitators.

## Planning and delivering stroke rehabilitation

### **Screening and assessment**

On admission to hospital, to ensure the immediate safety and comfort of the person with stroke, screen them for the following and, if problems are identified, start management as soon as possible:

- orientation
- positioning, moving and handling
- swallowing
- transfers (for example, from bed to chair)
- pressure area risk
- continence
- communication, including the ability to understand and follow instructions and to convey needs and wishes
- nutritional status and hydration (follow the recommendations in [Stroke](#) [NICE clinical guideline 68] and [Nutrition support in adults](#) [NICE clinical guideline 32]).

Perform a full medical assessment of the person with stroke, including cognition (attention, memory, spatial awareness, [apraxia](#), perception), vision, hearing, tone, strength, sensation and balance.

A comprehensive assessment of a person with stroke should take into account:

- their previous functional abilities
- impairment of psychological functioning (cognitive, emotional and communication)
- impairment of body functions, including pain
- activity limitations and participation restrictions
- environmental factors (social, physical and cultural).

Information collected routinely from people with stroke using valid, reliable and responsive tools should include the following on admission and discharge:

- National Institutes of Health Stroke Scale
- Barthel Index.

Information collected from people with stroke using valid, reliable and responsive tools should be fed back to the multidisciplinary team regularly.

Take into consideration the impact of the stroke on the person's family, friends and/or carers and, if appropriate, identify sources of support.

Inform the family members and carers of people with stroke about their right to have a carer's needs assessment.

NICE Guidelines, (2017). *Stroke rehabilitation in adults*. Retrieved from <https://www.nice.org.uk/guidance/cg162/chapter/1-Recommendations>

### Cardiac Arrest

In the event of cardiac arrest you may be asked to dial 2222 and clearly state "Adult Cardiac Arrest Rookwood B". In the event of security emergency it is also 2222 stating "security emergency Rookwood B". If you are at all unsure about policies and procedures they are accessible from the trust's intranet which can be downloaded or printed off.

### Regular Medications to Research

Clopidogrel  
Aspirin  
Apixiban  
Lansoprazole  
Digoxin  
Bisoprolol  
Cyclizine  
Deltaparin  
Atrovastatin  
Furosemide  
Levothyroxine

### Medical Terminology/Abbreviations

**DNAR** – Do Not Attempt Resuscitation  
**CVA** – Cardiovascular Accident  
**TIA** – Transient Ischemic Attack  
**MCA** – Middle Cerebral Artery  
**CT Scan** – Computerised Tomography Scan  
**MRI** – Magnetic Resonance Imaging  
**(N)IDDM** – (Non) Insulin Dependent Diabetic Mellitus  
**T2DM/T1DM** – Type 2 Diabetic Mellitus/Type 1 Diabetic Mellitus  
**HTN** – Hypertension  
**OA** – Osteoarthritis  
**CAP/HAP** – Community Acquired Pneumonia/Hospital Acquired Pneumonia  
**AF** – Atrial Fibrillation  
**HF** – Heart failure  
**M.I.** – Myocardial infarction  
**Ca** - Cancer  
**PPM** – Permanent Pace Maker  
**IHD** – Ischemic Heart Disease  
**POC** – Package of Care  
**UTI** – Urinary Tract Infection  
**MSU/CSU** – Midstream Urine Sample/ Catheter Specimen Sample  
**RWT** – Routine Ward Test  
**EOL** – End of Life  
**CABG** – Coronary Artery Bypass Graft  
**COPD** – Chronic Obstructive Pulmonary Disease  
**A of 2** – Assistance of 2



**DSN** – Diabetic Specialist Nurse  
**Abx** – Antibiotics  
**IVI** – Intravenous Infusion  
**R/V** - Review  
**S/W** – Social Worker  
**MSW** – Medical Social Worker  
**STC** – Short Term Care  
**MDT** – Multidisciplinary Team  
**DPD** – Discharge Planning Document  
**DOLS** – Deprivation of Liberty Safeguards  
**ADL** – Activities of Daily Living  
**PMH** – Past Medical History  
**OD** – Once a day  
**BD** – Twice a day  
**TDS** – Three times a day  
**QDS** – Four times a day

## 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.