

Learning Environment



SDEC

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.

SDEC will provide you with learning opportunities both from experiences on the unit and through its SPOKE placements. Appropriate SPOKE placements are highlighted in this pack. The unit is fast paced, exciting and educational.

You will be supported throughout your time on SDEC by your practice assessor and practice supervisor and other highly skilled and experienced staff, who have plenty of knowledge to share with you. We know that this placement can be a daunting prospect but don't worry! We are all friendly and you will be looked after in your time here with us. Contact telephone: 01772 522519.

SDEC provides urgent assessment and treatment for patients who do not necessarily need an overnight stay in hospital. Patients can be referred from GP's, ED, NWS (Ambulance), medical wards or other community specialists.

Most importantly, SDEC is a team! And we all work together to make sure that all of our patients are safe and well cared for. You will be expected to assist in all aspects of this care. We work under the CliP model with our learners so you will care for patients throughout their journey under the supervision of a band qualified nurse.

There is lots to learn on SDEC so please ask as many questions as you want all the team are eager to help you learn and progress towards your nursing qualification.

Our ACP's

Our fantastic Advanced Nurse Practitioners hold a Masters level in clinical practice. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.

They are a bridge between the medical and nursing team with a wealth of knowledge and experience.

All of them are really friendly and welcome any questions and teaching opportunities, so make sure to pick their brains whilst you're here with us on SDEC!

General Information

SDEC has 5 trolley spaces, 6 recliner chairs, a side room and a waiting area.

On each shift there will be a nursing coordinator & a medical coordinator who will monitor the flow of the unit.

Each patient is assessed by either a nurse, senior health care assistant or student nurse upon their arrival to the unit.

Observations are generally done every 4 hours; however, this will be escalated according to patients NEWS.

However, any patients scoring on their NEWS should be escalated accordingly. Always make sure that you have informed the appropriate trained member of staff and that any patient with a NEWS of 5 and above have had an A-E assessment, parent team informed and CCO/Hospital at Night teams are informed.

CCO Bleep 3388

Hospital at Night Bleep 9090

Diet and Fluids

Because of our high turnover of patients, we provide sandwiches to all patients at lunch time. If a patient is being admitted overnight into hospital, then a menu is completed and kitchen is informed on a patient by patient basis. Any special dietary requirements can be maintained by asking the kitchens to provide us with the menu needed for that patient e.g., Halal/Renal.

Hot/cold drinks are offered to the patient on arrival however there will be a tea trolley provided at lunch time and dinner time.

Please make sure you document appropriately in the patients notes input and output.

There are lockers available to staff where needed, just ask for details.

Abbreviations

AAA- Abdominal Aortic Aneurism

ABG – Arterial Blood Gas

ABR – Await blood results

ACS – Acute Coronary Syndrome

ADL – Activities of Daily Living

AF – Atrial Fibrillation

AKI – Acute Kidney Injury

AP – Abdominal Pain

CABG – Coronary Artery Bypass Graft

C?C – Collapse ? cause

CCF – Chronic Cardiac Failure

CKD – Chronic Kidney Disease

COPD – Chronic Obstructive Pulmonary Disease

CPAP – Continuous Positive Airway Pressure

C&S – Culture and sensitivity

DIB – Difficulty in Breathing

DKA – Diabetic Ketoacidosis

DNR – Do Not Resuscitate

DM – Diabetes Mellitus

DX- Diagnosis

EP – Epigastric Pain

FFP – Fresh Frozen Plasma

FU- Follow up

GFR – Glomerular Filtration Rate

Hx – History

I&D – Incision and Drainage

LOC – Loss of Consciousness

LP – Lumber Puncture

LFT – Liver Function Test

MI – Myocardial Infarction

NAD – No Active Disease

NBM – Nil by Mouth
NSTEMI – Non-ST-elevation myocardial infarction
OD- Overdose
PE- Pulmonary Embolism
PPM – Permanent Pacemaker
R/O – Rule out
RTC – Road Traffic Collision
RWT – Routine Ward Test
SOB – Short of Breath
STEMI- ST-elevation myocardial infarction
TURP – Transurethral Resection of Prostate
TFT- Thyroid Function Test
Tx- Treatment

Our shifts and routines

After using the kitchen facilities, it is the responsibility of all staff to tidy up after themselves and to wash up anything used.

Your allocated practice assessor/supervisor will provide you with your shifts throughout your placement – any changes to these shifts must be authorised by either your practice assessor/supervisor or the nurse in charge.

Shift times & routines

As we have patients being admitted throughout the day each patient is dealt with on an individual basis. Our only timed routine is as follows:

Early Shift – 07:00- 15:00

Clean & Checks 07:00

ED Coordinator Meeting 08:00

Team Briefing (we like to call this a wrap wound) 09:00

Late Shift – 13:30- 19:30

Lunch 12pm

Tidy up and close 19:00-19:30

The majority of our staff do LD's shifts 07:00-19:30. This would require a makeup shift of either an early or late every 4 weeks.

Useful Tips

To Bleep – dial 66 – Key in the contact number when asked – key in your phones 4 digit extension number.

For an outside line dial 9 and then the number you wish to call.

Door Access

To have door access please speak one of the admin coordinators who will help you with this.

Sickness and Absence

If you are ill or unable to come in to SDEC for any reason, then please call us and ask to speak to the nurse in charge on 2519. You need to make sure that you tell us when you are likely to be back in placement and keep us updated during your period of sickness. Please make sure that you also inform university and also email learner.absences@lthtr.nhs.uk

A-E Assessment

Nurses gather all necessary information to assess a patient properly with the use of their clinical knowledge. A triage nurse uses their knowledge and skills to look at all aspects of the patient:-

- Translating the signs and symptoms that the patient is experiencing, they classify the risk to the patient into the right emergency scale.
- The use of psychological, interpersonal, verbal and non-verbal communicative signals aids in this classification to recognise normal or altered standards.
- Social and life contexts are also taken into account.

A triage nurse provides an early assessment of a patient to categorise the urgency of their complaint by gaining initial information:

- The presenting complaint
- Past medical history
- First set of observations
- Identify if the patient suffers with allergies
- Gain all relevant personal information (GP, emergency contact, weight, height, pregnancy, regular medications taking, social needs, alcohol excess)
- Fulfil any investigative or treatment needs e.g. IV fluids, ECG, bloods, MSU, cannulation, catheterisation, wound dressings etc.

If your patient has significant history and on critical medications e.g. epilepsy or Parkinson's disease – are they up to date with their medications and when are they next due to take them? Do they have them with them?

AF – on warfarin, do they have their yellow book with them? If not, they need it! They also need an INR check.

Inter-hospital Transfer

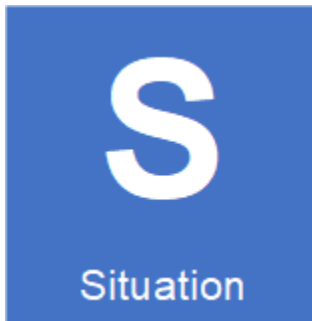
Is the patient safe to transfer? Are you competent enough to transfer the patient? Are you capable of responding to an emergency (BLS) and summoning help? If you think not, don't be afraid to speak up!

During your time on the unit, your practice assessor will assess your competency for transfers. The overall responsibility for the patient's transfer is that of the delegating nurse or practice assessor of the student nurse.

To be able to safely transfer a patient, make sure that you have basic information on that patient's condition and background. Always make sure that you report any problems to the nurse in charge.

Before you go, make sure that:

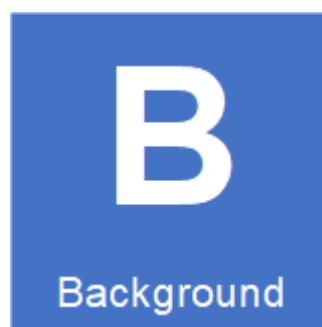
- The patient has been handed over and that the ward is expecting the patient
- You have their case notes and background notes
- The patient has a name band on.
- That the patients NEWS has been recently documented (within an hour of transfer if needed).
- Any o2 cylinder taken on transfer is at least $\frac{3}{4}$ full.



SBAR

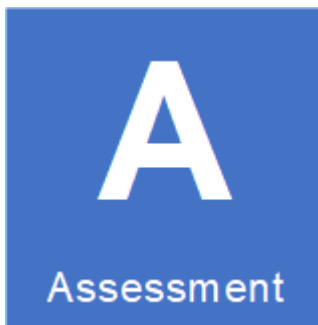
Why is the patient here? What is their diagnosis?

“My name is Katie, I need to hand over Harry Smith coming from EDU. He was admitted with CP and has been diagnosed with ACS”.

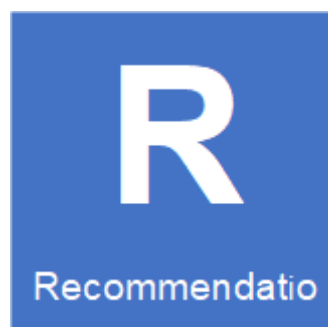


What is the patient's history?

“Harry has a past medical history of CCF, PVD, previous PE's, CABG”



What is his NEWS? BM's? Has he passed sufficient urine? What is the clinical impression? What have you done about this? Is the team aware of scoring? Are CCO involved? "Harry has a NEWS of 1 as he has tachycardia at 100bpm. He has been given full ACS treatment and ECG's have been done".



What do they need to do to carry on his treatment? Is there anything else that they need to know? (Hourly Catheter?, has the pt passed water? IVFluids, IVABX, SFBC, high falls risk, all care). "Harry will need a repeat Trop at 13:00, he needs telemetry and further review tomorrow on the ward round. Harry also needs physio/OT as he may not be able to cope at home".

SPOKEs

There are lots of departments that SDEC works with which means plenty of learning opportunities. Before booking your SPOKE please plan this with you practice assessor, this will need to be documented on your off duty so that we know where you are.



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.