

# Learning Environment



Ward 11

# 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.

Welcome to the Surgical Directorate and Ward 11 RPH.

We hope you will have an informative and enjoyable placement whilst you are with us.

Aim of your Placement:

- To actively engage in the delivery of nursing care at a level appropriate with your training, under the supervision of a Registered Nurse.
- Develop skills requires to complete assessments and documentation.
- Learn to communicate effectively and professionally with the MDT and patients.
- Develop positive skills in teamwork, time management and care planning.

The main surgical Unit is currently divided into 3 wards.

- Ward 10 -Urology, Colorectal & Upper GI - Ext – 2590/4207
- Ward 11 -Upper GI, Colorectal, Urology & Vascular Ext  
4062/4064
- Ward 12 -Colorectal - Ext 2672/4893
- RPH phone number is 01772 716565
- Put 52 in front of the ward extension to call directly

Your Learning Environment Manager (LEM) will assign the off duty before you arrive to the ward. Please contact the ward before start to let them know if you have any other commitments and to obtain the off duty. The student nurse off duty folder is kept at the Nurse's station.

Please do not alter your shift hours as it is expected to follow the trust shift times. If you have any special requirements, please discuss with your LEM.

If you wish to swap your off duty you MUST do this via the LEM or your assessor/supervisor.

All learners are required to adhere to the hospital uniform policy and will be asked to remove jewellery and tie hair up neatly and present themselves in a professional manner at all times. Uniform consists of your issued uniform of clean and ironed white top and navy trousers, which must not drag along the floor. Full black shoes – or black/white trainers. NO CROCKS/SLING BACKS. Earrings are to be studs and no gems, bare below the elbow, with name badge fully on display.

When travelling to placement you may wear your uniform as long as it is covered.

You are required to change out of uniform at the end of the shift and travel home in your own clothes. Do not smoke in uniform or go to any of the shops across the road from the hospital.

Any cause for concern will be challenged, the public are within their rights to challenge and ask for your details to report to the Trust.

You are expected to work the equivalent of 37.5 hours a week, covering the entirety of the placement.

### **Sickness & Absence**

- Learners must phone the ward they are placed on prior to your shift starting. Failure to comply will result in the learner being marked as DNA (Did not attend)
- An indication of length of period of sickness must be given.
- Please inform your University
- Please email [learner.absences@lhtr.nhs.uk](mailto:learner.absences@lhtr.nhs.uk)

### **IT Access**

As the Trust is going paperless, it is important that you have access to the quadramed system and smartpage system from your first day on the ward. If you have any issues with these logins, please contact IT on ext 2185 and they will be able to help.

### **Other Information**

There are 2 changing areas on the ward. There are lockers to put valuables in. You can obtain a key on a daily basis, returning it at the end of your shift. **Do not leave valuables such as purses, mobile phones unattended.**

Whilst on placement you will be allocated an Assessor to assist you with development of your clinical skills and complete your documentation.

If you have not been allocated an assessor within your first week of placement, then please ask the LEM or ward manager to allocate you one. All staff are an available resource for advice. Do not be afraid to ask questions or discuss what you see.

Following the change of the NMC Standards you will no longer have a mentor. All staff can now be supervisors and you can work with any of these. There will also be staff that are assessors, they will have a mentorship qualification. You will be allocated an assessor who will do your meetings and documentation.

Many of the ward staff are extremely experienced and as such have a great deal to offer. You should engage with the teams you are working with.

### **Hours of Work**

Day	07:00 – 19:30	20 minutes Coffee (10am – 11am) 30 Minutes Lunch (2pm-3pm)
Short Day / SD	07:00 – 15:00	30 Minutes Meal Break(10am-11am)
Night	19:00 – 07:30	30 Minutes Meal Break

Breaks will be allocated at the start of the shift. It is your responsibility to make sure you go for your break. Please let the team you are working with know when you are going for your break.

If you think you are going to be late for shift, please ring the ward and speak to the nurse-in-charge to let them know when you are likely to be arriving.

As part of fire safety, it is important to ensure that fire doors are not propped open e.g., kitchen door. Make sure the kitchen door is always shut and don't leave the toaster or microwave unattended while you are using them. If you do accidentally burn toast, keep the kitchen door closed as the room will clear of smoke. This is even if

the smoke is not visible to you as the smoke/heat detectors will still sense it and alarm.

Below is a list of the most common items that you will use while on placement, please make an effort to find the location of them. If you cannot locate something, please ask any member of staff and they will help you.

1 – Resuscitation trolley / Defibrillator / Portable Suction	19 – Drips Stands
2 – Portable Oxygen Cylinder	20 – Oxygen Supplies
3 – Oxygen and Suction Point	21 – Patient / Visitors' Telephone
4 – Fire Points	22 – Drug Trolleys
5 – Vomit Bowls / Wash Bowls / Urine Bottles / Bedpans	23 – Slide Sheets
6 – Continence wipes	24 – Linen (Bed sheets, pillow cases, blankets, pyjama's, nighties, theatre gowns)
7 – IV Fluids	25 – Blood Glucose Boxes
8 – Giving Sets	26 – POD Chute
9 – Fire Extinguishers	27 – Emergency Exits
10 – Service Lifts	28 – Dirty Linen Bags + Skips
11 – Patient Call Bells	29 – ID Band Printer
12 – Pat Slide	30 – Ward Communication Books
13 – Emergency Buzzer	31 – PPE
14 – Nutritional Drinks	32 – Policy + Procedure Files
15 – Wound Dressings	33 – Urine + Stool Sample pots
16 – Hoist	34 – Stoma Equipment
17 – Patient Notes	35 – Stationery
18 – Nursing Journals / Reference Books	36 – Thermometer Probe Covers

Approx. Times Ward Routine	
<b>07:00 Prompt</b>	Meet at the Nurses Station & collect handover sheet. Begin bedside handover verbalised in the FORCES format. No confidential information to be discussed at the bedside. All staff to have eyes on each patient as they are discussed, and the patient be involved in the process. End handover at the Performance Board for Safety Huddle.
<b>07:30 – 09:00</b>	Patient Breakfast Morning Coffee/Tea/High Protein drink supplements Start of Ward Rounds
<b>10:00</b>	Begin morning Observations Update Food/Fluid Balance Charts
<b>10:30 – 11:30</b>	Staff Breaks Begin
<b>11:30 – 13:00</b>	Begin Lunch Medication Round Bell is rung and all staff to hand out Lunch assist patients to eat. Ensure food/fluid balance charts are updated



<b>13:30 Prompt</b>	Safety Huddle at Performance Board
<b>14:00</b>	Start Receiving Post Operative Patient. Begin Afternoon Observations Afternoon Coffee/Tea/High Protein drink supplements
<b>17:00</b>	Begin Evening Medication Round Bell is rung and all staff to hand out Evening Meals and assist patient to eat. Ensure food/fluid balance charts are updated
<b>18:00</b>	Begin Evening Observations Complete meal requests and menus for following day. Update fluid balance & rounding charts.
<b>19:00 Prompt</b>	Meet at the Nurses Station & collect handover sheet. Begin bedside handover. End handover at Performance Board for Safety Huddle.
<b>19:30 – 20:00</b>	Evening Coffee/Tea/High Protein drink supplements
<b>20:30</b>	Ensure patients are comfortable and assist with hygiene needs before bed. Collect and wash cups and load in the steriliser.
<b>21:00</b>	Begin Night Observations Begin Night Medication Round
<b>00:00 Onwards</b>	Calibrate Glucometer. Empty drains & document accurately. Check Temperatures. Check CD's. Tidy Kitchen & Sluice. Offer Tea and Toast to those going to be NBM Check Resuscitation Trolley. Complete and update charts. Tidy the environment noise permitting. Carry out pressure area care where required.
<b>06:00</b>	Begin Morning Medication Round Refill Water Jugs Begin Morning Observations
<b>07:00</b>	Empty Catheters, dispose of bedpans & bottles. Tidy and Clear bedside tables for breakfast. Update charts.

## Specialities

**Urology** - Urologic diseases or conditions include urinary tract infections, kidney stones, bladder control problems, and prostate problems, among others. Some urologic conditions last only a short time, while others are long-lasting

**Upper GI** - Upper gastrointestinal (GI) surgery is surgery performed to treat pathologies of either the upper gastrointestinal tract (small bowel), gall bladder, liver, pancreas or oesophagus. The upper gastrointestinal (GI) includes the oesophagus (the food pipe), the duodenum (the first part of the small intestine) and stomach.

**Colorectal** - Colorectal surgery is surgery for conditions affecting the intestines, colon, rectum and anus. These procedures can effectively treat many colorectal diseases and conditions both benign and malignant (cancer). Cancers can affect the upper and lower intestine, including the rectum and anus.

**Vascular** - Vascular surgery is a specialty dealing with diseases affecting the vascular system including diseases of arteries, veins and lymphatic vessels.

**Frequently Used Medications**

<u>Analgesia</u>	<u>Antibiotics</u>	<u>Antacids</u>	<u>Laxatives</u>
<b>Non Opioid</b> Paracetamol	<b>Penicillins</b> Flucloxacillin Amoxycillin Co-Amoxiclav	Gaviscon Peptac	Senna Lactulose Movicol Moviprep
<b>Opioid</b> Morphine Tramadol Dihydrocodeine Codeine Phosphate	<b>Cephalosporines</b> Cefalexin Cefuroxime	<b>Antispasmodics</b> Hyoscine-Butylbromide (Buscopan)	<b>Diuretics</b> Furosemide
<b>Non-Steroidal Anti Inflammatory Drugs (NSAIDs)</b> Ibuprofen Diclofenac	<b>Aminoglycosides</b> Gentamycin Neomycin Erythromycin	<b>Ulcer Healing</b> Omeprazole Lansoprazole Esomeprazole	<b>Anti-Coagulants/Platelet</b> Warfarin Asprin Heparin Enoxaparin
<b>Electrolyte Supplements</b> Sando-K Sando-Phoz	<b>Others</b> Vancomycin Teicoplanin	<b>Corticosteroid</b> Hydrocortisone Prednisolone Dexamethasone	<b>Anti-Emetics</b> Cyclizine Metoclopramide Ondansetron Prochlorpromazine

**What core clinical skills can be learnt**

- Meeting patients personal hygiene needs
- Pressure area care
- Vital signs monitoring
- Blood glucose monitoring
- Injections
- Medications (Oral, IV, SC, PR, Topical)
- Bed Making
- Patient education
- Nutrition and hydration
- Communication skills (verbal, telephone, writing, body language)
- ANTT
- Fluid balance
- Wound care
- Care of the surgical patient
- Venepuncture and cannulation (as university allows)
- ECG's
- Insertion and care of urinary catheter
- Stoma care

- Removal of sutures and clips
- Removal of drains
- Collection of urine and stool samples
- Admission of patients
- Completing risk assessments
- Discharge planning

This list is not exhaustive.

### **Abbreviations and Common words used on the handover**

AAA	Abdominal Aortic Aneurysm
ABG	Arterial Blood Gas
AF	Arterial Fibrillation
AKA	Above Knee Amputation
Amputation	Removal of limb
Anastomosis	The joining together of the two ends of the intestines
Aneurysm	Dilation of an artery due to disease of it's wall
Angiography	Injection of radio-opaque contrast into the blood vessels
Angioplasty	Manipulation of the blood vessels to improve blood flow
Appendectomy	Removal of the appendix
Appendicitis	Inflammation of the appendix
APR	Abdomino-Perineal Resection
BKA	Below Knee Amputation
BM	Blood Glucose Monitoring
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CCF	Congestive Cardiac Failure
CD	Controlled Drug
CFF	Clear Free Fluids
Cholangiogram	Contrast study of the biliary tree
Cholangitis	Inflammation of the bile ducts
Cholecystectomy	Removal of the gall bladder
Cholecystitis	Inflammation of the gall bladder
Colectomy	Removal of colon
Colostomy	Open in the colon and brought out through the abdomen wall (Stoma)
CSU	Catheter Specimen of Urine
Crohn's Disease	Non-specific inflammation of an area of intestines
Cystoscopy	Examination of the bladder using cystoscope
C2R	Criteria To Reside
Diverticulitis	Inflammation of one or more diverticula
DVT	Deep Vein Thrombosis
D+F	Diet and Fluids
ECG	Electrocardiogram – recording of electrical events occurring in the heart muscles
Embolectomy	Removal of an embolus – foreign body or clot in the blood stream
ERCP	Endoscopic Retrograde CholangioPancreatography

FBC	Fluid Balance Chart
FF	Free Fluids
Fem-Pop Graft	Femoral Popliteal Bypass Graft
Gangrene	Necrosis of tissue
Gastroscopy	Inspection of the stomach cavity
Gastrostomy	Artificial opening into the stomach through which a feeding tube is passed
Gastritis	Inflammation of the lining of the stomach
Haemorrhoidectomy	Removal of haemorrhoids
HCA	Healthcare Assistant
IHDI	Immediate Hospital Discharge and Medication Letter
Ileostomy	Opening in ileum brought out via the abdominal wall (Stoma)
INR	International Normalised Ratio
IVI	Intra Venous Infusion
Jejunostomy	Artificial opening into the jejunum through which a feeding tube is passed
K	Potassium
Laparotomy	Excision through abdo wall to explore the abdominal cavity
LFD+F	Low Fibre Diet and Fluids
Malaena	Blood in faeces
MSU	Midstream Specimen of Urine
NA	Sodium
NAD	Nothing Abnormal Detected
NBM	Nil By Mouth
Necrosis	Tissue Death
NOK	Next of Kin
O2 Sats	Oxygen Saturation
OT	Occupational Therapy
Pancreatitis	Inflammation of the Pancreas
PCA	Patient Controlled Epidural
Peritonitis	Inflammation of the Peritoneal Cavity
PR	Per Rectum
PVD	Peripheral Vascular Disease
Right Hemicolectomy	Right Half of Colon removed and end anastomosed
RR	Respiratory Rate
SD+F	Soft Diet and Fluids
SOB	Short of Breath
TED	Graduated Compression Stockings
TPN	Total Parental Nutrition
Tracheostomy	Artificial opening made in the trachea
TTO	Tablets to Take Out
U&E	Urea & Electrolyte
UTI	Urinary Tract Infection

## 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.