

# Learning Environment



Ward 17

# 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.

Ward 17 is located on the 3rd floor of RPH and is a 32 bedded ward in which we care for the elderly within medicine who have a wide range of conditions both long and short term. There are 7 bays and 3 side rooms.

We are divided into 3 teams:

Team 1: side room 1 – bed 10 (usually 1 Nurse and 2 HCA's per team)

Team 2: bed 11-19

Team 3: bed 20-30

Although we are in teams, we believe “team work makes the dream work” and help out in other teams where needed.

There are changing rooms and a fridge to store your food. Please bring your own tea/coffee. There is a staff room on the ward. You can use the microwave and toaster BUT DO NOT LEAVE THE TOASTER UNATTENDED as it does not pop up itself. We are a locked ward so bear with the team when buzzing to be let in.

### **Shift times:**

Long day 7am – 19.30

Night shift 19.00 – 7.30

Ward phone numbers 01772 522561, 523566, 522919, 524764.

If ringing internally then remove the 52 before the numbers, if ringing from outside then add the 52.

If you are ringing in sick, PLEASE KEEP TRYING UNTIL YOU GET THROUGH TO THE WARD, TAKE THE NAME OF STAFF WHO YOU SPOKE TO AND FOLLOW SICKNESS POLICY AND LET YOUR UNIVERSITY KNOW TOO. IF YOU DO NOT FOLLOW POLICY you will be marked as ABSENT AND THE LEARNER ABSENCE TEAM WILL BE INFORMED. Please inform the ward when you will return to placement.

There is a black folder in the office with the student off duty and we request you sign in on shift and there is also a resource folder. PLEASE DO NOT SWAP YOUR OWN OFF DUTY, SPEAK TO THE LEM or SISTER's.

General routine:

Huddle in the morning with important information such as DNAR's, Patients who are Nil by mouth (NBM), any other issues  
Split into teams and take team handover  
Morning duties such as assisting with personal care, mobility, breakfast and assisted feeds, medications, observations  
Breakfasts for patients come around 8-8.15, lunches 12pm and tea 5pm and EVERYONE should help out with meals

Other useful numbers

**Internal Emergencies** (Arrest call's) Extension 2222

**Switchboard:** (external) 01772 716565 (internal) 0

**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.

**Site manager** bleep 3287

**Security** bleep 2215 or extension 2215

All out of hours or other disciplines such as Nutritional Nurse and Critical Care Outreach are now on SMART PAGE which is accessed via quadramed.

There is a Learner Board outside bay 4 which you would have been allocated an assessor and supervisor. You may not always work with your assessor and supervisor due to the CLiP model and due to shift patterns. However, the nurses communicate about your progress. It is advised that you print off your competencies/proficiencies and get the nurse you are working with on the day to sign any proficiencies off for that day then you have evidence for your meetings.

**What we expect from you**

We admit patients from ED and other wards such as MAU and AFU. Patients should have vital signs completed within half an hour of admission to the ward and risk assessments completed within 6 hours. This includes a full skin assessment and dressings removed and skin fully inspected. The core risk assessments include moving and handling, waterlow, MUST, skin assessment, falls and bed rails. If a patient comes from ED there will be an extensive work list/risk assessments to complete which may include MRSA swabs if not completed. Please communicate with all members of staff in particular any concerns to the nurse you are under supervision and with the nurse in charge.

**Skills that you will have the opportunity of learning on Ward 17:**

- Measurement and recording of vital signs including pulse oximetry, blood pressure and how to interpret findings. Escalating if NEWS score 3 in 1 parameter or 5 or more
- Full holistic care including general hygiene, oral care, nutrition, hydration, mobility, pressure area care and identifying signs of deteriorating skin
- Supervision of IV fluids and antibiotics
- Blood glucose testing and ketone check
- Preparation and administration of insulin
- Dressings and wound care
- Admissions - referrals to MDT members
- Drug administration - orally, intramuscular, inhalation, subcutaneous and suppositories
- Care management of the dependant patient suffering from the a wide range of conditions Airway management, including oral suction
- Management of confused patient with dementia/post ictal/mental capacity issues, delirium
- Mental capacity assessment documentation and Deprivation of liberty safeguarding (Dols)
- Management of dysphagia with NGs, PEGs, RIGGs and insertion of NG's
- Insertion and management of catheters
- Management of insulin infusions/sliding scales
- Assessing mobility and referral to physio
- Blood transfusions
- Syringe driver management
- Providing last days of care for end-of-life patients

**Common abbreviations (there will be many, many more)**

ABG/VBG	Arterial blood gas/venous blood gas
AW	Awaiting
ANTT	Aseptic non-touch technique
R/O	Rule out
R/V	Review
OD	Once a day or overdose
BD	Twice a day
TDS	Three times a day
QDS	Four times a day
MCA	Mental capacity assessment
Dols	Deprivation of liberty safeguarding



O2	oxygen
PRN	Pro re nata/As and when require
STAT	Immediately
IHDI	Immediate hospital discharge information
TTO's	To take out/take home medications
DNAR	Do not attempt resuscitation
CPR	Cardiopulmonary resuscitation
EDD	Estimated discharge date
MFFD	Medically fit for discharge
NMFFD	Not medically fit for discharge
FR	Fluid restriction
GCS	Glasgow coma scale
G1,G2, G3, G4, US, PDTI in relation to pressure ulcers	Grade 1,2,3,4 of pressure ulcers, unstageable, potential deep tissue injury

PO	Oral
PR	Per rectal
PV	Per vagina
SC	subcutaneous
IV	Intravenous
IVI	intravenous infusion
IM	Intramuscular
ABx	Antibiotics
MHT/MHLT	Mental health team/mental health liaison team
NAD	No abnormalities detected
NKDA	No known drug allergies
NOK	Next of kin
NBM	Nil by mouth
NDNF	Normal diet normal fluids
BP	Blood pressure

OT	Occupational therapist
Phy	Physiotherapist
SLT	Speech and language therapist
TVN	Tissue viability nurse
POC	Package of care
PAC	Pressure area care
TWOC	Trial without catheter
IHD	Ischaemic Heart Disease
TIA	Transient Ischaemic Attack

CVA	Cardiovascular disease
CVD	Cardiovascular disease
ACS	Acute coronary syndrome
SDH	Subdural haematoma
EOL	Enhanced observation level
ELO	End of life care
PPC/PPD	Preferred place of care/preferred place of death
AKI	Acute kidney injury
CKD	Chronic kidney disease
AF/AF	Atrial flutter/Atrial fibrillation
COPD	Chronic obstructive Pulmonary Disease
PD	Parkinson's disease
HTN	Hypertension
T2DM	Type 2 diabetes mellitus
HF	Heart failure
OA	osteoarthritis
OP	Osteoporosis
BO	Bowels open
BNO	Bowels not open
C diff	Clostridium difficile
VRE	Vancomycin resistant enterococci
USS	Ultrasound
CT	Computer tomography
MRI	Magnetic resonance imaging
Tx	Treating
Ax	Assessing
Px	Prescribing
Hx	History
IP	Inpatient
OP	Outpatient
Incont/Cont	Incontinent/continent
NEWS	National early warning score
I & O	Input and output
PMH	Past medical history
LOC	Loss of consciousness
SOB	Shortness of breath
VI	Volume infused
VTBI	Volume to be infused
Zmf	Zimmer frame
AO1/2	Assistance of 1/2

Please bear in mind, this is a very busy ward. You need to be responsible and take ownership for your learning and getting your PARE signed within a good timescale. The team of 17 work well together and are very approachable so please come to the LEM's, Ward Manager or Sister's with any queries or concerns. We look forward to meeting you!!



## 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 reading our [Zero-Tolerance Statement](#), or



about this by  
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.