

# Learning Environment



Ward 21

# Learner Booklet

## Welcome

We would like to warmly welcome you to Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR).

We have created this pack as a useful resource to help you to settle in with us. The purpose of this booklet is to provide you with information to help you on your learning environment.

## About LTHTR

### We have three equally important strategic aims:

- To provide outstanding and sustainable healthcare to our local communities
- To offer a range of high-quality specialist services to patients in Lancashire and South Cumbria
- To drive health innovation through world class education, training and research

We provide a range of Hospital based health services for adults and children and cover a range of specialities. These include cancer services such as radiotherapy, drug therapies and surgery, disablement services such as artificial limbs and wheelchair provision. Other specialities include vascular, major trauma, renal, neurosurgery and neurology including brain surgery and nervous system diseases.

### Our five core values:

- Being caring and compassionate
- Recognising individuality
- Seeking to involve
- Building team spirit
- Taking personal responsibility



We deliver care and treatment from three main facilities:

- Royal Preston Hospital
- Chorley and South Ribble Hospital
- Specialist Mobility and Rehabilitation Centre, Preston

In relation to car parking, please refer to your Induction to the Trust, for information regarding car parking. Additional information can be found on our Intranet page.

<https://legacy-intranet.lthtr.nhs.uk/car-parking-documents>



### **E-roster for Nursing and Midwifery Learners**

It is your responsibility to ensure that you access your Healthroster account on a regular basis, to make a note of your rota.

Please note the following;

- You will need to make any specific requests of change to your rota to your placement area, in line with our Trust Healthroster deadlines.
- You will need to make a request to your placement area for study leave to be added to your Healthroster, should study leave be required.

## Orientation to your Learning Environment – Adult Nursing

*Please complete and present at your initial meeting.*

### **Pre-orientation 2 weeks prior to starting your Learning Environment**

- Arrange a pre-visit to your new Learning Environment.
- Visit your Learning Environment; ask to be shown around and ask what to expect on your first day i.e. where do I put my belongings, where can I put my lunch, where should I go on my first day and who should I report to.
- Ask to be shown your Learner Board, where you will find out who your Supervisor and Assessor is.
- Ask to be shown your Learner Resource File.
- Access your Healthroster to ensure you have your off duty and should you have any queries regarding your rota, please direct them to your Ward Manager or Learning Environment Manager.
- Access your learning handbook via the Health Academy webpage and start planning what you want to achieve from your Learning Environment.
- We advise that on your **first day you will be starting at 9am**, please discuss this with your learning environment.

### **First day on your new Learning Environment**

- Introduce yourself and inform them that it's your first day.
- Ask to be shown around again, should you require this.
- Request to be shown the Team Board where the teams for the day are displayed, so you can familiarise yourself with, who is in your team, who you are working alongside and where your break times will be displayed.
- Ask to have the chain of command explained to you on this Learning Environment and ask who oversees this Learning Environment (i.e. Unit/Ward Manager).
- The local fire procedures have been explained and where you can find the equipment needed.
- Resuscitation equipment has been shown and explained.
- You know how to summon help in the event of an emergency.
- Lone working policy has been explained (if applicable).
- Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed).
- You are aware of your professional role in practice.

**Within your first week on your Learning Environment**

- Resuscitation policy and procedures have been explained.
- You are aware of where to find local policies.
  - Health & Safety
  - Incident reporting procedures
  - Infection control
  - Handling of messages and enquiries
  - Information Governance requirements
  - Other policies
- Policy regarding Safeguarding has been explained.
- Complete your initial meeting with your Practice Supervisor/Assessor and discuss any Inter-professional Learning Sessions that you would like to attend.

If you require any further support with your orientation, please contact your  
Unit/Ward Manager or our Clinical Placement Support Team on  
01772 528111/placement.support@lthtr.nhs.uk

**Please note: Any member of staff can complete this document with you.**

## Learning Environment

Welcome to the acute stroke unit on ward 21. It is our intention to facilitate your learning needs and provide you with those experiences that will allow you to develop your confidence, knowledge and skills whilst in practice.

We hope that you will enjoy your placement with us and find it a valuable learning experience.

You will have been allocated a Practice Assessor and Practice Supervisor prior to your placement commencement.

If you have any queries with regards your off duty, please don't hesitate to speak with your Practice Assessor, the Learning Environment Manager or Ward Management.

Our Phone Numbers are 01772 524284 / 523423 and 523557



### **Placement philosophy**

The staff on the Acute Stroke Unit aim to:

- View all patients, carers and relatives as individuals who have needs which require our help.
- Provide individualised assessment of the effects of each patient's stroke and develop an individual goal driven care plan.
- Promote, where possible, independence to the desired or achievable level of each patient.
- Preserve a patient's dignity both in life and death
- Protect an individual's right to confidentiality
- Care for patients and their families with courtesy and respect recognising and respecting their individual personal, cultural and religious beliefs treating all as we would want our families to be treated
- Support patients and their families involving them in decisions about their treatment, rehabilitation care and discharge plan
- Provide a high standard of specialist stroke care as per evidence based guidelines (NICE/ICSWP)
- Promote health education and health promotion to improve health and wellbeing and reduce the chance of recurrent stroke

- Provide a work environment which is safe and supportive to students and all team members
- Supervise and teach students, encouraging them to build upon their previous learning in order to meet the requirements for entry to the professional register
- Encourage each staff member to contribute in their own unique way to this philosophy
- Embrace lifelong learning principles in order to practice with a sound body of knowledge and competence

### **Introduction to the learning environment**

Ward 21 is located on the 4th floor of the main hospital block.

We have twenty-two beds plus two assessment beds within the unit and accommodate patients of mixed gender and ages. The ward specialises in the treatment and care of Acute Stoke patients. However, a large proportion of the patients, have multiple pathology associated with the ageing process.

The ward is divided into 5 bays, 3 side rooms and 2 assessment beds. All patients who have suffered a stroke are referred to the stroke multi-disciplinary team this include physiotherapist, occupational therapist, speech and language therapist, dietician, psychologist and social worker for their hospital stay. These referrals ensure that patients receive a high standard of individualised care, meeting not only physical, but social, emotional, psychological and spiritual needs.

### **SHIFT TIMES**

07.00 – 19.30 - Day shift

19.00 – 07.30 – Night shift

You will be rostered in to work a mix of day shifts & night shifts including weekend shifts.

### **SICKNESS**

If you are sick during your placement, please ensure you contact the ward prior to the start of your shift & University. You are also required to email [learner.absences@lthtr.nhs.uk](mailto:learner.absences@lthtr.nhs.uk)

### **GETTING THE MOST OUT OF YOUR PLACEMENT**

All Staff on the ward are committed in trying to provide a warm and friendly atmosphere in which we welcome students into the team. In turn, it is hoped that we can facilitate your learning by clear assessment, demonstration and practice of all your learning outcomes.

Staff are willing to work with you to achieve a good insight into Stroke nursing, as well as help you identify relevant learning opportunities as they arise. It is very much hoped that you can form a good working relationship with your mentors, but if for any reason you feel that you are not receiving enough input, or if you have any difficulties whilst on placement, you can approach the Sister's or the Practice Education lead in strictest confidence. Whilst we may be busy we will find time for you (though there may be times when you will have to be patient for us to give you the attention that you should expect from us)

### **POINTERS**

- Spend the first few days getting used to the ward routine, meeting the staff & generally orientating yourself
- Speak with your Practice Assessor/Supervisor regarding possible learning objectives
- Sit down within first 48hrs and agree your learning objectives with your Practice Assessor/Supervisor, ensuring they are realistic & relevant to your semester
- If you feel unsure of anything, always ask. If you don't staff may assume that you are confident enough, and then you will miss out
- Never think "I wish I could have done that". If you want to do anything, please ask and whenever possible arrangements will be made for you.
- Ensure staff are aware of any reading days or annual leave well in advance to ensure the off duty can be collated

### **What we expect from you**

- We expect you to arrive on time and be presented in a professional manner.
- We expect you to dress according to the university / hospital uniform policy.
- It is your responsibility to inform your mentor of your learning objectives and outcomes for the placement and ensure your paperwork is up to date.
- We would like you to raise any concerns you have with your Practice Assessor/Supervisor, the Ward Manager or if not possible, the Clinical Placement Support Team
- It is your responsibility to inform your mentor or the nurse in charge if you are unwell this process will be discussed in your initial meeting with your mentor.



- We expect you to show respect and maintain confidentiality, privacy and dignity at all times.

### **What you can expect from us**

- You will receive a local induction into your workplace. This will allow you to familiarise yourself with the ward environment, be introduced to your Practice Assessor/Supervisor and other staff.
- We will discuss your learning needs and objectives in your initial meeting.
- We will provide an environment to meet your individualised needs and establish spoke placements which will be beneficial in the development and understanding of your role and the patient journey
- Your Practice Assessor will assess you throughout the clinical setting, and provide you with feedback taking into consideration your individual learning objectives.
- You will be a valued member of the ward and multidisciplinary team.
- Your feedback will be valued.

### **SPOKE OPPORTUNITIES**

- Stroke Specialist Nurse
- Physiotherapist + Occupational Therapist
- TIA Clinic
- Speech Therapist
- Discharge Co – coordinator
- Dietician
- Bereavement Team
- Diabetic Nurse
- Tissue Viability
- Radiology (CT, MRI, Xray)
- Continuing Health Care + multi-Disciplinary meetings
- Stroke Rehabilitation Unit
- Research Nurse
- Interventional Radiology (with Stroke Specialist Nurses)
- Emergency Department (with Stroke Specialist Nurses)

### **Possible Learning Outcomes**

- Provision of basic nursing care

- Enteral feeding / passing Nasogastric tube, commencing feeding regimes / PEG feeding
- Nutritional content / Menu planning / food chart / assisting feeding
- Urostomy care
- ECG performance & recording
- Cannula care
- Blood glucose monitoring
- Observations / recording / understanding / interpretation / reporting / EWS
- Catheter insertion & care
- Communication
- Medications, Administration & management
- Pressure area care & prevention
- Intravenous fluids / medications / fluid balance
- Handover / observation / reporting
- Nursing process
- Anatomy & physiology of stroke
- Health promotion
- Last offices / bereavement counselling
- Diabetes management

This list has been created as a means of guidance; specific areas of interest should be discussed at the earliest convenience if exposure is to be achieved.

### **About Stroke**

Strokes are the second single most common cause of death in the world causing 6.7 million deaths per year. They are the largest cause of complex disability worldwide (Stroke association, 2015).

There are two different types of strokes, ischaemic which account for 85% of strokes and haemorrhagic which account for 15%. An ischaemic stroke or infarct is caused by a blockage, usually a blood clot, cutting off blood supply to the brain. Haemorrhagic strokes occur when a blood vessel within the brain bursts and bleeds into the brain tissue. (RCP, 2016)

There are numerous risk factors for stroke including high blood pressure, diabetes, atrial fibrillation, high cholesterol, smoking and alcohol excess amongst others.

The effects of stroke are varied and sometimes complex dependent on which area of the brain is affected.

## Recognising Stroke

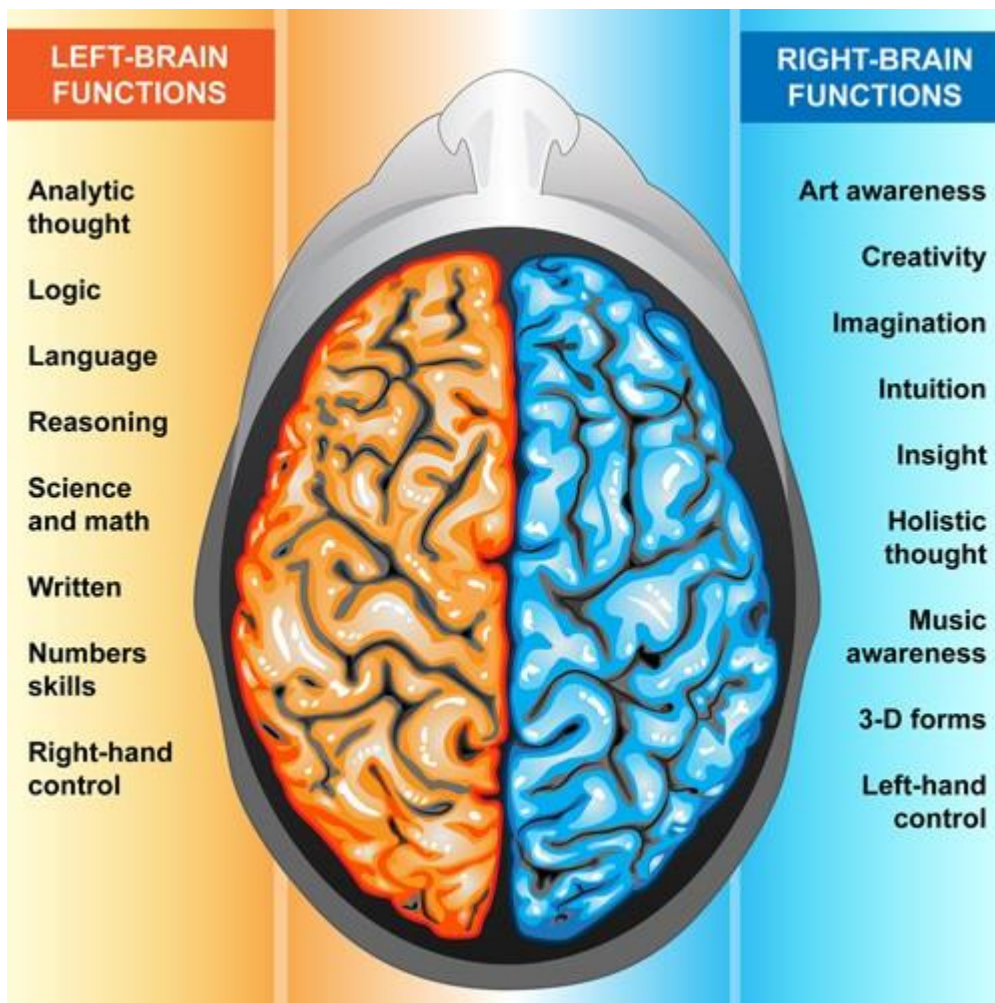
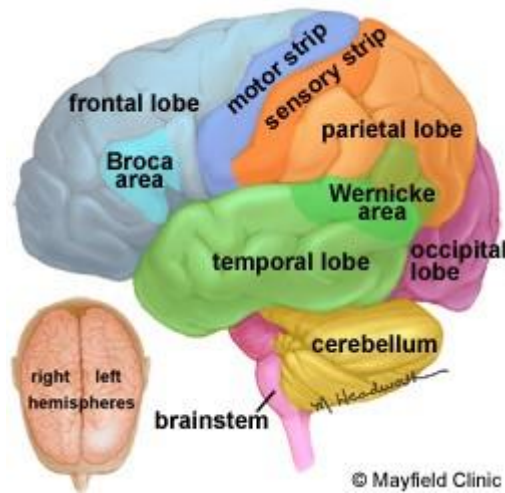
### Stroke - Act F.A.S.T



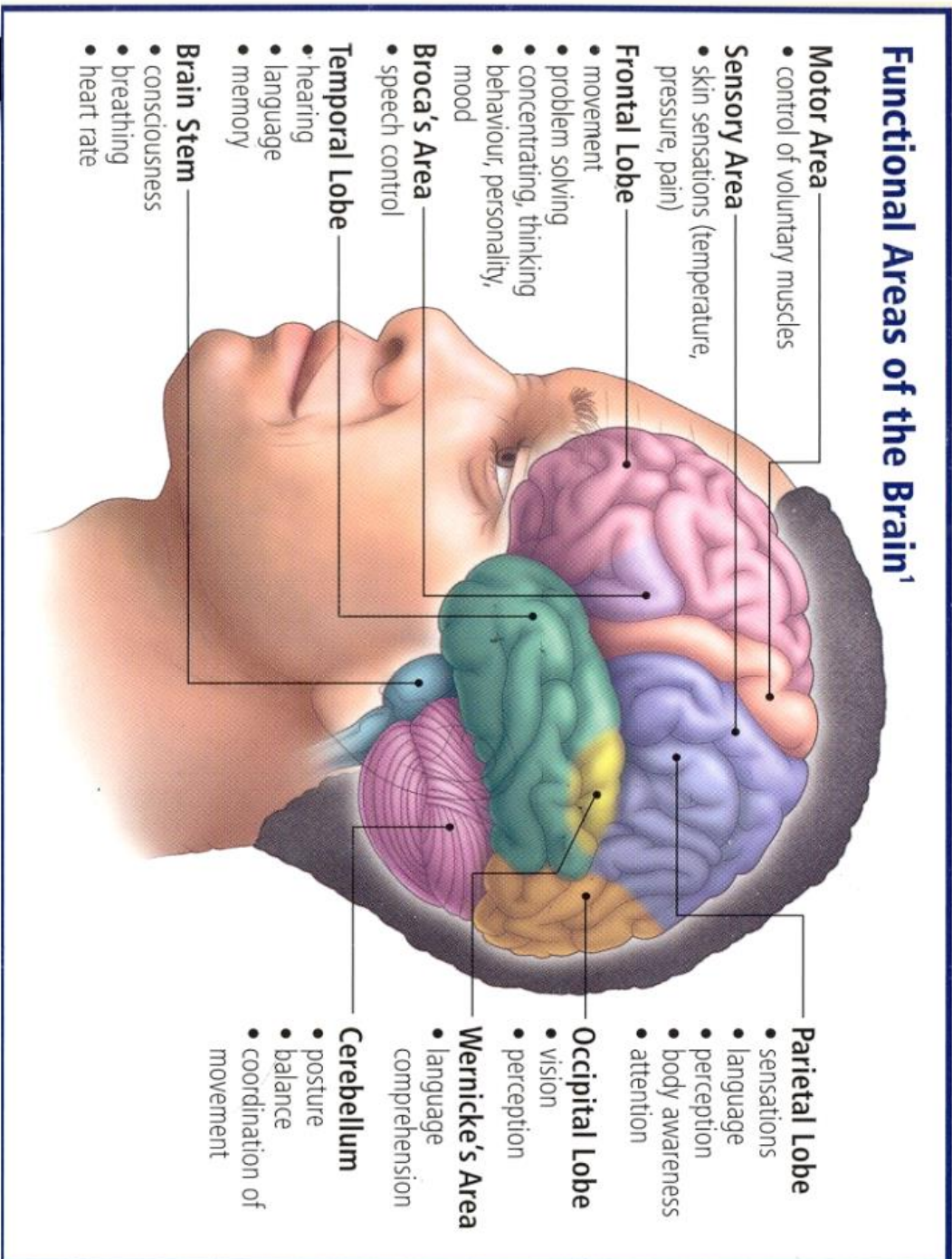
Stroke can strike anyone, any age at any time and every second counts. If you suspect a stroke even if symptoms pass do test and call 999. ([www.stroke.org.uk](http://www.stroke.org.uk))

## Anatomy of the brain

Below are diagrams of the brain. Take some time to study the diagram. Try and relate what you have found to the stroke patients we care for in terms of recognising what the aftereffects of their stroke are and therefore which area of their brain has been damaged.







### Stroke Terminology

Make yourself familiar with the commonly used terminology below and spend some time looking at what each means and how it affects patients.

Terminology	Definition / Affects
Aphasia	
Apraxia	
Ataxia	
Dysphasia	
Dysarthria	
Dysphagia	
Dyspraxia	
Hemiplegia	
Nystagmus	
Paresthesia	
Spasticity	

### Commonly used medications

It would be beneficial to your learning if you had an understanding of the following drugs commonly used within stroke. Use the BNF book which is available on the ward to look at usage, dose, and side effects of the following:

**Amlodipine**  
**Apixaban**  
**Aspirin**  
**Atenolol**  
**Atorvastatin**  
**Bisoprolol**  
**Clopidogrel**

**Codeine**  
**Dabigatran**  
**Digoxin**

**Movicol**  
**Omeprazole**  
**Paracetamol**  
**Perindopril**  
**Ramipril**  
**Rivroxaban**  
**Senna**

**Simvastatin**  
**Sodium Valporate**  
**Thiamine**

**Ferrous sulphate**  
**Gabapentin**  
**Lansoprazole**  
**Lisinopril**

**Tinzaparin**  
**Vitamin B Compound**  
**Warfarin**

## **SECONDARY PREVENTION**

If you observe the medics on the ward rounds you will hear them talking about a patient's risk factors for stroke and what investigations they will need post stroke.

Spend some time looking at secondary prevention of stroke ie. What can be done to prevent patients from having a further stroke. Use any of the resources on the ward and try and follow a ward round to give you some ideas.

Things you may want to look at are anti-hypertensive medication, statin therapy, anti-platelet and anti-coagulant therapy

## **ABBREVIATIONS**

Approved list of abbreviations used in Stroke. This list is not exhaustive, so please ask your mentor/ any member of staff if there are any other abbreviations you do not understand.

**NIHSS** – National institute of health stroke severity scale

**BI** – Barthel Index

**MRS** – Modified Rankin Scale

**MOCA** – Montreal Objective Cognitive Assessment

**TACS** – Total anterior circulation stroke

**PACS** – Partial anterior circulation stroke

**POCS** – Posterior circulation stroke

**LACS** – Lacunar stroke

**GCS** – Glasgow coma scale

**SAH** – Sub-arachnoid Haemorrhage

**PICH** – Primary Intracerebral Haemorrhage

**PEARL** – Pupils Equal and Reacting to Light

**LOC** – Loss of Consciousness

**BP** – Blood Pressure

**HR** – Heart Rate

**BM** – Blood Measurement (Glucose)

**BO** – Bowels Opened

**BNO** – Bowels not opened

**PU** – Passed Urine

**CSU** – Catheter Specimen of Urine

**MSSU** – Mid-Stream Specimen of Urine

**ICP** – Intracranial Pressure

**AVM** – Arterio-venous Malformation

**LP** – Lumbar Puncture  
**MR** – Magnetic Resonance Scan  
**MRI** – Magnetic Resonance Imaging Scan  
**CT** – Computerised Tomography  
**USS** – Ultra Sound Scan  
**NAD** – Nothing Abnormal Detected  
**IV** – Intra-venous Infusion  
**NBM** – Nil By Mouth  
**ABX** – Antibiotics  
**DN** – District Nurse  
**TTO** – Tablets to Take out

**Useful web links:**

<http://www.nmc-uk.org/Students?Guidance-for-students/>

<https://www.strokeaudit.org/Guideline/Full-Guideline.aspx>

<https://www.nice.org.uk/guidance/cg162/evidence/full-guideline-190076509>

<https://www.strokeaudit.org/Guideline/Full-Guideline.aspx>

<https://www.nice.org.uk/guidance/cg162/evidence/full-guideline-190076509>

<https://www.nice.org.uk/guidance/qs2/chapter/list-of-quality-statements>

<http://www.strokecorecompetencies.org/node.asp?id=home>

<https://www.stroke.org.uk/>

[https://www.stroke.org.uk/sites/default/files/stroke\\_statistics\\_2015.pdf](https://www.stroke.org.uk/sites/default/files/stroke_statistics_2015.pdf)

## 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.