

Learning Environment



Ward 25

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.

The Renal directorate of Lancashire and South Cumbria provide a specialist service to a population of 1.8 million people. There are 13712 people who are known to the service with 498 patients requiring dialysis in centre, 106 patients dialysing at home or training, 683 patients under the care of the kidney choices team and 791 transplant patients (Figures correct, May 2022).

The LTHTr renal directorate (specialist services) consists of:

- Acute Dialysis bay
- Chorley Dialysis Satellite Haemodialysis Unit
- Home Therapy Team
- Nephrology Ward (Ward 25) comprising of 23 beds and a treatment room for day cases
- Renal Consultants and medical team
- Renal Specialist Nurses
- Royal Preston Hospital Haemodialysis Unit (hub unit)
- Westmoorland Renal Centre (Kendal)

The kidney's main functions:

1. The production of erythropoietin (epo)
2. Active in production of vitamin D
3. Active in acid base homeostasis
4. Conserve water, salts and electrolytes
5. Separate urea, mineral salts, toxins and other waste products from the blood

Renal function is assessed in accordance with the Estimated Glomerular Filtration Rate (eGFR) which is divided into five stages. When the eGFR is less than 15mls/min/1.73m² then the patient is considered to have Established Renal Failure and will require conservative management, transplant or renal replacement therapy.

Common causes of chronic renal failure are:

Cardiovascular Disease/Hypertension
Diabetes

Certain ethnic backgrounds including South Asian, Afro Caribbean and Chinese (Kidney Care Services 2008).

Less common causes of chronic renal failure are:

Autoimmune diseases
Multiple Myeloma
Genetic Abnormalities
Trauma

Common clinical features of renal failure can include:

Nausea and vomiting (which can result in weight loss)
Lethargy
Pruritus
Oedema (both peripheral and pulmonary)
Shortness of breath
Reduced urine output
Hypertension
Headaches
(Levy, Morgan and Brown 2009)

- **Ward 25**

Ward 25 comprises of 23 acute inpatient beds, a treatment room for up to 2 same sex patients and a 3-bed acute haemodialysis bay. There are 2 side rooms and a bay that also have haemodialysis machines available in order to provide treatment to patients without having to leave the ward to attend the dialysis unit.

The ward provides care for adult patients who require investigations into their deteriorating renal function, patients who require inpatient care due to complications of dialysis or their kidney transplant, patients who have developed Acute Kidney Injury (AKI), Chronic Kidney Disease (CKD) and other renal related problems. They also care for patients of other specialities (e.g., vascular, cardiac, orthopaedic) who are unable to care for complex renal patients on their own wards.

Ward 25 also provides care for patients undergoing a number of procedures. They can provide pre and post operation care for patients attending the Dialysis Unit theatre for placement of dialysis access, including peritoneal dialysis catheters (Tenckhoff Catheters), Tunnelled and Temporary Central Venous Catheters.

Some of the things you may experience on ward 25:

Fluid Status:

When patients develop renal failure and they become symptomatic, their urine output decreases. As a result of the decrease the fluid gathers on the body and the patient gains weight. By weighing the patients on a daily basis it is possible to establish how much fluid they are retaining. Associated with this is the daily use of fluid balance documentation, this allows the nursing and medical staff to measure the daily intake and output and identify any discrepancies.

Renal Biopsy:

Renal Biopsies are performed on some patients; this involves removing a small amount of tissue from the kidney in order to establish the cause of loss of renal function. Following this procedure patients require close observation for a number of hours.

Renal Angiogram:

Renal Angiograms are performed and once again the patients need close observation for the next 24hrs. The purpose of a renal angiogram is to determine the number and the quality of the blood vessels, which allow the blood to flow to and from the kidneys. It also shows a detailed anatomy of the kidney, ureters and bladder. The procedure may or may not include stenting of the blood vessels.

Parathyroidectomy:

This is an operation where the parathyroid glands are removed. They are found in the neck and they produce parathyroid hormones (PTH). When a patient is in renal failure these glands become overactive and produce too much PTH. This in turn leads to blood calcium and phosphate levels rising. Calcium can then be deposited in the blood vessels and in the skin. To prevent this occurring the patients are advised to undergo a parathyroidectomy. The glands are removed, the blood levels return to normal and prevent these complications developing. After the operation, the patient needs to stay in hospital for a few days. This allows the doctors to do regular calcium checks and to ensure the levels have returned to normal (Stein and Wild 2002).

Acute Kidney Injury:

Acute kidney injury (AKI) is a sudden episode of kidney failure or kidney damage that happens within a few hours or a few days.

AKI causes a build-up of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluid in your body.

AKI normally happens as a complication of another serious illness. It's not the result of a physical blow to the kidneys, as the name might suggest. This type of kidney damage is usually seen in older people who are unwell with other conditions and the kidneys are also affected although we do see AKI in young adults with no past medical history.

Without quick treatment, abnormal levels of salts and chemicals can build up in the body, which affects the ability of other organs to work properly. If the kidneys shut down completely, this may require temporary support from a dialysis machine, or lead to death.

AKI can also occur in patients with Chronic Kidney Disease. This is known as Acute on Chronic Kidney Disease.

The Renal Multi-disciplinary Team (MDT)

The MDT meets once a week with a representative from each specialist team in attendance led by the consultant of the week. At the meeting, patients of concern from each specialist team are discussed and a plan of care is agreed upon for them. Within the MDT there are many people, each of whom has a specific role to play in the patient's care. Each patient will have their care led by one of the 15 Renal Consultants and their team of doctors. The Doctors look after the patients on ward 25, the dialysis units, home therapy and any renal patients who are outliers in other ward of the hospital. Unlike most areas in the hospital there is also a Senior Doctor and a Consultant who work at weekends and can be contacted out of hours, should this be needed.

The MDT also comprises a number of specialist nurses, each experienced in a specific area of renal nursing, allowing them to deliver expert care to the patients.

Common Renal Drugs

There are common medications used in the renal directorate:

- Anti-Hypertensives
- Anti-glycaemic medication
- Phosphate binders
- Calcium supplements

- Sodium bicarbonate
- Anticoagulants
- Erythropoietin
- Iron (oral and intravenous)

Some medications are classed as nephrotoxic drugs; this means that they are toxic to the kidneys; these drugs can cause Acute Kidney injury or long-term kidney damage. Some of these drugs include:

- NSAIDs (nonsteroidal anti-inflammatory drug) like ibuprofen
- Opioids such as morphine sulphate
- Pethidine
- Losartan

Useful Information

Whilst you are a learner/trainee in the renal directorate, there is the opportunity to visit other spoke placements and by the end of your placement, you should have had the opportunity to gain experience in the different aspects of renal nursing. You should have a better understanding of the kidney, the principles of dialysis and the two different types of dialysis and hopefully some of the signs and symptoms of Acute Kidney Injury. Your area has a Learner Board with the contact numbers and names for these placements.

Shift Times

Ward 25

Day shift 07:00 – 19:30

Night shift 19:00 – 07:30

Uniform

Please refer to the uniform policy available on the intranet.

Sickness

Learners/trainees should follow the university protocol and also inform their placement area. You will also need to email learner.absences@lthtr.nhs.uk

Some areas divert their phone lines to ward 25, please DO NOT leave a message with ward 25 staff. It is your responsibility to speak to the nurse in charge of your area.

Telephone Numbers

Ward 25 (01772) 522539

RPH Dialysis Unit (01772) 522755 or (01772) 522739

CDH Satellite Unit (01257) 257277 or (01257) 255537

Home Therapy (01257) 247565

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.