



Welcome To Royal Preston Theatres



NAME.....

Placement Commencement Date.....

Name of Mentor

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Our Mission

Working in partnership to provide safe and effective care that patients expect and deserve.

Enabling confident and competent staff to provide the highest standards of care and services.

Leading improvements in healthcare through innovation, research and education.

Our Core Values

These were developed in consultation with staff in 2010 and underpin our care delivery.

They define the actions, behaviours and attitudes that we expect from every member of staff.

Living by these values will ensure that colleagues, patients, families and others are always treated in the right way. Our Core Values are:-

Being Caring and Compassionate -

Being caring and compassionate is at the heart of everything we do, it is about understanding what each person needs and striving to make a positive difference in whatever way we can.

Recognising individuality -

Appreciating differences, making staff and patients feel respected and valued.

Seeking to involve-

Actively gets involved and encourages others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service .

Building Team spirit -

Working together as one team with shared goals, doing what it takes to ensure we provide the best possible service

Taking personal responsibility -

Individuals are accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of .

Summary of departments

The theatre department at Royal Preston Hospital covers a wide range of specialities. Individual Clinical managers have responsibility for one or more of these specialities. The clinical managers are:-

Department Manager	Sister Vicky Ives
Anaesthetics and recovery	Sister Julie Fursman
<u>Scrub Practitioners</u>	
Plastics, ENT Urology and General Surgery	Sister Sandra Riley
Vascular and Emergencies	SODP Vicky Harrison
Neurosurgery and Orthopaedics	Sister Sabita Nuttaki
Theatre Coordinator	Sister Eileen Burbridge
	Sister Ros Aspinall

These clinical managers are supported by **Team leaders** within each speciality. They are:-

Anaesthetics

Sister	Sister Linzi Smith
Sister Elizabeth Keane	Senior ODP Karrie Hawkins
Senior ODP Katie Parker	Senior ODP Megan Bowen-Fell
Senior ODP Jo-Ann Johnson	
CN Marlon Benn	Sister Emma Pool
Sister Anna Barton	

Recovery

Sister Mary Sherman	Sister Amita Gill
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Scrub Practitioners

Plastics	Sister Lauren Wasp
	Sister Julie Smith
ENT	Sister Lekha Joy
	Sister Catherine Walsh
Emergencies	Sister Naseem Barnard
	CN Andrew Mills
	CN Amir Tabassum
	Sister Katie Evans

Orthopaedics

Sister Sali Biju

Sister Mary Clark

Sister Luan Macnamara

Urology

Sister Rhian Heaton

General Surgery Colorectal

Senior ODP Donna Lee-Dawson

CN Biju Joseph

Vascular

Senior ODP Matthew Wilkinson

Sister Janet Gorse

Neuro Surgery

Sister Ipe Ninin

Sister Lotika Thakur Das

Sister Ludovica Menon

Sister Nicola Byrne

Mentors

You will be allocated a mentor to support you throughout your placement. The mentors in the department all work hard to ensure that you have a good experience and are presented with a wide range of theatre specific 'learning opportunities'. Working in Theatres revolves around good team work so whilst you may not be able to work exclusively with your mentor you will still be working within your designated team. You may also be allocated an associate mentor as due to shift patterns, annual leave / sickness your mentor may not always be on duty when you are.

Off Duty

Whilst you are on a Theatre placement your off duty will be done by the Training & Development Team. You will work a variety of shifts, which will generally fall between 8am and 6 pm. If your mentor is working out of hours shifts then you may work with them if you wish to but it is not a mandatory requirement. If you anticipate any problems with off duty please let either Karin or Sandra know as soon as possible.

If you are a recovery student your off duty will be done by the team leaders in recovery and your shifts will be between 8am and 10pm. You will have a designated mentor and also an associate mentor for the duration of your placement.

Reporting Sickness

We have a strict policy in the department regarding the reporting of sickness and absence.

If you are sick or are going to be absent for **ANY** reason you must ring the Training and Development office on **01772 522355** and speak to a member of the training team. You must ring after 8 am on the **first day** of absence and inform us how long you will be off and when you will return to placement.

If you are unsure how long you are going to be absent then you must ensure that you maintain contact with us and update us **daily** of your continuing absence.

If you do not turn up for placement and we have not been informed that this will be the case then you will be marked as absent without reason and UCLan will be informed of this.

If we are not in the office you may leave us a message on our voice mail

Our number is **01772 522355** but if you **have not** spoken to us in person you **must** contact the theatre coordinator to inform them you will not be in placement.

To contact the theatre coordinator you must ring RPH on **01772 716565** and ask them to bleep the theatre coordinator on **bleep 2360**.

You cannot ring the coordinator's office directly as they may not be there at that time in the morning.

Policies and Procedures

Trust policies and procedures can be found and accessed on the intranet. Theatre policies and procedures are the rules and guidelines set out to establish good patient care. They are reviewed and updated on a regular basis usually when new working practices are implemented and up to date research warrants change. These policies and procedures should be adhered to by all staff and can be used as supporting evidence within academic work.

On your first day in placement you will be oriented to the department and be given an induction into the Health and Safety and Fire procedures within Theatres.

Reporting Accidents and Occurrences

Any accident or occurrence affecting a member of staff, a patient, a relative or any visitor to the department must be recorded and documented via the Datix online incident reporting system. Always report any incident to the senior nurse in charge of the department and they will guide you through the incident reporting process.

Training and Development Department

Training and Development Clinical Educators

Sandra Pryme
Sarah Haskell
Emma Donaldson
Alex Dowling

Phone 01772 522355 Ext: RPH 2355 CDH 7113

E- Mail sandra.pryme@lthtr.nhs.uk lorraine.mclaughlin@lthtr.nhs.uk

Sarah.haskell@lthtr.nhs.uk michael.lowe@lthtr.nhs.uk

Alexander.dowling@lthtr.nhs.uk

Emma.Donaldson@lthtr.nhs.uk

The training and development office is situated on the ground floor in the plastic surgery trauma complex and we operate an open door policy. Students are encouraged to 'drop in' with any queries or problems they may have.

The Training and Development team is responsible for student Theatre placements, staff induction, Theatre rotation, mandatory training, in-house study days and training sessions as well as facilitating staff access to external courses and promoting ongoing professional development.

If you give the team your email address we will endeavour to email you your off duty but if you do not wish to avail yourself of this service there will be 2 weeks off duty displayed on the notice board.

Whilst on placement in theatres you will have access to student meetings this is your time to discuss progress, address issues or just to meet up with the other students and discuss your experiences. The team operate an open door policy if you have any questions or issues please feel free to come into the office.

Practice Education Facilitators

The PEF's provide advice and support to clinical placements, mentors and all health care students.

The PEF's at Lancashire Teaching Hospital are:

Lisa Carter – 01772 522669 ext 2669 Bleep 3679

Email Lisa.carter@lthtr.nhs.uk

Please contact them if you feel you need any assistance.

Uniform Policy

The uniform policy must be adhered to at all times. Surgical scrubs and clogs are provided and available in the changing rooms.

Students wear yellow hats in theatres so they can easily be identified. These hats are kept in the practice educators office and it is recommended that you obtain a weeks supply on a Monday.

Any jewellery must be kept to a minimum and is limited to one pair of plain studded earrings and a plain wedding band. No other jewellery should be worn. False nails are also not allowed in the department. Hair should be tied back neatly so that it can fit comfortably under your theatre hat.

If you leave the department to go outside the building for any reason i.e. to go the library, you must change into your outdoor clothing. If you smoke and wish to go outside for a cigarette you must get changed and ensure that you are not identifiable as having come from Theatres

Break Facilities

There are two rest rooms provided for staff, 1 situated outside theatre 11 and another rest rooms situated opposite theatre 2.

There are 2 kitchens which provide tea and coffee making facilities and this is free of charge. The kitchens contain microwaves, toasters and fridges to store food. If you bring your own lunch please ensure it is labelled with your name and date prior to placing it in the fridge.

Jacket potatoes, with hot fillings, soup, salads, sandwiches and other sundry food items are available to buy in the department between 12.00 and 13.45 in the room next to the kitchen near Theatre 1

The opening times of the Hospital Restaurant are: -

CAFÉ MAISON

Mon – Fri 8.30- 13.15

Sat – Sun 1.45- 1.15 am

Take Away Only - 8.00 - 13.15

TEMPO

Monday – Friday

08.30 -15.00 pm and 17.00 - 19.45 pm

CHARTERS

Breakfast Mon- Fri 8.00 -11.00

Lunch Mon – Fri 11.45 till 14.00

Sat- Sun 8.00 - 13.45

Learning Outcomes and Placement Forms

For your Recovery Placement

Your team leader is Sr Mary Sherman and your mentor

will be

The following learning outcomes represent some of the skills and knowledge you can expect to acquire whilst on your recovery placement. This list serves as a guide to the kind of activities you will engage in and forms a core skills schedule.

Recovery

Outcome Achieved	Yes	No
The student should have the opportunity to manage a patient's airway under direct supervision. They will gain knowledge of the different methods of keeping an airway open and patent.		
The student should participate in monitoring the patient's vital signs, they should have the knowledge to detect signs of deterioration and take appropriate action under supervision.		
The student should have the opportunity to observe the management of Post-operative pain and participate in the care of the patient.		
The student should participate in documenting the patients care and any interventions that are made		
The student should be able to give a comprehensive handover to the ward staff detailing the patient's care in the theatre setting and any post-operative instructions.		

Please complete and sign by the end of your placement

Student

Date

Mentor

Date

For your Scrub placement you will be allocated to

Theatre.....which is.....

Your team leader will beand you will have

.....as your mentor

Learning Outcomes

Scrub

The following learning outcomes represent some of the skills and knowledge you can expect to acquire whilst on your recovery placement. This list serves as a guide to the kind of activities you will engage in and forms a core skills schedule.

Outcomes Achieved	Yes	NO
The student should be familiar with theatre set up procedures including safety checks on equipment and the environment		
The student should demonstrate understanding of asepsis and infection control issues through discussion and practice		
The student should gain some understanding of diathermy and its role in surgical procedures		
The student should be given opportunity to handle specimens and be aware of the relevant checking procedures		
The student should be aware of the role of the circulating person and demonstrate the opening of sterile packs and instruments to the scrub practitioner		
The student should be given the opportunity to scrub up and learn the techniques of gowning and gloving for surgical procedures		
The student should be aware of the documentation process and demonstrate correct procedures for counting swabs, needles, instruments		
The student should be given the opportunity to discuss ethical issues relating to patient care in theatre		

Please complete and sign by the end of your placement

Student

Date

Mentor

Date

Please complete this form during your first week, sign at the bottom and send to PEF's, HRD, Education Centre 1, RPH. Thank you.

Generic Induction Form

Name:

Student (e.g. Dr, Nurse, OT, Physio, etc):

Placement Location Ward/Area: Phone No.....

Please circle which site: RPH/ CDH

Start date of placement End Date.....

Placement Supervisor/Mentor name.....

(Please indicate Y/N)

Did you meet your placement supervisor/mentor on the first day?	
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If not when?

Do you know how to contact your Practice Education Facilitator?	
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Do you have an option with this placement to visit other areas?	
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If yes, please provide details (i.e. have they been booked? Where?)

Do you consider yourself to have a disability?	
--	--

If so do you require any adjustments to be made or additional equipment?

Have you been advised of the following? (please indicate Y/N)

Dining/break facilities		Department paperwork	
Hours of work/shift pattern		Location of trust policies	
Toilet/changing facilities		Incident/accident reporting procedure	
Car parking arrangements		Disposal of waste	
Reporting of sickness/absence			

As a student have you had the following training within the last 12 months? (please tick)

Moving and Handling Fire Basic Life Support Infection Control

Have you been shown/given/informed about? (please indicate Y/N)

Introduced to staff members on duty	
Layout of placement area	
Placement introduction booklet	
Emergency call bell	
Emergency telephone	
Position of resuscitation equipment	
Position of resuscitation trolley	
Hand hygiene solutions location	
Personal protective equipment location	

Fire procedure	
Fire alarm intermittent	
Fire alarm continuous	
Fire alarm location	
Fire extinguisher location	
Fire equipment location	
Fire exit routes	
Fire assembly points	
First aid box location	
Other local fire conditions	

Signature_____Date_____

Contact Details

For the duration of your placement, we ask that students supply us with emergency contact details.

In addition to this if you provide us with an email address we can email your off duty to you in advance. This is not mandatory.

Please complete the following details and return to the Practice Educators on the first day of placement.

Name _____

Emergency Contact Name _____

Emergency Number _____

Relationship _____

Email Address _____

Please sign below to confirm that you have read and understood the policy for reporting sickness and absence whilst on this placement.

Name _____

Date _____

Achieving excellence in learning and care...



Placement Charter

This Charter demonstrates the Placement's commitment to provide a safe and high quality learning environment for all learners to prepare them for their future roles working collaboratively in multi-professional teams. The 'Placement Pledges' and the 'Rights, Roles and Responsibilities of learners' instil the values embedded within the NHS Constitution (DH 2013) and Health Education England's NHS Education Outcomes Framework (DH 2012).

Placement Pledges	Rights, Roles and Responsibilities of learners
Ensure all learners are welcomed, valued and provided with an inclusive, safe, stimulating and supportive learning experience.	Prepare adequately for the placement, including contact with the placement in advance. Disclose any health or learning needs that may impact on the placement, or the achievement of learning outcomes.
Promote a healthy and 'just' workplace culture built on openness and accountability, encouraging all learners to raise any concerns they may have about poor practice or 'risk', including unacceptable behaviours and attitudes they observe at the earliest reasonable opportunity. Respond appropriately when concerns are raised.	Raise any serious concerns about poor practice or 'risk', including unacceptable behaviours and attitudes observed at the earliest opportunity. Be clear who to report any concerns to in order to ensure that high quality, safe care to patients / service users and carers is delivered by all staff.
Provide all learners with a named and appropriately qualified / suitably prepared mentor / placement educator to supervise support and assess all learners during their placement experience.	Actively engage as an independent learner, discuss learning outcomes with an identified named mentor / placement educator, and maximise all available learning opportunities.
Provide role modelling and leadership in learning and working, including the demonstration of core NHS 'values and behaviours' of care and compassion, equality, respect and dignity, promoting and fostering those values in others.	Observe effective leadership behaviour of healthcare workers, and learn the required NHS 'values and behaviours' of care and compassion, equality, respect and dignity, promoting and fostering those values in others.
Facilitate a learner's development, including respect for diversity of culture and values around collaborative planning, prioritisation and delivery of care, with the learner as an integral part of the multi-disciplinary team.	Be proactive and willing to learn with, from and about other professions, other learners and with service users and carers in the placement. Demonstrate respect for diversity of culture and values, learning and working as part of the multi-disciplinary team.
Facilitate breadth of experience and inter-professional learning in placements, structured with the patient, service user and carer at the centre of care delivery, e.g. patient care pathways and commissioning frameworks.	Maximise the opportunity to experience the delivery of care in a variety of practice settings, and seek opportunities to learn with and from patients, service users and carers.
Adopt a flexible approach, utilising generic models of learner support, information, guidance, feedback and assessment across the placement circuit in order to support the achievement of placement learning outcomes for all learners.	Ensure effective use of available support, information and guidance, reflect on all learning experiences, including feedback given, and be open and willing to change and develop on a personal and professional level.
Offer a learning infrastructure and resources to meet the needs of all learners, ensuring that all staff who supervise learners undertake their responsibilities with the due care and diligence expected by their respective professional and regulatory body and organisation.	Comply with placement policies, guidelines and procedures, and uphold the standards of conduct, performance and ethics expected by respective professional and regulatory bodies and organisations.
Respond to feedback from all learners on the quality of the placement experience to make improvements for all learners.	Evaluate the placement to inform realistic improvements, ensuring that informal and formal feedback is provided in an open and constructive manner.



Developed in the North West by healthcare learners, service users, carers, and health and social care staff from all professions in the North West region.



Health Education North West

Anatomical Organ Systems-What they include, what they do, and their associated surgical specialities

<ul style="list-style-type: none"> • Integumentary (Plastics) Skin and its accessories —Protects tissues, regulates body temperature • Skeletal (Orthopaedics, Maxillo-Facial) Bones and connective tissues —Provides structure, protects soft tissues, produces blood cells • Muscular (Orthopaedics) Skeletal, smooth, and cardiac muscle — Powers movement, maintains posture, generates heat • Nervous (Neurology) Brain, spinal cord, nerves, sensory organs and cells — Communicates via impulse, integrates functions of other body systems • Endocrine (ENT, Urology, Gynaecology) Pituitary, thyroid, parathyroid, and adrenals glands; pancreas; ovaries; and testes — Communicates via hormones • Cardio-vascular (Vascular) Heart, blood vessels, and blood — Transports materials throughout body • Lymphatic (ENT, General) Tonsils, spleen, thymus, lymph nodes, lymphatic vessels, and lymph —Provides immunity, filters tissue fluid • Digestive (ENT, Gastro-Intestinal) Mouth, esophagus, stomach, small and large intestines, and accessory organs —Obtains nutrients from food • Respiratory (ENT) Nose and mouth, pharynx, larynx, trachea, bronchi, and lungs —Performs gas exchange with blood (oxygen in, carbon dioxide out) • Urinary (Urology, General) Kidneys, ureters, bladder, and urethra - Filters waste from the blood for excretion, retains water • Reproductive (Gynaecology, Urology) Ovaries, uterine tubes, uterus, vagina, and vulva in females; testes, seminal vesicles, penis, urethra, prostate, and bulbourethral glands in males -Produces offspring 	<p>When Surgeons talk about anatomy, everyday words such as <i>front</i>, <i>back</i>, <i>side</i>, <i>above</i>, and <i>below</i> just aren't precise enough.</p> <p>Instead you may hear terms in the following list:</p> <ul style="list-style-type: none"> • Anterior: Toward the front of the body • Posterior: Toward the back of the body • Superior: A part above another part • Inferior: A part below another part • Medial: Toward the <i>midline</i> (median plane) of the body • Lateral: Away from the midline of the body; toward the sides • Proximal: Toward the point of attachment to the body • Distal: Away from the point of attachment to the body • Deep: Toward the inside of the body • Superficial: Toward the outside of the body • Parietal: A membrane that covers an internal body wall <p>Surgical positioning is the practice of placing a patient in a particular physical position during surgery. The goal in selecting a surgical position is to maintain the patient's safety while allowing access to the surgical site.</p> <ul style="list-style-type: none"> • Supine—On back, face up • Prone—on front, face down • Lateral—on side • Sitting or Beach Chair • Trendelenburg—tilted head down • Lithotomy or Lloyd Davis—on back, legs raised in boots or stirrups <p>Another position used in theatre is the Salford seat. If this position is used in your theatre, your team will train you in positioning for it.</p> <p>Depending on the position and access required, there are various supports used to secure patients. <i>The next page is blank for you to make notes on the supports/gels/padding used in your theatre.</i></p>
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Medical terminology can seem a little overwhelming at times. Just remember, there are three major parts of every medical term you can investigate so that you can more easily discover its meaning.

At the beginning of a medical term, you often find the prefix, which can indicate the direction, the where, the when, and the amount. Next comes the root word, indicating the body part involved. Some root word meanings are obvious and easy to understand, like arteri/o for artery, but others may not be. The suffix at the end of a term is often your first clue to the definition of the term. It can indicate a procedure, a condition, or a disease.

The prefix and suffix are “adjectives,” in a way, telling you something about the root word in the middle. Changing the prefix or the suffix changes the meaning of the term.

A-Lack of, without, not	Artero:Artery
Ante-Before, in front of, or forward	Arthro:Joint
Anti- Opposing or against	Cardio:Heart
Bi-Double, two, twice, both	Colo:Colon
Co- con-, com-...Together or with	Craino:Skull
De-Down, or from	Dermo:Skin
Dys-difficult, bad, painful	Hepato:Liver
Extra-extro-.Beyond, outside of, or outward	Laparo:Abdomen
Hemi-semi-..Half, half of	Laryngo:Larynx
Hyper-above, excessive, beyond	Myelo:Bone marrow
Hyp-hypo-.Below, beneath, deficient	Myo:Muscle
Infra-Below or beneath	Neuro:Nerve
Inter-Between	Osteo:Bone
Intra-Within, inside	Spleno:Spleen
Macro-Large	ostomyto bring to the surface
Micro-Tiny, small	-ectomyto remove
Post-After, or following, behind	-otomyto cut in to
Pre-, pro- ...In front of, before, preceding	-itisinfectioni
Retro-Behind, backward	-orrhaphy repair
Trans-Through or across	-oscopy look in to
Ultra-Excessive, beyond	-pexyto stabilise/fix in position
	-lysisdestroy, disintergrate
	-plastyReplacement/alter shape

For Example:Left Hip HemiarthroplastyHemi (Half) - Arthro (Joint) - Plasty (Replacement)

So, we are replacing half of the patients left hip joint!

