

# Student Information & Welcome Pack

## WARD 3

### ENT and Maxillofacial surgery

Student Name .....

Practice Assessor.....

Practice Supervisor .....

## **Welcome to ward 3!**

Welcome to your placement on ward 3 the team is so please to meet you and hope you enjoy your time with us and find it challenging. We hope to provide a comfortable working environment where you are free to learn and gain many new skills.

## **Ward Information**

Ward 3 is a 14 bed mixed sex ward that currently takes elective patients post operatively. Our main specialities are ENT and MAX FAX but we also take patient from other interesting specialities including Vascular, Plastic Surgery, Urology and Neuro Surgery. This will give you the opportunity to learn about various surgeries while on placement with us.

## **Shift Patterns**

**We currently work 12hr shifts**

**Day**            07:00 – 19:30

**Night**         1900 - 07:30

\*\* Please remember to deduct your 30 minute break from your hours online pare \*\*

## **Other information and contacts**

<b>Ward Manager</b>	Paul Reynolds
<b>Ward Sister</b>	Sam Maughan
<b>Clinical Educator</b>	Sam Crossley
<b>Learning Environment Manager</b>	Susan Carlaw
<b>Ward Telephone Number</b>	01772 522498

## **Our Trust Values:**

- Caring and compassionate. We treat everyone with dignity and respect, doing everything we can to show we care.
- Recognising individuality. We respect, value and respond to every person's individual needs.
- Seeking to involve. We will always involve you in making decisions about your care and treatment, and are always open and honest.
- Team working. We work together as one team, and involve patients, families, and other services, to provide the best care possible.
- Taking personal responsibility. We each take personal responsibility to give the highest standards of care and deliver a service we can always be proud of.

## **What to Expect From Us**

- We will provide an induction and orientation to the ward on your first day.
- We will allocate you a qualified mentor for you to work with and discuss your learning needs and outcomes and document in your Online Pare.
- You will receive feedback on your performance from your mentor and other members of the team to help develop your confidence and skills.
- Supervision will be provided throughout your placement.
- We will be approachable and welcome you as part of the team.

## **What we expect From You**

- We expect you to be punctual for shifts and any other activity arranged for you.
- We expect you to make your mentor aware of your learning outcomes and any specific needs you have.

- We expect you to adhere to trust uniform policy, and that your uniform is clean and ironed for each shift.
- It is expected that you will complete your pare in a timely manner so your mentor can complete there entries at the required meetings.
- It is expected that you maintain confidentiality at all times including in and out of the hospital environment and in academic work or reflections.
- We encourage you to raise any concerns with you placement mentor, If this is not possible the LEM, Ward manger, Sisters or PEFs would be happy to help.

## Learner Support



If you feel you need support for any reason please speak to your mentor, Ward Manager, Sister or the LEM on the ward. You can be referred to the Learner Support Team for additional help.

We want to ensure the learning experience is enjoyable and successful for everyone.

### **Some of the issues they can help with are as follows:**

- Academic / Health / Personal / Conduct / Placement Issues — to name a few!
- Are you finding work / training difficult due to health, family or personal issues? Please tell us, we can help.
- Have you concerns with regards to your current placement, lack of teaching, supervision or rota issues?
- Concerns with regards to patient wellbeing? It won't change unless you tell someone.
- Have you been subject to or witnessed bullying, discrimination or harassment during your placement? It needs to stop.
- Are you worried about a trainee or student for whatever reason and not sure who to contact?
- Has a trainee, student or clinical supervisor / teacher / member of staff really impressed you? — Please let us know!

## Emergency Procedure

There is a red emergency buzzer on each patients hand set buzzer or on the wall behind the patient's bedside. Push the red button in case of an emergency. If you need help fast anything from a fall to an unresponsive patient needs the emergency buzzer to be pushed in a timely manner. If in doubt press it!

The crash trolley is situated in the corridor and will be brought to the patient's bed side in case of an emergency or if staff believes there could be a pending emergency.

### **To get help fast call 2222 and state your emergency and location**

*If in doubt call! The crash team would rather attend to a patient that has fainted than a dead one due to delay in seeking help.*

**2222 can also be used for Security-** Can be used to get help if a patient is causing serious threat to staff becoming aggressive and staff are unable to de-escalate.

## Bleep system

To use the bleep system: Dial 66 from and ward telephone

When prompted dial the 4 digit bleep then the phone extension which will be printed on the phone. Wait by the phone for a response.

When answering the phone please state you name position and the ward.

## Spoke opportunities

If you would like to attend a spoke placement please speak with your mentor. Available areas are as follows.

Theatre

Dietician

Endoscopy,

Speech and Language therapy

Day of Surgery Admission

Clinical Nurse Specialist – ENT, Nutrition Nurse, Hospital Alcohol Liaison, Hospital and Night, Critical Care Outreach

## **Ward Routine**

### ***07:00 Handover***

The computerised handover sheet will be updated both during the shift and immediately prior to the next shift. This contains sensitive information and should be treated in accordance with trust confidentially policy, including suitable disposal at the start of your shift.

Handover takes place at the bedside. This allows the patient to be actively involved with the information being shared. Any sensitive information will be shared outside the bay if needed and patient's diagnosis and past medical history **should not be read out** at the bed side to maintain patient's privacy.

You will be expected to participate in handover and update the handover sheet as needed.

### ***08:00 – Breakfast***

Patient's breakfast will be delivered and all staff on the ward that are able to do so, are expected to participate in giving out meals.

### ***0900 Morning Ward rounds***

If you are free and see the doctors on ward round it might be useful to listen to their conversations and play an active part in discussions regarding patient care.

### ***08:00 – 10:00 Hygiene***

Patients that need assistance with hygiene needs will be assisted and skin checks completed this is a great opportunity to speak to your patients and assess their skin.

### ***1000 – Vital Sign Observations***

### ***11:30 – Medication***

### ***12:30 Lunch***

### ***1400 – Vital Sign Observations***

**16:30 – Medication**

***1730 – Evening meal***

***1800 – Vital Sign Observations***

***19:00 Handover to night staff***

### **Other important Tasks that need completing throughout the day**

#### **Fluid balance charts**

These are on Quadramed and should be completed with an input and output at a **minimum of 4 hourly** even if the input and output is 0

#### **Receiving post-operative patients from theatre**

Throughout the day expect to receive patients from theatre who will need risk assessments, covid and MRSA swabs and paperwork completed as soon as they arrive on the ward. We will show you how to this when you arrive and you will always have the support of a nurse and health care assistants

#### **Escalation of deteriorating patient**

Please ensure that if you complete a set of observations they are validated online and the nurse responsible for the patient is informed if they are scoring on the NEWS.



**Common abbreviations you might see on handover or in patient documentation. If there is anything you don't understand just ask.**

AAA	Aortic Abnormal Aneurysm	ABG	Arterial Blood Gasses
AF	Atrial Fibrillation	AKA	Above Knee Amputation
AKI	Acute Kidney Injury	BD	Twice Daily
BKA	Below Knee Amputation	BM	Blood Glucose Level
CABG	Coronary Artery Bypass Graft	C.Diff	Clostridium Difficile
CFF	Clear Free Fluids	CKD	Chronic Kidney Disease
CNS	Clinical Nurse Specialist	COPD	Chronic Obstructive Pulmonary Disease
CXR	Chest XRay	CVAT	Central Venous Access Team
D&F	Diet and Fluids	DNAR	Do Not Attempt Resuscitation
DVT	Deep Vein Thrombosis	ECG	Echocardiogram
ECHO	Echocardiogram	ERCP	Endoscopic Retrograde CholangioPancreatography
ESS	Endoscopic Sinus Surgery	EUA	Exploration Under Aesthetic
FB	Foreign Body	FESS	Functional Endoscopic Sinus Surgery
FF	Free Fluids	GFR	Glomerular Filtration Rate
GI	Gastrointestinal	IDDM	Insulin Dependent Diabetic
IBS	Irritable Bowel Syndrome	INR	International normalised ratio
IHD	Ischemic Heart Disease	IHDI	Immediate Hospital Discharge Information
IVABX	Intravenous Antibiotics	I&D	Incision and drainage
IVDU	Intravenous Drug User	IVI	Intravenous Infusion
MFFD	Medically fit for discharge	MI	Myocardial Infarction
MRCP	Magnetic resonance CholangioPancreatography	MRSA	Methicillin resistant staphylococcus aureus
MSU/CSU	Mid stream urine/ Catheter stream urine sample	MUA	Manipulation under aesthetic
NBM	Nil By Mouth	NIDDM	Non-insulin dependent diabetic
PCA	Patient Controlled Analgesia	PCCN	Patients contribution to case notes
PE	Pulmonary Embolism	PEG	Percutaneous endoscopic gastrostomy
PRN	As Required	PX	Prescribed
OD	Once Daily	ORIF	Open reduction and internal fixation
OT	Occupational therapy	ODS	Four times daily
RFFF	Radial Free Forearm Flap	RIGG	Radiologically Inserted Gastrostomy
SCC	Squamous Cell Carcinoma	SOB	Shortness of Breath
TCI	To Come In	TDS	Three Times Daily
TIA	Transient ischemic attack	UTI	Urinary Tract infection
TTO	To take home	VAD	Vascular Device
#	Fracture		

## EAR, NOSE & THROAT (ENT) PROCEDURES

### ENT Surgical Procedures

Micro/Laryngoscopy  
Pharyngoscopy  
Oesophagoscopy  
Palatoplasty  
Uvulectomy  
Tonsillectomy  
Hemi/Thyroidectomy  
Parotidectomy  
Neck Dissection  
Laryngectomy  
Tracheostomy  
PEG/RIGG Insertion

### ENT other admissions

Tonsillitis/Quinsy  
Otitis Externa  
Mastoiditis  
Parotiditis  
Pharyngeal Abscess  
Epistaxis  
Orbital Cellulitis  
Foreign Body Oesophagus

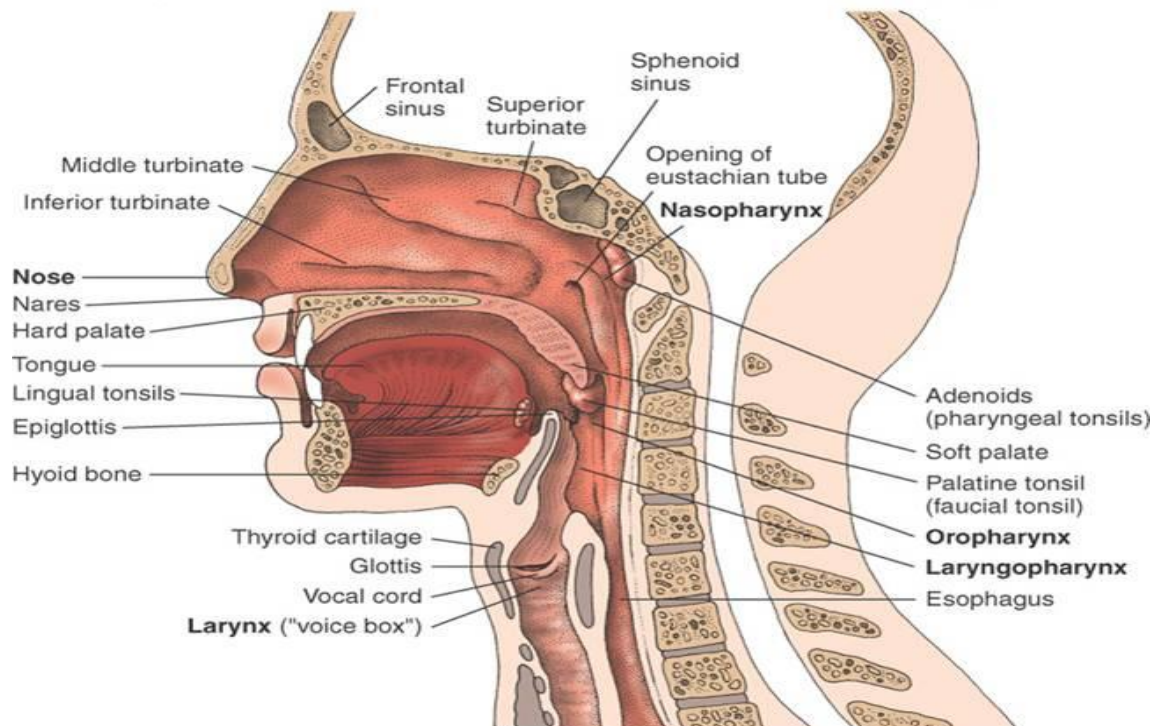
### Nasal Surgery

Septoplasty  
Septorhinoplasty  
ESS/FESS  
MUA Nasal Bones  
Septal Button

### Ear Surgery

Mastoidectomy  
Tympanoplasty  
Myringotomy  
Myringoplasty  
Ossiculoplasty

### Anatomy of the Head and Neck



## MAXILLOFACIAL (MaxFax)

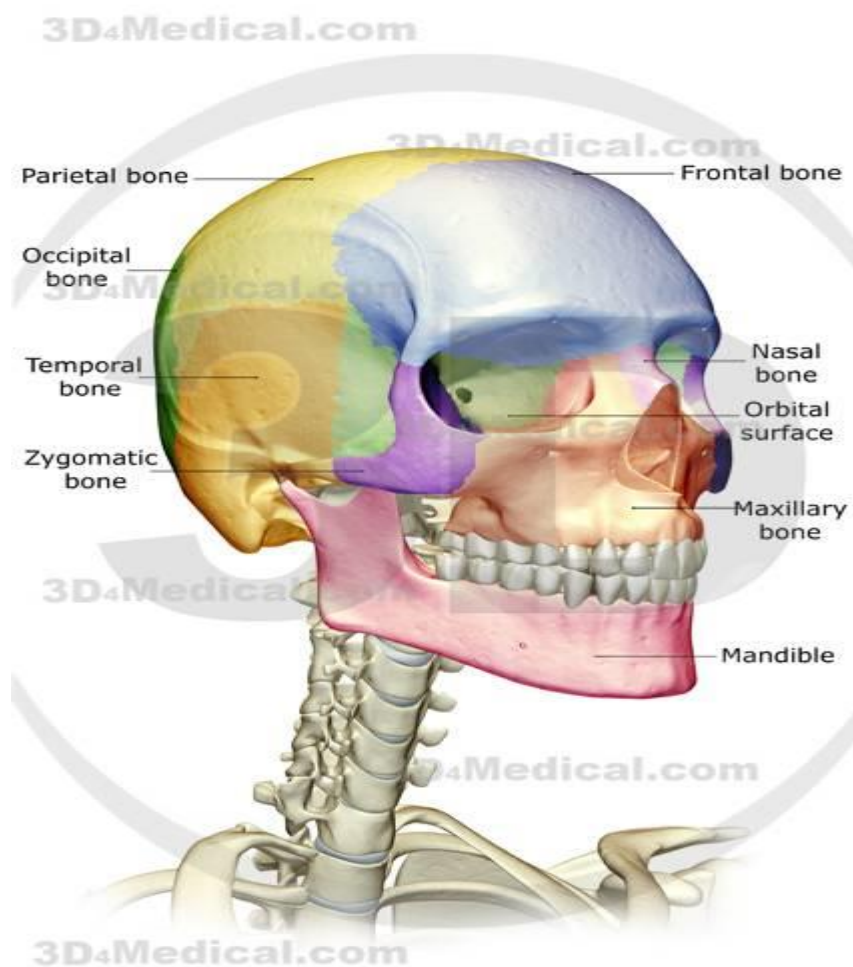
### MaxFax Surgical Procedures

Dental Extractions  
# Orbital floor/Zygoma  
# Mandible  
Glossectomy  
Sub Mandibular Gland  
I&D Dental Abscess  
Osteotomy  
Neck Dissection  
Free Flap Reconstruction  
PEG/RIGG Insertion

### Other MaxFax Admissions

Facial Trauma  
Dental Abscess

## Bone Structure of the Head



## Useful E-learn

- Neck Breathing Patients
- Pressure Ulcer Prevention
- Adult sepsis awareness
- Wound Care
- Acute Pain Management
- Aseptic Non touch technique

We hope you enjoy your placement with us and find it enjoyable. If a member of the team has stood out to you please let the LEM or Ward Sister know. If you want to make there day send them a 'thankyou' from Blended Learning whether it's the cleaner or the matron it would really be appreciated.



## **Recommended Reading & Useful Websites**

Craig, J. and Smyth, L. R. (2011). *The Evidence-Based Practice Manual for Nurses*. (3rd ed). London: Churchill Livingstone, Elsevier.

Dimond, B. (2015). *Legal Aspects of Nursing*. (7th edn). Essex, Harlow: Pearson Education Limited.

Department of Health, (2015). *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values A mandate from the Government to Health Education England: April 2013 to March 2015*

Department of Health, (2007). *Saving Lives: Reducing Infection, Delivering Clean and Safe Care*. London: DH.

Dougherty, L. and Lister, S. (2020). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. (10th edn). Oxford: Wiley- Blackwell.

Everitt E, (2016). Tracheostomy 1: caring for patients with a tracheostomy. *Nursing Times*; 112: 19, 16-20.

Health Care Professionals Council, (2021). *Reflective Practice*, Available at: <https://www.hcpc-uk.org/standards/meeting-our-standards/reflective-practice/>

Lister, S. Hofland, J, Grafton, H, (2020). *The Royal Marsden Manual of Clinical Nursing Procedures, Professional Edition, 10th Edition*, Wiley Blackwell.

National Tracheostomy Safety Project, (2011). *Blocked tracheostomy tube-Video*[online]. Available at: <http://www.tracheostomy.org.uk/Tracheostomy/New%20Blue%20Trachy%20Webpages/New%20Videos/Video%20-%20blocked%20trachy.htm>.

Nursing and Midwifery Council, (2015). *The Code of Professional Conduct*. London: NMC.

Paul, F, (2010). Tracheostomy care and management in general wards and community settings: literature review, British Association of Critical Care Nurses, 15(2). 76-85

Public Health England, (2021). COVID-19: Guidance for maintaining services within health and care settings Infection prevention and control recommendations 1.2, Public Health England.

Resuscitation Council UK. (2021). Advanced life support Guidelines, Available at: [www.resus.org.uk](http://www.resus.org.uk). London: RCUK.

University of Nottingham (2012). ANTT- Video and Activity. [online] at: <http://www.nottingham.ac.uk/nursing/sonet/rlos/placs/antt/index.html>.

Yamashiro, M, Hasegawa, K, Uzawa, N.. (2009). Complications and Outcome of Free Flap Transfers for Oral and Maxillofacial Reconstruction: Analysis of 213 Cases. 6(1), 46-54

