Student Nurse Welcome pack

Leyland Ward

Elective Surgical Unit

Ward Telephone Number: 01257245746

Shift Patterns are:

Early shift: 07:30- 15:00

Late: 12:00-20:00

Long day: 07:30-20:00

Night: 19:30-08:00

Allocated Mentor and associate:

Matron: Emma Kevill

Ward Manager: Jill Anderson

Senior sister: Denise Kaplan

Student Link Nurse: Caroline Bagan

Devised September 2018

Welcome to the Orthopaedic Unit at Chorley and South Ribble District General Hospital. Leyland Ward is a mixed sex ward and consists of twenty five inpatient beds.

Below are just some of the elective procedures on Leyland ward and can be done as day case or inpatient.

- Total Hip Replacement
- Total Knee Replacement
- Hip/Knee/Ankle Arthroscopies
- Spinal Decompressions / Discectomy/ fusions
- Foot Surgery
- Shoulder Surgery
- ACL reconstructions

During your Placement with us we hope to increase your knowledge and skills in the care of patients with orthopaedic problems. Our aim is to assist you to develop your confidence in all areas, time management, interpersonal communication, and prioritisation.

Leyland ward embraces the initiative Collaborative Learning in Practice (CLiP) which enhances both the quality of the learning environment and increases the placement capacity for students.

It is coaching not Mentoring…..

The traditional method of mentoring students is widely known to have its problems because of service demands. Some Mentors can find it difficult to balance their workload equally to enable time to teach learners, which can be stressful for both student and Mentor. A small percentage of students who leave the programme is attributed to their perceived lack of support.

The CLiP process entails allocating between 14 & 22 students to a practice environment, utilising the coaching method as opposed to the traditional 1:1 mentoring technique. The learners are then divided into smaller groups of 1 - 3 students, from all year groups, who are supervised by a coach, to deliver holistic care to their patients. This includes essential skills, documentation, ward rounds and

hand-overs to the next shift. In this environment, the students may also have the opportunity to follow their patient's journey, by visiting specialist bays, going to theatre with their patients and partaking in specialised treatments, thus increasing their knowledge and experience.

An overarching Mentor oversees the coach, providing support, and maintains responsibly for the student's practice assessment documentation.

WHAT YOU CAN EXPECT FROM US

- You will receive an induction into your work area to ensure you are familiar with the environment and are able to practice safely.
- You will discuss your learning needs and outcomes at the beginning of the Placement.
- We will provide an environment conducive to meet identified individual student learning needs, which is also safe and healthy.
- During your placement you will be allocated a mentor and an associate mentor to work alongside.
- The mentor will be a qualified practitioner who will assist and support you during your clinical work.
- Your mentor will assess your performance against your course learning outcomes, and provide feedback to help you develop your skills.
- You will receive supervision during your clinical practice.
- You will be a valued member of the multidisciplinary team during your placement, and can expect support from all our colleagues
- We will listen to your feedback about your placement and will respond to any issues raised confidentially and sensitively

WHAT WE EXPECT FROM YOU

- We expect you to arrive on time for planned shifts and any other activity identified by the Mentor or delegated supervisor.
- We expect you to ensure your Mentor is aware of your learning outcomes for the placement and specific learning needs.
- We expect you to act in a professional manner.
- We expect you to dress in accordance with your College / University uniform policy, and also in accordance with the Trust dress code.
- You should inform your mentor or delegated person if you are unwell and not

able to attend your placement.

- ❖ The process for how to do this will be covered on your induction to the ward/ initial interview.
- ❖ We expect you to maintain and respect confidentiality at all times. This applies to clients, their records and discussions between the student and the Mentor.
- ❖ We would like you to raise any issues regarding your placement with your Mentor or the Ward Manager if this is not possible you should contact your link tutor/placement co-ordinator.
- ❖ Your mentor will be responsible for your assessment, co-ordination of learning and personal support. However students are responsible to identify their own learning needs and seek opportunity for this if one arises.

On the ward you will have supernumerary status throughout your placement. You will be assigned a Mentor and an Associate Mentor, their job is to act as a guide to the ward and provide support and knowledge to you. You will not be working directly with them every shift, but we ensure you will work with your Mentor at least 40% of your allocation. It will be your responsibility to ensure you book your initial, interim and final interview dates with your Mentor. During this allocation you will be expected to work Early, Late and night shifts plus weekends. Your Rota will be allocated to you, if you have any requests you will need to speak to your mentor or the nurse who completes the rota. Please ensure that you do this in advance.

Please leave your contact details with the ward at the beginning of your placement. If you need to call in sick for a shift please call the ward to inform them. You also need to tell them when you think you will be returning to work. Please inform the ward at the earliest opportunity. Once you return to work you need to discuss with your mentor a plan to make up the missed hours.

Remember that if you have worries or queries then please raise them sooner rather than later we are here to support you.

At Lancashire Teaching Hospitals our values set out the behaviours we expect our staff to show to one another when caring for our patients. Our values are at the very centre of what we all do and define who we are both as individuals and as an organisation. Our values are more than just words; they are the bedrock of our organisation and should remain constant in every situation. We seek to live by our

values so we can create a positive, trusting, supportive atmosphere enabling us to always deliver an exceptional quality of care. We have high standards for our staff, we believe that we should always act with professionalism, integrity, compassion, empathy, understanding, showing dignity and respect to staff, patients and families from all groups or backgrounds.

The five core values we live by are;

- 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
- Taking personal responsibility – We each take responsibility to give the highest standards of care and deliver a service we can always be proud of

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	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

behaviours and attitudes they observe at the earliest reasonable opportunity. Respond appropriately when concerns are raised.	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	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.

respective professional and regulatory body and organisation	
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.
• 'Learner' refers to all health, education and social care students, trainees, hosted learners. • 'Placement' relates to all learning environments / work based learning experiences. • 'Mentor'/ 'placement educator' relates to all trainers / supervisors / coordinators appropriately qualified / suitably prepared to support learners. • 'Professional and regulatory body and organisation' relates to standards required to ensure patient and public safety, and professional behaviours.	

Leyland ward Team:

Leyland ward has a large multidisciplinary orthopaedic team consisting of orthopaedic consultants and their medical team, nurses, Assistant Practitioners Healthcare Assistant's physiotherapists, occupational therapists, pharmacists, discharge co-ordinators, Hospital at home team, ward clerks Housekeepers and voluntary help. We also liaise with many outside services to such as social services, District Nurses and GP's. The key to the successful working within our team is communication, and are integral in helping to coordinate safe and effective admissions to discharge packages.

Consultants

Lower limb	❖ Miss Cross
❖ Mr McLauchlan	❖ Mr Kumar
❖ Mr Helm	❖ Mr Boden
❖ Mr Hassan	❖ Mr Raut
❖ Mr Mittal	**Spinal**
❖ Mr A McEvoy	❖ Mr Khatri
Upper Limb	❖ Mrs Vadvah
❖ Mr Woodruff	❖ Mr Bourne
❖ Mr Redfern	❖ Mr Austin
❖ Mr Hughes	❖ Mr Baker

The term ‘orthopaedics’ is derived from the Greek ortho (‘correct’, ‘straight’) and pais (child).

It was first used in 1741, when it most frequently applied to the care of crippled children, often with spine and limb deformities. Orthopaedics today involves the care of the musculoskeletal system of the human body.

The musculoskeletal system is responsible for every movement an individual makes, from raising an arm to more complex tasks like running, jumping, surfing or dancing. It involves bones, joints, tendons, ligaments, muscles and nerves. When something goes wrong with the musculoskeletal system, an individual’s range of motion or ability to move can be impacted.

An orthopaedic surgeon is a medical doctor with extensive training in the diagnosis and surgical, as well as non-surgical, treatment of the musculoskeletal system.

Some of the common problems orthopaedic surgeons treat include:

- Musculoskeletal trauma
- Sports injuries
- Degenerative diseases
- Infections
- Tumours
- Congenital disorders

While some orthopaedists practice general orthopaedics, many specialise in treating the foot and ankle, hand, shoulder and elbow, spine, hip or knee.

Others focus on a particular age group or area of orthopaedics, such as paediatrics, trauma, sports medicine, oncology, or the treatment of specific conditions such as osteoporosis, arthritis or work-related injuries.

Learning opportunities

Competence and clinical skills will be gained when caring for patients allocated to you on a daily basis. Students are encouraged to develop organisational management skills, guided by your coach/mentor. The allocation will depend on patient needs and available skill mix of nurses on each shift. All staff work within their teams as members of a larger team to facilitate quality nursing care for which is the main focus.

Year one Learning Journey Ideas

Aim to have 1-2 patients allocated to you at the commencement of each shift (considering learning needs for the patient you choose).

- Understanding the basics of Activities of daily Living
- Communication
- Spend the first week learning from the Healthcare assistants (longer if required)
- Moving and handling
- Documentation and rounding charts
- Vital signs recording

Year Two Learning Journey ideas

Each shift, have a consistent caseload of 2-4 patients, support and be involved in the learning and development of year one students,

Consider the differences between trauma & elective admissions:

- Complete admissions considering all aspects of Harm Free Care, risk assessments, care planning: consider all aspects of the nursing process
- Gain an understanding of Harm Free Care & look at Root Cause Analysis (RCA) & SBAR tool related to this: & how the outcome & learning is fed back to ward staff
- Learn how to complete a clinical incident online & why
- Read the SBAR file & ward information file
- Spoke placement in pre assessment clinic
- Complete a shift on day case.
- Complete theatre induction ASAP (if haven't already done so)

- Complete a day in orthopaedic theatre; reflect on in regards to A&P & future patient management (care in recovery & handover needs to ward to ensure safety)

Nutrition:

- Spoke with dietician/SALT (have goals)
- Ask ward link nurses about current practice/audits
- Learn how to access blood results via lab system online
- Focus on risk assessments & interventions utilised in practice to monitor/improve nutrition (nursing process)
- Consider areas in regards to nutrition for the following types of patients (both pre & post op): dementia/delirium, diabetics, SALT precautions, older patients, gluten/lactose intolerant, culture issues/fasting
- Gain experience & confidence in handing over your patients in safety huddles & MDTs
- Learn how to use QMED
- Familiarise with the intranets policies on Deteriorating Patient & learn how to follow policy: become familiar with using SBAR to communicate assessments/concerns to relevant MDT

Exposure to Mental Health/Vulnerable Adults:

- Spoke with dementia nurse (must have goals)
- Attend In House dementia friends session
- Spoke with discharge coordinator (Best Interests Meetings etc, DOLs)
- Access NICE guidelines re fractured hips and delirium.

Challenging situations:

- Spoke with PALs.
- Spoke with matron (if appropriate and have goals)
- Look at friends and family feedback for ward (on exemplar board) and reflect on this.
- Read relevant policies and reflect on them.
- Learn how manager responds to clinical incidents and discuss duty of candour.

Sexual Boundaries:

- Read relevant policies including chaperoning.
- Reflect on one of your patients and how policies relate/could relate to them.

Year Three Learning Journey ideas

Each shift have a consistent caseload of a bay, overseeing second and first year students if appropriate ensuring you're the running of the bay is completed.

Medication Management:

- Be fully involved in all aspects, as appropriate, for your patients
- Spoke with ward pharmacist: learning outcomes to consider:
- NBM policy & medications
- Ordering, receiving, storing medications including controlled drugs, stock items, patients regular medications, emergency drug cupboard items, PGDs, covert administration, self medicating policy, escalation policies/actions to take with medication errors/reactions

REMEMBER, that you will soon be qualified & the above will be your responsibility; take this opportunity to learn about the above & learn to complete the above in this learning period: IT IS EXTREMELY IMPORTANT. Your mentors & MDT can help you to do this; alongside your access to Trust & National Policies: it may be useful to make your own flow chart for how to deal with each of the above & keep them in a file & immerse yourself in dealing with the above (as appropriate) as much as possible in this student period

- Practice correct ANTT technique: practice educators could assist with this (in regards to medication prep)
- Attend a Length of Stay meeting with matron/manager & discharge coordinator

- Attend Bed Meetings with senior nurse if possible.
- Spoke with discharge coordinator (have goals)
- Observe a clinical incident form being completed online/participate in completing this if appropriate
- Complete a Root Cause Analysis (RCA) with manager & learn how to present this as an SBAR
- Fully immerse self in delivering handovers, safety huddle, MDT (daily & full), take part in ward rounds, telephone, SBARs and post op care.
- Become familiar with using QMED and other referral systems: updating, discharge dates, printing, moving patients, finding patients
- Become familiar with utilising the BNF and Medussa
- Be fully involved in the discharge process especially in regards to medication management: become familiar with ascribe & processes used
- Become familiar with medical devices in regards to medicine administration:
- Consider care of substance misuse in patients: & policy/policies in regards to this i.e. assessment/methadone prescription; & the needs of these individuals in regards to analgesia
- Consider spoke placement with the pain team (must have goals)
- Consider spoke with the alcohol nurse: consider aspects such as assessment/regimes, referrals, DOLs

<u>Other Spokes/Activities you should be able to do:</u>

Know the Ward/Trust aims:

- Access the Trust website & update self on aims
- Become aware of areas such as Harm Free Care/Safety Thermometer, CQUINs, Key Performance Indicators (KPI), Exemplar programme etc

- Be aware of audits carried out in this area, by whom, when & why. We have practice forms that you can carry out.
- Attend a Harm Free Care Panel with ward manager.

Spokes:

- **Physiotherapist:**

Post-operative patient assessments, chest physio, stair practice, bed transfers, outreach physio, daily MDT meeting.

- **Occupational Therapist (OT):**

AMT assessment 3-4/7 post op, initial assessments, environmental visits, kitchen practice, dressing practice, daily MDT meeting

- **Weekly MDT (Multidisciplinary Team) Meeting:**
- **Discharge Coordinator**:

Continuing healthcare (CHC) process, Length of Stay (LOS) meetings & hospital delays, simple & complex discharges, liaising with district nurses (strong links with community), discharge planning meetings, best interest meetings, bed manager role at times, patient flow issues, trouble shooting discharges, work with social workers often.

- **Theatre Induction:**

From Year 1, mentors can arrange this for you (must be completed before can spoke in theatre). Previous students strongly advise that you do this at the earliest opportunity as they only take place every so often. This covers theatre etiquette and moving and handling.

- **Ward Pharmacist:**

Attend a half day after you have completed the Safe Administration of Medications Booklet & become familiar with the basics of this process.

- **Orthopaedic Outpatients & Fracture Clinic**:

Can observe a variety of pre & post admission situations & a wide range of patients including children

WITH EACH OF THE ABOVE, IN ORDER TO ENSURE MEANINGFUL LEARNING EXPERIENCES THAT LINK THEORY TO PRACTICE, IT IS IMPORTANT THAT YOU UTILISE A REFLECTION TOOL IE KOLB, GIBBS ETC TO REFLECT ON & MAKE SENSE OF THE LEARNING THAT YOU HAVE GAINED FROM THESE EXPERIENCES & HOW THEY FIT INTO YOUR LEARNING JOURNEY & WHY…& HOW YOU WILL PROGRESS FROM HERE

PLEASE ENSURE THAT YOU ARE WELL PLANNED FOR SPOKE PLACEMENTS WITH LEARNING GOALS INSITU

<u>Admission Procedure Brief Guidance</u>

- Record and report observations of vital signs and assess mood/level of consciousness – inform nurse on duty of any abnormalities using the NEWS scoring system on QMED.
- Explain call system and orientate to ward environment
- Complete initial nursing assessment and record (access Trust Documentation guidance on internet for more information)
- Apply white wristband for pt. identification.
- Commence patient care round hourly checklist and explain
- Ensure patients do not have any broken skin or pressure sores by conducting a skin inspection and Maintain clear records as appropriate.
- Ascertain if patient has valuables that require depositing in a locked cupboard if no family available to take home. Sign disclaimer and ensure safe record is maintained in patient notes.
- Ensure all patients have their risks assessments completed on Qmed within 4 hours of arrival to the ward (MUST, Waterlow, fall, MRSA Screening etc.).
- Briefly explain to patient and relatives the ward routine/visiting, nursing organisation.

- Check whether patient has brought his own medication and document on nursing records and store in patient’s bedside locker and inform the nursing staff.
- Complete the WHO checklist and collate doctor and nursing documents in order within the wards files
- Any patient who has past medical history of any falls should have a paper completed falls care and management plan in their bedside folder. (All care plans can be accessed on trust internet system)
- Identify DVT risk and complete VTE risk assesements.

Guide to Assessing Patients

SOCIAL PROFILE Does the patient live alone, with, or near family or friends? Is the patient receiving support? Carers, package of care, Present or past occupation? Type of accommodation, rent, own Pets, Lifeline	**COMMUNICATION/MOOD** Is patient conscious, relaxed, anxious? Talkative, withdrawn or confused? Short/Long-term memory Is hearing, speech or sight impaired? Any aids? Is patient aware of time and place? Is language appropriate?
BREATHING Breathless on exertion or at rest. Cough? Sputum? (Colour and amount). Smoker - how many? health promotion-advise to quit , any help Is the patient a good colour - blueness of fingers and lips?	**PROMOTING COMFORT & SAFETY** Vital signs. Own clothes and toiletries with patient & document patient property, disclaimer form. Medication.- list PAIN where? Chronic/acute pain. Pain

MOBILITY Waterlow score. Does patient have any problems? If aids are used, which? How does he/she manage at home? How many nurses needed to transfer? Hoists? Pressure areas, Cuts/bruising. At risk of falls , care plans, pressure relieving equipment's Turning chart, Skin tool, Care Round	**LEARNING AND UNDERSTANDING** Patient's awareness and knowledge of illness, medication, prognosis and diagnosis
NUTRITION Is patient well-nourished, hydrated/any nausea, Vomiting? Difficulties in swallowing, eating? A special diet, likes, dislikes. Nutritional score, dietician referral, supplements , Recent weight loss/gain	**ELIMINATION** Urine elimination, Catheter, Bottles, Pads? How often bowels open & last opened Normal pattern (constipation, diarrhoea, colour, blood Present)? Incontinent , double incontinent Stool chart any urinary problems.
FEARS FOR THE FUTURE Home situation whilst patient in hospital. Any worries over treatment, admission? Concerns about discharge? Patient's expectation. Next of kin's expectations. Dependencies	**SLEEP** How many hours? Sedation? How many hours of sleep per day? PERSONAL CARE CAPABILITY Does the patient need assistance? Poor circulation, skin rashes, inflammation? Dental cares, mouth care?

MEDICATION

AIM – To increase knowledge of prescribed medication.

OBJECTIVE - The student will be able to list the drugs prescribed for patients in his/her care. To demonstrate an ability to explain to his/her patients the actions, effects and dosage to enable them to comply with their medication after discharge.

AIM - To become competent in the administration of medication.

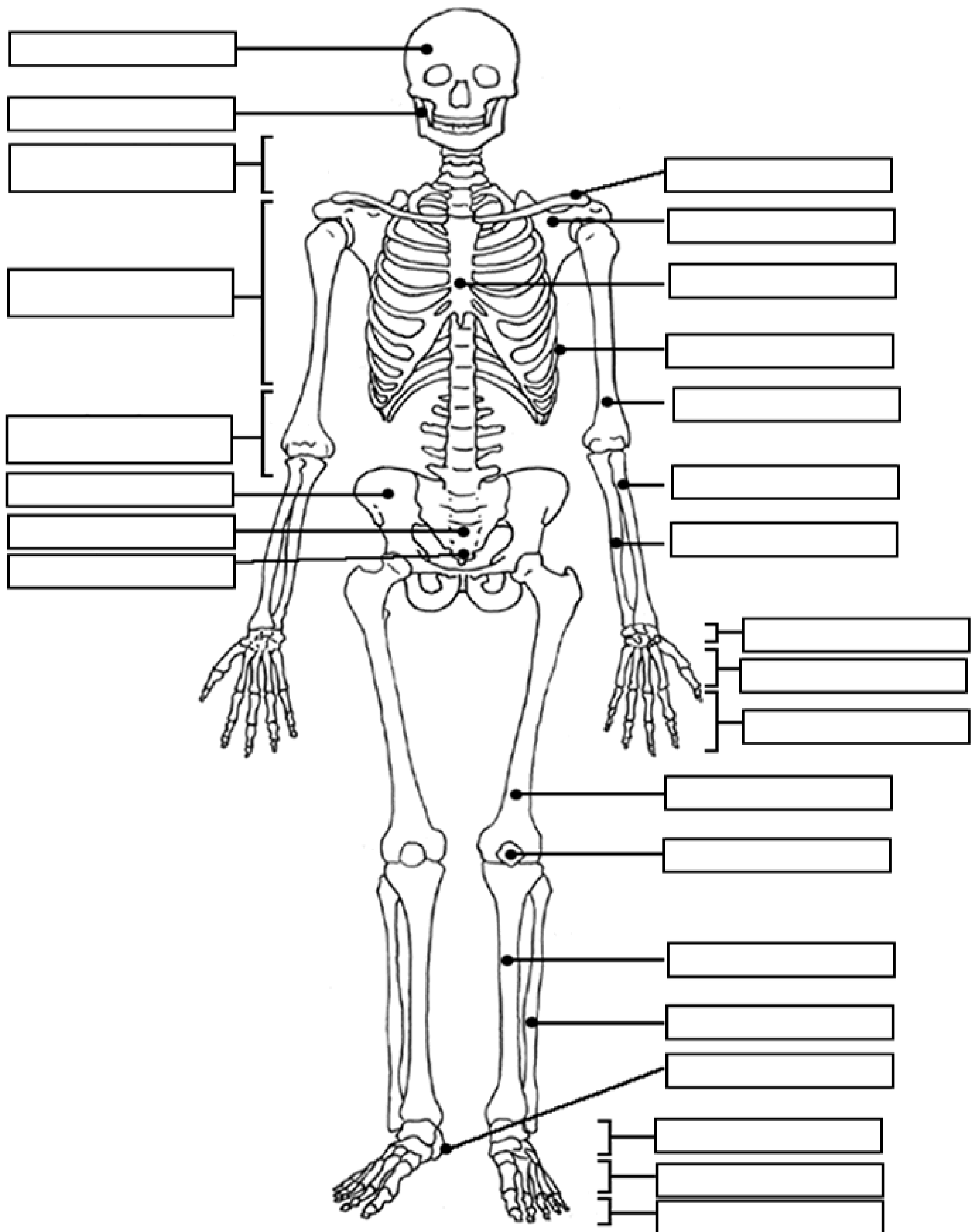
OBJECTIVE - To carry out regular drug rounds with a trained nurse, observing correct procedures. To have a sound knowledge of the commonly used drugs, their side effects and action. To safely administer IM, S/C injections and nebulisers.

EVIDENCE- Produce the drug History by listing the common used medication on the Ward, with the action, side effects and contra indications etc.

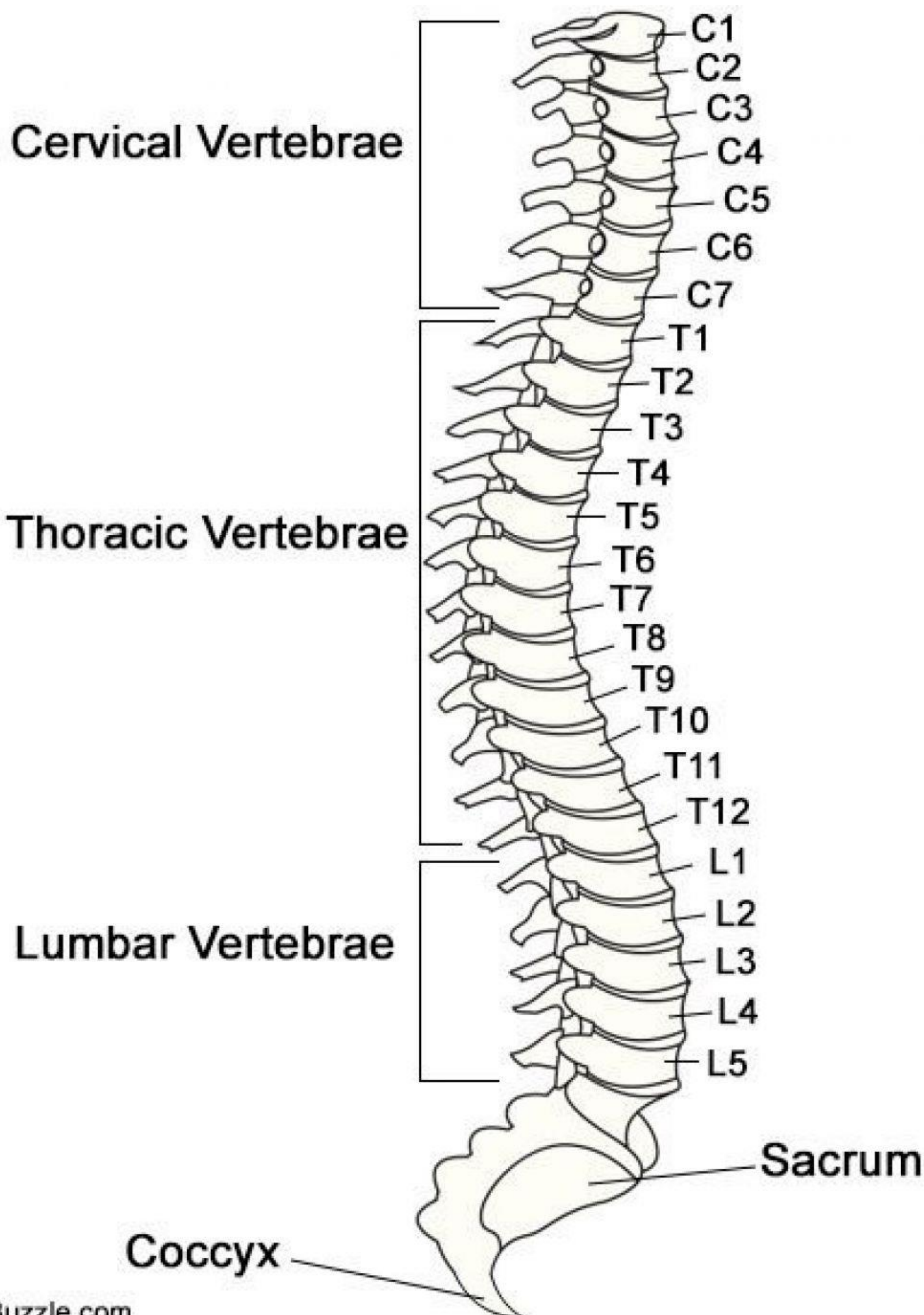
Have a go at filling in the table. These are regular medications used on this ward.

Drug	Dose	Routes	indications	Side effects
Fragmin				
Paracetamol				
Dihydrocodiene				
Oxynorm				
OxyContin				
Buprenorphine				
Tramadol				
Pregablin				
Morphine				
Flucloxacillin				
Tiecoplanin				
Cyclizine				
Prochlorperazine				
Ondansetron				
Lactulose				
Senna				

Can You Label the human skeleton



The spine



Please familiarise yourself with the following conditions:

1. Deep vein thrombosis (DVT)

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2. Fat embolism

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3. Compartment syndrome

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4. Osteoarthritis

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5. Rheumatoid arthritis

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Abbreviations List: Orthopaedic Unit

The following list is a list of abbreviations, and the meanings, which may be used in nursing documentation on the Unit.

Fracture

A/E Above elbow

A/K Above knee

B/E Below elbow

B/K Below knee

BNO Bowels not opened

BP Blood pressure

CPM Continuous passive movement

CSU Catheter specimen of urine

CT Computerised Tomography

CVP Central venous pressure

CXR Check X-ray

DHS Dynamic hip screw

DN District Nurse

ECG Electrocardiograph

EUA Examination under anaesthetic

FBC Full blood count

FWB Fully weight bearing

IVI Intravenous infusion

Lt Left

MRI Magnetic Resonance Imaging

MSU Mid stream urine

MUA Manipulation under anaesthetic

NBM Nil-by-mouth

NWB Non weight bearing

NEWS National Early Warning Score

O/A On admission

OPA Out-patient appointment

ORIF Open reduction and internal fixation

PCA Patient controlled analgesia

PID Prolapsed intervertebral disc

PN Practice Nurse

POP Plaster of Paris

PWB Partial weight bearing

R/O Removal of

ROS Removal of sutures

Rt Right

SLR Straight leg raise

SWB Shadow weight bearing

THR Total hip replacement

TKR Total knee replacement

TPR Temperature, pulse and respirations

TSR Total shoulder replacement

TTO's To take out (drugs)

TWB Touch Weight Bearing

Orthopaedic Terms

Abduction The moving of a limb away from the midline of the body.

Adduction The moving of a limb towards the midline of the body.

Ankylosing Abnormal consolidation and immobilisation of the bones of a joint

Arthro Prefix pertaining to joints.

Arthrodesis The stiffening of a joint, usually surgically, so it becomes stiff.

Arthroplasty Reconstruction of a joint, usually with an artificial replacement.

Arthroscopy Surgical technique of looking into the

Carpal Tunnel Syndrome Compression of the median nerve as it enters the palm of the hand. Causes pain and numbness in the index and middle fingers and weakness of the thumb.

Cervical Pertaining to the neck.

Chondro Prefix pertaining to cartilage.

Clavicle The collar bone.

Colles # Fracture of the distal radius, within 2.5cms of the wrist.

Comminuted Type of fracture when the bone is broken into more than two pieces, known as a multifragmental.

Compartment/s syndrome Swelling within the muscle of a limb which may compromise neurovascular status. Failure to recognise or treat may result in a deformed and dysfunctional limb.

Condoyle Rounded protuberance at the distal end of some bones, mostly the humerus and femur. Forms an articulation with another bone.

Crepitus The grating sound/feeling when two bones rub together, usually when there is a # present.

Discectomy Removal of all or part of an invertebral disc.

Dislocation Displacement from the normal position of bones in a joint.

Distal Situated away from the origin or point of attachment or midline of the body.

Dorsal Relating to the back or posterior part of the body/organ.

Dorsiflexion The act of bending the hand or foot upwards.

Eversion Sole of foot turned outwards.

Exotosis Bony outgrowth.

Extension The extending of a joint so that the limb becomes straight.

Flexion Moving of a joint so that two or more bones move towards each other, e.g. bending the knee.

Fracture A break in the integrity of a bone.

Genu Relating to the knee.

Haemarthorosis Painful swelling of a joint caused by bleeding into it.

Hemiarthroplasty Replacement of half a joint.

Intertrochanteric A fracture of the neck of femur that occurs between the greater and lesser trochanters.

Intramedullary Nail Internal fixation device for # of the long bones, whereby a metal rod is inserted into the intramedullary canal.

Inversion Sole of the foot turned inwards.

Intervertebral Disc Flexible plate of fibrocartilage connecting each of the vertebrae.

K-Wiring Kirschener wires – inserted into a bone as a means of stabilising a fracture.

Lateral Relating to parts of the body/organ which are furthest from the midline.

Ligament Fibrous band of tissue joining two bones at a joint.

Lordosis Inward curvature of the spine.

Malleolus Distal end of the tibia/fibula which forms the bony prominence felt either side of the ankle.

Malunion Union of a # in which the ends are badly aligned.

Mandible Lower jaw bone.

Maxilla Upper jaw bone.

Medial Part of the body/organ nearest the midline.

Meniscus Crescent shaped fibrocartiligenous pad in the knee.

Non-Union Failure of # to unite.

Olecranon The process on the end of the proximal end of the humerus (elbow).

Osteo Prefix pertaining to bone.

Osteomalacia Softening of the bones caused by Vitamin D deficiency.

Osteomyelitis Infection of the bone, acute or chronic.

Osteotomy Surgical cutting of the bone.

Osteophyte A bony outgrowth.

Patella The kneecap.

Phalanges The bones of the fingers and toes.

Plantar Sole of the foot.

Prone Lying on the front.

Quadriceps A group of four muscles on the front of the upper leg, whose action is extended to the lower leg.

Scoliosis Lateral curvature of the spine, may also be lateral rotation of the vertebrae and ribs.

Sequestrum Pieces of dead bone, usually as a result of Osteomyelitis.

Sub-capital # of the neck of femur where the fracture is directly below the femoral head.

Supine Lying on the back.

Tendon Fibrous tissue attaching muscle to bone.

Thompson's a metal prosthesis used to replace the femoral head following a sub-capital # of the neck of femur.

Trochanter Either of the two bony protuberances below the neck of femur, referred to as the greater and lesser.

Valgus Angle between the two bones of a joint is greater than normal.

Varus Angle between the two bones of a joint is less than the normal.

All students are expected and are responsible to provide their contact numbers to the ward on the first day or prior to commencing their placements.

Student Contact Details

Please complete the following information and give it to your mentor or student link nurse of your clinical area as soon as your placement commences. Please note: if you do not attend work as rostered and you have not contacted the placement area to alert them that you will not be present for the shift, we will initially contact you on the numbers given. If we are unable to get hold of you, we will then use the other numbers given in addition to contacting your academic tutor.

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Student Contact Details **Home:** **Mobile:**
Student Name:
Start Date:
Name and Contact Details of Person to Contact in the event of an Emergency or if we are unable to Contact You:
Clinical Tutor: **contact number:** **email address:**
Academic Tutor : **contact number:** **E-mail Address:**
Date & Student Signature: