



# Core Therapies (Integrated Occupational therapy and physiotherapy teams) Student Handbook 2022





# Welcome to

Lthtr Integrated Frailty Team (LIFT)





# 1. Introduction

We hope that you enjoy your time on placement with us at 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 document is to provide you with information to help you on your first visit, as well as serving as a useful reference point until you are familiar with the hospital sites. The document will also help to clarify some questions you may have relating to your clinical work in the department you will be attending.

LTHTR was formed on 1<sup>st</sup> April 2005. We are one of the largest and highest performing trusts in the country, providing district general hospital services to 370,000 people in Preston and Chorley, and specialist care to 1.5m people across Lancashire and South Cumbria.

#### We provide care from three facilities:

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

#### We are a regional specialist centre for:

- Adult Allergy & Clinical Immunology
- Cancer (including radiotherapy, drug therapies and cancer surgery)
- Disablement services such as artificial limbs and wheelchairs
- Major Trauma
- Neurosurgery and Neurology (brain surgery and nervous system diseases)
- Renal (kidney diseases)
- Vascular







# 2. Our placements

We would like your placement to be a two-way learning process between your Clinical Educator and yourself. We are here to support you in becoming a clinician and offer you the opportunities to develop your clinical skills. We expect that you will have a positive attitude to learning, take responsibility for your own learning outcomes and share this with your Clinical Educator.

The placements we offer are

- Acute medicine
- Acute stroke and stroke rehab
- Surgery and vascular
- o Oncology
- Paediatrics
- o Critical care
- Neurosciences
- Neurology
- Neuro rehab unit (NRU)
- Lancashire Integrated Frailty team( LIFT)
- Hands team ( Outpatient)
- Orthotics
- Burns and plastics
- MSK outpatients
- Specialist mobility and rehabilitation centre
- o Women's health
- Orthopaedics (Trauma and elective)
- o Emergency medicine

#### Role emerging placements

- Health and well being
- o SMRC
- o Trauma orthopaedic and acute medicine working with patient's living with cognitive deficits







# 3. Trust Vision and Values

The Trusts mission is to provide excellent care with compassion.

We have three equally important strategic aims:

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

We are constantly striving to improve, and working towards becoming an outstanding, high performing organisation.

Our values define who we are and how we behave.

- 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.















# 4. Your placement is with:

# Lancashire Teaching Hospitals Integrated Frailty Team (LIFT)

# **Service Summary:**

The challenge presented by increasing emergency admissions and the evidence for the effectiveness of Acute Frailty Units is both well documented. The team provide a high quality MDT, evidence-based assessment and management of patients screened as frail, attending Royal Preston Hospital as part of the Admission Avoidance / Acute Frailty Unit pathways or as part of the Virtual Frailty/ Frailty Hot clinic pathways.

#### **PURPOSE**

The primary aim is to facilitate rapid clinical assessment, investigation and interventions to support admission avoidance or early discharge for frail older people. It is anticipated that this will lead to:

- Earlier comprehensive geriatric assessment and initiation of appropriate treatment
- Earlier discharge, leading to:
- Improved patient functioning
- ➤ A reduction in the number of admissions to inpatient beds
- Reduced length of stay
- > Earlier treatment for those requiring ongoing inpatient care
- Admission to wards more appropriate to patient needs
- Improved patient 'flow' through the hospital
- Improved patient experience and quality of care
- Delivery of ED target
- Improved support to the Emergency Department, GPs and the community frailty team
- Improved multidisciplinary working across the whole frailty pathway (community-interface-hospital)
- > Better signposting of patients to appropriate services

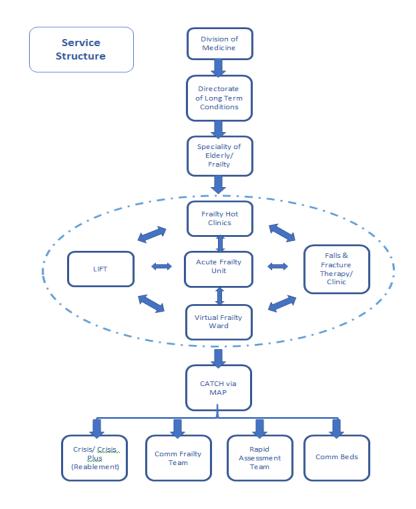
Key to this is the delivery of comprehensive geriatric assessment by geriatrician-led multidisciplinary teams working in liaison with the acute medicine & emergency departments, and alongside community frailty services.

This model also meets the standards set out by NHS England for provision of a specialist assessment service, operating within an identified frailty unit, to deliver rapid assessment, treatment and discharge. This area is a 10 bedded short stay area with a maximum length of stay of 72 hours and patients requiring admission beyond this will follow the normal admission process to an appropriate acute ward.





# **Service Structure:**



# **Team Structure:**

Band 7		Band 6		Band 4		Band 3	
1	Team Lead Occupational Therapist	1	Physiotherapist	1	Therapy Assistant Practitioner	2	Integrated therapy Assistants
		4	Occupational Therapists			1	Integrated Frailty Coordinator (Temp)





# **Useful Information:**

Talanhana Numbar	
Telephone Number:	01772 524453
Contact Name:	Julie Brown
Hours of work:	08:30 – 16:30
Type of Placement:	Frailty – Elderly Medicine (Includes Frailty in-reach and out-reach)
Details of type of clients being dealt with:	Patients who attend Emergency departments and acute Frailty unit who meet the Bournemouth Frailty Screen. Specialty non-specific as team In reach into Emergency department and Assessment units. Highly complex with multiple morbidities. Patients requiring therapy from Virtual Frailty ward/ Frailty Hot clinics and Falls clinics
The type of experience which may be gained from this placement:	Dementia screening/ Mental capacity assessments
	Identifying Frailty and frailty syndromes including Falls.
	Integrated working with nursing/ Physio /OT /Specialist Elderly Care Nurses & Frailty Nurse Practitioner/ Consultant Geriatricians/ Pharmacy/ other MDT colleagues
	Interdisciplinary competencies
	Holistic comprehensive assessments
Special Knowledge and information	Dementia awareness
which would be useful to the student:	Awareness of current government standards and guidelines influencing care of dementia/ older person (ie RCP guidelines, NICE guidelines,





National Service Frameworks) and frailties

https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Frailty-framework.pdf

https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-resources/

https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Dementia-Core-Skills-Education-and-Training-Framework.pdf

https://www.hee.nhs.uk/ourwork/dementia-awareness/resourcestier-one-two-three

#### **Recommended Reading:**

See above for reading resources links.

Any information on dementia care/ service improvements i.e. National Dementia Strategy/ Prime Ministers Challenge/ Kings Fund – Improving the Environment

University module notes on the variety of conditions.

Royal College of Physicians – Silver Book.

# Visits/shadowing which can be arranged:

We are based within a large acute hospital foundation trust, with a variety of regional specialist services. We are also supported by a variety of specialist community services. Opportunity exists for visits as relevant and may include:
Rapid Assessment Team
Frailty Outreach/ Acute Frailty Unit

Community Frailty Team





	Frailty Hot Clinics
Abbreviations	Although the Trust has a recognised approved list of Abbreviations – as a team we try to avoid the use of this.
Report writing	SOAP note guidance: See Appendix 1
Locker / Changing facilities	No specific changing/ locker room although Trust changing facilities are available.
Meal Breaks	There are no set times and breaks may be staggered within the team to meet the needs of the service. Set breaks can be arranged for medical reasons. The LIFT office has a fridge and tea making facilities. The team tend to lunch within the office although there is a canteen/ café and local shops available
Last updated: 14/04/2022	





#### Ethel's story – an Integrated approach

- 75 year old Ethel over balanced and fell in her bedroom at home in the early hours of the morning.
- Ethel was in pain and called 999.
- She was conveyed to ED by <u>NWAS</u> at 5.10 am

Ethel has remained at home since her discharge from the Acute Frailty unit over 12 months ago.



- Transferred to AFU at 9.00 am
- Management plan put in place by Consultant Geriatrician.
- X –rays showed # inferior and superior pubic rami.
- Analgesia titrated
- Nursing care plans and risk assessments completed. 24 nursing care available
- Comprehensive Geriatric Assessment completed
- <u>LIFT</u> therapists assessed mobility, arranged equipment and downstairs living.
- Discharged home LOS 2 days

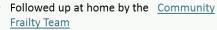


- Followed up by our Specialist Nurses on Virtual Frailty Ward.
- Advice given re ongoing pain.
- Ongoing issues so referred to Frailty Hot Clinic.
- First patient to be referred to the New Frailty Hot Clinic









- Poor appetite due to pain
- Liaise with Hot Clinic and GP and analgesia increased again
- Frailty physio provided right handed fischer stick as mobility improving
- Discharged from service after 6 weeks pain controlled, mobility improved and bed moved back upstairs.



- Home visit by Hot Clinic OT
- Further equipment prescribed.
- Advice on nonpharmacological pain relieving techniques and onward referral to Community Physio



- Seen in <u>Frailty Hot Clinic</u> 2 days later
- Clinical examination and blood tests
- Analgesia reviewed and increased and laxatives prescribed.
- MDT assessment
- Referral made to Community Frailty Team.
- GP advised of plan







# 5. Directions

#### Royal Preston Hospital

#### How to find us - by car: From the M6 motorway

Come off at junction 32 off the M6. Turn left off the slip-road onto the A6 Garstang Road, heading towards Preston. At the second major set of traffic lights, turn left into Sharoe Green Lane. The main entrance to Royal Preston Hospital is 200yds on the right.

Alternatively, input PR2 9HT into your SatNav.

#### Car parking:

Unfortunately, there is no on-site parking available for students or the majority of the staff.

However, you can apply to park at either the **Preston Business Centre** (PR2 8DY) or **Preston Grasshoppers Rugby Football Club** Car Park (PR4 0AP).

Preston Business Centre is approximately 1km away and Grasshoppers is 1.5km away. There is a regular free shuttle bus service available from Preston Grasshoppers.

If you wish to park in either carpark, you are required to submit an application at the before <u>each</u> placement.

Alternatively, you may wish to seek parking in the surrounding residential area. Please note that this would be at your own risk as staff have been known to have their car scratched.

To park on site at the Royal Preston Hospital you will either need to park on the public car park – there will be a daily charge which is £3.00 for up to 6 hours and £10.00 for over that. Visitors' car parks are A, B, G, N, & L.

# How to find us - by local transport:

#### **Bus Service:**

Preston Bus Ltd operates services from the main Preston Bus Station to the Royal Preston and Sharoe Green Hospitals, via routes through local areas. Services required are numbers 7,19,22,23,123. Preston Bus has recently introduced onto the hospital routes buses adapted for use by disabled people to ensure easy access and exit from public transport. For further information please contact Preston Bus Ltd on 01772 821199 or 01772 253671 or access the following:

The Trainline; Preston Bus; Lancashire journey planner; John Fishwick & Sons **Taxi Service**:

Local taxi firms also offer a service to and from the hospital. Free-phones are available at Royal Preston Hospital site to make taxi bookings.

#### **Disabled access:**

All entrances to Royal Preston Hospital are accessible by wheelchair, either by being on ground level and/or having low gradient ramps. The hospital also has lifts to all floor levels. Any enquiries should be directed to the Volunteer Information Desk, telephone 01772 716565 ext 3113.





#### Chorley and South Ribble District General Hospital

**How to find us - by car: From the M61 motorway:** 

Directions to the hospital are well sign-posted on public highways from all directions. The hospital site is situated within three-quarters of a mile from junction 8 of the M61 motorway. When leaving the motorway at Junction 8, follow signs towards Chorley (A6) along short dual carriageway. At the first roundabout, turn left, continuing to head towards Chorley (A6). At the second roundabout, take second turning onto the B5252 (Euxton Lane). The main hospital entrance is 200 yards on the left at the traffic lights.

Alternatively, input **PR7 1PP** into your SatNav

#### Car parking:

Chorley and South Ribble Hospital has three main public car parks. Please park in one of these on your first day.

Please complete and return the car parking permit form. We will endeavour to secure you a car park permit that you will be able to collect from the car parking office at CDH 2-3 days later.

#### How to find us - by local transport:

#### **Bus service**

Bus services to and from Chorley and South Ribble Hospital are as follows: Numbers: 114 119 125 126 210 301 302 C8 C9. For more information contact Chorley Bus Station on: 01257 241693.

#### Disabled access:

All entrances to Chorley and South Ribble Hospital are accessible by wheelchair, either by being on ground level and/or having low gradient ramps. The hospital also has lifts to all floor levels.

Patients and public are advised that should they require assistance once they reach the hospital, they should contact the Main Entrance Reception (General Office) on 01257 245661 who will arrange staffing assistance.

There is a shuttle bus service between both sites which students can use. Please request the timetable if you would need to use this to travel between the two hospital sites at the start and end of your day.





# 6. Food, Dining Facilities and other essentials

### Royal Preston Hospital

- RVS in the Radiotherapy department serves hot and cold drinks, soup, sandwiches and snacks (9am – 6pm).
- Charter's restaurant on Ground Floor serves a variety of hot meal options (8am-2pm).
- <u>Café Preston</u> at the main entrance serves similar food to Charter's restaurant as well as Costa beverages, sandwiches and cakes (7.30am-7pm)
- WHS and Marks & Spencer mini food hall at main entrance fresh salads, sandwiches, a range of snacks, toiletries, cards and newspapers
- Mellor's Catering Education Centre 1 serves a variety of breakfast and dinner options between 8.30am – 2.00pm.
- There is also a choice of shops across the road from the Main Entrance of the Hospital.
   However, you are required to be out of uniform to leave the hospital grounds as per the Trust dress code.
  - Booths food hall and café / Greggs / Subway
  - Costa (a 5 min walk away, opposite the Black Bull Pub on Garstang Rd).



# **Chorley Hospital**

Costa Coffee 9am-4pm, by fracture clinic and near to out patients. Serves hot drinks, sandwiches and snacks

Café Education centre 3 Mon-Fri- Serves breakfast, hot food lunchtimes, sandwiches and snacks

RVS shop by main entrance serves sandwiches, snacks, drinks, newspapers and toiletries

Both sites have a cash point near the main entrances





# 7. Learner Support and Wellbeing

The mental wellbeing of our students is of paramount importance. We understand that there are a lot of plates to spin while you are undergoing your training, be it holding down a part-time job, having dependants at home, having assessment deadlines running along clinical practice, financial issues, dealing with matters of conflict or struggling with some aspects of the clinical learning to name a few.

Our experienced Learner Support Team can offer advice, guidance and support to all students, trainee doctors, apprenticeship HCA's and other learners.

#### Support with;

- 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!

You can contact us

Learner.Support@lthtr.nhs.uk

01772 528444





**NHS Foundation Trust** 

# 8. What to bring on your first day

- Uniform: Please **do not** attend in your uniform, instead bring one set of uniform with you. All other items in the dress code policy must be adhered to
- > 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

# 9. Induction

The Local Induction process will take place throughout the first two weeks of your placement.

This will comprise of:

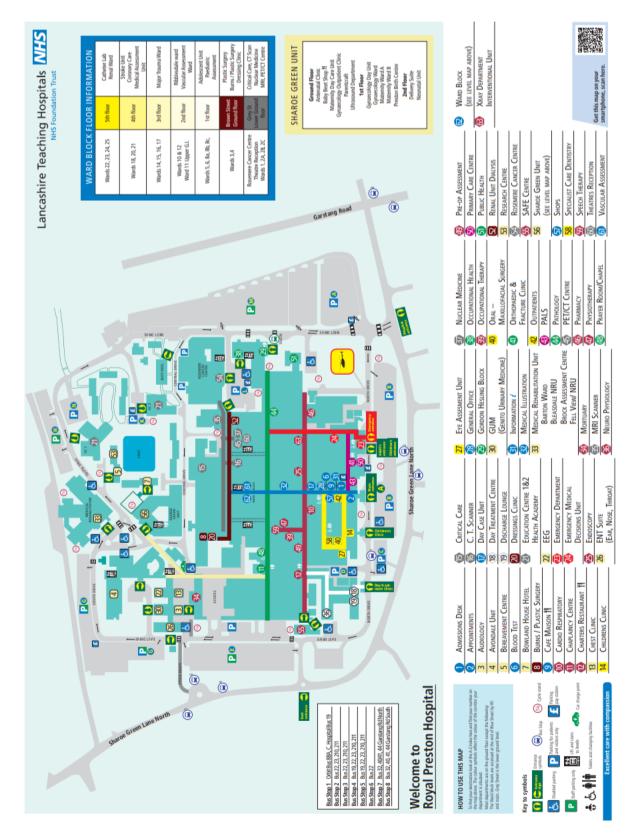
- Trust and department orientation, including housekeeping information
- > Location of emergency equipment
- > IT access
- > Reading & Acknowledgement of mandatory Trust policies such as Health & safety, Fire Safety, Infection Control, ID, Information Governance, Staff Code of Conduct, Social Networking and Dress Code policies.
- > Adult Basic Life Support training if applicable.
- > Trust Moving & Handling Training if applicable.
- COVID-related policies & procedure.



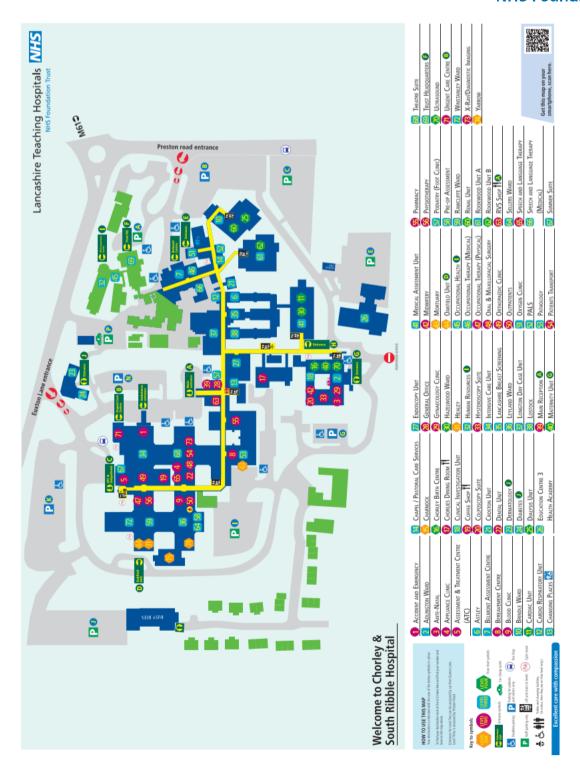












Final note...We look forward to meeting you





# **SOAP Notes guidance**

SOAP is an acronym that stands for subjective; objective; assessment; plan. These are all important components of occupational therapy intervention and should be appropriately documented. Using a SOAP note format will help ensure that no essential element of therapy is left undocumented.

# What are the Four Parts of a SOAP Note?

The four parts of a SOAP note are the same as its abbreviation. All four parts are designed to help improve evaluations and standardize documentation:

- <u>Subjective</u> What the patient tells you
- Objective What you see
- Assessment What you think is going on
- Plan What you will do about it

Subjective	What the Patient Tells you This section refers to information verbally expressed by the patient or caregiver/family. Take note of the patient 's complete statement and enclose it in quotes. Recording patient history such as medical history, surgical history, and social history should also be indicated as it can be helpful in determining or narrowing down the possible causes.	What are the client's parents or caregivers reporting? Is the client reporting pain? Are they complaining of fatigue?	Subjective: Patient states: "My memory is not as good as it used to be – I forget things more often" Relative reports "I've noticed she often forgets to take her mediations or gets confused and mixed up with the dosage – I'm forever having to remind her or check up on her"
Objective	What You See This section consists of factual information/ observations made by the clinician e.g stauts of therapy goals; accuracy level; cueing level provided. Do a physical observation of the patient's general	What level of assistance did the client need? How many verbal and physical prompts were provided? What did you observe? How did you grade the activity or modify the environment?	Objective: Patient provided preadmission history non-consistent with reports from family/ Patient unable to recall reason for/ events leading to admission.





Academy			NHS Foundation
	appearance and also take account of the vital signs (i.e temperature, blood pressure etc). If standardised assessments were conducted, the results should be indicated in this section. Using the previous example, we can write the objective like this:	In what percentage of trials was the client successful? What is progress is the client currently making on their goals?	Acer III completed – score 76/100 – indicative of significant cognitive impairment. Mental capacity assessment completed in relation to discharge planning – patient lacks capacity due to inability to retain information and weigh information up.
Assessment	What You Think is Going on This section records the clinical impressions and interpretation based on the findings indicated in the subjective and objective section.	After examining the subjective and objective data, what does this mean about your client's progress? Why did you select a certain intervention activity? Have there been any significant changes in functioning?	Assessment: Patient unable to demonstrate insight into the impact of his cognitive impairment on his functional ability and the associated risks. Impairment unlikely to be delirium due to the gradual onset reported by daughter over a period of 12 months. Further period of assessment of impact of impaired cognition on patients potential to return home required. Would benefit from GP referral to Memory assessment service.
Plan	What You Will Do About  It This section addresses the patient's problem identified in the assessment section. Elaborate on the treatment plan by indicating or recommending the next steps. This section can	Should the treatment plan be changed? How? Does a new referral need to be made? Are any accommodations or modifications recommended?	Plan: Referral to GP to request review and consider referral to Memory Assessment services. Discharge planning – complete referral for community assessment bed or block crisis within own home.





also include patient education such as lifestyle changes (diet/ smoking cessation/ recommendations for additional support at home.). Additional	Advised daughter to consider lock box with additional support for administering/overseeing medication.
•	medication.  Prescription for
up consultations can	keysafe.
also be indicated.	