

Learning Environment



Bleasdale Ward

Learner Booklet





Welcome

We would like to warmly welcome you to Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR). Incorporated on the 1st of April 2005, LTHTR was the first trust in the county to be awarded "Teaching Hospitals" status.

We have created this pack as a useful resource to help you to settle in with us. The purpose of this booklet is to provide you with information to help you on your learning environment.

About LTHTR

We have three equally important strategic aims:

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

We provide a range of Hospital based health services for adults and children and cover a range of specialities. These include cancer services such as radiotherapy, drug therapies and surgery, disablement services such as artificial limbs and wheelchair provision. Other specialities include vascular, major trauma, renal, neurosurgery and neurology including brain surgery and nervous system diseases.

Our five core values:

- Being caring and compassionate
- Recognising individuality
- Seeking to involve
- Building team spirit
- Taking personal responsibility















We deliver care and treatment from three main facilities:

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

In relation to car parking, please refer to your Induction to the Trust, for information regarding car parking. Additional information can be found on our Intranet page. https://legacy-intranet.lthtr.nhs.uk/car-parking-documents















Learning Environment

We would like to welcome you to your learning environment.

Whilst on placement on Bleasdale Ward you will be welcomed by the multidisciplinary team. We are committed to providing a positive and inclusive learning environment where you feel valued and a part of our team. You will be supported to fulfil your learning goals, develop your skills and abilities and to get involved as much as possible.

Opportunities on the ward.

- Nursing admission
- Care of patient and families/partners
- Observations to include Neuro observations
- Handover of patients at the end of a shift
- Record keeping and documentation
- Interpretation of NMC Code of Professional Conduct and relationship to practice
- Co-ordination and organisation of relevant investigations
- Nursing role in investigative procedures i.e. lumbar puncture, muscle biopsy
- Preparation and calculation and monitoring of Intravenous therapy
- Preparation and administration of subcutaneous and intramuscularly injections
- Assessment of patient regarding self-administration of medication
- The administration of medication
- Liaising and referring to members of the multidisciplinary team
- Primary care referrals
- Discharge planning
- Discharge
- Pre-operative assessments
- Insertion/removal of urinary catheter
- Pain assessment
- IV Therapies

Specialist skills that can be learnt.

- GCS
- Neurological observations
- Administering IVIG, IVMP
- Apo morphine trials
- Assist in Lumbar punctures





Shift Times

Day shift -07:00 - 19:30 ½ hour break Night shift -19:00 - 07:30 ½ hour break

Shifts can be negotiable in case of problems. Advance notification is essential.

Bleep System

Dial 66 and wait for message
Enter bleep number of the person you require
Wait for message
Enter ward extension number
Wait for message that your paging request has been accepted
Replace receiver
Emergency Number 2222 - (State whether arrest, fire, security alert)

Learners are expected to report to nurse in charge prior to bleeping medical staff. Bleep numbers are available on our office notice board.

LEARNING RESOURCES

There is a plentiful supply of learning resources on the ward providing information about training and education within the trust. There is also plenty of information available on the ward about learning opportunities and learning resources. These can be located on the Learner Board and in the staff room. You will have access to Clinical Educators who have a vast experience in Neurology. There is an orange folder located in the main ward office, provided by the University for the pre reg students.

The Learning Environment Manager (LEM) allocates learners to their Practice Assessors and Practice Supervisors and is responsible for the learners off duty.

An essential part of the patient's journey requires the input of several different members of the multi- disciplinary team. There are dedicated neurology physios, OTs, case managers, dietitians, speech and language therapists and specialist nurse practitioners. All of these can provide teaching and learning opportunities.

THE BRAIN

The brain is one of the largest and most complex organs in the body and is made up of more than 100 billion nerves that communicate in trillions of connections called synapses.

The brain is made up of many specialized areas that work together.

☐ The cortex is the outermost layer of brain cells. Thinking and voluntary movements begin in the cortex.





	The brain stem is between the spinal cord and the rest of the brain. Basic functions such as breathing and sleeping are controlled here.			
	The basal ganglia are a cluster of structures in the centre of the brain. The basal ganglia coordinate messages between multiple other brain areas.			
	The cerebellum is at the base and the back of the brain. The cerebellum is responsible for coordination and balance.			
The brain is also divided into several lobes				
	The frontal lobes are responsible for problem solving and judgement and motor function			
	The parietal lobes manage sensation, handwriting and body position			
	The temporal lobes are involved with memory and hearing			
	The occipital lobes contain the brains visual processing system			
The brain is surrounded by a layer of tissue called the meninges. The skull (cranium)				

On Bleasdale Ward, we support patients with some of the following:

- Motor Neurone Disease (MND)
- Multiple Sclerosis (MS)
- Myasthenia Gravis (MG)

helps protect the brain from injury.

- > Parkinson's Disease
- Guillain-Barre Syndrome (GBS)
- Epilepsy
- Functional Neurological Disorders (FND)
- Functional Seizures (NEAD)

More information regarding the above will be provided to you in an additional Learner Booklet at the start of your placement with us.





COMMON INVESTIGATIONS

INVESTIGATION	WHAT IT IS
EEG	
EMG/NCS	
LP	
CT SCAN	
MRI/MRA	
MYELOGRAM	
DAT SCAN	
PET SCAN	
VEPS	
SSEPS	
VIDEOFLUROSCOPY	
CEREBRAL ANGIOGRAM	
BIOPSIES – NERVE/MUSCLE/BRAIN	
ADDENBROOKES	





COMMONLY USED DRUGS

DRUG	CONDITION USED FOR	WHAT IT DOES	RISKS
PYRIDOSTIGMINE			
MADOPAR			
KEPPRA			
PHENYTOIN			
IMMUNOGLOBULINS			
METHYLPREDNISOLONE			
APOMORPHINE			
GABAPENTIN			
HYDROCORTISONE			
QUETIAPINE			
DALTEPARIN			
CODEINE			





LANZOPRAZOLE		
CYCLIZINE		
ROTIGATINE		
METFORMIN		
HEPARIN		
RILUZOLE	 _	
HYOSCINE	_	
ASPIRIN		
CLOPIDOGREL		
ACICLOVIR		





COMMON TERMINOLOGY USED IN NEUROLOGY

Anarthria Inability to pronounce words Anosmia Loss of sense of smell Aphasia Inability to speak Aphonia Inability to make sounds Ataxia Unsteadiness BIH Benign intracranial hypertension Bulbar Concerning the medulla Carpel Tunnel Channel in wrist through which the median nerve passes CAT scan Computerised axial tomography Chiasma Crossing of the optic nerve Choroid Plexus Area in ventricles where CSF produced CJD Creuzfeldt Jacob Disease Cortex Surface layer of cerebral and cerebellar hemispheres CSF Cerebro spinal fluid CVA Cerebrovascular Accident Demyelination Damage to Myelin sheath Diplopia Seeing double Disc (optic) Optic nerve leaving the eye – seen by opthalmascope Dysarthria Difficulty in pronouncing words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Parts of brain and spinal cord containing myelinated fibres		
Aphasia Inability to speak Aphonia Inability to make sounds Ataxia Unsteadiness BIH Benign intracranial hypertension Bulbar Concerning the medulla Carpel Tunnel Channel in wrist through which the median nerve passes CAT scan Computerised axial tomography Chiasma Crossing of the optic nerve Choroid Plexus Area in ventricles where CSF produced CJD Creuzfeldt Jacob Disease Cortex Surface layer of cerebral and cerebellar hemispheres CSF Cerebro spinal fluid CVA Cerebrovascular Accident Demyelination Damage to Myelin sheath Diplopia Seeing double Disc (optic) Optic nerve leaving the eye – seen by opthalmascope Dysarthria Difficulty in pronouncing words Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Anarthria	Inability to pronounce words
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Ataxia Unsteadiness BIH Benign intracranial hypertension Bulbar Concerning the medulla Carpel Tunnel Channel in wrist through which the median nerve passes CAT scan Computerised axial tomography Chiasma Crossing of the optic nerve Choroid Plexus Area in ventricles where CSF produced CJD Creuzfeldt Jacob Disease Cortex Surface layer of cerebral and cerebellar hemispheres CSF Cerebro spinal fluid CVA Cerebrovascular Accident Demyelination Damage to Myelin sheath Diplopia Seeing double Disc (optic) Optic nerve leaving the eye – seen by opthalmascope Dysarthria Difficulty in pronouncing words Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Aphasia	Inability to speak
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Cortex CSF Cerebro spinal fluid CVA Cerebrovascular Accident Demyelination Damage to Myelin sheath Diplopia Seeing double Disc (optic) Optic nerve leaving the eye – seen by opthalmascope Dysarthria Difficulty in pronouncing words Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Choroid Plexus	Area in ventricles where CSF produced
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CVA Cerebrovascular Accident Demyelination Damage to Myelin sheath Diplopia Seeing double Disc (optic) Optic nerve leaving the eye – seen by opthalmascope Dysarthria Difficulty in pronouncing words Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal status epilepticus Prolonged seizure or seizures following each other in rapid succession	Cortex	Surface layer of cerebral and cerebellar hemispheres
Demyelination Diplopia Seeing double Disc (optic) Optic nerve leaving the eye – seen by opthalmascope Dysarthria Difficulty in pronouncing words Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	CSF	Cerebro spinal fluid
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Dysarthria Difficulty in pronouncing words Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Diplopia	Seeing double
Dysphasia Difficulty in saying words Dyspraxic Coordination disorder affecting fine and/or gross motor Encephalitis Inflammation of brain Idiopathic Unknown cause IIH Idiopathic Intracranial Hypertension Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Disc (optic)	Optic nerve leaving the eye – seen by opthalmascope
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Intracranial Occurring within the skull Peripheral Near surface or outside of Motor Movement of muscles in body Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Idiopathic	Unknown cause
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Motor Myelin Sheath Fatty white substance surrounding axon of some nerve cells, forming electrically insulating layer Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Intracranial	Occurring within the skull
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Myopathy Any abnormality or disease of muscle tissues Neuropathy Diseases of nerves Radiculopathy Comes from compression of nerves in spine causing pain and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Myelin Sheath	Fatty white substance surrounding axon of some nerve cells,
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and other symptoms Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Neuropathy	
Sensory Level The point where sensation changes from normal to abnormal Status epilepticus Prolonged seizure or seizures following each other in rapid succession	Radiculopathy	· · · · · · · · · · · · · · · · · · ·
Status epilepticus Prolonged seizure or seizures following each other in rapid succession		
succession	•	
White matter Parts of brain and spinal cord containing myelinated fibres	Status epilepticus	·
	White matter	Parts of brain and spinal cord containing myelinated fibres





Induction

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

This will comprise of:

- Trust and department orientation, including housekeeping information
- Location of emergency equipment
- IT access
- Reading & acknowledgement of Mandatory Trust policies such as Health & Safety, Fire Safety, Infection Control, Information Governance, Staff Code of Conduct, Social Networking and Dress Code policies.
- Adult Basic Life Support training if applicable
- Trust Moving & Handling Training if applicable
- COVID-related policies & procedure
- Orientation
- Professional voice: freedom to speak up, datix, chain of command, open door policy
- An awareness of our Educational Governance Team- evaluation and importance of feedback
- Inter-professional Learning Sessions
- Practice Assessment Record and Evaluation (PARE) training, if applicable
- Collaborative Learning in Practice (CLiP™), if applicable
- How the role of Practice Development Facilitator can support you, where applicable







What to bring on your first day

- Uniform: All other items in the dress code policy must be adhered to https://legacy-intranet.lthtr.nhs.uk/search?term=uniform+policy
- A smallish bag which would fit into a small locker.
- You may wish to bring a packed lunch and a drink on your first day.

Inter-professional Learning Sessions and eLearning Resources

At our Trust, our Education Team facilitates a yearly programme of Inter-professional Learning (IPL) sessions. This programme consists of various teaching sessions, delivered by our Specialist Teams, to support and enhance our learners and trainees' learning experience with us.

Inter-professional learning is an important part of your development and allows you to build professional relationships and communication skills with the wider multi-disciplinary teams. Our IPL sessions are valuable in supporting you to stretch your knowledge and experiences to enhance your clinical practice. They also help bridge the gap between theory and practice, allowing you to hold a deeper understanding of the topics discussed. Our sessions are open for all learners and trainees on placement at our Trust to attend and these learning opportunities are an extension to your learning environment; therefore, these hours need to be recorded on your timesheets. We encourage our staff to facilitate enabling a learner/trainee to attend these sessions.

Please note: You must inform your learning environment prior to attending a session. These IPL sessions need to be discussed in a timely manner with your learning environment.

You are required to complete a reflection on each of your IPL sessions, as well as documenting on your HEI documentation what you have learnt and how this relates to your current placement.

You can book onto our IPL Sessions by accessing this link https://elearning.lthtr.nhs.uk/login/index.php and searching for 'IPL'.

You can access our policies and procedures via our Intranet page, which will help expand and stretch your knowledge.





Support with evidencing your learning outcomes or proficiencies

We encourage you to use the Trust learning logs to collate and evidence your skills, knowledge and abilities achieved. You can then present your completed learning logs to your Practice Assessor/Educator during your assessment meetings. Any staff member who is involved in coaching you can complete your learning log feedback.

You can request time during your placement hours to complete these and request feedback prior to the shift ending. To obtain a copy of our learning logs, please visit our Health Academy Webpage on the link below, where you will see a copy of our CLiP™ Learning Log available for you to download, on the right hand side - https://healthacademy.lancsteachinghospitals.nhs.uk/support/clinical-placement-support/collaborative-learning-in-practice-clip/

Chain of Command

Keeping patients safe, providing the best care that we can and learning in an environment where you feel safe and valued is important to us. Speaking up about any concern you have on your learning environment is also important. In fact, it's vital because it will help us to keep improving our services for all patients.

There may be occasions where we witness, experience or are asked to do something that causes us concern. Often, these concerns can be easily resolved, but sometimes it can be difficult to know what to do.

Our Clinical Placement Support Team are available Monday – Friday, 8.00am – 4.00pm should you need to contact them in relation to any concerns regarding your learning environment. If your concern relates to patient safety and/or your concerns are outside of these hours, please follow the chain of command in your learning environment and speak with the person in charge.

Please visit our Freedom to Speak Up page on the Intranet for more details.







We value your feedback

Our Trust values your feedback. To continuously improve, we offer opportunities for our learners and trainees to provide feedback regarding both your learner experience and your learning environment. We would encourage you to kindly complete your end of placement evaluation, within your clinical hours.

We will keep you updated with the improvements that we make based on the feedback you provide us with.

Learning Environment Improvement Forum

Our Learning Environment Improvement Forum began in November 2021, with key stakeholders attending; Learners, Trainees, Clinical Staff, Education Leads and our Nursing Directorate. Monthly meetings are held to share new and innovative ideas as to how we can collaboratively enhance our learning environments, to support both learners, trainees and staff.

All attendees at the Learning Environment Improvement Forums contribute their suggestions and guidance on our projects. Collaboratively, exciting improvements are implemented to enhance our learning environments.

Innovative changes made by our Learning Environment Improvement Forum, within Academic Year 2021-2022;

- NEW Learner Boards designed and placed on our learning environments
- Learner booklets made available on our Health Academy webpage to prepare our learners and trainees for their clinical placements, as suggested by our learners and trainees
- PARE and CLiP™ training embedded into our Learner and Trainee Inductions
- Quick Reference Guide designed and created to welcome our learners and trainees to the Trust and prepare them for their clinical placements

We welcome any of our staff, learners and trainees at the Trust to attend our Learner Environment Improvement Forums, to contribute your ideas and suggestions for our new and innovative projects. You can join via the E-Learning Portal - https://elearning.lthtr.nhs.uk and going to Courses, then selecting the tab 'Inter Professional Learning', where you will see our forum listed.