

# Learning Environment



Ward 23

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.

Ward 23 is an acute medical respiratory ward on the fifth floor of Royal Preston Hospital, caring for both males and females aged 18+. There are 34 beds which includes 4 side rooms for isolated patients. We also work closely with enhanced high care unit (EHCU, Ward 20) who care for level 2 high dependency patients, so there is plenty of learning opportunities available.

Each shift will consist of 1 nurse in charge who oversees the ward and takes charge of that shift therefore, if you require any help or support and your assessor/coach is not available please speak to nurse in charge, sister or ward manager.

We care for patients who have chronic or acute respiratory issues.  
Some of the conditions are listed below;

Asthma, COPD, Bronchitis, Emphysema, Empyema, Pneumonia, Pleural effusion, Pneumothorax, Bronchiectasis, Type1/2 Respiratory Failure sleep apnoea, Pulmonary Fibrosis, Interstitial Lung Disease, and Tuberculosis.

Ward 23 works under the model of Collaborative Learning in Practice (CLiP™), which means learners and trainees are coached rather than mentored.

There are six consultants that work on Ward 23. All consultants have their own team that works alongside them. This consists of a registrar, senior house officer (SHO) and a house officer (FY1,2). All team members are based on Ward 23 Monday to Friday 09:00 to 17:00 and are also contactable via their bleep.

**Ward Contact Number: 01772 522524 – Ask for Nurse in Charge or Learning Environment Manager**

### **Nursing Approach:**

Ward 23 uses a nurse lead approach to care, the ward is split into two teams and depending where your assessor is working depends on which team you will be working on. It is hoped that you will become an active participant within your allocated team and achieve a lot from this placement. We would kindly ask that you provide 100% at all times. It is hoped that in turn this will maximise your learning experience helping you to gain a lot of knowledge and competence within respiratory medicine.

Handover can sometimes be overwhelming for student nurses as their will be terminology that will be unfamiliar, so we recommend you write down anything you don't understand and discuss this with your assessor. All patient information is

documented on a handover sheet and we ask that in accordance with clinical governance this is disposed of in the correct confidential waste bins provided at the end of every shift.

Respiratory medicine is a very exciting and diverse environment to work in. There are many learning opportunities which you can be involved in and gain valuable experiences from. Many of our patients have co-morbidities. They may suffer from other chronic diseases in addition to their respiratory condition which may cause complex issues.

During this placement you will be able to gain knowledge and experience in clinical skills such as catherisation, NG/Peg feeds, IV infusions, CBGs, care of chest drains, care of patients with trachostomys and medication management.

### **Daily Ward Activities:**

This is a brief description of what type of activities are completed on a daily basis. However, it must be stressed that this is not set in stone.

- 07:00 Handover from night duty to day staff
- 07:30 Medications, observations, sit patients up for breakfast
- 08:00 Breakfast and morning hot drinks
- 08:30 Onwards Personal Hygiene needs for all patients, assisted washes, promote independence, complete all relevant documentation
- 10:00 Morning Breaks are commenced (these are staggered in order for each member of staff to have their break and the ward to be left safe.)
- 11:30 Blood Sugars and OBS if required
- 12:00 Medications, Lunch time, assist with serving meals and help to assist patients who require support with feeding
- 13:00 Patients rest period
- 13:30 Handover to late team
- 14:00 OBS if required and completing relevant documentation
- 14:30 Afternoon Drinks round and Visiting Time
- 16:00 Pressure area care and intentional rounding
- 16:30 Blood Sugars
- 17:00 Medication round and Doctors Handover to nursing staff also evening meal
- 18:00 staggered Breaks
- 19:00 Handover to night staff

### Chest Drains

Ward 23 is also known for its speciality of chest drains, therefore you will also be given another fantastic opportunity of experience and gaining knowledge in nursing patients with chest drains and you will also be exposed to the insertion of a chest drain by a senior doctor. Chest drains are required for conditions including, pneumothorax, pleural effusions, haemothorax and empyema which require drainage.



### Non – Invasive Ventilation:

Non-invasive ventilation is used within EHCU as a method of ventilator support for patients with type 2 respiratory failure (T2RF). Non Invasive Ventilation is also known as NIV and NIPPV.

Type 2 respiratory failure is defined as a patient who has a low oxygen level (hypoxia) and a high carbon dioxide level (hypercapnic). Mainly patients with COPD (Chronic Obstructive Pulmonary Disease) will tend to be in the category of T2RF. NIV is used for patients with T2RF as it helps the improvement of the gaseous exchange, improve oxygenation and reduce carbon dioxide. It also helps the patient by stabilising the upper airway, and by resting the respiratory muscles. We must monitor the oxygen and the carbon dioxide levels of the patient by either an Arterial Blood Gas (ABG) or a capillary Blood Gas (CBG) – the nurses are competent in taking CBGs and interpreting the results, so therefore this is completed on a regular basis as we also have our own blood gas analysis machine too. Whilst you are on placement on ward 23 you will also have the opportunity to take CBGs from patients and learn about NIV, analysing results in a more detail.



### Common Drugs:

The following table identifies the most common medications used on the ward:

| <b>Drug</b>  | <b>Used For.....</b> | <b>Dosage....</b> | <b>Side Effect...</b> |
|--------------|----------------------|-------------------|-----------------------|
| Salbutamol   |                      |                   |                       |
| Atrovent     |                      |                   |                       |
| Prednisolone |                      |                   |                       |

|                |  |  |  |
|----------------|--|--|--|
| Carbocystiene  |  |  |  |
| Montelukast    |  |  |  |
| Uniphyllin     |  |  |  |
| Spiriva        |  |  |  |
| Oxygen         |  |  |  |
| Hydrocortisone |  |  |  |
| Metformin      |  |  |  |
| Glicazide      |  |  |  |
| Lantus         |  |  |  |
| Act rapid      |  |  |  |
| Frusemide      |  |  |  |
| Aspirin        |  |  |  |
| Ramipril       |  |  |  |
| Bisoprolol     |  |  |  |
| Digoxin        |  |  |  |
| Oramorph       |  |  |  |
| Tazocin        |  |  |  |
| Co-Amoxiclav   |  |  |  |
| Meropenem      |  |  |  |
| Clarithromycin |  |  |  |
| Doxycycline    |  |  |  |
| Ensures        |  |  |  |
| Cyclizine      |  |  |  |
| Codeine        |  |  |  |
| GTN            |  |  |  |
| Daltaparin     |  |  |  |

### **Abbreviations**

NIV – Non Invasive Ventilation

CBG – Capillary Blood Gas

ABG – Arterial Blood Gas

BP – Blood Pressure

BM – Blood Glucose Monitoring

MSU – Midstream Specimen of Urine

CSU – Catheter Specimen of Urine

IDDM – Insulin Dependent Diabetic

NIDDM – Non Insulin Dependent Diabetic

FR – Fluid Restriction

AF – Atrial Fibrillation

CCF – Congestive Cardiac Failure

CABG – Coronary Artery Bypass

ECHO – Echocardiogram

IHD – Ischaemic Heart Disease

LVF – Left Ventricular Failure

P E – Pulmonary Embolism

PPM – Permanent Pacemaker

NBM- Nil by Mouth

DOLS- Deprivation of liberty

AKI- Acute kidney injury

IV - Intravenous

IVI – Intravenous Fluids

IV ABXs – Intravenous Antibiotics

IM – Intramuscular

PO – Per Oral

PR – Per Rectum

QDS – Four times daily

TDS – Three Times Daily

BD – Twice Daily

OD – Once Daily

Stat – Immediately

PRN – As required

NAD – No Abnormality detected

ECG –Electrocardiography



HB – Haemoglobin

U & E – Urea & Electrolytes

FBC – Full Blood Count

CRP – C Reactive Protein

C & S – Culture & Sensitivity

### **Summary:**

We hope that your time spent here on ward 23 is not only enjoyable but also productive in your studies. The staff will endeavour to help you achieve all your aims and objectives. However, students must realise that whilst all members of staff are willing to pass on our knowledge, we do expect you to be involved and actively participate in this two-way process in becoming an active member of the team.

All learners and trainees are encouraged to reflect on their practice throughout their training and even when a qualified nurse and this is particularly important on ward 23. Reflection enables us to build on our experiences good or bad and will help both the learner/trainee and Assessor/Supervisor to identify and meet learning objectives or goals.

AND FINALLY.... Our aim is to enhance your knowledge, ensure you become a safe and competent practitioner and meet your personal learning objectives. Any feedback we give will be constructive and in line with our aim. In return we ask the same of you, if you have any suggestions as to how we can improve our practice or our learning environment please discuss them with us. At any time during your placement, if you are experiencing any problems, please speak to the nurse in charge.



## 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.