

# Learning Environment



## Ward 4

# 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.lhtr.nhs.uk/car-parking-documents>



## Learning Environment

# First and foremost WELCOME 'Team Plastics'

On Ward 4 we work extremely hard and remain dedicated to providing excellent care to our patients to ensure a good experience is given. New patients are vulnerable and we like them to feel valued and respected and all our staff aim to make them, their relatives and friends feel welcomed and part of our team.

Ward 4 is a specialist department that deal with burns (<10%) plastic surgery and trauma. We consist of a very busy 22 bedded mixed sex ward, which we split into 2-3 teams to give a continuity of care.

The ward is open 24 hours a day, 7 days a week and has a high turnover of patients.

The ward has a full team of Staff Nurses, Health Care Assistants, Assistant Practitioners, Student Nurses, Student Nursing Associates, Physiotherapists, Occupational Therapists, Pharmacist, Discharge Facilitator, Domestic and House Keepers.

We have 3 Trauma Coordinators. They see new patients daily in their trauma clinic (8-12am). Plans are made following a wound assessment. They will then decide if the patient requires theatre or if the wound is able to be treated conservatively. This is an interesting insight as to the kind of patients we see with their new injuries. You are welcome to spend a day with them in Clinic.

The unit also has a Dressing Clinic, Charles Beard Theatres (CBT). On discharge they will follow up your care with a wound review and dressings as required.

We have a Burns Specialist Nurse and their role is to review the patients on the ward, and then once discharged from the ward she will review them again in her follow up clinic and MDT clinic.

We have a Breast Specialist Nurse who will see patient's pre and post op and offer support and advice following major breast surgeries.

We have Cancer Specialist Nurses who provide advice and follow up with results from recent biopsies and surgeries, as well as a Soft Tissue Specialist.

If you wish to spend some time with any of the staff mentioned just ask and they will be happy to accommodate you as one of your spokes. Their bleep/extension numbers are on the back of this booklet.

On Ward 4 we have a Learning Environmental Manager (LEM) who will support you during your learning journey with us. Our LEM will allocate you a Practice Supervisor and Practice Assessor and will arrange your off duty. If you have any problems or issues, please feedback so we can discuss and endeavour to resolve.

The first week will be just to settle in on the ward and watch what we do, to enable you to familiarise yourself with the ward's routine. The ward has 2-3 teams and you can have the opportunity to work in them all.

From week 2 you will be allocated patients and the number you will take will be dependent on the year you are currently at and how competent and confident you are.

- 1- 1-2 patients (dependent on experience and confidence)
- 2- 4 patients (Usually a bay)
- 3- 4-8 patients (or if you feel confident and competent you can take all the patients in your team)

The shift patterns are 12 hours over days and nights, Monday to Sunday (1 in 4 weekends) - Nights and Long days on request (but not guaranteed).

- Day shift 7.00am – 7.30pm
- Night 7.00pm – 7.30am (2 weeks to be completed during your 3 years training)

## CONSULTANTS

The unit has 8 plastic surgery consultants.

The consultants have individual Registrars and SHO (Senior House Officer) working alongside them and they can be contacted on their bleep – 1144

## THEATRES

There are 3 theatres that the ward uses to accommodate Patients. These are PST, Theatre 6, Theatre 9 (Emergency) and CBT

L/A (Local Anaesthetic-Awake) GA (General Anaesthetic-Asleep) and Blocks are commonly used in all the theatres except for CBT who undertake Local Anaesthetic proceedings (LA) where the patient will remain awake.

## HANDOVER

Handovers will be performed at the start of each shift by the previous staff on duty. The expectation is that you are ready outside the performance board at 7.00am and

7.00pm, ready for the walk round and visual of each patient. This will be done for all 22 patients.

A huddle (get together) will then be performed at the performance board to ensure that all the team members are aware of their duties that day and any concerns can be highlighted from the ward round and we will be updated on any new important information that is needed to be relayed to her team.

A confidential paper handover sheet will be available in the staff room at each shift with personal details of all 22 patients on the ward so must be placed into confidential waste at the end of the shift. If you accidentally leave the ward with it you must shred it at home. You must add your name to this and it is your responsibility to make sure that it stays with you at all times while on the ward.

Each team will work together and provide excellent care for the patients in their team and will be informed of any changes following the ward round which the Nurse in Charge attends with the team each morning.

## CARE PLANS/RISK ASSESSMENTS

On the ward we utilise computer-based risk assessments and some handwritten care plans. You will have a personal password/log on for Flex to which you can access to update the patient's personal care plan.

All care plans must be started on admission (**to be completed within 6 hrs of arrival to the ward**) and these are to be updated daily if required and until discharge. The ward expects full compliance and completion of these.

The risk assessment plans are done online and audited and are key to our patients safely while on the unit and enables us to put other services/equipment in place if required and include

- Moving and Handling
- MUST (malnutrition universal screening tool)
- Waterlow and pressure area
- Falls and prevention plan
- Bed and trolley
- Wound care
- Body Mapping
- Weigh day Wednesday
- Covid Swabbing
- MRSA swabbing
- IRT (Intentional Rounding Tool) to be completed every hour and includes Body Map and Pressure Areas
- VAD (Vascular Device Tool)

- UCAM (Urinary Catheter and Maintenance)
- PICC (Peripheral Intravenous Catheter Care)
- Fluid Balance

## MEDICATIONS

We encourage you to participate in the EPMA online medication rounds as this is a great opportunity to get involved and familiarise yourself with patients own medications specific to them and to further extend your knowledge on the regular analgesia that we give to patients on the ward.

Anyone can give out medications but we actively encourage you to do some 'Evidence Based Learning' around medications to familiarise yourselves, so you fully understand the rationale behind the administration.

The 5Rs

The WHO Ladder of Analgesia – Both these are great resources

You can also participate in assisting under supervision with making up IVAB, IVI and you will also be able to administer Sub Cutaneous and Intramuscular injections.

**REMEMBER** pain is what the patient says it is. The Pain Team are available to speak with you or your patient if you have any concerns/advice.

## DRESSINGS/WOUND CARE

This is what you are here to learn! Ward 4 uses a variety of different dressings on the ward dependent on the wound and sometimes patients can have an allergy to certain ones so please always ask the patient before applying after gaining consent.

You will have plenty of opportunities to be involved with a variety of dressings we use and see different types of wounds. Ward 4 also specialise in specific specialist treatments and include VAC Therapy (Negative pressure wound therapy/Vacuum assisted Closure), Larvae therapy (Maggots) and Leech Therapy.

A helpful new starter booklet will be given to you when you arrive on the first day. This is packed with helpful information and pictures to help you understand a little more.

## TELEPHONE ANSWERING

While we encourage all Student Nurses to answer the phones (as we always get busy!) we must remember as I am sure you will, to be polite, courteous and always answer with Ward 4 then followed by your name and title.

If you are not confident in picking up the phone, that is completely fine but have a go. If you cannot answer the question, then seek someone who will be able to assist. Do not give any information on the phone if you are not sure and always check to see if there is a password recognition set up, which will be on the handover.

To bleep our plastics doctor or any other speciality/ward/multidisciplinary team (MDT) we press 66 on the phone, wait for the instructions, press the number you want to contact, wait, and then press the number you are calling from then replace the handset. They should hopefully reply to you on the phone you have used.

If you are unsure or do not have the number required that you can contact the operator on 0 for assistance

As of December 2022, Lancashire Teaching Hospitals have launched a new 'Smart Page' icon on 'FLEX' which you will be able to talk directly to the patients parent team to discuss your patient. This is helpful as they aim to read the message and get back to you ASAP.

In an emergency you need to ring direct 2222 and state clearly what the emergency is, Fire, Security or an adult cardiac/respiratory arrest and outline exactly where you are. You must also inform if the patient is COVID so the correct safety measures can be put in place.

## **PERSONAL BELONGINGS**

On the ward we have a locked key padded secure staff room/bathroom where you can put your belongings.

Please be aware that we are restricted on lockers and where able 1 will be provided. It is important to take responsibility for your personal property so try not to bring any items of great value on to the ward.

## **SICKNESS**

If you are unable to attend a shift due to illness please ring the ward prior to your shift starting on (01772 522244/523162) and you will also need to send an email to [learner.absences@lthtr.nhs.uk](mailto:learner.absences@lthtr.nhs.uk), whilst informing your University.

The ward also has a "Baton" phone which is on 24hrs a day and you can ring direct to this if unable to get through to the ward - 07708 468644

It is not acceptable to send a text, email or use social media to inform the ward of your absence.



## USEFUL CONTACT NUMBERS

The ward staff are in contact with a variety of different MDT and below is a list of useful names not only used on this ward but throughout the hospital setting that you can use on other placements you attend.

- Activate a patient (Medical records) – Bleep (B) 2888
- Bed Managers B 2128
- PST Theatre– Ex 4677
- CBT (Dressing Clinic)- Ex 3542
- Diabetes Nurse – Ex 2254
- Dietitian – Ex 2467/B 2667
- DF – B1034
- Medical Illustration – Ex 2326
- Hand Therapy – Ex 4439
- Outreach – B 3388
- Physio – Ex 4114
- Pain Team - 2436
- Plastics Doctors –B 1144
- Theatre 6 – Ex 3359
- Theatre 9 – Ex 3439
- Trauma Coordinator Ex 4398
- Ward 4 – Ex 2244/3162
- Ward Pharmacy – B 3829
- Switch (To find an extension/bleep)- Ex 0
- Marcia Roach (Burn Specialist Nurse) – B 1016/Ex 8180
- Skin Cancer Specialist Nurse- B 2663/Ex2492
- Rebecca Bradder (Breast specialist Nurse) Ex 8188 Mobile 07926 697844

## DAILY ROUTINE

The ward has 2 working patterns over a 24-hour period and is split into 2 teams for continuity and headed by a team leader in each.

7.00am – 7.30pm (DAY)

7.00pm – 7.30am (NIGHT)

### 7am-8am

A full visual walk round handover to be performed to the start of the shift by the previous shift by using communication via a paper handover with patients personal and confidential information

A group 'huddle' will follow at the Performance Board near the nursing station where the nurse in charge (Coordinator) together with our Ward Manager will further discuss recent updates and following the walk round and be able to identify any patient concerns that they have and/or any jobs needed doing on that shift. Each team leader will further delegate to their team to ensure a full understanding of what their roles will be for that shift.

Consider- Insulin, Controlled drugs, Drain recording, Sliding Scales, Patient controlled analgesia.

**Breakfast arrives before 8am and it is everyone's responsibility to ensure that the patients get a hot meal as quickly and effectively as possible.**

### **8am-9am**

Any dressings identified from the huddle to be removed in preparation for the ward round with the doctors. Please make sure that dignity and respect is given by closing the curtains and consent is gained from the patient, so they have full understanding of what is happening. ANTT to be always used when removing any dressing, and while awaiting the doctor's review please cover the wound appropriately (Cling film to be used for burns wounds and a dressing towel to be placed for all other wounds)

Following any review of a wound please ensure that the appropriate paperwork/risk assessment are completed, so that previous assessments can be seen are followed with the correct dressings.

Repositioning of vulnerable/high risk patients is to be performed. This is usually 2 hourly and documented clearly. Any concerns with the patients skin please speak to your team leader or the nurse in charge.

### **10am**

Observations are to be performed on all patients. Please remember to lock down the observations taken and add a frequency.

Any issues must be escalated and reported immediately to the team leader or the nurse in charge

Familiarise yourself with the normal ranges of BP, Pulse, Temperature, O2 and Respiration rates, Blood Monitoring and what to do if they are "out of range" and what you are required to do.

A-E to be done if the patient is scoring 3 in one perimeter or above 5 and consider if the patient is septic and commence sepsis pathway.

### **11.30am-12.30pm**

Medication Rounds to commence and any Blood Sugars needing recorded.

Please involve yourself in these to aid in your learning and understanding of medicine administration

Familiarise yourself with basic analgesia used on the ward and investigate their Pros and Contra-indications of use.

Always use the 5 Rs to ensure safe administration. A very useful webpage is [HTTP://NURSINGNOTES.CO.UK](http://nursingnotes.co.uk) and shows the most common used medication used within the hospital setting.

### **11.30am-12pm**

Lunches arrive and it is everyone's responsibility to ensure that the patients get a hot meal as quickly and effectively as possible.

### **1pm-2pm**

Observation taking is to be performed on all patients

Repositioning of patients

Update the patients "Kardex" on 'FLEX' icon using F.O.R.C.E.S

F-Fluids and Hydration, Input and output, (Catheter, IVI, IVAB, NG, stoma)

O-Observations (Include frequency)

R-Risk (Online and paper assessments) Bed/Trolley rails, Moving and Handling, Waterlow, Falls prevention, must, Skin and body map and wound assessment.

**These are to be performed within 6 hours of the patient arriving.**

C-Current care plan

E-Escalation plan

S-Skin/Discharge Planning,

The team leader will countersign all paperwork and entries made on FLEX.

### **4pm-7.30pm**

Repositioning of patients to be done

Blood sugars to be recorded

Medicine Round to be commenced

When the night shift commences, these times will change but the routine will still apply.

**Please dispose of your handover sheet in the confidential bin in the nursing station. If you do go home with it, please shred it, or bring it back in with you when next on shift.**

## TERMINOLOGY

Medical terminology plays an important role in the understanding of contexts to create a standardised language for medical professions.

Below are abbreviations and words used that you will hear while on the ward and/or when attending the “spokes” days specially designed to aid with your learning so you get the best possible experience to gain valuable knowledge and skills, in which you can take to further placement areas.

<b>TERMINOLOGY</b>	<b>UNDERSTANDING</b>
BBR (Bilateral breast reduction)	
BM (Blood monitoring)	
Blanching (Inc non blanching)	
Central Line	
Conservative Management	
Debridement	
Deglove	
De-roofing	
DNAR (Do not actively resuscitate)	
Donor site/Harvest	
Doppler	
EUA	
Flap (Flap Observations)	
Free Flap	
GA	
Granulated	

IDDM (Insulin dependent diabetic)	
IVAB	
LA	
Larvae Therapy	
Leech Therapy	
Lat Dorsi Flap	
MFFD (Medically fit for discharge)	
Macerated	
NBM (Nil by mouth)	
Necrotic	
NIDDM (Non-insulin dependent diabetic- tables or food)	
PICC	
Pseudomonas	
Sepsis	
SPOD (Semi permeable occlusive dressing)	
Sloughy	
FTSG (Full thickness skin graft)	
TWOC (Trial without catheter)	
VAC (Vacuum assisted closure)	
Washout and closure	

## MEDICATIONS

Please ensure you have reviewed:

- NMC 'Guidelines for the Administration of Medicines
- Ensure you REFER TO MEDUSA
- Please read the Plastics antibiotic prescribing policy on the Intranet
- Ensure you are aware how to order meds

You will be observed carrying out administration of medication and will be expected to have a basic knowledge base of each of these drugs when asked.

Please familiarise yourself with each of these drugs, taking particular attention to:

1. Main uses
2. Other names
3. Correct dosage
4. Indications for use
5. Basic side effects
6. Route of administration
7. Safe storage

<b>MEDICATION</b>	<b>NOTES</b>
PARACETAMOL	
DIHYDROCODEINE	
CODEINE PHOSPHATE	
IBUPROFEN	
TRAMADOL	
MORPHINE INJECTION	
MORPHINE SULPHATE	
MORPHINE ELIXIR	
DIAMORPHINE	
ORAMORPH	
GABAPENTIN	
PREGABALIN	
OXYNORM	
OXYCONTIN	
OXYCODONE	
SEVREDOL	
BUPRENORPHINE	
TRAMADOL	
FENTANYL	
FERROUS SULPHATE	
ASCORBIC ACID	
MULTIVITAMINS	
FORCEVAL	
METOCLOPRAMIDE	

CYCLIZINE	
ONDANSETRON	
DIAZEPAM	
LORAZEPAM	
LANSOPRAZOLE	
RINITIDINE	
LIBRIUM/CHLORDIAZEPOXIDE	
FLUOXETINE	
METHADONE	
CLEXANE/ENOXAPARIN	
FRAGMIN	
HEPARIN	
CLOPIDOGRE	
ASPIRIN	
WARFARIN	
MEROPENEM	
METRONIDAZOLE	
PHENOXYMETHYLPENICILLIN	
VANCOMYCIN	
CHLORDIZEPOXIDE	
FLUCLOXACILLIN	
CO-AMOXICLAV	
PIVMECILLNON	
DOXYCYCLINE	
TEMAZEPAM - tablets/liquid	
CHLORPHANAMINE	
LACTULOSE	
SENNA	
METFORMIN	
FUROSEMIDE	
ZOPICLONE	
PREDNISOLONE	
SILVER NITRATE	
BETADINE	
CALCIUM GLUCONATE	
CHLORHEXIDINE GLUCONATE	

**If you need further assistance or have any concerns while on the ward, please speak to us as we are always here to help.**

**Remember to have an enjoyable experience.....we are here to support you, our future nurses!**

## 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.



## 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.

