

Learning Environment



Leyland

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>



Orientation to your Learning Environment – Adult Nursing

Please complete and present at your initial meeting.

Pre-orientation 2 weeks prior to starting your Learning Environment

- Arrange a pre-visit to your new Learning Environment.
- Visit your Learning Environment; ask to be shown around and ask what to expect on your first day i.e. where do I put my belongings, where can I put my lunch, where should I go on my first day and who should I report to.
- Ask to be shown your Learner Board, where you will find out who your Supervisor and Assessor is.
- Ask to be shown your Learner Resource File.
- Ask to be shown your off duty and find out what the process is should you need to request an amendment. (It would be at this point that any requests are to be made).
- Access your learning handbook via the Health Academy webpage and start planning what you want to achieve from your Learning Environment.
- We advise that on your **first day you will be starting at 9am**, please discuss this with your learning environment.

First day on your new Learning Environment

- Introduce yourself and inform them that it's your first day.
- Ask to be shown around again, should you require this.
- Request to be shown the Team Board where the teams for the day are displayed, so you can familiarise yourself with; who is in your team, who you are working alongside and where your break times will be displayed.
- Ask to have the chain of command explained to you on this Learning Environment and ask who oversees this Learning Environment (i.e. Unit/Ward Manager).
- The local fire procedures have been explained and where you can find the equipment needed.
- Resuscitation equipment has been shown and explained.
- You know how to summon help in the event of an emergency.
- Lone working policy has been explained (if applicable).
- Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed).
- You are aware of your professional role in practice.

Within your first week on your Learning Environment

- Resuscitation policy and procedures have been explained.
- You are aware of where to find local policies;
 - Health & Safety
 - Incident reporting procedures
 - Infection control
 - Handling of messages and enquiries
 - Information Governance requirements
 - Other policies
- Policy regarding Safeguarding has been explained.
- Complete your initial meeting with your Practice Supervisor/Assessor and discuss any Inter-professional Learning Sessions that you would like to attend.

If you require any further support with your orientation, please contact your
Unit/Ward Manager or our Clinical Placement Support Team on
01772 528111/placement.support@lthtr.nhs.uk

Please note: Any member of staff can complete this document with you.

Learning Environment

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

- Below are just some of the elective procedures on Leyland ward and can be done as day case or inpatient.
- Total Hip Replacement
- Total Knee Replacement
- Hip/Knee/Ankle Arthroscopies
- Spinal Decompressions / Discectomy/ fusions
- Foot Surgery
- Shoulder Surgery
- ACL reconstructions

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

Ward Telephone Number: 01257 245746

Shift Patterns are:

Long day: 07:30-20:00

Night: 19:30-08:00

You will be expected to work long days, nights, plus weekends. Your rota will be allocated to you and if you have any requests you will need to speak to your Practice Assessor or the nurse who completes the rota. Please ensure that you do this in advance.

Absence

Please leave your contact details with the ward at the beginning of your placement. If you need to call in sick for a shift please call the ward to inform them prior to your shift starting. You also need to tell them when you think you will be returning to work. Please also email learner.absences@lthtr.nhs.uk

The ward

Leyland ward has a large multidisciplinary orthopaedic team consisting of Orthopaedic Consultants and their medical team, Nurses, Assistant Practitioners Healthcare Assistant's, Physiotherapists, Occupational Therapists, Pharmacists, Discharge Co-ordinators, Hospital at Home Team, Ward Clerks, Housekeepers and

voluntary help. We also liaise with many outside services to such as social services, District Nurses and GP's. The key to the successful working within our team is communication and are integral in helping to coordinate safe and effective admissions to discharge packages.

What you can expect from us

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

What we expect from you

- We expect you to arrive on time for planned shifts and any other activity identified by your Practice Assessor/Supervisor.
- We expect you to ensure your Practice Assessor/Supervisor is aware of your learning outcomes for the placement and specific learning needs.
- We expect you to act in a professional manner.
- We expect you to dress in accordance with your University uniform policy, and also in accordance with the Trust dress code.
- We expect you to maintain and respect confidentiality at all times. This applies to patients and their records.
- We would like you to raise any issues regarding your placement with your Practice Assessor or the Ward Manager. If this is not possible you should contact the Clinical Placement Support Team.
- Your Practice Assessor will be responsible for your assessment, co-ordination of learning and personal support; however, learners are responsible to identify their own learning needs and seek opportunity for this if one arises.

Common Medications

- Fragmin
- Paracetamol
- Dihydrocodiene
- Oxynorm
- OxyContin
- Buprenorphine
- Tramadol
- Pregablin
- Morphine
- Flucloxacillin
- Tieceoplanin
- Cyclizine
- Prochlorperazine
- Ondansetron
- Lactulose
- Senna

Abbreviations List: Orthopaedic Unit

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

Fracture

A/E Above elbow

A/K Above knee

B/E Below elbow

B/K Below knee

BNO Bowels not opened

BP Blood pressure

CPM Continuous passive movement

CSU Catheter specimen of urine

CT Computerised Tomography

CVP Central venous pressure

CXR Check X-ray

DHS Dynamic hip screw

DN District Nurse

ECG Electrocardiograph

EUA Examination under anaesthetic

FBC Full blood count

FWB Fully weight bearing

IVI Intravenous infusion

Lt Left
MRI Magnetic Resonance Imaging
MSU Mid stream urine
MUA Manipulation under anaesthetic
NBM Nil-by-mouth
NWB Non weight bearing
NEWS National Early Warning Score
O/A On admission
OPA Out-patient appointment
ORIF Open reduction and internal fixation
PCA Patient controlled analgesia
PID Prolapsed intervertebral disc
PN Practice Nurse
POP Plaster of Paris
PWB Partial weight bearing
R/O Removal of
ROS Removal of sutures
Rt Right
SLR Straight leg raise
SWB Shadow weight bearing
THR Total hip replacement
TKR Total knee replacement
TPR Temperature, pulse and respirations
TSR Total shoulder replacement
TTO's To take out (drugs)
TWB Touch Weight Bearing

Orthopaedic Terms

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

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

Ankylosing Abnormal consolidation and immobilisation of the bones of a joint

Arthro Prefix pertaining to joints.

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

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

Arthroscopy Surgical technique of looking into the

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

Cervical Pertaining to the neck.

Chondro Prefix pertaining to cartilage.

Clavicle The collar bone.

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

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

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

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

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

Discectomy Removal of all or part of an intervertebral disc.

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

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

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

Dorsiflexion The act of bending the hand or foot upwards.

Eversion Sole of foot turned outwards.

Exostosis Bony outgrowth.

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

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

Fracture A break in the integrity of a bone.

Genu Relating to the knee.

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

Hemiarthroplasty Replacement of half a joint.

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

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

Inversion Sole of the foot turned inwards.

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

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

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

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

Lordosis Inward curvature of the spine.

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

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

Mandible Lower jaw bone.

Maxilla Upper jaw bone.

Medial Part of the body/organ nearest the midline.

Meniscus Crescent shaped fibrocartilagenous pad in the knee.

Non-Union Failure of # to unite.

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

Osteo Prefix pertaining to bone.

Osteomalacia Softening of the bones caused by Vitamin D deficiency.

Osteomyelitis Infection of the bone, acute or chronic.

Osteotomy Surgical cutting of the bone.

Osteophyte A bony outgrowth.

Patella The kneecap.

Phalanges The bones of the fingers and toes.

Plantar Sole of the foot.

Prone Lying on the front.

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

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

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

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

Supine Lying on the back.

Tendon Fibrous tissue attaching muscle to bone.

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

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

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

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



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. Bi-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.