

# Learning Environment



**Ward 14, Ward 16 and Major  
Trauma Ward (MTW)**

# 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

A very warm welcome from all the team on the Orthopaedic Unit! We hope that you enjoy your stay with us. We know that the beginning of a new placement can be a very daunting experience and so we are all here to help you to settle in

There are many members of the multidisciplinary team (MDT), working in our area who have a wealth of knowledge and experience, who are here to support and help you to progress through this placement. If you have any questions, queries or problems (anything at all) during your stay – do not be afraid to ask.

### Ward Information:

Telephone number Ward 14: 01772 522424  
Telephone number Ward 16: 01772 522966  
Telephone number MTW: 01772 521491

### Shift Patterns:

Early shift 0700-1930hr  
Night shift 1900-0730hr

### Sickness/Absence:

If you are sick or absent from placement you must phone the ward and inform the nurse in charge prior to the beginning of your shift. You must also inform Learner Support – [learner.absences@lthtr.nhs.uk](mailto:learner.absences@lthtr.nhs.uk)

### Introduction to the Orthopaedic Unit

Wards 14 & 16 are both 24 bedded wards. Bay 1, in both areas, is often utilised as a higher observation area for patients who are high risk of falls

Wards 14 and 16 are acute trauma orthopaedic admission wards, receiving admissions 24 hours a day mainly from A&E, fracture clinic, urgent care, GP referrals and other wards if orthopaedic needs indicate this. However, we do not exclusively nurse orthopaedic patients: dependent on bed pressures we can also nurse patients from other specialties including medical, surgical, neurology, urology and vascular.

Major trauma Ward has 5 female beds and 5 male beds, these are high acuity patients presenting with multiple injuries covering many specialties.

## Orthopaedic Abbreviations

#	Fracture
#NOF side)	Fracture neck of femur (usually preceded by R or L to denote the
#SOF	Fracture shaft of femur
Hemi or HA	Hemi-arthroplasty
DHS	Dynamic Hip screw
CHS	Cannulated Hip Screw
THR	Total Hip Replacement
TKR	Total knee replacement
IM nail	Intramedullary nail
ORIF	Open reduction internal fixation
Ex-fix	External fixation
MUA	Manipulation under anaesthetic
EUA	Examination under anaesthetic
POP	Plaster of Paris
AE	Above elbow
BE	Below elbow
AK	Above knee
BK	Below knee
Tib & fib	Tibia and fibula
I&D	Incision and drainage
GA	General anaesthetic
LA	Local anaesthetic
FWB	Fully Weight Bear
PWB	Partial weight bear
TTWB	Touch Toe Weight Bear
NWB	Non-Weight Bear
ROM	Range of movements
OPA	Outpatient Appointment
FU	Follow up
ROC	Removal of Clips
ROS	Removal of sutures
CSM	Colour, sensation, movement
RICE	Rest, Ice, Compression, Elevation
S/B	Seen by
CPM	Continuous Passive Movement
C+C	Collar and cuff
BAS	Broad arm sling
HAS	High arm sling
DIPJ	Distal interphalangeal joint
MC	Metacarpal
MCPJ	Metacarpophalangeal joint
MT	Metatarsal
MTPJ	Metatarsophalangeal joint

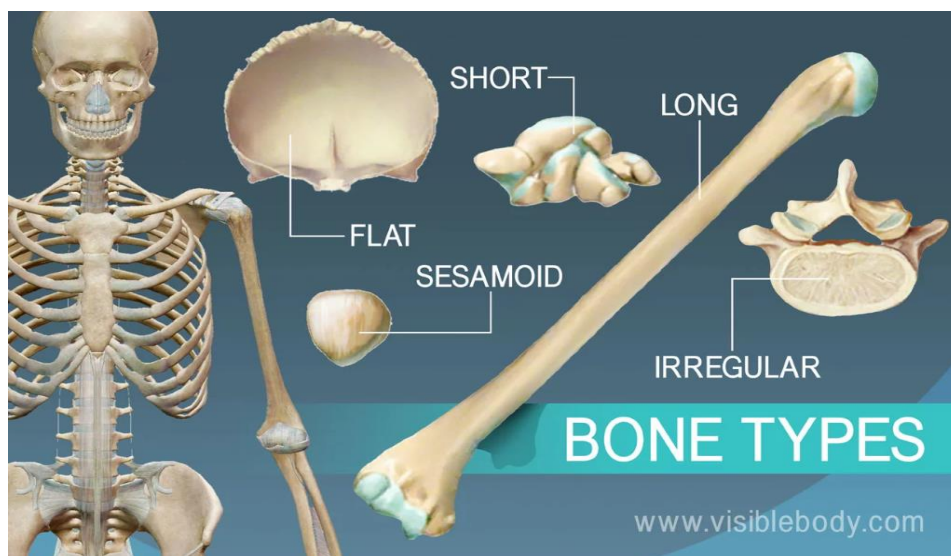
PIPJ	Proximal interphalangeal joint
TTO'S	To take out (drugs)
NBM	Nil by mouth
CXR	Check xray

**Please familiarise yourself with the following conditions:**

- Deep Vein Thrombosis (DVT)
- Fat embolism
- Compartment syndrome
- Osteomyelitis
- Osteoporosis
- Avascular Necrosis
- Osteoarthritis
- Ischaemic contracture
- Sudecks dystrophy
- Myositis ossificans
- Fractured neck of femur
- Lumbar and cervical spinal surgery

**Bones**

Bones of the human skeletal system are categorized by their shape and function into five types. The femur is an example of a long bone. The frontal bone is a flat bone. The patella, also called the knee cap, is a sesamoid bone. Carpals (in the hand) and tarsals (in the feet) are examples of short bones.





## Fractures

Fractures are broken bones. They are among the most common orthopaedic problems. A fracture is a break in the continuity of the bone. There are several different types/classifications of fractures. The average person in this country can expect to sustain two fractures over the course of their lifetime.

A fracture is diagnosed by the history of the event and by the physical examination of the injury site. X-rays are used to confirm a diagnosis, but they can be misleading. Sometimes a fracture may not show on x-ray until there are signs of union.

Fractures happen because an area of bone is not able to support the energy placed on it. Therefore, there are two critical factors in determining why a fracture occurs:

- The energy of the event
- The strength of the bone

### Signs and symptoms:

- History of injury (not always)
- Pain swelling
- Deformity
- Loss of function
- Abnormal mobility
- Crepitus

### Aims of Fracture Treatment:

Restore optimum function of the injured limb

Obtain and maintain reduction of the fracture

Encourage union (restoration of normal bone structure) of the fracture

Prevent complications

Provide adequate pain relief

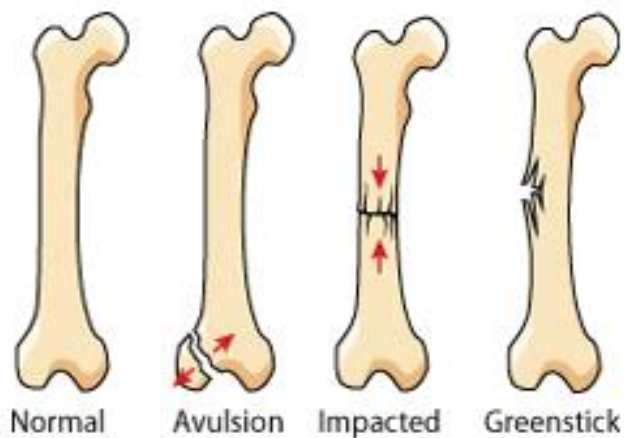
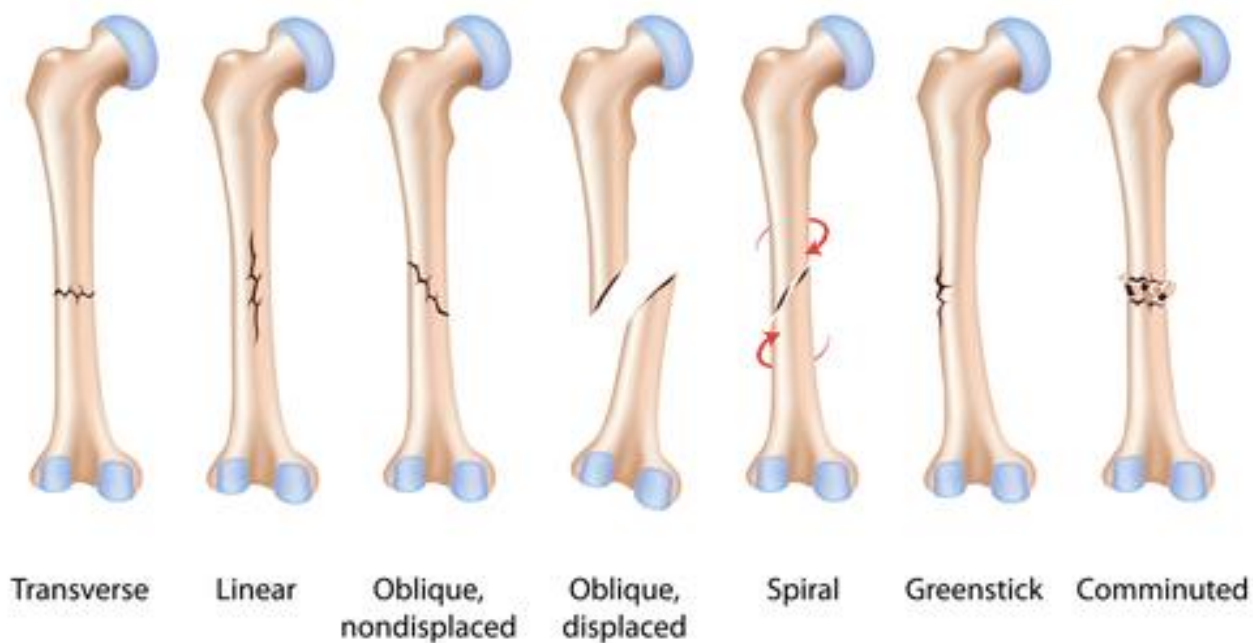
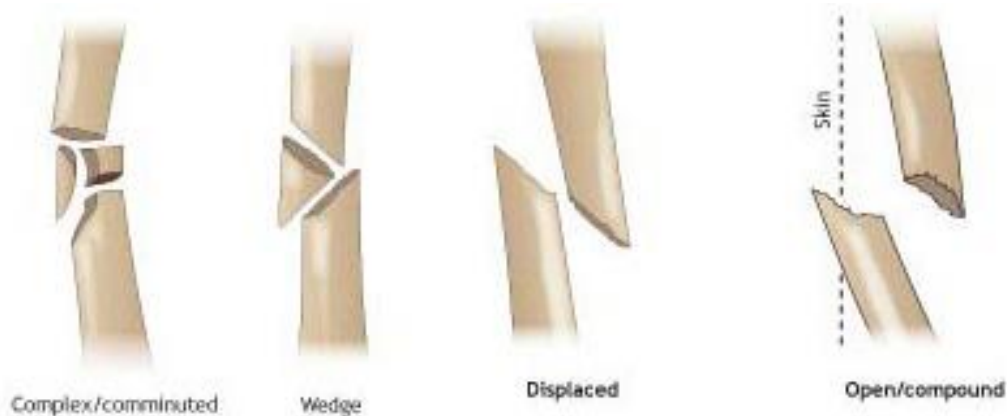
Rehabilitation of the patient.

### Resources

We have useful resources available via eLearning > courses > orthopaedics and Rheumatology



**Classification of fractures**



## **Bone healing**

There are five stages a fractured bone goes through in order to repair itself:

1. Haematoma formation
  - After any fracture, bleeding occurs from the ends of the bone and from the surrounding tissues
  - The vessels that are torn at the time of fracture lead to the formation of a fracture haematoma.
2. Cell proliferation
  - Within 8 hours of the fracture occurring, an acute inflammation reaction occurs, with proliferation of cells under the periosteum and within the breached medullary canal
  - The bone fragment ends are surrounded by cellular tissues that bridge the fracture
  - The haematoma is reabsorbed and fine new capillaries grow in the area.
3. Callus formation
  - The proliferating cells are potentially chondrogenic and osteogenic in nature.
  - Under the right circumstances, the cell population changes to osteoblasts and osteoclasts.
  - The dead bone is mopped up and woven bone appears in the fracture callus.
4. Consolidation
  - The woven bone is replaced by lamellar bone and the fracture is solidly united.
5. Remodelling
  - New bone is remodelled to resemble the original normal structure.

## **Complications of fractures**

The risk of complications varies with the particular fracture, its site, circumstances and complexity, with the quality of management, with patient-specific risk factors such as age and comorbidities, and with post-fracture activities such as air travel and immobility.

Some common complications are discussed below:

- Pain
- Shock
- Mal-union
- Delayed union
- Non-union
- Fat embolism
- Nerve injury
- Vascular injury
- Infection
- Compartment syndrome

## 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.