

PRACTICE LEARNING ENVIRONMENT PROFILE

Learning Environment (Care Group):	Research & Development	Division:	Trust HQ
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GENERAL INFORMATION

Education leads and contact details	Stephanie Chabane, Lead Educator, Clinical Research Facility Susan Wellstead, Clinical Research Specialist in QA and Education Rachel Shipsides, Clinical Practice Educator
UHS VALUES	PATIENTS FIRST WORKING TOGETHER ALWAYS IMPROVING

USEFUL LINKS



UHS



GETTING HERE



CQC



NMC



LIBRARY



WELCOME LETTER



NHS ENGLAND



HCPC

INDUCTION INFORMATION

Trust induction	Students are expected to have completed the UHS student induction. Students receive a formal induction from the clinical research education team, on their first day.
Orientation / useful documents	Prior to starting placement, each student receives an email with information about the placement, directions, and contacts and the placement workbook. Students receive a formal induction from the clinical research education team on their first day – this includes formal orientation and tour of the clinical research facility and trust-wide research team offices. Each student receives an orientation pack, placement workbook and guidance on setting objectives. They also receive a placement timetable which the host team(s) use to plan research activities and learning opportunities. This timetable can be easily adapted as the placement progresses to accommodate changing learning needs.
Expectations	There are three general objectives for our students in clinical research department: <ol style="list-style-type: none"> 1. Gain an awareness of embedding clinical research into patient care pathways within the NHS 2. Understand how to link theory to practice by recognising research terminology and processes 3. Gain an awareness of research governance and safety in clinical trials In addition to this, discussions will take place with the student as to their own particular learning needs and objectives will be set for completion of any outstanding proficiencies and skills.

PROFILE

WARD / AREA	SERVICE & CLIENT GROUP	LOCATION
Clinical Research Facility	Clinical Research Outpatient study participants, adult and paediatric	C level, West Wing, UHS
Vaccine Trial Hub	Clinical Research Outpatient study participants, adult and paediatric	Royal South Hants Hospital
Trustwide Research Team	Clinical Research Outpatient and inpatient adult study participants	Southampton Centre for Biomedical Research, D level, Lab & Path block, UHS
UHS Cancer Care Research Team	Clinical Research Outpatient and inpatient adult study participants	Research & Development Offices, E level, Lab & Path block, UHS
Early Phase Oncology Research Team	Clinical Research Outpatient and inpatient adult study participants	Clinical Research Facility & Oncology wards, UHS Team office: Somers Institute, UHS

LEARNER INFORMATION

Work pattern (shifts, start and finish times)	Monday to Friday, 08:00 – 16:00 = core hours (longer days 08:00 – 18:00 can be accommodated if this matches research team)
IT and resources	Access to Wellcome share drive and UHS systems obtained; desktop PCs and laptops freely available
Staff room / rest room facilities	Each area has designated staff room facilities, CRF also has staff courtyard and changing rooms and staff shower
Common conditions and assessments	Adult and paediatric research encompasses a very wide range of disease and conditions; each research study has its own screening and assessment process.
Common procedures and expertise	Cannulation, Venesection, Anthropometry, Vital signs, Nasal brushings & swabs, Immunisation & Vaccination, Bronchoscopy, ECG – very much depends on the study procedures; all staff trained and competent to a high standard in order to meet the study sponsor requirements.
Common prescribed medications	Research deals with investigational medicinal products - students are not allowed to be involved in any aspect of IMP preparation or administration; we are able to administer standard medications when conducting study visits and students would be able to participate in this, but the range of medications is limited, e.g. paracetamol, ibuprofen, salbutamol, oxygen, cetirizine, adrenaline, steroids, bronchoscopy drugs – midazolam, fentanyl, lidocaine
Abbreviations and short terms	There are plenty of abbreviations in clinical research – students receive a large list within their workbook
Specific learning opportunities and multiprofessional working opportunities	Students will be exposed to a range of interventional and observation research studies, working across at least two research teams during their placement; students will complete Good Clinical Practice training, assist with running study visits, perform study procedures as appropriate, assist with sample management and data entry, observe emergency scenario training if schedule allows, and undertake supervised practice with clinical skills. Students are exposed to the multidisciplinary nature of the research workforce and can spend time with each discipline - research teams consist of research fellows, non-registered and registered (NMAHP), pharmacists, lab staff, QA officers, project management, research co-ordinators. We can also tap into the wider trust workforce and utilise our dual role research staff who work both within the clinical area and the relevant research team.
Potential opportunities to meet EU directives (Adult nursing only)	EU directives are essentially overviews of the other fields of practice including child health, learning disability, mental health and maternity. Adult nursing students can gain experience with the women's health (midwifery) and paediatric research teams and this can be easily scheduled into their timetable. We would likely need to tap into the UHS services that focus upon Mental Health and Learning Disabilities in order to meet any specific learning needs the students may have Outstanding.

Recommended reading prior to placement

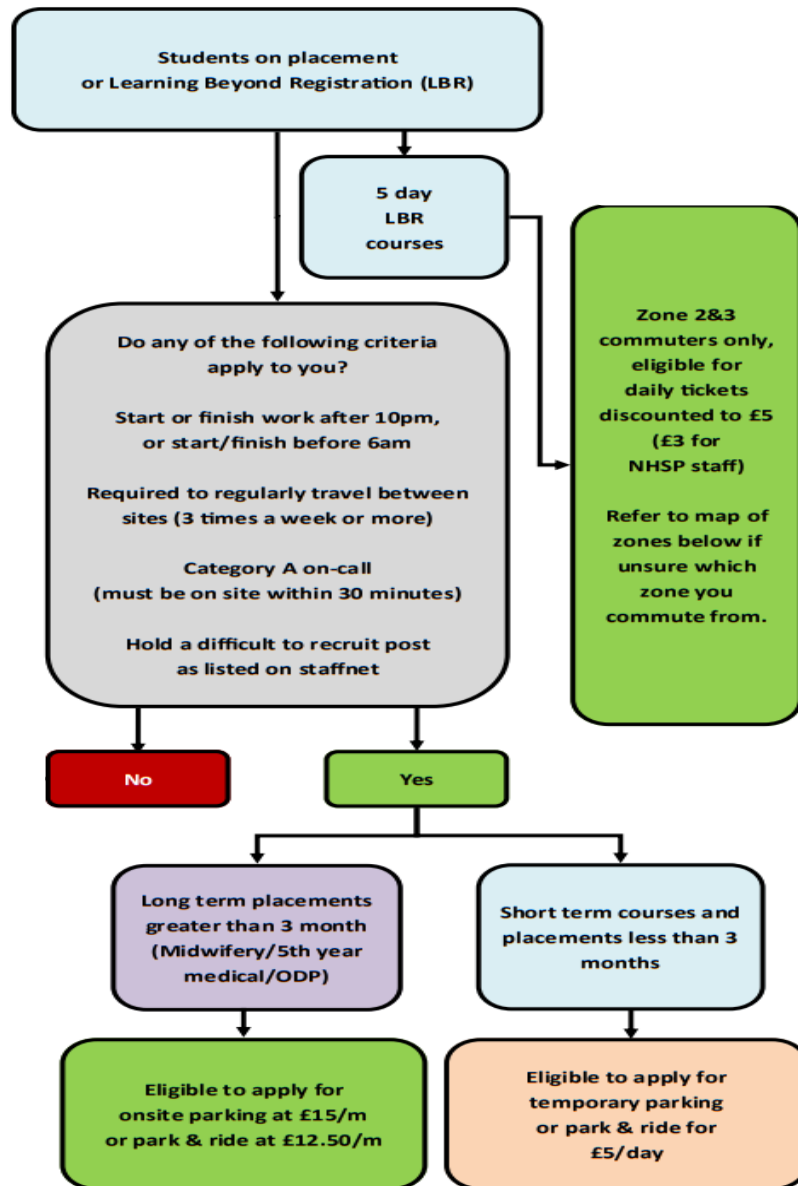
Students receive their placement workbook in advance of placement and should familiarise themselves with this before their first day. Tasks within the workbook should be left for when on placement but the students can explore the included resource links should they wish to do so. Students can take a look at the NIHR website and the content on the UHS website Research tab.

APPEARANCE

REQUIRED STANDARD	RATIONALE
Clothes/designated uniform: All clothes/uniform should be smart and in good repair. An overall professional appearance which cannot be deemed offensive to patients, colleagues and the public should be maintained e.g. no low necklines, bare midriffs, very short skirts or potentially offensive slogans or tattoos. No denim, leggings, flip flops or strappy vest tops to be worn. The only exception to these standards for clinical environments is where health and safety legislation require a person to wear specialist protective clothing for health and safety purposes.	Professional appearance. Health and safety regulations
Hair: Must be clean, neat, and tidy and tied back off the face and off the collar. Hair must not be able to fall forward onto patients. Hair accessories and fastenings should be discreet. Any headwear worn for religious purposes should be clean and laundered daily and should be in keeping with the overall corporate appearance.	Potential for wound contamination from loose hair. Providing hair is clean and tidy the risk of dispersal is minimal. When hair is touched micro-organisms on the hands will transfer to the hair and from hair to hands, potentially increasing risk of infection to staff.
Fingernails: Must be clean and short. Nail varnish, acrylic nails and false nails must NOT be worn.	To avoid transferring bacteria under the fingernails. Reduces the risk of trauma when involved in direct patient contact.
Jewellery: Rings: Only one plain metal band ring may be worn. Watches: No wristwatches are to be worn in any clinical environment. Necklaces: No necklaces are to be worn in the clinical environment. Medic-alert jewellery is not to be worn on the wrist (but could be attached to uniform) and must be cleanable, plain and discreet.	jewellery may be hazardous for the following reasons: Jewellery, even plain gold bands (wedding rings) have been shown to colonise with micro-organisms (Hoffman et al 1985) Rings with stones are hazardous and may cause trauma to patients Stones in jewellery may become dislodged Jewellery that is hanging e.g. necklaces, could be dangerous to staff and patients in potentially violent situations Appropriate hand washing techniques are prevented by the wearing of wristwatches
Piercings: Earrings: one pair of small plain metal studs only should be worn. All new visible body piercings must be covered with a blue plaster until the wound has healed. No other visible piercings are allowed.	New wounds shed high levels of bacteria. Professional appearance is important for patient confidence. Food hygiene regulations
ID Badge: As for all staff Trust ID Badges must be worn at all times in a clearly visible	To conform to Trust Security Policy
Footwear: Must be clean, plain, low heeled, non-porous, enclosed and in a good state of repair and ideally have a non slip tread. Shoe style and colour must be in keeping with the overall uniform style. Only staff wearing scrubs may wear white/black shoes/clogs or 'corks' (without holes). Theatre footwear may be of various colours Footwear for ward based staff should be soft soled to reduce the level of noise particularly at night. In some areas protective footwear must be worn (as detailed in local policies).	Shoes in a poor state of repair and those with no tread are a safety risk. Staff working in a clinical area must take noise issues into account regarding their footwear. It cannot be decontaminated, and/or does not provide adequate protection from spillages and dropped equipment Health and Safety statutory requirement.

Belts/Epaulettes: Belts should not be worn when involved in direct patient contact/care. Epaulettes should be clean and laundered at least weekly	Risk of trauma to patients. Ease of movement for staff. Reduces risk of cross-infection.
Tights/Stockings/Socks: If not wearing trousers, tights must be worn and be plain black or natural colour. In the case of extreme hot weather, deviations from this policy will be communicated to staff by the appropriate authorising manager / professional lead.	To promote a professional appearance.
Designated uniform: Must be changed daily and laundered at 60 C and ironed prior to wearing.	Reduces the risk of cross-infection. Care of Linen Policy. Professional appearance and patient confidence.
Makeup and Perfume: Discreet makeup may be worn. Perfume and aftershaves must be subtle	To promote a professional appearance. For patient and colleagues comfort.
Additional garments e.g. fleece/cardigan: must not be worn when delivering direct patient care. Fleece/cardigans that are worn must be of a plain dark colour, must not have any non Trust logo's and be of smart appearance. Theatre jackets may be worn when the environmental temperature is low (e.g. cardiac) but must be removed if direct patient care is involved.	Reduces the risk of cross-infection
Personal Hygiene: Staff must ensure their appearance is clean, tidy and they are free from body odour when they are at work.	To promote a professional appearance. For patient and colleagues comfort

PARKING



For the list of hard to recruit roles,
please search
“Staff car parking and permits”
on staffnet,
or contact Travelwise on
Travelwise@uhs.nhs.uk
or 023 8120 4133

