

PRACTICE LEARNING ENVIRONMENT PROFILE

Learning Environment (Care Group):	ED & CHILDREN'S ED	Division:	B
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GENERAL INFORMATION

Education lead	Alison Ross		
Contact details	EducationTeamDivB@uhs.nhs.uk		
UHS VALUES	PATIENTS FIRST WORKING TOGETHER ALWAYS IMPROVING	Please reflect on what these values mean to <u>YOU</u>	

USEFUL LINKS



INDUCTION INFORMATION

Trust induction	<p>Your induction will take place locally as a placement induction on your first day. You will receive a welcome email from the Division B education team, outlining the VLE e-learning you can undertake in advance of your placement. Please ensure completion of any relevant items in your assessment of practice document linked to induction/orientation. You will receive an orientation booklet in your welcome email too.</p> <p>Medical Students: refer to Faculty of Medicine information and e-learning</p> <p>Evaluation of placement- all students are required to complete a placement evaluation in their last week of placement: https://www.research.net/s/UHSStudent</p> <p><i>To report sickness when allocated to an Emergency Department (ED) placement:</i> Call ED ask to speak to nurse in charge 02381 20 6220 Children's ED (CED) ask to speak to nurse in charge 02380 777222 ext 8109</p>
Orientation	Rosanna Lane is the ED Student Link & Natalie McMaster is the CED Student Link
Expectations	<ul style="list-style-type: none"> ▪ Professional behaviour ▪ Willingness to learn ▪ Punctuality ▪ Represent university and UHS ▪ Adherence to appearance policy ▪ Wear ID badge at all times ▪ Expected to do all types of shifts ▪ Ensure contacted clinical area for details of assigned mentor prior to placement

PROFILE

Ward / area	Service & client group	Location
ED	Provide unscheduled and emergency care to the local adult population with walk in and GP referral	C level, East Wing, SGH
CED	Provide unscheduled and emergency care to the local Children's population with walk in and GP referral	C level, East Wing, SGH

LEARNER INFORMATION

Work pattern (shifts, start and finish times)	Early 07.30-15.30, Late 12.30-20.30, Middle (aka "10-7") 10.00-19.00, Twilight 18.45-02.45, Night 20.00-07.45, Long day 07.30-20.30.
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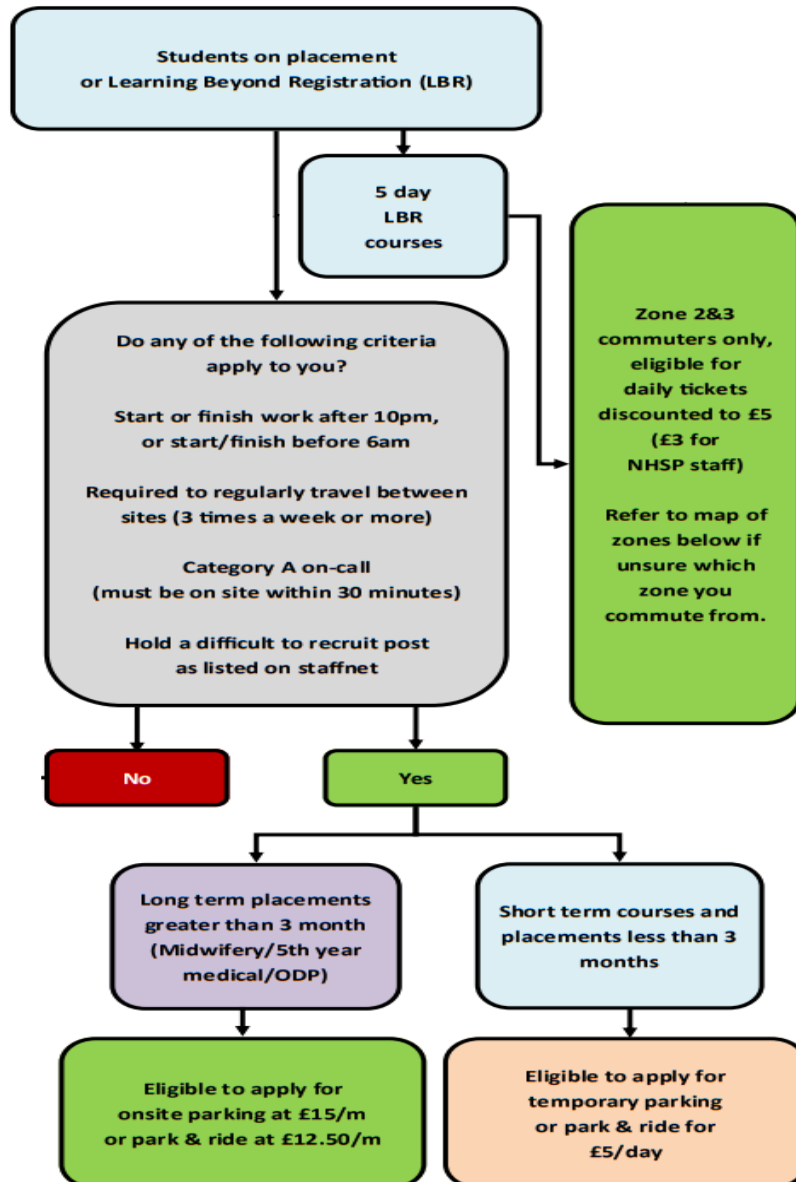
IT and resources	Cyber Centre (B Level, near canteen) and via Library (A Level, South Academic Block)
Staff room / rest room facilities	There is a coffee room. You will need to provide your own tea, coffee and milk.
Common conditions and assessments	We treat all conditions from minor injuries/illness to major trauma and life threatening conditions
Common procedures and expertise	We undertake many procedures which you will have the opportunity to observe. These include suturing, manipulation of fractures, ECG, bloods and cannulation
Common prescribed medications	Wide range of drugs used: Cardiac, Respiratory, Antibiotics, Neuro-epileptics, Antidepressants, Emergency drugs
Abbreviations and short terms	See separate abbreviations document for Division B on website.
Specific learning opportunities and multiprofessional working opportunities	<ul style="list-style-type: none"> ▪ You will work with your supervisor in all areas of the department; Majors, Minors, Triage, acute, Short stay, Pitstop, Clinical Decisions Unit, and Resus. ▪ You will have the opportunity to spend some time with specialist nurses & allied health professionals. ▪ You will have access to the Emergency department teaching and the Children's Hospital learning opportunities
Recommended reading prior to placement	<p>Oxford Handbook of Emergency Nursing (2nd Ed) – Crouch et al – available in Health Services Library may be a useful resource though not essential.</p> <p>Emergency Nurse Journals – is a specialised publication</p> <p>Other interesting articles:</p> <ul style="list-style-type: none"> ▪ Bethel J. (2013) Anaphylaxis: diagnosis and treatment , <i>Nursing Standard</i> 27,41,49-56 ▪ Bloomfield J., Pegram A. (2012) Improving Nutrition and Hydration in Hospital: the nurse's responsibility <i>Nursing Standard</i> 25,26 52-56 ▪ Hendry C., Farley A., McLafferty E., Johnstone C.(2014) Nervous system, <i>Nursing Standard</i> 28,32 45-49 <p>Quinn C (2011) What not to eat – the potential dangers of combining certain foods and medicines, <i>Nursing Standard</i> 25,27 18-19</p>

APPEARANCE

REQUIRED STANDARD	RATIONALE
<p>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.</p>	<p>Professional appearance.</p> <p>Health and safety regulations</p>
<p>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.</p>	<p>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.</p>
<p>Fingernails: Must be clean and short. Nail varnish, acrylic nails and false nails must NOT be worn.</p>	<p>To avoid transferring bacteria under the fingernails. Reduces the risk of trauma when involved in direct patient contact.</p>
<p>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.</p>	<p>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</p>
<p>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.</p>	<p>New wounds shed high levels of bacteria. Professional appearance is important for patient confidence. Food hygiene regulations</p>
<p>ID Badge: As for all staff Trust ID Badges must be worn at all times in a clearly visible</p>	<p>To conform to Trust Security Policy</p>
<p>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 'crocks' (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</p>	<p>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.</p>

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 temperature is low 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

