

PRACTICE LEARNING ENVIRONMENT PROFILE

Learning Environment (Care Group):	Medicine	Division:	B
------------------------------------	----------	-----------	---

GENERAL INFORMATION

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

USEFUL LINKS



UHS



GETTING HERE



CQC



NMC



LIBRARY



WELCOME LETTER



NHS ENGLAND



HCPC

INDUCTION INFORMATION

Trust induction	<p>Your induction may take one of the following formats: Trust induction, divisional induction or placement induction. Please ensure completion of any relevant items in your assessment of practice document linked to induction/orientation.</p> <p>Medical Students: refer to FoM information and e-learning: https://www.uhs-vle.co.uk/course/category.php?id=16&sesskey=rMHP20yVhM&categoryedit=0</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 a medicine placement you must contact both the nurse in charge of the ward you are allocated to and the medicine bleep holder via bleep 2257.</i></p>
Expectations	<ul style="list-style-type: none"> ▪ Professional behaviour ▪ Willing to learn ▪ Punctuality ▪ Represent university and UHS ▪ Adherence to appearance policy (above) ▪ 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
D5	Respiratory Medicine	West Wing D level Tel: 023 8120 6323 Ext: 6323/3705 and 3995
D6	Respiratory Medicine	West Wing D level Tel: 023 8120 6505 Ext: 6505 (5715)
RH DU	Respiratory High Dependency Unit	West Wing D level Tel: 023 8120 8595 Ext: 8595 (4376))
D7	General Medicine/ Renal Medicine	West Wing D level Tel: 023 8120 4706 Ext: 4706

D8	Hepatology/Gastro	West Wing D level Tel: 023 8120 6506 Ext: 6506 (4624)
D9	Hepatology/Gastro	West Wing D level Tel: 023 8120 6495 Ext: 6495 (4376)
D10	CF	Centre Block, D level Tel: 023 8120 8334 Ext: 8334 (3916)
C5	Infectious Diseases, Respiratory Medicine	West Wing C Level Tel: 023 8120 6777 Ext: 6777 (3999)
E7	General Medicine	West Wing E Level Tel: 023 8120 6509 Ext: 6509 (4640)

LEARNER INFORMATION

Work pattern (shifts, start and finish times)	C5/D5/D6/D7/D8/D9/D10/RH DU/E7 Early: 07:30-15:30 Late: 12:00-20:00 Long day: 07:30-20:00 Night: 19:30-08:00
IT and resources	Computers on the wards are for clinical purposes only. Alternative computers are available for other purposes via the Cyber Centre (B Level, near canteen) and via Library (A Level, South Academic Block). All areas are using the coaching and CLIP model of learning.
Staff room / rest room facilities	All wards have access to small staff rest areas located on/near the clinical areas. All staff must provide their own tea/coffee and milk, some wards organise a communal fund for these which you may wish to contribute towards. Other facilities are available in the hospital canteen (Feast) on B Level, Centre block or the main entrance, C level, Centre Block, F level West Wing.

Common conditions & assessment	<p>You will have the opportunity to care for a wide range of acutely unwell medical patients.</p> <p>D5/D6 /RHDU - COPD, Pneumonia, Lower Respiratory Tract Infections (LRTI), Asthma, Pneumothorax, Pleural Effusion, Lung Cancer, Non Invasive Ventilation, CPAP, Tracheostomy</p> <p>D8/D9 - GI Bleed, Encephalopathy, Alcohol and Drug Misuse, Eating Disorders, Pancreatitis, Liver Cirrhosis, Diabetic Keto-Acidosis(DKA), Sepsis, Renal Failure</p> <p>D10- Gastroenteritis, E. Coli, TB, Norovirus, Influenza, Sepsis, CRE</p> <p>E7/D7 – Cellulitis, Urinary infections, Falls, Diabetes related issues, electrolyte disturbance, infections of unknown origin</p> <p>C5 - Tuberculosis, Multi Resistant MRSA, Cystic Fibrosis</p>
Common procedures and expertise	<p>D5/D6 /RHDU Chest Drains, Pleural Taps, Oxygen Therapy, NG feeding, IV medication administration, Home Oxygen Therapy, Domiciliary Non Invasive Ventilation, ABG interpretation, Sepsis, palliative care</p> <p>D8/D9 Asitic Drains, Central Lines, Nephrostomy Tube Care, Nutrition Routes, Oxygen Therapy, Oral and IV medication administration, Sepsis, detox, palliative care</p> <p>D10 Oral and IV medication administration, Nutrition Routes, Oxygen Therapy, Central Lines, Sepsis, Infection Prevention</p> <p>E7/D7 Sepsis, complex discharges, palliative care</p> <p>C5 Chest Drains, Domiciliary Non Invasive ventilation, IV Drug Administration, Portacaths, Oxygen Therapy, Nutrition Routes, Infection Prevention, palliative care</p>
Common prescribed medications	Wide range of drugs used including Cardiac, Respiratory, Antibiotics, Neuroepileptics, Antidepressants, Anticoagulants, Diabetic Drugs, Emergency drugs and Overdose reversal agents.
Abbreviations and short terms	See student induction document for Division B on, this will be given to you when your placement commences.
Specific learning opportunities and multiprofessional working opportunities	<p>These can be arranged at your mentor's discretion; you must still meet the learning outcomes for the placement:</p> <ul style="list-style-type: none"> ▪ Physiotherapist/OT ▪ Outpatient Clinic ▪ Specialist Nurses (e.g. Alcohol Misuse Nurse, Asthma Nurse, Case Managers, respiratory/ gastro/ hepatology nurse practitioners) ▪ Outpatient Clinic

	<ul style="list-style-type: none"> ▪ Acute Medical Unit (patient journey) <p><u>Future Nurse</u></p> <p>For those student nurses that have transitioned to the future nurse programme you have skills competencies to complete. You MUST provide evidence of completing the following before being able to practice within the clinical environment. a. The theoretical underpinning knowledge to undertake the skill b. Clinical simulation within the university and be signed off as “demonstrating safely”. There will be placement areas where due to the nature of the patient’s condition these skills will not be able to be practiced.</p> <p>The following skills may be achieved in the below areas:</p> <p>Medicine - Phlebotomy, cannulation, IV drug administration, catheterisation and blood transfusion</p> <p>Endoscopy - Phlebotomy, cannulation, IV drug administration, catheterisation and blood transfusion.</p> <p><u>EU Directives</u></p> <p>We are aware that part of the NMC requirements is being exposed to different aspects of care to fulfil the directives these include mental health, learning difficulties, paediatrics and maternity. The service users that are admitted to division b have wide ranging health. Please make it known at your initial interview that these are to be completed, this will allow yourself and your practice assessor to think about the situations that may arise that you can observe and/or be part of.</p> <p>Medicine– Learning disabilities and mental health</p>
<p>Potential opportunities to meet EU directives (Adult nursing only)</p>	<p>Vulnerable adult, Mental Health Conditions. Learning Difficulties</p>

Recommended reading prior to placement

D5/D6/RH DU

- Kaufman, G. (2010) Inhaled Bronchodilators for chronic bronchitis and emphysema *Nursing Standard* 12 (5)61- 68.
- Non invasive ventilation in acute respiratory failure. Thorax (2002) Accessed: <http://thorax.bmj.com/content/57/3/192.full>
- COPD NICE guidelines. <http://www.nice.org.uk/nicemedia/live/13029/49399/49399.pdf>
- Bateman & Leech (1998) Acute Oxygen Therapy *British Medical Journal* Vol 317. <http://www.portalsaudebrasil.com/artigosuti/resp342.pdf>

RH DU

- Moore & Woodrow. (2009) *High Dependency Nursing Care: Observation, Intervention and Support for Level 2 Patients*.
Royal College of Nursing. Guidance for nurse staffing in critical care. Accessed: http://www.rcn.org.uk/_data/assets/pdf_file/0008/78560/001976.pdf
- Scales, K. (2010) Central venous pressure monitoring in clinical practice *Nursing Standard* 24 (29) 49-55.

D8/D9

- Boyd-Casson, W. (2004) Irritable bowel syndrome: assessment and management *Nursing Standard* 18(52) 47-52.
- Fullwood, D. (2012) Portal Hypertension and varices in patients with liver cirrhosis *Nursing Standard* 26(48) 52-58
- Cotton et al. (2008) Practical Gastrointestinal Endoscopy: The fundamentals
- Juniper, M et al. (2013) Measuring the Units: A review of patients who died with alcohol-related liver disease. London: NCEPOD
- Gut and Liver disease information. Accessed: www.bsg.org.uk
- NICE (2015) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Accessed: <http://www.nice.org.uk/researchrecommendation/is-contingency-management-effective-in-reducing-alcohol-consumption-in-people-who-misuse-alcohol-compared-with-standard-care>
- NICE (2018) Decision Making and Mental Capacity <https://www.nice.org.uk/guidance/ng108>

General/D10/D7/E7

- Surviving Sepsis Campaign. Accessed: <http://survivesepsis.org/the-sepsis-six/>
- NICE guidelines to Pressure Ulcer Prevention and Treatment. Accessed online: <http://www.nice.org.uk/nicemedia/pdf/CG029publicinfo.pdf>

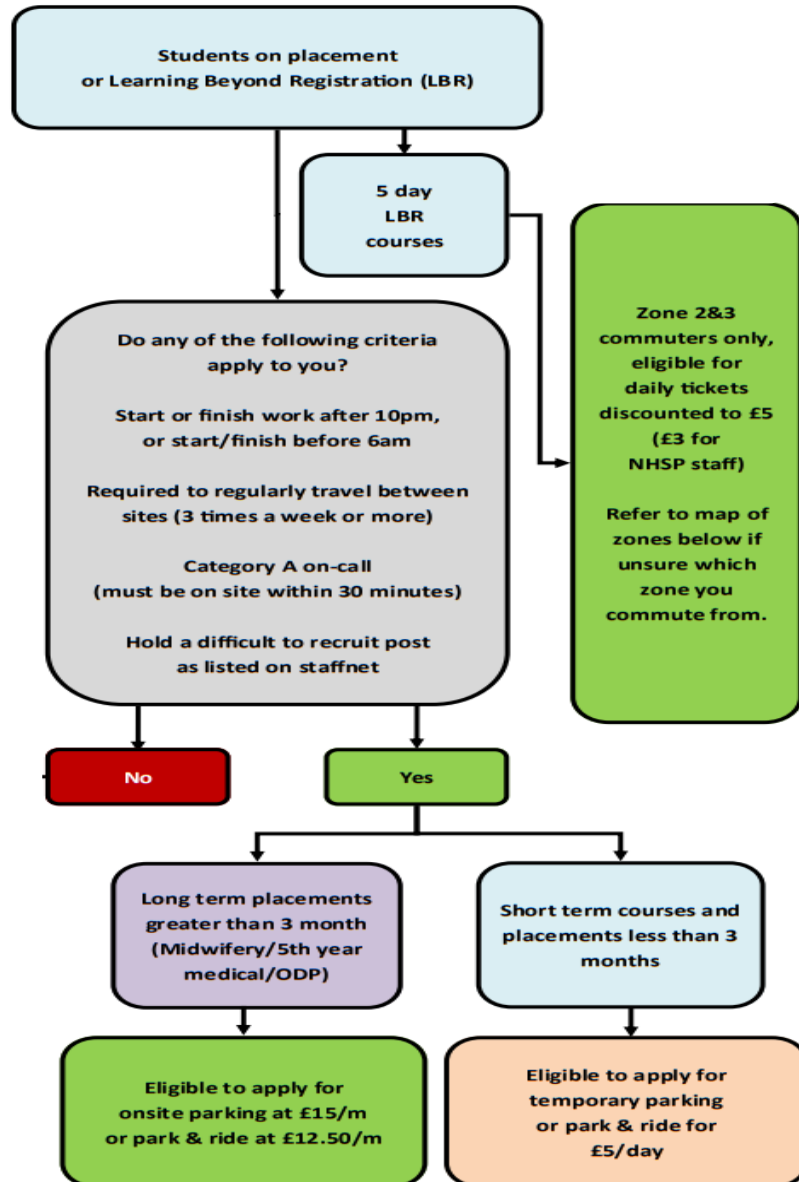
- Bateman & Leech (1998) Acute Oxygen Therapy. *British Medical Journal* Vol 317. Accessed: <http://www.portalsaudebrasil.com/artigosuti/resp342.pdf>
 - Kennedy, S. (2007) Detecting changes in the respiratory status of ward patients *Nursing Standard* 21 (49) 42-46.
 - NICE (2017) Type 2 Diabetes in adults: Management. <https://www.nice.org.uk/guidance/ng28>
 - NICE (2016) Type 1 Diabetes in adults: Diagnosis and Management
- Helpful Policies (access via Staffnet during placement)**
- National Early Warning System (NEWS)
Awaiting New Clinical Deterioration Policy
 - Tracheostomy Guidelines.
<http://staffnet/TrustDocsMedia/DocsForAllStaff/Clinical/TracheostomyGuidelinesforAdult-Patients/Tracheostomy-guidelines-adult-appendix-A.pdf>
 - Wessex Acute Kidney Injury Care Pathway.

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 'crops' (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

