

PRACTICE LEARNING ENVIRONMENT PROFILE

Learning Environment (Care Group): **NEONATES (WOMEN & NEWBORN)** Division: **C**

GENERAL INFORMATION

Education lead	Stephanie Potter (non-substantive)
Contact details	Stephanie.Potter@uhs.nhs.uk
UHS VALUES	<div> PATIENTS FIRST WORKING TOGETHER ALWAYS IMPROVING </div> <div>} Please reflect on what these values mean to <u>YOU</u></div>

USEFUL LINKS



INDUCTION INFORMATION


Trust induction	<p>Students will receive an introductory email prior to placement welcoming them to the unit and containing the information that they will need for their first day.</p> <p>The induction may take one of the following formats: Students attending UHS for the first time are able to access the generic Trust induction for staff. In addition, students get a formal induction to the unit on their first day. This includes additional information about their shifts, practice assessors / supervisors and how to complete your student documentation. The induction covers theoretical and practical training to introduce you to the care of the special care neonate and the learning opportunities that are available on the unit.</p>
Orientation / useful documents	A tour of the unit is included within your induction day and you will also be provided with a student pack containing information that you will find useful for your placement.
Expectations	<ul style="list-style-type: none"> ▪ Professional behaviour to be evident at all times, including maintenance of confidentiality ▪ Demonstrate a willingness to learn ▪ Punctual arrival for shifts ▪ Represents the university and UHS in their attitude and behaviour ▪ Adherence to appearance and uniform policy (Below) ▪ ID badge to be worn at all times ▪ Expected to work all shift patterns including nights and weekends ▪ Please contact the neonatal unit 2-4 weeks prior to the start of placement for off duty rotas and assignment of practice assessor ▪ All students must contact the neonatal coordinator on bleep 1623 if they are unwell or unable to attend placement for any reason ▪ All students are expected to conform with current Trust and unit based infection prevention standards

PROFILE

WARD/AREA	SERVICE & CLIENT GROUP	LOCATION
Neonatal Intensive Care Unit	Neonatal medicine and surgery	Level D, Princess Anne Hospital, Southampton

LEARNER INFORMATION

Work pattern (shifts, start & finish times)	Long Day 07:30-20:30, Early 07:30-15:30, Late 12:30-20:30, Night 20:00-08:00
--	--

IT and resources	The health services library is situated on A Level, South Academic Block, Southampton General Hospital. Additional books are available on the unit. You will be given access to the Trust IT system on your first day and given time to complete the training required to access these systems.
Staff room / rest room facilities	Facilities are available on the unit for students to heat food and store sandwiches etc including microwave & toaster. Cold and hot drinks are available. Vending machines and café are available within the Princess Anne on E level and Costa Coffee / M&S Café within the entrance to Southampton General Hospital
Common conditions and assessments	<p>Conditions relating to premature / IUGR infants – Respiratory Distress Syndrome, Hypothermia, Hypoglycaemia, Retinopathy of Prematurity, Neonatal Jaundice; Hypoxic Ischaemic Encephalopathy (HIE); Meconium Aspiration; Infants with surgical conditions such as gastroschisis, exomphalos, NEC, oesophageal atresia, stomas, diaphragmatic hernia; Infants with congenital cardiac conditions.</p> <p>A number of screening tests are performed within the neonatal unit including the Infant and Newborn Physical Examination (NIPE), blood spot screening, audiology screening, retinopathy of prematurity screening and pulse oximetry screening.</p>
Common procedures and expertise	Feed and fluid management including assisting mothers to breast feed, naso-gastric tube feeding, cup & bottle feeding. Babies are exposed to a number of invasive and non-invasive procedures during their stay including the insertion of peripheral and central lines, blood tests, xrays, intubation, extubation, non-invasive ventilation, phototherapy.
Common prescribed medications	Cefotaxime, Caffeine Citrate, Abidec, Dalavit, Sytron, Curosurf, Chlorothiazide, Furosemide, Spironolactone, Vancomycin, Gentamicin, Sodium Glycophosphate, Paracetamol, Morphine, Dinoprostone, Gaviscon, Omeprazole, Chloramphenicol, Phenylephrine, Cyclopentolate, Vitamin K
Glossary of terms	 <p>LEARN%20THE%20LINGO.docx</p> <p>The attached document provides you with a list of common abbreviations and terms used within the neonatal unit environment.</p>
Specific learning opportunities and multiprofessional working opportunities	<ul style="list-style-type: none"> ▪ Special care of neonates ▪ High dependency care of neonates ▪ Intensive care of neonates ▪ Link with Home Care Team ▪ Surgical care of neonates & link with the surgical team ▪ Observation of discussions involving ethical issues ▪ Observation of surgery on the unit ▪ Join ward rounds

	<ul style="list-style-type: none"> ▪ Join specialist ward rounds e.g. nutrition, neurology ▪ Input from feeding team ▪ Link with Advanced Neonatal Nurse Practitioners ▪ Link with ophthalmology and audiology specialists ▪ Link with research nurse to gain understanding of research projects on NNU ▪ Link with staff in the milk kitchen ▪ Link with technician regarding equipment ▪ Link with dietician and speech & language therapist ▪ Link with developmental care team ▪ Link with family support sister ▪ Link with neonatal psychologist ▪ Link with neonatal pharmacist ▪ Weekly parental 'cake break' meetings ▪ Surgical meeting ▪ Fetal medicine meeting ▪ Weekly risk assessment meeting ▪ Multi professional simulation teaching sessions weekly ▪ Neonatal infection control group ▪ Wednesday medical teaching - various topics ▪ Unit meetings - covers topics such as governance, morbidity and mortality case reviews
Recommended reading prior to placement	Having an awareness of 'normal' vital sign parameters in neonates is essential. Pathophysiology of Respiratory Distress Syndrome, Neonatal Thermoregulation & the Energy Triangle. Neonatal Jaundice, Potential complications of prematurity both short and long term. Understanding of neonatal admission for the full term neonate, both medical and surgical.

APPEARANCE

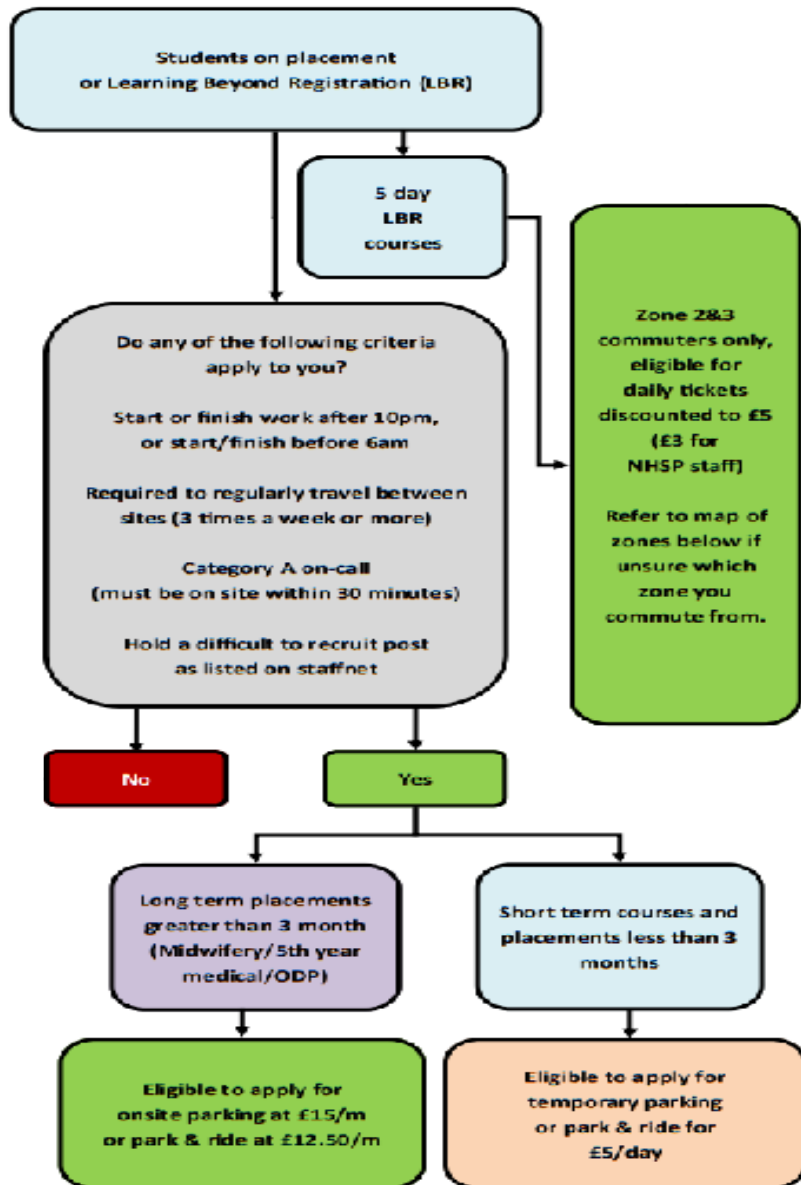
REQUIRED STANDARD	RATIONALE
Clothes/designated uniform: All clothes/uniform should be smart and in good repair. An overall professional appearance which cannot be deemed offensive to patients, colleagues and the public should be maintained e.g. no low necklines, bare midriffs, very short skirts or potentially 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	Potential for wound contamination from loose hair. Providing hair is clean

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.	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 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

