

# PRACTICE LEARNING ENVIRONMENT PROFILE

Learning Environment (Care Group): **OPHTHALMOLOGY** Division: **A**

## GENERAL INFORMATION

Education Lead:	Jane Dunning <a href="mailto:Jane.Dunning@uhs.nhs.uk">Jane.Dunning@uhs.nhs.uk</a>
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<b>UHS VALUES</b>	<p><b>PATIENTS FIRST</b> <b>WORKING TOGETHER</b> <b>ALWAYS IMPROVING</b> }</p> <p>Please reflect on what these values mean to <u>YOU</u></p>

## USEFUL LINKS



UHS



GETTING HERE



CQC



NMC



LIBRARY



WELCOME LETTER



NHS ENGLAND



HCPC

## INDUCTION INFORMATION

<b>Trust induction</b>	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. Local induction is done as an induction day.
<b>Expectations</b>	<ul style="list-style-type: none"> <li>▪ Professional behaviour</li> <li>▪ Willing to learn</li> <li>▪ Punctuality</li> <li>▪ Represent university and UHS</li> <li>▪ Adherence to appearance policy (Below)</li> <li>▪ Wear ID badge at all times</li> <li>▪ Theatre induction</li> <li>▪ Expected to do all types of shifts</li> <li>▪ Ensure contacted clinical area for details of assigned mentor prior to placement</li> </ul>

## PROFILE

WARD/AREA	SERVICE & CLIENT GROUP	LOCATION
Eye short stay	Day case and 4 inpatient beds	C level eye unit
Eye theatres (x3)	All aspects of eye surgery	C level eye unit, Theatre 10, F level
Eye OPD/outside clinics e.g. Lymington, Romsey, Hythe	All types of eye conditions/surgery	B level eye unit
Eye casualty	All emergency and acute referrals	B level eye unit
Orthoptics Outside clinics e.g. Lymington, Hythe Romsey	All aspects of strabismus/extra ocular muscles	B level eye unit
Optometrists	All aspects of corrective lenses and research	B level eye unit
Visual technicians, visual impairment officer, artificial eye fitter	All aspects of visual fields All aspects of visual impairment	B level eye unit

## LEARNER INFORMATION

Work pattern (shifts, start and finish times)	Varied (Depending on base placement): Early / Late / Long Days / Night Duty
IT and resources	Available at all times in seminar room, C level. Main library in South Academic Block on A level.
Staff room / rest room facilities	In each clinical area.
Common conditions and assessments	Ulcers, chemical burn, iritis, hypopyon, cataract, retinal detachments, diabetic retinopathy/maculopathy, conjunctivitis, strabismus, neurology and related eye conditions. Ophthalmic diagnostic procedures. EDT.
Common procedures and expertise	Seeing treating and diagnosing conditions as per the expanded scope document
Common prescribed medications	Chloramphenicol Fucithalamic Dilating Drops Dry eye drops as per patient group directives
Glossary of terms	In Local eye unit induction booklet given to students on their first day in the department
Abbreviations and short terms	In Local Eye unit induction booklet
Specific learning opportunities and multi-professional working opportunities	<p>All students will visit these areas during their placement:</p> <ul style="list-style-type: none"> <li>▪ Eye theatres</li> <li>▪ Orthoptics</li> <li>▪ Visual impairment officer</li> <li>▪ Eye casualty</li> <li>▪ Eye outpatients</li> <li>▪ Optician</li> <li>▪ Eye short stay</li> <li>▪ Sensory Service (Off Site at Southampton Sight)</li> </ul> <p><b><u>Future Nurse</u></b></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><b>Ophthalmology</b> - Phlebotomy, cannulation and IV drug administration</p>

<p><b>Potential opportunities to meet EU directives (Adult nursing only)</b></p>	<p><b><u>EU Directives</u></b></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><b>Ophthalmology - Paediatrics (ED), Maternity, Learning disabilities and mental health</b></p>
<p><b>Recommended reading prior to placement</b></p>	<p>Field; The ophthalmic study guide for Nurses and Health Professionals  Field; Eye Emergencies The practitioners guide. N Ragge Immediate Eye Care  D. Vaughan T. Asbury; General Ophthalmology Marsden; An Evidence of Ophthalmic Nursing Practice Taylor;  Key Topics in Ophthalmology/ Hector Bryson Chawla; Student Notes in Ophthalmology</p>

## APPEARANCE

REQUIRED STANDARD	RATIONALE
<p><b>Clothes/designated uniform: All clothes/uniform should be smart and in good repair.</b> 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><b>Hair:</b> 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><b>Fingernails:</b> 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><b>Jewellery: Rings:</b> Only one plain metal band ring may be worn.  <b>Watches:</b> No wristwatches are to be worn in any clinical environment.  <b>Necklaces:</b> 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><b>Piercings: Earrings:</b> 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><b>ID Badge:</b> As for all staff Trust ID Badges must be <b>worn at all times</b> in a clearly visible</p>	<p>To conform to Trust Security Policy</p>
<p><b>Footwear:</b> 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 (as detailed in local policies).</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>
<p><b>Belts/Epaulettes:</b> Belts should not be worn when involved in direct patient contact/care. Epaulettes should be clean and laundered at least weekly</p>	<p>Risk of trauma to patients. Ease of movement for staff. Reduces risk of cross-infection.</p>
<p><b>Tights/Stockings/Socks:</b> 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.</p>	<p>To promote a professional appearance.</p>
<p><b>Designated uniform:</b> Must be changed daily and laundered at 60 C and ironed prior to wearing.</p>	<p>Reduces the risk of cross-infection. Care of Linen Policy. Professional appearance and patient confidence.</p>
<p><b>Makeup and Perfume:</b> Discreet makeup may be worn. Perfume and aftershaves must be subtle</p>	<p>To promote a professional appearance. For patient and colleagues comfort.</p>
<p><b>Additional garments e.g. fleece/cardigan:</b> 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.</p>	<p>Reduces the risk of cross-infection</p>
<p><b>Personal Hygiene:</b> Staff must ensure their appearance is clean, tidy and they are free from body odour when they are at work.</p>	<p>To promote a professional appearance. For patient and colleagues comfort</p>

