

PRACTICE LEARNING ENVIRONMENT PROFILE

Learning Environment (Care Group): **SPECIALIST MEDICINE** Division: **B**

GENERAL INFORMATION

Divisional Education lead	Alison Ross
Contact details	EducationTeamDivB@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



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>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 1576.</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 ▪ Theatre induction ▪ 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
Victoria House (Managed Care)	Infusion Therapy	Victoria House Tel: 023 8120 8915 or Office: 6963
Endoscopy	Patients requiring procedures involving an endoscope	SGH, West Wing, E level Tel: 023 8077 7222 Ext: 6777 Office: 4392
CF (when on placement on D10)	Cystic Fibrosis	SGH, West Wing, C level Tel: 023 8077 7222 Ext:6734
Dermatology	Skin Conditions	Royal South Hants (RSH) Tel: 023 8077 7222 Ext: 2011
Rheumatology	Rheumatology outpatients – patients with a variety of joint problems and other connective tissue problems	Victoria House SGH Tel: 023 8120 8532 or x 5352

Other Specialist teams	Diabetes	Ext: 3761
	Alcohol Liaison Team	Ext: 3761 (Students only with prior arrangements)
Pulmonary Function Laboratory	Pulmonary Function Investigations	West Wing D level Tel: 023 8120 6125 Ext 6125
The Respiratory Centre	Respiratory Treatment Centre (RTC)	West Wing D level Tel: 023 8120 6258 Ext: 6258, Office: 4325

LEARNER INFORMATION

Work pattern (shifts, start and finish times)	CF	09:00-17:00
	Victoria House	07:30-15:30 & 12:00-20:00
Staff room / rest room facilities	Victoria House	08:00-17:00
	Dermatology	08:00-18:00
	Rheumatology	08:00-18:00
	Endoscopy:	08:00-18:00 and 08:00-14:00 at weekends
	TRC:	08:00-20:00
Common conditions and assessments	CF – use staff room on IDU	
	Dermatology – medium staff room on the unit	
	Rheumatology – recommended to use B level Canteen	
	<p>Victoria House -infusion unit – Delivers treatment to patients with long term medical conditions. Patients attending the unit are given complex pharmacological treatment which includes biologic and cytotoxic therapy. The specialities covered are Gastroenterology, Rheumatology, Hepatology, Immunology, Respiratory, Dermatology and Neurology. The unit also administers blood transfusions and iron infusions. Plus Immunoglobulin's, replacement infusions of saline, magnesium and albumin. Care is delivered to patients with Rheumatoid Arthritis and many associated conditions such as lupus and Vasculitis; Episodes of Anaemia associated with inflammatory conditions and Renal disease; Patients attend for treatment of Crohn's Disease, Inflammatory Bowel disease and Ulcerative Colitis plus malabsorption syndromes. There are a vast amount of conditions and treatments for the student to be involved with and we actively encourage students to participate and research on this placement. Alongside the infusion unit we have 5 allocated spaces on the Surgical Day Unit. These are for patients who are pre-assessed by the nursing team prior to their specialist procedures in Interventional Radiology an example is TACE (Chemo Embolisation of Liver Tumours) and for ERCP (Endoscopic Retrograde Cholangio-Pancreatography). Patients are referred from a wide geographical area due to the complex specialist treatments undertaken. All students observe as many of these procedures as</p>	

possible and participate in patient centred care from pre assessment through to admission and nurse led discharge. Patients who have end stage liver disease (Liver cirrhosis) are also admitted for Radiological procedures and Ascitic Drains.

The Endoscopy Department serves both inpatients and outpatients where various procedures are undertaken. Endoscopes can be inserted through the mouth (gastroscopy) or anus (colonoscopy) to diagnose various gastric conditions, treat bleeding ulcers and take biopsies of tissue that requires further investigation. Some patients may require sedation for this and there is a recovery area where patients are monitored before returning home/to the ward. The department has close links with theatres when unstable bleeding patients require endoscopy. The bowel cancer screening programme also has links with endoscopy department. Bronchoscopies are undertaken in the endoscopy department to examine the airway, treat some respiratory conditions and to take biopsies of tissue that requires further investigation.

CF Cystic fibrosis is one of the UK's most common life threatening inherited diseases, usually diagnosed after birth. It is a multisystem disease which affects many systems in the body but has particularly profound effects on the lungs and digestive system. It affects over 8,500 people in the UK and over 2 million people are carriers of the faulty gene.

The Southampton Adult Cystic Fibrosis Service is a regional specialist centre providing care for approximately 180 full care patients across the central south coast from age 16 years and up. These patients have an unusual relationship with the hospital. They have a very heavy treatment burden as well as possibly having to travel long distances to receive care. Hence these patients are cared for by a multidisciplinary team with different areas of expertise.

Students in their second/third year of training with a placement on the infectious diseases unit will spend some time working with the specialist nurses within the cystic fibrosis team. During the secondment we will arrange for you to work with the different health professionals within the team e.g. physiotherapists, dieticians. You will experience working with the team in outpatients as well as inpatients with the opportunity to work closely with other related specialities such as diabetes and rheumatology.

Dermatology: The department is situated at RSH and is an Acute Centre dealing with high volume of referrals and clinics in South central.

Rheumatology: Is a sub-specialty in internal medicine and paediatrics, devoted to diagnosis and therapy of rheumatic diseases. This department deals mainly with clinical problems involving joints, soft tissues, autoimmune diseases, vasculitis, and inheritable connective tissue disorders.

	<p>Rheumatology is a rapidly evolving medical specialty, with advancements owing largely to new scientific discoveries related to immunology of these disorders. Because characteristics of some rheumatological disorders are often best explained by immunology, pathogenesis of many major rheumatological disorders are now described in terms of the autoimmune system, Correspondingly, most new treatment modalities are also based on clinical research in immunology and the resulting improved understanding of the genetic basis of rheumatological disorders. Future treatment may include gene therapy as well. At present evidence-based medical treatment of rheumatological disorders has helped patients with these conditions lead a near-normal life. This department works collaboratively with Victoria House infusion unit /E5, physiotherapy /occupational therapy, osteoporosis centre, research unit.</p> <p>Pulmonary Function COPD, pulmonary fibrosis, interstitial lung disease</p> <p>TRC Asthma, COPD, Interstitial Lung Disease, Lung Cancer, Pulmonary Embolism, Allergy testing, Obstructive Sleep Apnoea, Obesity Hypoventilation Syndrome</p>
<p>Abbreviations and short terms</p> <p>Specific learning opportunities and multiprofessional working opportunities</p>	<p>On local induction as required by that speciality.</p> <p>Victoria House – Infusion Therapy Unit, Students are encouraged to spend time with various nurse specialists, including endocrine, diabetes, rheumatology and paediatric rheumatology nurses. Students on placement are given the opportunity to research conditions and drug treatments that they may encounter, gaining greater understanding and knowledge of complex needs of patients they care for in this placement. New treatments and our areas of practice are always being developed and expended.</p> <p>They will gain knowledge on the principle of Nurse Led Care, long term conditions, immuno-compromised patients. Alongside this particular attention is paid to infection control and a greater understanding of anaphylaxis as a complication of the treatments administered here.</p> <p>IV administration – students have the opportunity to practice this with appropriate supervision.</p> <p>Admission/Discharge process using Integrated Care Pathways, (MEWS-SBAR) including A-E assessments, ECG, fluid balance, recording and interpretation of findings, Patient empowerment, consent process, communication, expert patients, Nurse Led Pre Assessments, extended scope of practice within a nurse led unit enhances the student experience in this placement.</p> <p>A comprehensive Student Pack is sent to each student prior to commencement of this placement</p> <p>Dermatology Objectives are to understand the dermatological disease process, pharmacological and therapeutic treatments for a variety of conditions (skin cancers, eczema, psoriasis)</p>

Students will require engaging and observing the consultation and assessment processes including the psychological support required by this group.

Rheumatology objectives suggested are as follows:

To understand the rheumatological disease process, pharmacological and therapeutic treatments for a variety of conditions (rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, lupus)

Completion of a patient case study

Conducting a clinic without direct supervision (BP, weight, height, urine measurement, chaperoning, patient pathway from reception/waiting room/ clinic room and general patient support during their visit

Completion of a question sheet relating to rheumatology conditions

A rheumatology outpatient accepts first year nursing students and the main skills for students to practice and achieve would be patient assessment and observation skills. Time is allocated for completion of these objectives that are reviewed by the mentor with the student during rheumatology placement. A flexible timetable is used to ensure that they are exposed to all the specialist clinics (Dr and Nurse) and all rheumatology-related specialties.

Pulmonary Function

Physiologists run specific pulmonary function tests from this department which serves both inpatients and outpatients.

TRC

Asthma clinics are run here and the integrated COPD team also deliver community services and clinics. Pulmonary rehab is delivered by the physiotherapy team. The long term oxygen therapy team monitor patients on home oxygen and manage its use in the community. The lung cancer and PE clinics also run from this centre by the respiratory consultants. Allergy testing is held in this department. Sleep laboratory studies take place by this team.

Future Nurse

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.

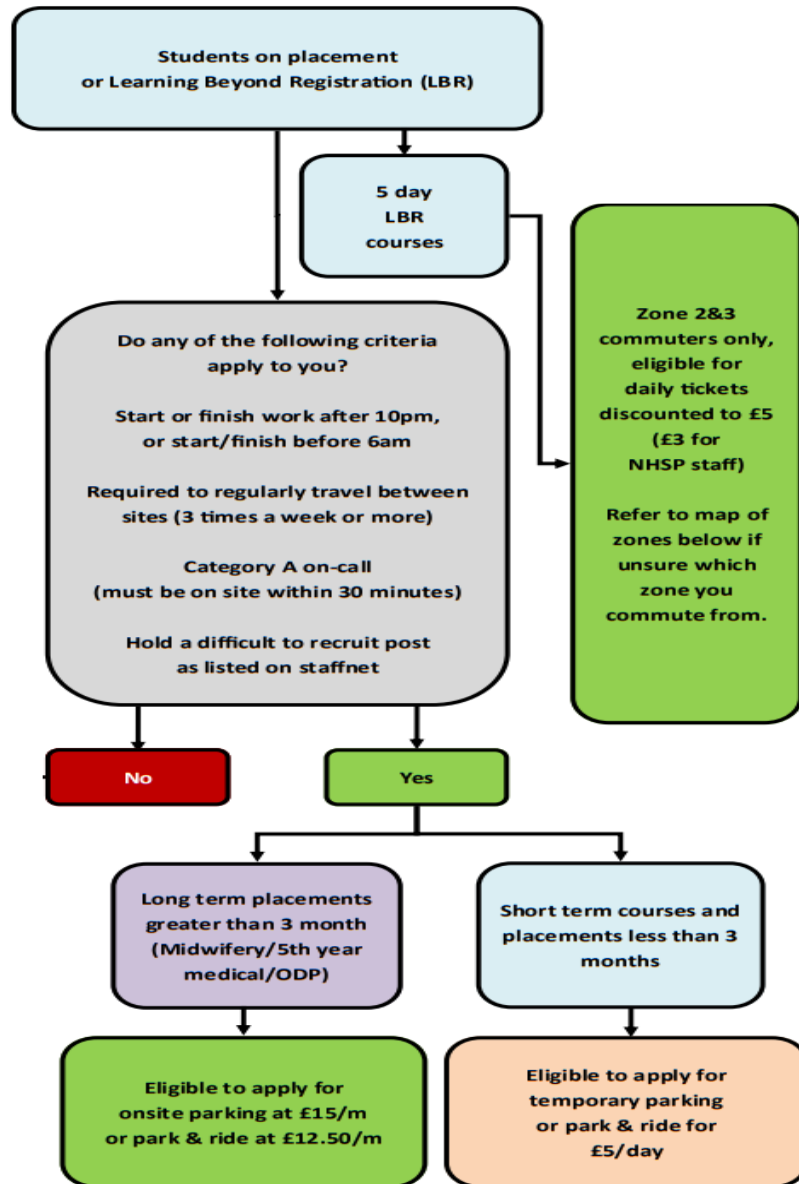
Potential opportunities to meet EU directives (Adult nursing only)	<p>The following skills may be achieved in the below areas:</p> <p>Managed Care - Phlebotomy, cannulation, IV drug administration and Blood transfusion</p> <p>Dermatology – History taking and physical examination</p> <p>Respiratory Centre – History taking and physical examination, phlebotomy, cannulation and IV drug administration</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>Managed Care – Mental Health, Learning Difficulties</p> <p>Dermatology – Mental Health, Learning Difficulties, Limited Paediatrics and Limited Maternity</p> <p>Respiratory Centre – Learning disabilities and mental health</p> <p>Endoscopy - Learning disabilities and mental health</p>
	<p>Recommended reading prior to placement</p> <p>http://www.patient.co.uk/health/ERCP.htm</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. 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.</p>	<p>Potential for wound contamination from loose hair. Providing hair is clean and</p>

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.	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. 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 within the overall uniform style. Only staff wearing scrubs may wear white/black shoes/clogs or 'croc's' (without holes). Theatre footwear may be of various colours Footwear, ward based staff should be soft soled to reduce the level of noise particularly at night. In some areas protective footwear must be worn	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 temperature 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

