

THE OPERATING DEPARTMENT AT UHS



STUDENT HANDBOOK

Student Name:

Mentors :

Based in :

Your first weeks off duty:

Monday	Tuesday	Wednesday	Thursday	Friday
Trust Induction Day	Mentor to allocate	Mentor to allocate	Mentor to allocate	Mentor to allocate

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Welcome to the Operating Departments.

Please take time to read this handbook, which has been produced to help you orientate yourself to the departments where hopefully you will enjoy your placements.

If you have any queries or concerns please come and talk to the Practice Education team sooner rather than later so that they can be addressed.

Phone and Bleep numbers for the Education Team

Education Office	Phone 4543
Lin Lyons - Education Lead	Phone 4536 07880055088
Claire Alcock	Bleep 1490
Andrea Morley	Bleep 1190
Julie Taylor	Bleep 1453
Teresa Palamine	Bleep 9264

The Southampton University Hospital Trust has 33 theatres:

Suite	Directorate	No. Of theatres	Matrons/Manager/s
*Neuro & Centre Block Theatres	Division A – Critical Care and Theatre Services	27	Theatre Manager Jo Hall Matrons Jenny Barltrop Kathy Bowen Sarah Herbert Mitzi Garcia / Wendy Morgan
Ophthalmology	Ophthalmology	2	Theatre Manager Yvonne Morrison Matron Jagir Sahota
Princess Anne	Obstetrics & Gynaecology	4	Matron Carol Gosling
Surgical Day Unit	Division A	-	Senior Sister Aimee Ryles

**Centre block theatres cover three floors (C, E F& G) and are currently independently staffed. However, staff may be asked from time to time (sickness etc) to support colleagues on the other floor. Each area has its own coffee room and changing rooms.*

The Senior Management structure consists of a Theatre Manager, 4 Matrons and 3 Operational Managers.

Specialities/Teams

Specialities are the titles of the types of surgery undertaken. We work in teams based on these specialities and this allows us to be experts in one field and provide a better service for the patients.

The staff in each team may also have experience in other specialities and are able to provide a good standard of care in each area.

In modern management it is considered that dividing a large group of workers into smaller subgroups allows for more efficient communication and a better working environment.

All theatres adhere to the Policies and Standards of the Trust, however, there may be some variations in local guidelines that are speciality specific.

The specialities are

E Level Centre Block

- Cardiac surgery Adult and Child
- Paediatric surgery / Urology
- Paediatric orthopaedic surgery
- Paediatric ENT

F Level Centre Block / North Wing and G level

- Major joint/Spinal Orthopaedics
- Trauma Orthopaedics (24 hour service)
- Emergency Theatre (24 hour service)
- Ear Nose & Throat
- Maxillo-Facial
- Vascular
- Thoracic
- HPB
- Urology

The Neuro Theatres

- Neurosurgery / Spines
- Orthopaedics

Ophthalmology

- Vitro-retinal
- Squint
- Ocular plastics

Princess Anne Hospital

- Obstetrics
- Gynaecology

Theatre Mission Statement

The mission of Centre Block Operating Theatres is to provide safe, timely and efficient care to all patients undergoing surgery. Our perioperative staff are committed to providing a high standard of evidence-based care to all our patients. We nurture a culture that respects the individuality and dignity of the patient at all times and patient advocacy is our priority.

The patient's journey through the perioperative phase is supported by identifying and meeting their individual needs through multidisciplinary collaboration with all health care professions involved in the surgical aspect of the patient's care.

We are committed to lifelong learning and support and facilitate the continuous professional development of our multidisciplinary staff. Our Education team work with us to support this

The Staff.

The operating department is staffed by nurses, operating department practitioners (ODA/ ODP's) and health care support workers. The Department also has secretarial, stores and housekeeping support. Nurses and ODPs are collectively known as **Theatre Practitioners**. The medical staff are mainly anaesthetists and surgeons.

Here in Southampton, we have pioneered the single pay spine for nurses and ODP's and are as follows:

Theatre Practitioner 1	Band 5
Theatre Practitioner 2	Band 6
Team Leader	Band 7
Manager + Matrons	Band 8

Facilities

The coffee rooms in Centre Block and Neuro have vending machines that stock sandwiches, rolls, crisps, chocolate and cold drinks . A microwave is provided to reheat meals. Tea, coffee and milk are provided. Ophthalmic theatres have a small coffee room with fridge and microwave. It is advisable to go to the Spice of life for meals.

Princess Anne theatres coffee room has very limited seating and no vending machine. There is a vending machine on D level and you can obtain light snacks Monday to Friday 9 – 5 on E level.

Appearance

It is important to remember that the patient's first impression of theatres, is the personnel, *and this may be you*. Please ensure you are mindful of the patients' expectations of the theatre environment and its staff.

Name badges must be worn at all times and please ensure that you present and conduct yourself as a healthcare professional at all times. If unsure of a person's identity please challenge anyone without a name badge who you don't know. If you

are unhappy about challenging someone then please report the event to the people you are working with.

A wedding band and small plain stud earrings without stones / pearls / diamonds / enamel, may be worn. Dress jewellery must not be worn. Body piercing will be discussed on an individual basis. Please ensure that your make-up is appropriate for working in the clinical environment. Nails should be kept clean and neatly trimmed. Perfume and aftershave may be worn but these should be light as many patients and staff are affected by strong perfumes. Hair should be kept clean and tidy, tied back if long; beards should be neatly trimmed or clean-shaven.

Following your Induction, you will be introduced to our Reception staff, both E and F levels have a list of the students on placement, so there will be no necessity to sign in each day.

Go to the respective changing room area, press the intercom stating your name and designation, access will then be granted.

Dress Code

Theatre trousers and tops are provided via a scrubex machine. You will be guided in how to collect these on induction. This clothing is designed to reduce the spread of infection. A clean suit must be worn for each shift and should be changed if it becomes soiled or contaminated during the shift. The Theatre Scrub suits are laundered in accordance with hospital policy.

Students on their Recovery placement or Surgical Day unit placement will be required to wear a freshly laundered student uniform. Theatre clothing should not be worn in any eating-place other than the coffee rooms in theatre.

Footwear is provided and should be cleaned by you at the end of each shift.

Green hats must be worn by all learners in theatres. Disposable theatre hats must be worn in the actual theatre at all times. Although not very glamorous, all your hair should be covered especially fringes.

Changing room facilities are provided in each site. Bags are not allowed in Theatre; **please ensure that you keep your valuables with you.** Where personal items are concerned only bring what is really necessary with you.

Theatre practice & etiquette

Theatre etiquette and practice are, in essence, about a combination of 4 factors: common sense, good manners, health and safety and infection control. Below you will find a list of the most important points. During your visit to theatre please feel free to question any of our practices, it is only through questioning and research that we can change and improve.

- Accountability – we are all accountable for our actions and omissions to the following bodies and people: NMC/HPCPC; the patient; yourself; your colleagues; and the trust. Always admit your limitations and ask for help. If you are asked to do a task you have not been trained to do inform the person that you cannot undertake such duties unsupervised. If you have any concerns about safety you are advised to discuss it with your Mentor or a senior member of staff of your choice.
- Confidentiality - You must not discuss patients and treatment outside of this department (including the dining room) all patient data is protected. If your

neighbour, friend or relative is coming to theatre for surgery it is inappropriate for you to be involved in their care unless *they specifically* express a wish for you to be there, remember, they may not wish you to be aware of the nature of their surgery. You will be disciplined for any breach of confidentiality. If you are writing a reflection please do not take patients details home.

- Hand washing with soap or alcohol gel after patient contact, before entering and on leaving the theatre to prevent cross infection. Gloves should be worn when in contact with bodily fluids. Cuts should be covered for personal protection.
- It is important that you do not use the anaesthetic room as a thoroughfare; if you have to enter then ensure that a patient is not being anaesthetised, (to enter at this stage is very disruptive for the patient and the anaesthetist). Theatres should be entered and exited via the scrub room to maintain the correct airflow; **take care the floor may be wet.**
- Swabs – the scrub practitioner will explain the legalities involved for the checking of all swabs, instruments and needles. Please do not undertake these counts unsupervised.
- Patients' dignity must be maintained at all times.
- Noise – talk keeping voices low, music should be low and appropriate. Please be aware of what you are saying and if it is appropriate, especially if the patient is having a local anaesthetic. Sudden noises must be kept to minimum as this could cause the patient to jump or disturb a patient during induction. On induction and on awakening please keep noise low, as this sense is the last to go and the first to return to the patient.
- Please ensure that your **mobile phone is turned off** as these can affect patient monitoring. If you need to make a call then either use it in the coffee room or use a public phone in your own time.
- Many messages are passed through theatres and it is vitally important to relay these accurately. If you feel confident to answer the telephone/ bleep, state your location and grade, this enables the caller to establish whether they are talking to an appropriate person. Please remember that the caller may be someone from outside the hospital. A doctor must take test results calls. If it is urgent the message can be communicated through the scrub person, if it is not then ask the circulating staff as to where to leave the message.
- The bleep system is accessed by dialling 15 followed by the bleep number and then the extension number you are calling from. When you bleep someone please do not walk away from the phone or allow someone else to use it, as it is very annoying for the person you have just tried to contact.
- On rare occasions needle stick injuries do occur. Please follow both the Trust policy and your universities instruction. This must be followed up immediately by your supervisor with an incident report. Please notify the Education Team.

Local Standards, Policies and Protocols are written by the Department's Policy Group and subsequently validated by the Theatre Governance Group. Policies are written for the protection of both patients and staff. Should you encounter any problems having adhered to the policies, you will be supported by the Trust. However, if you work outside these Standards, Policies and Protocols and a problem occurs you will be disciplined.

Shifts Rotas For Student Nurses

You are expected to work 37½ hours per week and you must record the hours experienced on your time sheet, provided by theatres. You may experience both early and late shifts, but not exceed 2 late shifts per week. This should allow you to work with your mentor/buddy for the equivalent of two working days per week as recommended by the Nursing Midwifery Council. As you may be working with numerous staff on occasions it is advisable to keep a record of the hours worked per day. If circumstances arise where you are required to work beyond your allocation to make up lost placement time you must negotiate this with your mentor and the Theatre Practice Educators.

Problems that arise due to extended periods of absence are dealt with on an individual basis in negotiation with yourselves, the University and the Practice Educators.

The working week runs from Monday to Monday. Some staff work a 4-day week pattern (8 – 6 & 12 – 9.30) if you wish to do this please discuss this with your mentor and appropriate team leader.

It is likely that your off duty will mirror that of your Mentor.

Shifts Rotas for Student Operating Department Practitioners

Student ODP's are expected to work 30 hours per week in clinical placement. Some areas prefer students to work these hours over four days due to the finishing times of theatre lists. Please consult your placement co-ordinator for your shift allocation. Students must ensure that their worked hours and where they worked are documented on the time sheet outside the Education Office (E Level, Centre Block theatres).

Your monthly time sheet must be completed Daily. Your mentor will not be expected to sign retrospectively for your clinical placement.

Shift Pattern examples

<u>Centre Block and Neuro Theatres</u>			
Early	0800 – 1800	Coffee	15 minutes
		Lunch	30 minutes
Late	1200 – 2100	Supper	30 minutes
Half Day	0800 – 1300		

<u>Ophthalmics</u>		
Only work	0800 – 1800	Coffee 15 minutes
		Lunch 30 minutes
<u>Princess Anne Hospital</u>		
Early	0800- 1700	Coffee 15 minutes
		Lunch 45 minutes
Late	1300 – 2100	Supper 30 minutes
Half Day	0800 - 1300	

Stress

Theatre is known to be a very stressful environment; if you feel that you are not coping with the stress you must seek help for your own well-being. You can speak to your mentor, team leader, practice educator's team or a counsellor through occupational health. These counsellors are able to help with stress at home as well as at work. Please feel free to discuss any problems you have or may encounter with someone, it will remain confidential.

Sickness, Crisis, Family Illness

You should not attend work when you are ill, as you are likely to spread the infection to other staff and patients; you are also more likely to make mistakes. You will be required to complete a self-certification form for periods of 4 – 7 days and require a Dr's certificate for 8+ days.

If you have diarrhoea or vomiting (or both) then you must remain off work for 48 hours once it has finished.

If you are unable to attend work because of sickness, crisis or family illness please contact the University, your Placement area and the Education Team.

You must phone as early as possible and state the reason and how long you expect to be off for.

Theatre Education Office	023 8120 4543
Theatre Co-ordinator (all areas)	023 8120 4401 Bleep 2894
Ophthalmics	023 8077 7222 and ask for Ophthalmic Theatres. Out of hours please leave a message with the Ophthalmic Ward
Princess Anne	023 8120 6310

Your Role

- It is up to you to negotiate your duty rotas with your mentor/buddy to enable you to work with your mentor/buddy at least 2 working days of the week. Please ensure that you complete the student off duty on a weekly basis to ensure you expected duty is available (Located on the Allocations Board).
- Ensure that you have your hours signed for at the end of each shift.
- Negotiate the learning outcomes expected and work towards achieving them.
- Be proactive in completing portfolio work. You must ensure that the clinical skills document is maintained and completed, and is made available to the mentor/buddy whenever it is required.
- Seek help & advice from mentor/buddy/practice educators when required.
- Notify Practice Educators if difficulties arise in identifying working with mentor/buddy or other staff.
- Take equal responsibility with the assessor in ensuring the initial, intermediate and end of placement interviews are carried out.
- Inform the area you are working of any absence/sickness as soon as possible and to also inform the area of your return.

The Role of the Mentor/Buddy

- To ensure the student receives a formal introduction to the placement on the first day, which includes a guided tour providing information and explanation of the fire procedure for the specific area. (Ensure this is documented in your initial interview paperwork).
- Hold an initial interview to enable discussion of the student's portfolio and learning outcomes/competencies and current achievement levels
- Identify learning opportunities and plan a learning contract within the initial interview.
- Complete an intermediate review of performance approximately halfway through your allocation.
- Complete a final summative review at the end
- Identify clinical competency concerns with the Practice Educators as soon as any issues arise.
- Identify with your student how supervision is to be managed in your absence.
- Ensure your student has the opportunity to attend teaching sessions provided by the Education Team.
- Act as a role model for professional practice.

Your Allocation

There are lots of variations in the length of your theatre allocation. However long your allocation is the education team will try to ensure you spend equal amounts of time across all three specialities within theatres. The specialities being: Anaesthetics, Scrub and Recovery. In all of these areas you will be supernumerary and will be working with a mentor/buddy. Student Nurses will also spend time in Surgical Day Unit

NB. Due to the specialist areas you may experience different mentors/buddy's when practising anaesthetics, scrub and recovery.

You may visit other clinical areas pertinent to theatres to maximise your learning. This will be at the discretion of your clinical mentor/buddy. Also you may be permitted to briefly visit the library to research a particular aspect of care.

Your Portfolio.

The portfolio should help you to integrate practice and theory, thus ensuring practice can be justified; what has been learnt from practice; the development of lifelong learning skills; evidence of self assessment and reflective practice. Additional skills can be recorded that are specific to the clinical area.

Learning Contract

Your portfolio includes a learning contract, which we recommend you negotiate this with your mentor/buddy at the beginning of your placement. Completing this along with the Strengths Weaknesses Opportunities Barriers (SWOB) analysis gives you and your mentor/buddy direction for the placement.

Assessment

You are required to present evidence to your mentor/buddy, which demonstrates that outcomes/competencies have been achieved. This is to develop your ability to justify your own practice and take responsibility for your learning. The purpose of collecting evidence is to demonstrate that minimum competency levels have been achieved; an understanding of, and ability, to adhere to principles of the NMC code of Professional conduct (2002) or the HCPC code and the development of the skills needed to be able to justify one's own clinical practice (clinical skills log).

The mentor/buddy will not be able to spend large amounts of time reading your written accounts, since the majority of evidence used to assess practice is derived from practice. Hence, the need to provide sufficient, but concise evidence. Mentors need to be objective in their assessment of your progress and where there are concerns, these should be brought to your attention as early as possible and fully documented so you have an opportunity to improve.

If you are still subsequently deemed unsatisfactory then it must be clearly stated why and the University will be informed.

The development of clinical skills for safe practice is the key element of this allocation. A theory and clinical skills programme has been developed by the Education Team to help reduce the theory-practice gap during this allocation.

NB The suggested outcomes have been organised to allow for self and mentor assessments, they are now in landscape format.

Suggested outcomes for Students during their theatre allocation.

Anaesthetics

Describe the importance of communication and relieving anxiety
Discuss the process of preparing the patient for anaesthesia, whilst maintaining patient's dignity
Understand the importance of fasting/NBM
Identify different methods of anaesthesia
Recognise different stages of anaesthesia
Understand the principles and practice airway management
Under direct supervision maintain and insert an airway
Demonstrate the use of patient monitoring equipment – ECG, NIBP, SpO2, and temperature.
Describe the normal physiological parameters
Describe different methods of drug administration
Understand the need for hydration therapy and prepare intravenous lines
Recognise the importance of anaesthetic documentation
Recognise and have an understanding of how basic equipment is used (e.g. cardiac arrest situations)

Theatres

Recognise the importance of theatre checking procedures and preparation prior to commencement of an elective operating list
Discuss the importance of documentation
Discuss the roles of the circulating, scrub person and the multidisciplinary team
Recognise and state the use of surgical diathermy
Perform surgical scrub and donning of gown and gloves
Demonstrate the principles and practice aseptic technique
Identify types of sutures, drains and wound dressings and apply wound dressings
Understand the importance of wound healing
Demonstrate the use of catheterisation and understand its care

Recovery

Describe the importance of patient safety
Knowledge of equipment needed to care for the post anaesthetic patient
Discuss the principles and practice airway management in relation to post anaesthetic care
Demonstrate an understanding of normal and altered respiratory & cardiac function in the post anaesthetic patient.
Describe the different levels of consciousness
Discuss the importance of oxygen therapy, accurate fluid balance measurement, different methods of drug administration, pain management, different types of analgesics, pain scoring, documentation, patient discharge criteria, management of post operative nausea and vomiting, patient positioning and pressure area care
Demonstrate awareness of possible postoperative complications
Recognise the importance of recovery documentation
Under direct supervision care for patients following: general, regional, local and sedation.

<u>Surgical day unit</u>
Describe the importance of patient safety
Understand and participate in the patients journey
Knowledge of equipment needed to care for the Pre / Post anaesthetic patient
Describe the importance of communication and relieving anxiety
Demonstrate an understanding of normal and altered respiratory & cardiac function in the post anaesthetic patient.
Understand the importance of fasting/NBM/hydration/nutrition/wellbeing
Discuss the importance of oxygen therapy, accurate fluid balance measurement, different methods of drug administration, pain management, different types of analgesics, pain scoring, documentation, patient discharge criteria, management of post operative nausea and vomiting, patient positioning and pressure area care
Demonstrate awareness of possible postoperative complications eg DVT
Recognise the importance of ward documentation
Under direct supervision care for patients following: general, regional, local and sedation.
Demonstrate the use of patient monitoring equipment – ECG, NIBP, SpO2, and temperature.
Describe the normal physiological parameters
Recognise and have an understanding of how basic equipment is used (e.g. cardiac arrest situations)
Final Placement – Ward Management skills.

Evaluation

If teaching sessions are arranged we ask you to complete a teaching evaluation form. Towards the end of this allocation you will be asked to complete an allocation evaluation form detailing your experiences. These will enable you to feedback to the Education Team your thoughts and feelings, which will enable us to improve or continue current support and teaching.

Useful phone and bleep numbers

Main hospital	023 8077 7222
Direct line prefix	023 8120 then number
External bleep	023 8120 4401 then follow prompts
Bleep operator	1010
Internal bleep service	15 then bleep number then extension
Medical emergencies and Fire	2222
Security	3333
Theatre Educators Office	4543
E level reception	6195
F level reception	6139
Centre Block Theatre Co-ordinator's bleep	2894
Neurosurgery	4049
Ophthalmics	4865
Princess Anne Theatres	6310