

Student Welcome Pack

Gynaecology Outpatients Department



**Introduction**

Welcome to the Gynaecology Outpatients Department. We are located in the Brooke and Ladywell Building on the second floor. You will be given the opportunity to work within all the clinics including:

* Post Menopausal Bleed (PMB)
* Colposcopy Clinic
* Hysteroscopy
* General Gynaecology
* Oncology Clinic
* Fertility Clinic
* Urogynaecology
* Urodynamics
* Early pregnancy Unit
* Unplanned pregnancy service

We hope you gain a variety of learning opportunities surrounding women’s health and by the end of your placement you will have gained experience and knowledge within those areas.

**We see patients experiencing a variety of gynaecological and early pregnancy issues, including miscarriage or ectopic pregnancy. If you have been affected by any of these issues and are concerned about how you may feel during your placement please discuss with your mentor.**

**Key Personnel**

The gynaecology Outpatient Team consists of:

ADNS - Carole Holland

Lead Nurse Anne Myers

Manager - Sharon Johnson

Nurse Colposcopist - Debbie Cain

Sister - Erica Wilson

Sister - Wai pen Chan (Jackie)

Staff Nurse - Naomi McNeill

Staff Nurse Melissa Carney

Staff Nurse Rachel Higgins

ANP- Sue Lewis

Support Worker- Elaine Cardall

Support Worker - Jill Owens

Support Worker - Mandy Goodwin

Support Worker - Karen Goodwin

Support Worker - Kelly Mather

Ward Clerk (EPU) - Susan Dickinson

**Placement Philosophy**

Our philosophy is to promote health and well being and to ensure patients receive the best possible treatment in accordance with their individual needs. Our aim is to ensure that patient safety is paramount and to provide safe, personal, high quality care at all times. For our learners, our aim is to provide a high quality learning experience, making learners feel part of the team and valuing their input. We aim to make the department, and the Trust, an employer of choice for our future workforce.

**Mission Statement**

Through continuous improvement we strive to create a supportive, varied and positive learning environment and to continue to deliver high quality patient care. We aim to share our knowledge and expertise and are committed to delivering the trust values. Click here for a link to more information on the Trust values: <http://www.srft.nhs.uk/about-us/values/>

**Shift Patterns**

The Team in the Gynaecology Outpatients Department work a variety of shifts. Your shifts will be agreed with your mentor and you will be expected to work similar shift patterns to your allocated mentor.

Monday to Friday

* 8am to 4pm 8am to 5.30pm
* 9am to 5pm 9am to 5.30pm
* 10am to 6pm

**Dress code**

We expect that you wear the uniform provided by your University and adhere to the University’s and the Trust’s uniform policy. The Trust’s uniform policy can be located on the intranet.

**Housekeeping arrangements**

Your lunch break will be 30 minutes long. The times of lunch breaks:

* Gynaecological Outpatients Department – 1.00pm to 1.30pm
* Early Pregnancy Unit – 12.30pm to 1.00pm

We have a staff room which provides a fridge, microwave, etc. There is also a Café nearby (ground floor Ladywell Building) where you can buy hot and cold food and drinks. There is also a Marks and Spencer food shop as well as two cafes and a WH Smith, located in the Hope Building.

**Mentoring arrangements**

The Placement Education Lead for the Department is Erica Wilson who will ensure you are assigned a mentor prior to your placement.

There are currently five mentors:

* Erica Wilson (PEL)
* Wai pen Chan (Jackie)
* Sharon Johnson
* Naomi McNeill
* Rachel Higgins

You are required to work alongside your mentor for at least 40% of the time during your placement. However, each member of the team will be involved in supporting you during your placement. There will also be plenty of opportunity to undertake spoke placements in other areas which are relevant to the Gynaecological Outpatients Department.

Please ensure that you are well prepared for your initial, mid-point and final assessments and that you have the relevant documentation with you at all times.

If you have any reasonable adjustments which need to be made, you are encouraged to inform your mentor on your first day and/or at your initial induction/assessment.

**Pathways of care**

During your placement you will be given the opportunity to follow the pathways of patient care. You will have the chance to undertake spoke placements which will allow you to see a patient’s journey within the speciality of the Gynaecology Outpatients Department services.

**EPU Referrals**

The Early Pregnancy Unit accepts referral from GP, Self-referrals, Telephone referrals, A+E referrals, community midwife referrals and Antenatal clinic referrals.

**Spoke opportunities**

As mentioned above, there will be plenty of opportunity to undertake spoke placements into other areas which are relevant to the Gynaecology Outpatients Department. Your mentor will liaise with spoke placement to arrange a visit.

* Ward H4/STU
* Pre-operative Clinic
* Theatre
* Ultrasound Department
* Sexual Health Department

**Learning opportunities**

**Year 1:**

* Communication skills: verbal, written, with staff and patients.
* Practice of infection control procedures including ANTT/hand washing
* Basic clinical observations
* Follow the patient pathway from initial consultation through to procedures in theatre
* Shadowing of Nurse Specialist to gain an understanding of their role
* Experience specimen collection and procedure.
* Chaperone experience
* Be involved with team working
* Gain insight to problems with early pregnancy

**Year 2 and 3:**

* Develop communication skills. specifically the breaking of bad news
* Supporting patients in their care, promoting their dignity and respecting their autonomy
* Learning about strategies used to manage situations where a patient’s wishes conflict with recommended nursing care or treatment plans.
* Correctly undertaking, interpreting and acting on findings from clinical observations
* Follow the patient pathway from initial consultation through to procedures in theatre, able to discuss with your mentor how and why these pathways are organised and managed
* Learning the relevant investigations and treatment management prior to surgical decisions.
* Shadowing of Nurse Specialist, able to discuss how they manage their own caseload
* Chaperone experience
* Experience of specimen collection procedures
* Recovery of patients post procedure, under supervision.
* Take part in the day to day running of the clinics, under supervision.
* Co-ordinate clinics under supervision.
* Active involvement in clinics, i.e. colposcopy, under supervision.
* Gain insight into problems with early pregnancy
* Opportunities to develop knowledge of and participate in health promotion, eg obesity, smoking.

**Learning Resources**

* Participating in patient care, talking to patients and staff
* Information files and leaflets within the Department
* Access to Link Nurses with a wealth of knowledge and expertise
* MDT (the multidisciplinary team)
* Trust Website: <http://www.srft.nhs.uk/>
* NICE Guidelines:
	+ Ectopic pregnancy and miscarriage: <https://www.nice.org.uk/guidance/cg154>
* Royal College of Obstetrics and Gynaecology: <https://www.rcog.org.uk/>
* Miscarriage association website: <http://www.miscarriageassociation.org.uk/>
* Royal college of nursing: <https://www.rcn.org.uk/>
* British Journal of Obstetrics and Gynaecology (you will need your Athens username and password to access): <http://www.bjog.org/view/0/index.html>
* Human Reproduction Journal (you will need your Athens username and password to access): <http://humrep.oxfordjournals.org/>

There are computers available within the department with both intranet and internet access. There is also a library in the MAYO Building.

Contact IT if password required for ISOFT (Electronic Patient Record system) and to log in to Trust computers.

**Health and Safety**

Health and safety will be discussed on induction, including fire procedures. All Trust policies are available on the intranet.

Any incidents to be raised and discussed and Datix Reporting Procedure will be done with mentor/staff member if required

Any Reasonable adjustments can be discussed with mentor or PEL

**MDT Members**

Consultants

Junior Doctors

Specialist Nurses

Staff Nurses

Support staff

Physiotherapy

Radiographers

Histopathology

You will be given the opportunity to attend MDT Meetings and the Bi weekly Post Grad Meeting also

**Terminology/abbreviations**

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| **Abbreviation** | **Full name** | **Meaning** |
|  |  |  |
| TAH | Total Abdominal Hysterectomy |  |
| BSO | Bilateral Salpingo-oophorectomy | Removal of both ovaries & tubes |
| LSO | Left Salpingo-oophorectomy |  |
| RSO | Right Salpingo-oophorectomy |  |
|  | Myomectomy | Removal of Fibroids |
| TVT | Trans vaginal Tape |  |
|  | Oophorectomy | Removal of Ovary |
| ONC | Oncology |  |
| PMB | Post Menopausal Bleed |  |
| TOP | Termination of Pregnancy |  |
| STOP/MTOP | Surgical/Medical Termination of Pregnancy |  |
| HVS | High vaginal Swab |  |
| ENDO | Endocervical Swab |  |
| LH | Luteinizing Hormone |  |
| FSH | Follicle Stimulating Hormone |  |
| E2 | Estradiol |  |
| LLETZ Procedure |  | **Large Loop Excision of the Transformational Zone of the cervix** [**http://www.healthtalk.org/peoples-experiences/cancer/cervical-abnormalities-cin3-and-cgin/lletz**](http://www.healthtalk.org/peoples-experiences/cancer/cervical-abnormalities-cin3-and-cgin/lletz) |
| CC | Cold Coagulation |  |
| RPOC’s | Retained products of conception |  |
| CRL | Crown Rump Length |  |
| MSD | Mean Sac Diameter |  |
|  | Threatened Miscarriage | Bleeding in early pregnancy where the cervix is closed |
|  | Inevitable Miscarriage | Bleeding in early pregnancy and the cervix is open |
|  | Incomplete Miscarriage | The miscarriage has started but there are still some products of conception in the womb |
|  | Missed Miscarriage | There is no evidence of pain or bleeding but on scan no fetal heart is seen |
|  | Complete Miscarriage | When the pregnancy has been lost and the womb is now empty and the cervix is closed. |
|  | Ectopic Pregnancy | The embryo has implanted usually in the most common place (the tubes) |
| PUL | Pregnancy Unknown Location | When there is no evidence of intrauterine or external uterine pregnancy |
|  | Molar Pregnancy (hydatidiform mole) | A fluid filled mass of cells, containing fluid filled sacs or cysts. This is an abnormal fertilised egg |
|  | Partial Molar | This is when two sperm fertilize the egg containing 69 chromosomes instead of 46 |
|  | Anembryonic Pregnancy (Blighted Ovum) | The gestation sac develops with no embryo within |
| UDS | Urodynamic studies | An investigation to look at how the bladder functions |
| OAB | Over active bladder | Number of symptoms that can result in urinary frequency, urgency and leakage of urine |
| UI | Urinary incontinence | Involuntary Leakage of urine |
| SUI | Stress urinary incontinence | Leakage of urine usually preceded by change in pressure i.e cough, sneeze, laughing  |
| Mixed UI | Both stress and over active bladder | Mixture of both OAB/SUI as above |

**Achieving excellence in learning and care...**

**Placement Charter**

This Charter demonstrates the Placement’s commitment to provide a safe and
high quality learning environment for all learners to prepare them for their future roles working collaboratively in multi-professional teams. The ‘Placement Pledges’ and the ‘Rights, Roles and Responsibilities of learners’ instil the values embedded within the NHS Constitution (DH 2013) and Health Education England’s NHS Education Outcomes Framework (DH 2012).

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| **Placement Pledges**  | **Rights, Roles and Responsibilities of learners** |
| Ensure all learners are welcomed, valued and provided with an inclusive, safe, stimulating and supportive learning experience. | Prepare adequately for the placement, including contact with the placement in advance. Disclose any health or learning needs that may impact on the placement, or the achievement of learning outcomes. |
| Promote a healthy and ‘just’ workplace culture built on openness and accountability, encouraging all learners to raise any concerns they may have about poor practice or ‘risk’, including unacceptable behaviours and attitudes they observe at the earliest reasonable opportunity. Respond appropriately when concerns are raised. | Raise any serious concerns about poor practice or ‘risk’, including unacceptable behaviours and attitudes observed at the earliest opportunity. Be clear who to report any concerns to in order to ensure that high quality, safe care to patients /service users and carers is delivered by all staff. |
| Provide all learners with a named and appropriately qualified / suitably prepared mentor / placement educator to supervise support and assess all learners during their placement experience. | Actively engage as an independent learner, discuss learning outcomes with an identified named mentor / placement educator, and maximise all available learning opportunities. |
| Provide role modelling and leadership in learning and working, including the demonstration of core NHS ‘values and behaviours’ of care and compassion, equality, respect and dignity, promoting and fostering those values in others. | Observe effective leadership behaviour of healthcare workers, and learn the required NHS ‘values and behaviours’ of care and compassion, equality, respect and dignity, promoting and fostering those values in others. |
| Facilitate a learner’s development, including respect for diversity of culture and values around collaborative planning, prioritisation and delivery of care, with the learner as an integral part of the multi-disciplinary team. | Be proactive and willing to learn with, from and about other professions, other learners and with service users and carers in the placement. Demonstrate respect for diversity of culture and values, learning and working as part of the multi-disciplinary team. |
| Facilitate breadth of experience and inter-professional learning in placements, structured with the patient, service user and carer at the centre of care delivery, e.g. patient care pathways and commissioning frameworks. | Maximise the opportunity to experience the delivery of care in a variety of practice settings, and seek opportunities to learn with and from patients, service users and carers. |
| Adopt a flexible approach, utilising generic models of learner support, information, guidance, feedback and assessment across the placement circuit in order to support the achievement of placement learning outcomes for all learners. | Ensure effective use of available support, information and guidance, reflect on all learning experiences, including feedback given, and be open and willing to change and develop on a personal and professional level. |
| Offer a learning infrastructure and resources to meet the needs of all learners, ensuring that all staff who supervise learners undertake their responsibilities with the due care and diligence expected by their respective professional and regulatory body and organisation | Comply with placement policies, guidelines and procedures, and uphold the standards of conduct, performance and ethics expected by respective professional and regulatory bodies and organisations. |
| Respond to feedback from all learners on the quality of the placement experience to make improvements for all learners. | Evaluate the placement to inform realistic improvements, ensuring that informal and formal feedback is provided in an open and constructive manner. |
| • ‘Learner’ refers to all health, education and social care students, trainees, hosted learners.• ‘Placement’ relates to all learning environments / work based learning experiences.• ‘Mentor’/ ‘placement educator’ relates to all trainers / supervisors / coordinators appropriately qualified / suitably prepared to support learners.• ‘Professional and regulatory body and organisation’ relates to standards required to ensure patient and public safety, and professional behaviours. |

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|  | Developed in the North West by healthcare learners, service users, carers, and health and social care staff from all professions in the North West region. |  |
|  | Description: Health Education North West **Health Education North West** |