

Welcome to Ward Trauma 5.

**Greater Manchester Centre for Neurosciences**

**Student Orientation Booklet**

**Student:**

**Mentor:**

**Associate Mentor:**

**Ward:** Trauma 5

**Start Date:**

**Completion Date:**

**Ward Manager:** Victoria Smyth

**Nurse Practitioners:** Emma Millican, Jenny Burke and Mary Clarke.

**PEL:** Emma Millican, Megan Greenhalgh and Shannon Penty.

**Lead Nurse:** Luke Thompson

**PEF**: Andrea Surtees.

Northern Care Alliance NHS Trust

Mission Statement

**The Trust’s mission is to provide clinical, academic and service excellence, and to strive for these on the basis that what matters most of all is the patient experience.**

Our priorities are Quality, Performance and Service Development, all of which we aim to achieve in co-operation with our partners.

**Ward Contacts**

T5:0161 206 1163

Victoria Smyth, Ward Manager

Email: [victoria.smyth@srft.nhs.uk](mailto:victoria.smyth@srft.nhs.uk)

Emma Millican – PEL / Ward Sister

Email :[emma.millican2@srft.nhs.uk](mailto:emma.millican2@srft.nhs.uk)

Megan Greenhalgh – PEL

Email: [megan.greenhalgh@nca.nhs.uk](mailto:megan.greenhalgh@nca.nhs.uk)

Shannon Penty – PEL

Email: shannon.penty@nca.nhs.uk

Luke Thompson, Lead Nurse

Email: [luke.thompson@srft.nhs.uk](mailto:luke.thompson@srft.nhs.uk)

Any issues or concerns please feel free to approach your mentor or any of the above who you feel is the most appropriate.

**Welcome**

The staff on Trauma 5 would like to extend a warm welcome to you. All the staff will endeavour to ensure that your time with us is both pleasant and constructive. You will be given the opportunity to develop your nursing skills and knowledge, which will relate to generic nursing practice and to the Neuroscience specialism. The aim of this pack is to provide you with information and to help ease you into the learning environment.

**Ward Trauma 5**

**Model**

Salford Royal NHS Foundation Trust is part of the Greater Manchester Major Trauma Centre Collaborative, along with Central Manchester University Hospitals NHS Foundation Trust, and South Manchester University Hospitals NHS Foundation Trust. T5 is a 24 bedded ward with 4 Bays and 8 Side rooms.

**Patient Types**

The unit admits Major Trauma Patients from other wards within the trust, external trusts and CCU step-downs. Our sister Ward T4 admit from the emergency department.

**Specialties involved:**

Neurosurgery

Orthopedic

Spinal

General Surgical

Rehabilitation

Accident and Emergency

Plastics

The ward endeavours to provide services, which meet the patient’s needs and provide flexible access to healthcare.

We forge excellent relations with members of the multi-disciplinary team, which include Specialist Nurses, Physiotherapists, Speech & Language Therapists, Occupational Therapists & the Different Specialities listed above.

The nursing team is responsible for coordinating, planning and implementing care, which leads to effective admission, streamlined service provision and planned transfer to outlying hospitals and continued care until discharge.

**Shift Patterns**

**Shift patterns**

**Trauma 5 work three 12 ½ hour shifts per week over an eight-week period, an extra 12-hour shift or two six-hour shifts will be required to work during this period to ensure that contracted hours of 37 ½ hours are met**

# **Day shift: 07:00 hours – 19-30 hours (30MINS AM, 30MINS PM)**

# **Night Shift: 19:00 hours – 07:30 hours (with 1 hour break)**

# At the start of your placement, you will be allocated to a team of mentors, you will be expected to always work with a member of your nursing team. Your sign off mentor will lead the team, and you will spend at least 40% of you time working with this mentor. When this is not always possible you will be assigned to work with another member of your team. As a team we will communicate your learning outcomes and learning opportunities and plans put into place to help you meet these.

Students will be expected to work weekends, however no more than 2 weekends in any four-week period will be worked.

Any annual leave for final placement students’ needs to be arranged with their mentors. This is in line with the improving working lives document. (Department of Health Improving Working lives. London. HMSO.1999)

**Activity Levels**

The unit is usually very busy, and you will be required to work closely with your mentor team and other qualified members of the nursing team. You will have time allocated to utilize unit-learning resources and to attend relevant teaching sessions.

Staff on the ward work as one team, a co-coordinator is in charge on each shift and will allocate patients appropriately, as well as jobs required to maintain the smooth running of the unit. We use an adaptation of Roper Logan & Tierney’s activities of daily living model to assess patients on the unit.

Students are welcome to discuss any problems, queries or ideas with the ward manager or mentor at any time, who will guarantee to deal with any issues in a professional and constructive manner.

Handover time

Handover begins at 7am and 7pm in the MDT office. Staff have a printed handover sheet containing basic patient information of all the patients on the unit, this is updated each shift. This is supplemented by a verbal “huddle” at the beginning of the shift that identifies key information such as infection control status, acutely unwell patients, patients who are nil by mouth or not for resuscitation. T5 focuses on bedside handover where the nurses receive an in-depth handover of patient status, care needs and plan.

Open door systems

The unit is secure with a call bell on the outside, you will be asked to state your name before entry is permitted. Permanent staff have individual fob access – unfortunately this system is not yet available for students.

Computer Resources

The ward computers are available to all staff as a learning resource for up-to-date information. You will find various programmes such as ‘Medline’ and The Cochrane Library for references and the Intranet to enable you to resource Trust policies etc. Other programmes available are: ‘NHS Net’, ‘WeBNF’, ‘Doctor Online’, ‘Cinahl’ and the Internet. There are also link nurse files and a resource file in the ward office, which you can make use of. Salford Royal is moving towards being a paperless trust therefore most of the patient’s information is electronic and, on a system, called Sunrise. Students can gain access to Sunrise via the IT trainers, training will be provided, but all their work is to be supervised and countersigned.

Restaurant Facilities

The Restaurant located on the ground floor of the main building offers reasonably priced meals 8-2pm Monday to Friday. There is a Marks and Spencer’s food court, WH Smith and café in the atrium (located in the hope building).

There is a vending machine only in the GMMTH building.

There is a staff room with a microwave on the unit and food brought in from home can be stored.

Personal belongings

There are locker rooms in the staff room. The trust does not accept liability for personal items lost therefore we ask that you ensure your belongings are locked away safely for your own protection.

**Philosophy of Care**

Neurosciences Philosophy of Care

Nursing care delivered will be evidence based and collaborative within the M.D.T.

Education and staff development will be pivotal to improved performance and nursing developments.

Understanding the needs of patients and their carers will be explored through User Involvement Groups

Recruit and retain nurses through providing a creative, innovative, stimulating environment and explore challenging new ways of working.

Openness, honesty and a supportive environment will promote learning and a ‘fair and just’ no blame culture.

Service developments will be supported through leadership, progressing the 10 key roles for n nurses (2001) and recommendations from ‘Making a Difference’ (1999)

Continuous service improvements will be supported through monitoring ‘Nurse Sensitive Indicators’

Improved performance of staff will be achieved through the appraisal process and P.D. P’s

Effective clinical care will be audited and evaluated to pursue ‘Best Practice’.

Nursing management will take responsibility for developing systems and processes that ensure resources are utilised optimally.

Care about patients, their carers and families. Respect dignity, privacy, confidentiality and cultural diversity of all.

Experience of patients will be at the heart of everything we do.

Trauma 5 Unit Philosophy of Nursing Care

Philoso

***The philosophy of care on T5 is:***

***We aim to provide the highest quality care possible delivered by a knowledgeable and appropriately skilled nursing team, with reference to evidence-based practice.***

***We believe our patients to be unique individuals with physical, psychological and spiritual needs. We aim to meet these needs through a collaborative approach incorporating aII aspects of holistic care.***

***We strive to provide an informative and supportive environment. We feel it is vital to foster good relationships with our patients, family and carers, considering the patient's rights to privacy &***

***Confidentiality***

Salford Royal Foundation Trust Values are:

**CONTINUOUS IMPROVEMENT**

**RESPECT**

**ACCOUNTABILITY**

**PATIENT & CUSTOMER FOCUS**

**Your First Day**

We ask you to ring the ward or email the PELS before your start date, this allows us to give you your mentoring team and discuss off duty. We are also more than happy for you to come to the unit before your start date – this can be arranged by contacting the ward.

On your first day you will be orientated to the unit and introduced to the staff on duty. You will already have been allocated a mentor. Your mentor will usually greet you on your first day – in circumstances where this is not possible you will be greeted by a member of your mentor team.

You will be given a copy of the orientation pack and will be given time to read this and familiarize yourself with your environment.

Time will be allocated for you to meet privately with your mentor to discuss the placement and your learning needs.

Learning opportunities and learning contracts will be discussed where possible on the first day of your placement but always within the first week.

The unit is generally quite busy. The student would be expected to work closely with their mentor, observing what is happening but also assisting when and where able to do so.

**Uniform**

**Guidelines regarding uniform**

1. You are expected to wear the complete official uniform both whilst you are attending clinical placements and during clinical skills sessions within the university. Failure to do so may result in disciplinary action being taken. Uniforms should be always clean and neat.
2. Cardigans if worn must be removed when in the clinical area.
3. Shoes should be supportive with a small heel only, quiet soled and black in colour; sandals and boots and trainers are not satisfactory footwear.
4. When you are allocated to a placement where uniform is not required, you should check before attending what standard of dress is required.
5. Pens, scissors and fob watches should be made secure.
6. Hair must be tidy. Hair that is shoulder length should be tied back off the face and collar. For safety reasons, protruding hair decorations should not be used. If required, neutral-coloured decorations should be used to secure hair. Beards and moustaches should be neatly trimmed.
7. Fingernails must be clean and short. It is not acceptable to wear nail varnish or false nails.
8. Make-up, if worn should be discrete. Perfumes and after-shaves should be used sparingly.
9. Jewellery – only small, plain stud earrings (one per ear) and on plain band are permitted. Wristwatches must not be worn when attending to patients. No other jewellery is permitted.
10. Identification badges must be worn when on duty. You are required to wear your name badge whenever you are in a clinical placement area.
11. Outdoor Uniform – Dark coloured outdoor coats, which cover the length of the tunic, must be worn over uniforms when off hospital/university premises.

N.B Ethnic/religious customs concerning dress will be respected; clarification can be sought from you PEF (Practice Education Facilitator or HEI’s (Higher Education Institution).

Failure to comply with the stated uniform policy will be regarded as unprofessional behaviour.

**Expectations of Staff Toward Students**

1. Students will arrive punctually on shift and inform the nurse in charge as soon as possible if they are ill or delayed. Students are requested to provide a contact number on commencement of their placement.
2. Students are expected to show initiative to learn and participate in care, whilst acknowledging any limitations in their knowledge and competence.
3. Students are expected to develop competency in core clinical skills as identified by the University. Students may be exposed to skills outside this framework, but these should not be considered essential.
4. Should any personal or professional problems arise during placement, these must be raised as soon as possible with an appropriate member of staff, to prevent the problem escalating.
5. Students must adhere to the uniform policy.
6. Nursing students working bank shifts with NHS Professionals must wear the appropriate uniform.
7. Students will whenever possible, work the same shifts as their mentor; this should be a minimum of two shifts a week. Weekends should be worked at a minimum of 1-in-4 and a maximum of 2-in-4 as recommended by the School of Nursing document ‘Changes to Pre-Registration Courses Commencing After September 1999’.
8. Students must complete 4 weeks (150 hours) of night shifts over the course of their training; they are not expected to work nights in their first year of training (refer to the School of Nursing update document ‘Pre-Registration Students experiencing 24hr care’).
9. Students should bring relevant documentation (assessment of practice documentation, action plans, profile) daily, for use at appropriate times.
10. Student must always excise professionalism and confidentiality.

**Expectations of Students Towards Staff**

1. Students can be expected to be welcomed as ‘part of the team’ by the staff.
2. Students can expect an appropriately timed orientation to the placement including layout, routines, policies and procedures, and to receive an orientation booklet.
3. Students will have an allocated mentor team.
4. Students can expect to receive their off duty at least two weeks in advance.
5. Students will receive continuous feedback on their progress, and any problems / issues as perceived by staff will be raised with the student as soon as possible.
6. Students will not be regarded as an extra pair of hands and their role of learners will be respected.
7. Student will have the opportunity to learn and participate in new skills whilst acknowledging any limitations in their knowledge and competence.
8. Students will be made aware of appropriate learning opportunities before/as they arise.
9. Whenever possible, initial, midpoint, and final assessments will be carried out on time.
10. Students will be aware of their role during emergency procedures (fire, crash call)
11. Students requested to act as an escort to patients can expect staff to adhere to the University of Salford School of Nursing policy ‘Students acting as Escorts for Clients/Patients’

**Students acting as escorts for clients / patients**

The School Management Committee has requested that a policy statement should be produced to clearly outline the school’s position with respect to students acting as escorts for clients / patients. The general view of the School Management Committee (SMC) is that students must be always supervised in the workplace.

**Background**

* Student nurses are allocated to practice placements to gain the necessary practical experience to enable them to achieve the required outcomes and competencies demanded by statute.
* Students are not employees of the NHS and must never be regarded as an essential part of the workforce in terms of the delivery of care to clients / patients. It is the responsibility of Trusts to ensure that enough appropriate staff are always available to care for the clients / patients in their care in a safe and competent manner.
* Student exposure to clinical situations must be guided by their education needs and not be determined by the needs of the service.

**Statement**

* At no time must first year students of the Diploma / Diploma with Advanced Standing / Undergraduate programmes be utilised as the sole escort for clients / patients who are required to leave their care base for any form of investigation of treatment or social care activity. This includes client / patient transfers to and from radiography departments and theatres.
* First year students of the Diploma / Diploma with Advanced Standing / Undergraduate programmes may accompany qualified health care practitioners who are escorting clients on order to observe investigations and treatment as part of their educational programme at the discretion of their assessor / mentor.
* Students in the second and third years of the Diploma / Diploma with Advanced Standing / Undergraduate programmes or any part of the RN (child) programmes may act as the sole escort for clients / patients who are required to leave their care base for any form of investigation or treatment or social care activity at the discretion of the student’s assessor / mentor.
* Students at any stage of the Diploma / Diploma with Advanced Standing / Undergraduate / RN to RN (child) programmes may accompany a client who is required to leave their care base for any form of investigation or treatment or social care activity IF the client would normally be permitted to go to the department / activity without being accompanied by a member of staff.

**Learning Opportunities**

Regardless of your stage of training and experience you will have the opportunity to learn a lot whilst on this placement, this will be discussed with you on the first day. When the unit is quiet, the student would be advised to take the opportunity to study using local education materials and/or talking to patients. Engaging in the following activities will also contribute to your learning:

* Nursing admission
* Care of patient and families/partners
* Observations to include Neurological observations.
* Handover of patients at the end of a shift
* Record keeping and documentation.
* Interpretation of NMC Code of Professional Conduct and relationship to practice
* Co-ordination and organisation of relevant investigations
* Nursing role in investigative procedures i.e. bloods, MR and CT scan
* Preparation and calculation and monitoring of Intravenous therapy.
* Preparation and administration of subcutaneous and intramuscular injections
* The administration of medication
* Liase and refer to members of the multidisciplinary team.
* Primary care referrals
* Discharge planning
* Patient transfer to wards, departments or outlying hospitals
* Pre- and post-operative care
* Insertion/removal of urinary catheter
* Monitoring of wound drain and surgical wound
* Removal of sutures and clips
* Pain assessment and pump management
* Pin site care
* Skin and skeletal traction
* Chest drains management

Experience / Spoke Matrix

During your placement you can spend time in other areas & with members of the multi- disciplinary team. With your assessor, arrange days / half days in which to spend time in these other areas.

It may be helpful to follow a patient through their hospital stay, thus giving you an impression of how many areas that a patient may encounter during their time within Neurosciences.

You can even arrange to spend time working on the other Neurosciences ward, this usually is better if you spend at least a week there to give you time to settle into the ward environment.

Examples of other potential spoke placements are:

* Pain team (3rd year only)
* Specialist nurse placements (Trauma Co-ordinator, Trauma Rehab Co-ordinator, Nutritional support team)
* Occupational therapists
* Physiotherapists
* Trauma flow manager
* Trauma Discharge team
* GMMTH theatres
* Neuropsychology
* Pharmacy

The contact details for these areas will be provided when your placement has commenced.

**Potential seminar sessions/case studies/**

**Study sessions**

These topics may be arranged for students on placement within the neuroscience unit and will be timetabled throughout your placement. This list is not exhaustive and may be added to in order meet your Individual needs.

* Fluid management
* Head injury management
* Epilepsy
* Tissue Viability
* Neuropharmacology
* Pain management for chest injuries
* Major Trauma Study days.

You will find there are several link nurses on the ward and within neurosciences, who will be valuable resources in assisting you with your learning.

### Ward Safety/Induction

Manual Handling – In line with Trust policy, each student must produce confirmation of manual handling training at the beginning of each clinical placement.

ALL POLICIES CAN BE FOUND ON THE INTRANET ON THE SYNAPSE PAGE, UNDER SUPPORT FOR HEALTH AND SAFETY POLICIES AND CLINICAL FOR ALL OTHER POLICIES.

YOUR INDUCTION TO YOU PRACTICE PLACEMENT WILL BE COMPLETED BY YOU MENTOR AND WILL INCLUDE FIRE, HEALTH AND SAFETY AND EMERGENCY PROCEDURES.

**T5 SKILLS**

**In addition to your ESC’s, you will have opportunity to learn new skills on T5, this list is not exhaustive, and you may not have the opportunity to observe these skills therefore it is not essential that you complete these. However, we suggest that you try and observe these to further your knowledge and skills.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SKILL** | **DATE OBSERVED** | **DATE COMPLETED** | **STUDENT SIGNATURE** | **MENTOR SIGNATURE** |
| Log Rolling |  |  |  |  |
| Application and care of Cervical collars |  |  |  |  |
| Application and care of TLSO |  |  |  |  |
| Care of a Thomas Splint |  |  |  |  |
| Application and care of a Dorsi-Wedge |  |  |  |  |
| Application and care of foot drop splints |  |  |  |  |
| Care of chest drains |  |  |  |  |
| Application of Flotrons |  |  |  |  |
| Pin site care |  |  |  |  |
| Use of Traction |  |  |  |  |
| Care of a halo Vest and Jacket |  |  |  |  |
| Dealing with challenging behaviour |  |  |  |  |
| Removal of surgical drains |  |  |  |  |
| Neurological observations |  |  |  |  |
| Nasopharyngeal suction |  |  |  |  |

##### **Knowledge of Specific Conditions**

It would be useful to have a basic understanding of the following conditions and begin to think about how these disorders affect the patients on the unit: -

|  |  |  |
| --- | --- | --- |
| Spinal Fractures (cervical, thoracic, lumbar) | Speech Dysfunction (dysphagia) | Extra Dural Hematoma’s |
| Seizure’s | Post Traumatic Amnesia | Subdural Haematoma’s |
| Skull and facial fracture’s | Tibia, Fibula, Femur, distal radius fractures | Traumatic Subarachnoid Haemorrhage |

It would be useful to have a basic understanding of the following drugs including Approved name, proprietary name, normal dose, contraindications and side effects:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Indications for use** | **Normal dose** | **Contraindications** | **Side effects** |
| Gabapentin |  |  |  |  |
| Oxycodone |  |  |  |  |
| Codeine phosphate |  |  |  |  |
| Morphine |  |  |  |  |
| Levetiracetam |  |  |  |  |

Equipment Particular to the ward area

|  |  |
| --- | --- |
| EquipmentPlease note: All equipment must only be used under direct supervision of a competent practitioner.Must not be used or adjusted without the relevant training. | **Evidence of Competence** |
| IVAC  ABBOTT PUMP  CRASH TROLLEY  FLOTRONS  WALL MOUNTED SUCTION  PORTABLE SUCTION  WALL MOUNTED OXYGEN  BLOOD SUGAR MONITORING  VAC dressing pumps |  |

There are more workbooks available on the ward for students to work through including anatomical diagrams and case studies with questions.

Terminology

|  |  |
| --- | --- |
| WORD | DEFINITION |
| Aphasia | A disturbance of the comprehension and formulation of language caused by dysfunction in specific brain regions |
| Ataxic | A neurological sign consisting of lack of voluntary coordination of muscle movements, this usually affects gait. |
| Burr hole | A small hole drilled into the skull using a specialist drill |
| Cerebral Spinal Fluid | A colorless bodily fluid that surrounds the brain and the spinal column, it provides protection to the brain and excretion of waste products |
| Craniectomy | A surgical procedure in which part of the skull is removed to ease swelling of the brain |
| Craniotomy | A surgical procedure where a part of the skull is temporarily removed to access the brain, this is the replaced |
| Computed Tomography Scan (CT) | A scan that uses x-ray to gain detailed images of the body |
| Dysphagia | Medical term for swallowing and speech difficulties |
| Magnetic Resonance Imaging (MRI) | A type of scan that uses magnetic and radio waves to get detailed images of the body |
| Open Reduction and Internal Fixation | An open reduction internal fixation (ORIF) refers to a surgical procedure to fix a severe bone fracture, or break. “Open reduction” means surgery is needed to realign the bone fracture into the normal position. “Internal fixation” refers to the steel rods, screws, or plates used to keep the bone fracture stable to heal the right way. |
| Post Traumatic Amnesia (PTA) | A state of confusion that follows immediately after and traumatic brain injury |
| Seizure | Seizures are symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain |
| Traumatic Brain Injury (TBI) | Occurs when an external force traumatically injures the brain |

We want you to get the most out of your placement and we are always looking for ways to improve the unit for student nurses.

At the end of your placement, you will be asked to fill in a questionnaire and we would be grateful for your honest feedback.

***Thank you, good luck and Welcome to the team J***

|  |
| --- |
| **Private & Confidential** |
| **Reflective Practice** **Date of Incident:**  **Where and when the event happened**  **Description of the event**  **Why the event was important**  **How did I feel at the time?**  **What did I think at the time?** |
| **Private & Confidential** |
| **Reflective Practice** **What was most satisfactory about the incident?**  **What was most troubling about the incident?**  **What might I do differently, now and in the future?**  **The action to be taken as a result of this learning** |