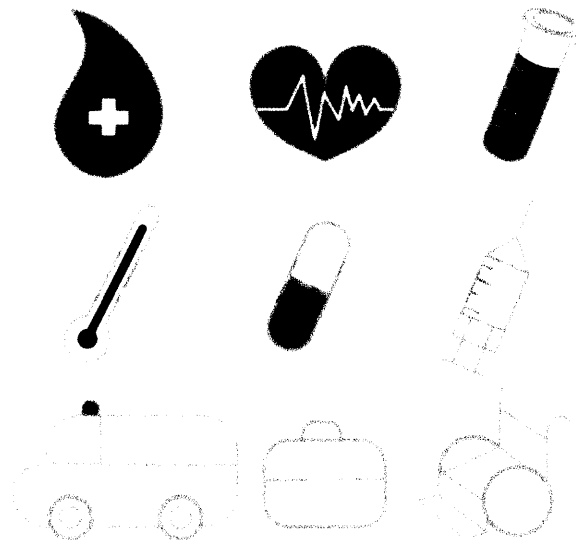


# Student Induction

## Pack:

# Welcome to Ward C4 (Medicine and Stroke Rehabilitation)



# A warm welcome!

Welcome to Ward C4, this information booklet is to guide and orientate you to what is C4 and the multi-disciplinary team that is involved here within patient admission, care and discharge.

This ward as a whole wants you as a student to have a pleasant learning experience and enjoy your time on the ward, at any point in your learning. We can understand that new placements can feel daunting and scary, so this booklet will hopefully support and allay any fears that you might have during your time on the ward.

We provide treatment for generally older patients although there is no age limit, across our five complex care wards including ward C4, and have close links with the orthopaedic and other medical wards. We run specialist clinics for conditions such as falls and Parkinson's disease and work closely with the members of the wider team such as social workers to provide care for other, social aspects of the patients' health and promote independence whether it is at their own home, or within care facilities.

As a ward we adhere to Government guidelines and policies regarding appropriate patient care, we also use Roper, Logan and Tierney as a nursing model to assess all patients who arrive on the ward.

Myself and a student nurse developed this workbook as a means to support student nurses throughout their time with us, if you have any worries or fears during your time on C4 feel free to contact myself or the Ward Manager, Cheryl Stott.

We hope you enjoy your time with us on C4!

# Content Page

- Contact, shifts, sickness and absence whilst on placement.
- The MDT Team.
- Mentors & Students.
- Useful Resources (Common conditions seen on C4).
- Spoke Placements.
- Glossary of commonly used terms on C4 handover.
- Feedback/Reflection space for students.

## Contacts, Shift Patterns, Sickness and Absences whilst on placement

**Contact number for the ward – 012014390670.**

If for any reason you are unable to attend placement due to sickness or an emergency please contact the ward and give them your name, the name of your mentor and a brief reason for not being able to attend, this should be done ideally before your shift starts and you should contact them once you are well again and able to attend placement. You should also contact the University through the appropriate channels and ensure that they are aware of your absence and when you intend to return to university.

### Shifts

*Early 7:00am – 1:15pm*

*Late 11:00am – 7:30pm*

*Long day 7:00am – 7:30pm*

*Night 8:00pm until 7:30am*

Students are **not** allowed to change the off duty by themselves, please liaise with a senior member of staff if you need to change your off duty, off duty is implemented to ensure that you work with your mentor as much as possible, in accordance with NMC requirements.

Students must adhere to the University uniform policy at all times; see your Blackboard site for further details. ID badges should be visible and worn at all times as per the Trust's guidelines.

## The MDT Team

The multidisciplinary (MDT) team is a crucial part of patient care on ward C4. This is a team of professionals both medical and social who gather Monday to Friday to discuss patient's on-going care, treatment and discharge planning.

On the MDT team there is;

- A consultant (Dr Kallat) and several junior doctors
- Physiotherapist.
- Occupational Therapist (OT).
- Social worker.
- Discharge planning co-ordinator.
- A member of the nursing team (more senior members such as Sisters or Ward Managers tend to attend an MDT meeting).

Each member of the team is there to support an aspect of patient care, nurses and doctors ensure the patient is medically fit and recovered from the condition which brought them into hospital, such as a urinary tract infection.

Physiotherapists and Occupational Therapists work with patients to improve their physical health, such as their mobility, adaptations to their home to promote independence as much as possible (such as specialised eating utensils) and ensuring that they can manage when they do go home or onto further care facilities.

Social workers are also involved in this aspect of care but they also involve the patient's family to discuss discharge plans and if they need specialised care which cannot be provided at home and support the patient's decision on where they would like to live as much as possible.

Discharge co-ordinators are present to provide contact between family and professionals to keep them informed on the patient's condition and where they are planning to go once they leave the hospital.

## Mentors and Students

It is important for your own learning and development of your portfolio that you as a student identify your own needs and specific learning objectives for your placement time on C4 ideally within your first couple of days on the ward.

You will be placed with a qualified nursing member of staff who has undertaken mentorship training or who is completing the mentorship programme. Ideally you will work most of your shifts with your mentor but allowing for mentor sickness or if you would like to complete some night shifts whilst on placement you may work with other members of staff during your time on C4.

Your mentor is the person responsible for completing your practice assessment documentation and any practice based assessments whilst you are on C4. They can also sign you off on any clinical skills or Medication management objectives providing you are competent in doing so and have the relevant knowledge base to complete it competently.

Although your mentor is responsible for completing your documentation, it is the student's responsibility to ensure that it is completed at the appropriate times during placement and ensuring that everything is signed off at the end of your placement on C4.

## Useful Resources (Common conditions seen on C4)

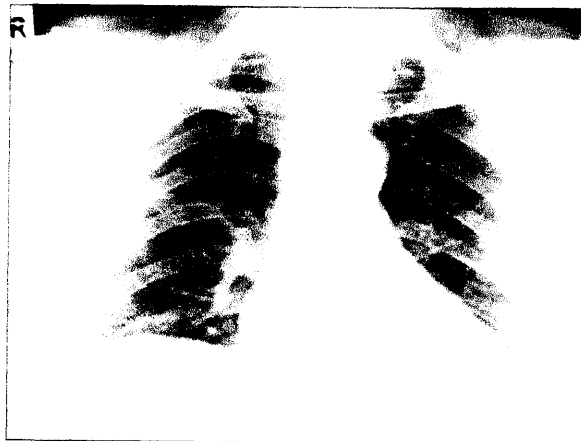
### Respiratory Tract Infection

Respiratory tract infections (RTIs) are any infection of the sinuses, throat, airways or lungs. They're usually caused by viruses, but can be caused by bacteria. RTIs are thought to be one of the main reasons why people visit their GP or pharmacist. The common cold is the most widespread RTI. Healthcare professionals generally make a distinction between:

Upper respiratory tract infections (URTI) – which affect the nose, sinuses and throat. These types of infections tend to affect children more than adults.

Lower respiratory tract infections (LRTI) – which affect the airways and lungs.

On ward C4 we treat mainly adults, so you will see a lot of LRTI's during your placement. These types of infections can extend from influenza to pneumonia and are widely different in their signs and symptoms. **For back ground reading visit your anatomy and physiology book to familiarise yourself with LRTI's.**



## Urinary Tract Infection

The urinary tract is where our bodies make and get rid of urine. It's made up of:

The kidneys – two bean-shaped organs, about the size of your fists; that make urine out of waste materials from the blood.

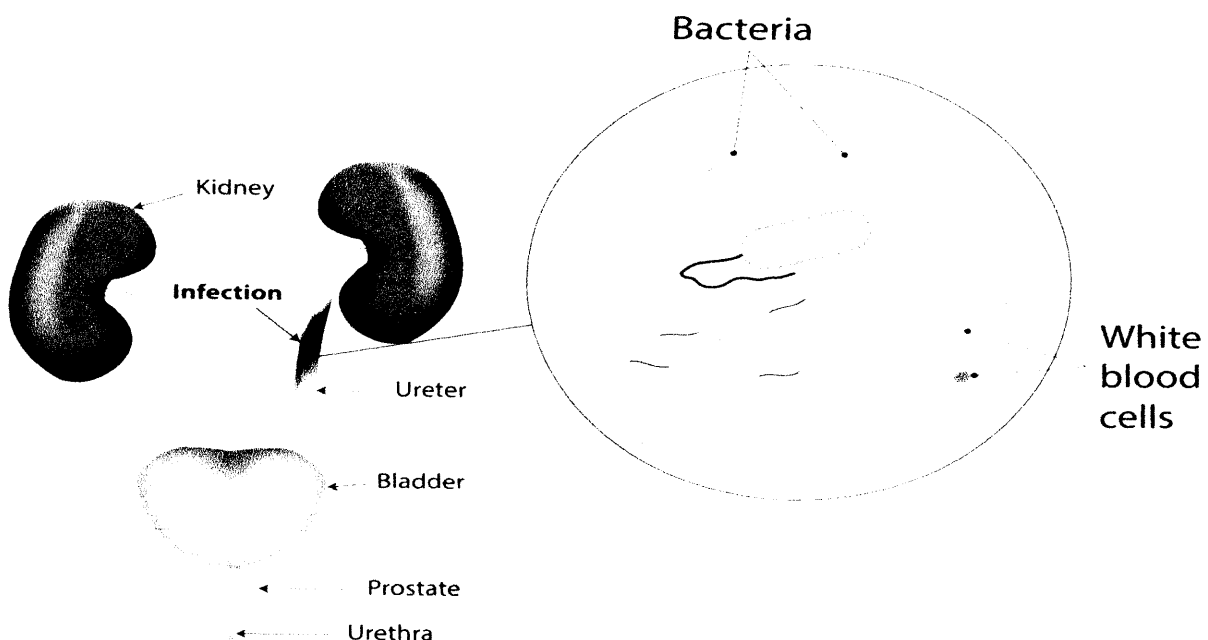
The ureters – tubes that run from the kidney to the bladder.

The bladder – where urine is stored until we go to the toilet.

The urethra – the tube from the bladder through which urine leaves the body.

A UTI develops when part of the urinary tract becomes infected, usually by bacteria. Bacteria can enter the urinary tract through the urethra or, more rarely, through the bloodstream. You may find your UTI symptoms are mild and pass within a few days. However, if you find your symptoms very uncomfortable or if they last for more than five days, see your GP. Symptoms can include; Developing a high temperature, changes in urination such as burning or pain when urinating. **For back ground reading visit your anatomy and physiology book to familiarise yourself with UTI's.**

## ***Urinary Tract Infection***





## Stroke

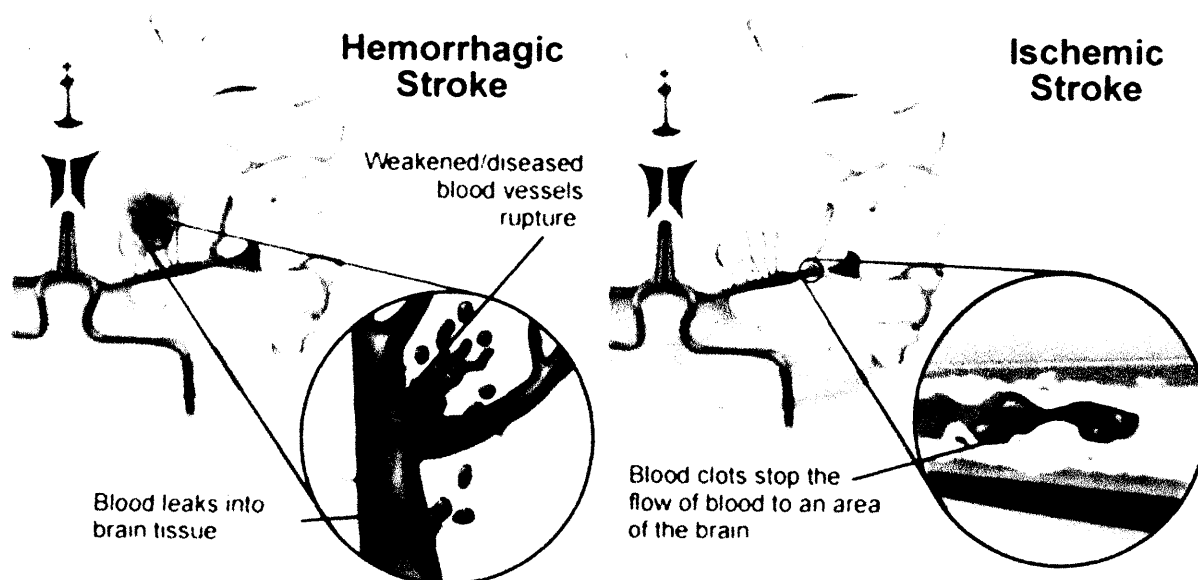
Like all organs, the brain needs the oxygen and nutrients provided by blood to function properly. If the supply of blood is restricted or stopped, brain cells begin to die. This can lead to brain injury, disability and possibly death.

There are two main causes of strokes:

Ischaemic – where the blood supply is stopped due to a blood clot (this accounts for 85% of all cases)

Haemorrhagic – where a weakened blood vessel supplying the brain bursts

There is also a related condition known as a transient ischaemic attack (TIA), where the supply of blood to the brain is temporarily interrupted, causing a "mini-stroke" often lasting between 30 minutes and several hours. TIAs should be treated seriously as they are often a warning sign that you are at risk of having a full stroke in the near future. **For back ground reading visit your anatomy and physiology book to familiarise yourself with the two types of strokes.**



## Sepsis

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition, triggered by an infection or injury. In sepsis, the body's immune system goes into overdrive as it tries to fight an infection. This can reduce the blood supply to vital organs such as the brain, heart and kidneys. Without quick treatment, sepsis can lead to multiple organ failure and death. Early symptoms of sepsis may include:

A high temperature (fever) or low body temperature.

Chills and shivering.

A fast heartbeat.

Fast breathing.

In some cases, symptoms of more severe sepsis or septic shock (when your blood pressure drops to a dangerously low level) develop soon after. These can include:

Feeling dizzy or faint.

A change in mental state, such as confusion or disorientation.

Diarrhoea .

Nausea and vomiting.

Severe muscle pain.

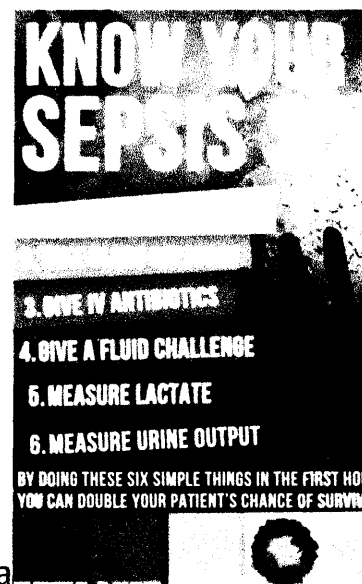
Severe breathlessness.

Less urine production than normal (for example, not urinating for a

Cold, clammy and pale or mottled skin.

Loss of consciousness.

**For back ground reading visit your anatomy and physiology book to familiarise yourself with septicaemia.**



## Spoke Placements for C4

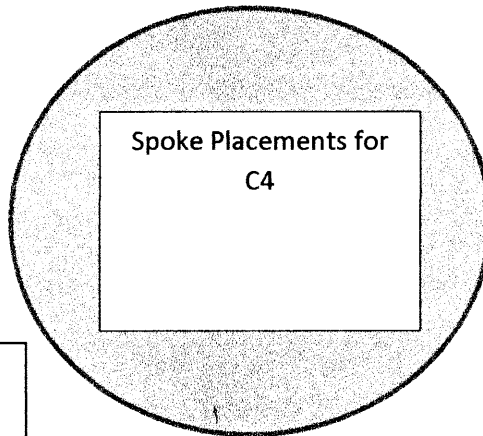
**Endoscopy** – The endoscopy unit at Bolton provides an internal investigation service to patients both in the hospital and as a short-stay admission. They use cameras on fibre-optic tubes to investigate causes of ill health or abnormal symptoms in the colon, either from the start of the digestive system or at the end of it.

**Bereavement Team** – The bereavement team is an integral part of Bolton Trust's end of life and palliative care provision. The team supports families and carers during and after the dying process, providing support and guidance on after death planning and memories for families.

**Mental Health Team (RAID)** – The mental health team, or RAID, provides a unique service at Royal Bolton Hospital by supporting and providing specialised care services for patients with mental ill health, whether it is chronic or an acute episode. They provide this service within the hospital and community to support patients and their families.

**Social Worker** – The social worker works alongside the patient and their families to determine if they are any social issues in returning home or if they wish to move into care services as they can no longer live at home. They arrange meetings and meet with the MDT to discuss courses of action.

**Physiotherapist/Occupational Therapist** – these two health professionals often work in tangent with each other to provide a more integrated support network for patients to promote their independence within their home or in a care facility. They promote patient mobility and aim to prevent hospital acquired illnesses and infections. They often visit people's homes and community settings to assess their suitability to return.



## Glossary of commonly used terms on C4 handover

Abx – Antibiotics.

CA – Cancer.

COPD – Chronic Obstructive Pulmonary Disorder.

CSU – Catheter stream urine (sample from catheter).

CXR – Chest x-ray.

DM – Diabetes Mellitus

DNACPR – Do not attempt cardio-pulmonary CPR. (Also known as not for the call, DNR – Do not resuscitate, NFR – Not for resus).

# - Fracture.

HTN – Hypertension.

IHD – Ischaemic heart disease.

IV – Intra-venous.

LRTI – Lower respiratory tract infection.

? – Query (potential).

MI- Myocardial infarction.

MSU – Mid stream urine (sample from urine stream).

PE – Pulmonary embolism.

SOB – Shortness of breath.

TIA – Transient ischaemic attack.

## Reflection on Spoke Placement

Please use the space below to write your experiences on your spoke placement for your own record and portfolio. Feel free to share this experience with your mentor to discuss what you did and how you felt.

## Feedback for Ward C4

Please use this part of the information pack to tell us how you feel about this placement! Did you enjoy it? What could we do better?

## Some quick tips...

If you have any concerns whilst on placement please contact either the Ward Manager on C4 or the PEF team at Bolton.

PEF Contact number: 01204390984

Practice Educator Facilitators - 

Royal Bolton Hospital

Spend the first few days getting to know the ward and its layout, find out where things are and get to know your team.

Don't be afraid to ask questions, it's for your learning!

Utilise the library and resources within the ward to aid your learning.

Get to know how the ward works and what equipment is commonly used.

**And most important of all...**

**Enjoy your time with us, we look forward to supporting your learning!**