PROFILE OF LEARNING OPPORTUNITIES

THEATRE

THE CLINICAL PLACEMENT
AS A
LEARNING ZONE

Translating the practice environment from a broad range of experiences into a profile of learning opportunities.

Revised October 2012
M May
STUDENT

ORIENTATION PROGRAMME

TO THE

OPERATING THEATRES

QUEEN ELIZABETH HOSPITAL

GATESHEAD HEALTH NHS FOUNDATION TRUST
WELCOME TO THE QEH OPERATING THEATRES

Placement Information

The information outlined in this pack is for the Student Nurses who have been allocated to the Queen Elizabeth Hospital Operating Department, for a period of eight weeks placement, and Student Operating Department Practitioners.

At commencement of your placement a member of qualified staff will be appointed as your Mentor. The Mentor will assist in identifying aspects of specialised practice, which can be used as evidence, essential for completion of your clinical proficiencies booklet.

There will be an opportunity to fulfil other personal learning objectives, which are not part of the summative assessment process, ones which are of personal interest to you, these can be negotiated and arranged by your mentor.

Please contact:

Education Facilitator
Operating Department
Telephone Number: 0191 445 3018 (direct line)   Bleep 2345

Contact the Education Facilitator prior to commencement. You will then be provided with details of your allocated Mentor, as well as agree a time and designated place to meet you on the first morning of your placement.

Pre-Placement Visit

If you would like to visit the department prior to your placement and meet your Mentor and staff, it can be arranged through the Education Facilitator.

We look forward to meeting and working with you
Operating Departments can be daunting places to those who are unfamiliar to them. We would like to therefore reassure you that support and guidance is guaranteed continuously throughout your stay. You will be working alongside either your mentor or another member of staff at all times.

Here is an organised induction programme designed to familiarise you with the department. Your Mentor will go through this with you in the first week of your allocation. You would not at any time during your stay be expected to undertake an aspect of specialised practice with which you are unfamiliar or unsupervised. However if you feel able to undertake certain practices you will be supported and encouraged to do so.

**Working Patterns**

These vary but main examples are below:

**Early:** 08.00 – 18.00 x 4 days

**Late:** 10.30 – 20.00 – if required for Learning Outcomes

**30 minutes lunch break**

**Off Duty**

Students names will be placed onto Department’s Off-Duty Rota Sheet. After negotiating and arranging your off duty with your Mentor, please ensure that your off duty is written on the sheet. Off duty requests can be made with your mentor before or during your placement.

**Contracted Visits**

If you would like to arrange a visit during your placement, which is relevant to you’re clinical proficiencies or independent learning needs this can be arranged for you, e.g. Breast Screening, Intensive Therapy Unit, Pre- Assessment Clinics. The options are yours and fit into the specific Elements of learning contained in the Learning Zone further on in this programme.
Your First Day

On your first day the starting time will be 08.00. Please go to the reception area where the Receptionist will welcome you into the department. She will take you into the changing area where a member of staff will meet you. There is a coded security system on the changing room door. You will be informed of the code for the duration of your stay.

Uniform

Trouser suits and shoes are provided. Lockers may also be available – Please bring a padlock with you. It is not advisable to bring valuables to work. Jewellery must not be worn in this department in accordance with hospital uniform policy.

Smoking

The Gateshead Health NHS Foundation Trust operates a no smoking policy.

Sickness

During your placement if you are ill and wish to report in sick, please contact the Senior Nurse who will be carrying bleep 2758. You must also inform the university of your sickness and upon return to duty.

Fire

On commencement of your placement please familiarise yourself with the layout of the department and position of the fire exits and extinguishers, also the local fire policy. Your Mentor will facilitate this.

In the event of a fire, break call point glass and dial 3333.

On hearing the alarms stay with your Mentor and await instructions from the Senior Nurse on duty. The Senior Nurse will decide whether to evacuate fully or compartmentalise the department. A roll call will be performed and await further instructions.
There are two areas of Theatres—
  Main Theatres (Level Three) Eight Theatres.
  Surgery Centre (New Building) Four Theatres

These two Departments amalgamated in April 2007. We employ approximately one hundred and sixty members of Non-Medical Staff

We provide elective surgery lists Monday to Friday 09.00 – 17.30. The specialities contained within the department are General Surgery (Upper Gastro-Intestinal, Colorectal, Breast Surgery and Minimal Access Surgery), Vascular Surgery, Gynaecological Oncology Orthopaedics and Trauma. These specialities are also performed on an acute basis as required.

We provide a twenty-four hour, seven days a week service with an emergency team available. The Operating Department also lies in very close proximity to the Intensive Care Unit and Accident and Emergency.

With this wide range of specialities, and varied cases performed we can offer you a dynamic learning environment for the duration of your allocation, which will enable you to explore the delivery of patient care and the role of the nurse working in this environment

We look forward to working with you. Please do not hesitate to contact us with any questions, which you may have regarding your placement

This Orientation Programme was compiled by

Sister Claire Winter, Sister Jackie Mains & Sister Christine Scott

Revised by Sister Maureen May  December 2005
Revised by Sister Maureen May  January 2006
Revised by Sister Maureen May  April 2007
Revised by Sister Maureen May  January 2008
Revised by Sister Maureen May  October 2008
Revised by Sister Maureen May  January 2010
Revised by Sister Maureen May  February 2010
Revised by Sister Maureen May  January 2011
Revised by Sister Maureen May  March 2012
Translating the practice environment from a broad range of experiences into a profile of learning opportunities.
RATIONALE

A key aim of the Make it Real curriculum is to help students engage actively and safely in evidence based practice and new ways of learning. In doing so they will be encouraged to critically reflect upon their own performance and on the wider issues of nursing and health care.

Enquiry based learning, with client/patient focus will mean that students have a responsibility for identifying their own learning needs.

Mentors as ‘experts’ within their own practice environment, will support and guide the Students to ensure that available learning opportunities are matched to expected learning outcomes.

The purpose of the LEARNING ZONE is to aid this process and to offer direction and continuity in how this can be achieved. Key Learning Elements are identified in the Learning Zone as necessary, the specific Learning Elements provide the student with the opportunity to identify and negotiate learning between the Student and Mentor.

A reflective diary is also incorporated into this framework as part of the learning process.
PHILOSOPHY OF CARE FOR THE OPERATING THEATRE DEPARTMENT

Our aim as members of the Peri-operative Team is to provide a safe and supportive environment thus minimising risks to patients undergoing anaesthetic and surgical interventions within the operating department.

It is the peri-operative team's philosophy that every effort will be made to deliver high quality patient care in accordance with the individuals needs, and with respect to their cultural and spiritual beliefs.

We respect our patients as being vulnerable individuals whose privacy and dignity must be maintained at all times.
KEY ELEMENTS OF THEATRE NURSING

MANAGING RISKS

MANAGEMENT OF PATIENT CARE

EMERGENCY SITUATIONS

ORGANISATIONAL MANAGEMENT

ANATOMY, PHYSIOLOGY and PATHOLOGY

STAFF DEVELOPMENT

THEATRE

COMMUNICATION SKILLS

CLINICAL SKILLS
### KEY ELEMENTS

#### EMERGENCY SITUATIONS

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<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE/RELEVANT PERSONNEL USED</th>
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<tr>
<td>FIRE</td>
<td>Fire Policy, Trust Fire Officer, Bleep Holder, Nursing Staff</td>
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<tr>
<td>MAJOR INCIDENT</td>
<td>MAJAX File, 2758 Bleep Holder, Nursing Staff</td>
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<tr>
<td>EMERGENCY PATIENTS</td>
<td>Medical Staff, Reception, Emergency Theatre List</td>
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<tr>
<td>CRITICAL INCIDENT</td>
<td>Datix –Online IR1 form –Incident Reporting, Nursing Staff</td>
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**KEY ELEMENTS**

**ORGANISATIONAL / MANAGERIAL**

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<tr>
<th>LEARNING OPPORTUNITIES</th>
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<tr>
<td>OFF DUTY</td>
<td>Sister in Charge Off Duty File</td>
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<tr>
<td>INTERPERSONAL RELATIONSHIPS</td>
<td>Team Building with all Members of Team</td>
</tr>
<tr>
<td>TIME MANAGEMENT</td>
<td>Mentor Planning of Operating Sessions</td>
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**KEY ELEMENTS**

**MANAGEMENT OF CARE**

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<th>LEARNING OPPORTUNITIES</th>
<th>RESOURCE/RELEVANT PERSONNEL USED</th>
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<tbody>
<tr>
<td>Maintenance of Confidentiality, privacy and dignity.</td>
<td>Essence of Care File &amp; Groups</td>
</tr>
<tr>
<td>Transfer of the Duty of Care.</td>
<td>Ward Staff</td>
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<tr>
<td>Observation of the code of Professional Conduct.</td>
<td>Resource File</td>
</tr>
<tr>
<td>Informed consent.</td>
<td>Code of Conduct</td>
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<tr>
<td>Reception of patients.</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Checklists and relevant documentation required.</td>
<td>Consent Forms</td>
</tr>
<tr>
<td>Theatre information technology in record keeping.</td>
<td>Holding Bay/PODS</td>
</tr>
<tr>
<td>Theatre documentation.</td>
<td>Holding Bay/PODS, Mentor</td>
</tr>
<tr>
<td>Management of nursing care in the theatre environment.</td>
<td>Computer Programme – Ormis System, Mentor</td>
</tr>
<tr>
<td></td>
<td>Mentor, Theatre Staff</td>
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<td></td>
<td>Mentor, Medical Staff, Nursing Staff</td>
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**KEY ELEMENTS**

**MANAGING RISKS**

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<tr>
<th>LEARNING OPPORTUNITIES</th>
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<tbody>
<tr>
<td>Trust and Local Operational Policies and procedures.</td>
<td>Policy File Procedure Files</td>
</tr>
<tr>
<td>Equipment and safety checks.</td>
<td>Medical Device Policies</td>
</tr>
<tr>
<td>Infection control and Universal Precautions.</td>
<td>Link Personnel Infection Control Policies Mentor</td>
</tr>
<tr>
<td>Manual Handling.</td>
<td>Manual Handling Facilitator Mentor</td>
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<tr>
<td>Critical Incident awareness.</td>
<td>Datix Reporting System</td>
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<tr>
<td>Incident reporting.</td>
<td>Datix Reporting System</td>
</tr>
<tr>
<td>Sharps Policy /Handling.</td>
<td>Literature, Infection Control</td>
</tr>
<tr>
<td>Spillage’s and COSSH regulations.</td>
<td>COSSH Assessor, Mentor</td>
</tr>
<tr>
<td>Diathermy.</td>
<td>Nursing Staff, Mentor, ODPs</td>
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## SPECIFIC ELEMENTS

### MENTOR AND STUDENT NEGOTIATED

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<tr>
<th>LEARNING OPPORTUNITY</th>
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<tr>
<td>Example</td>
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<tr>
<td>A Visit to the Pre Assessment Clinic</td>
<td>Mentor/ Pre Assessment Nurse</td>
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<tr>
<td>See Learning Zones</td>
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REFLECTIVE LEARNING DIARY

A reflective learning diary can provide relevant and accurate information to help you to achieve the theoretical and clinical components of learning.

It is intended to be intellectually stimulating and facilitate growth, as it is a means of relating theoretical and clinical components of learning. It is intended that the diary will form the basis of discussion between yourself and your mentor during the learning process.

The reflective learning diary will assist in areas of professional and personal issues in a number of ways:

- Provide focus for discussion with your self and mentor.
- Assist in identifying areas requiring further exploration.
- Provide direction in bridging the gap between theory and clinical practice.
- Reference should be made to researched information relating to aspects of practice.

The reflective learning diary can be designed in any format, which is comfortable to you the user, so long as it reflects progressive practice. Ultimately its purpose is as a resource, which can be used to inform future practice. Please use a reflective framework of your choice.
Reflective diary

Using a framework of your choice