PROFILE OF LEARNING OPPORTUNITIES
BURNS, HANDS AND PLASTIC SURGERY

Rehabilitation Department
Completion Date – November – 2005
Updated – November 2010
Contents Page
1. Learning Zone for the speciality
Clinical Placement Information
2. Area Profile
4. Inpatient placement information
6. Outpatient placement information
8. In-service information
9. Junior in-service training programme

Learning Opportunities
10. Clinical
11. Managements/organisational
12. Observational opportunities

13. Pre placement reading

Burns, Hands and Plastic Surgery Placement

Offers a wide variety of learning opportunities working with the following patients and staff:

Plastic Surgery
Hand surgery
Breast surgery/ reconstruction
Tissue Viability

Physiotherapists
Specialist Nurses/ nurses
Hand and plastic surgeons
Social Worker Medical Staff
Nursing Staff
Clinical Specialist Physiotherapist Clinics, Dietician
Theatre Staff, Play Therapist
Burn Outreach, Team Admin Staff
Occupational Therapist OT, Clinical Psychology, Medical Staff
Photographer
And in the following areas:
Physiotherapy outpatients, Dressings Clinic, Trauma Clinic
Ward work:
Burns and Plastic Surgery
Adults and Paediatrics

The Newcastle upon Tyne Hospitals NHS Trust
THE REHABILITATION DEPARTMENT
BURNS, HANDS AND PLASTICS

CLINICAL PLACEMENT INFORMATION
Welcome to our team and to the physiotherapy department here at the RVI. We hope that this placement is enjoyable and that it allows you the opportunity to consolidate your skills and apply them in a variety of clinical situations. We are a large team covering in patient and out patient paediatric and adult hands, burns and plastic surgery so this placement has a varied caseload.

Area profile
Clinical Educators: there are several clinical educators in the team. Students will be allocated a Lead clinical educator, however students may be supervised by more than 1 member of staff.

Contact Address: Hands, Burns and Plastics physiotherapy team
Therapy Services, Rehabilitation Department, Level 2, New Victoria wing
Royal Victoria Infirmary
Newcastle upon Tyne
NE1 4LP
Telephone: 0191 2821270 Joan Ramsey – office manager
0191 2825484 /0191 2825500 - reception rehabilitation department.

Team Members
Clinical Specialist and Team Leader: Carol Robertson
Burns Outreach Clinical Specialist: Louise Johnson
Band 7 staff x5 (mix of full and part-time)
Band 6 x4 rotational within speciality
Band 5 x2 juniors on six monthly rotation
Technical Instructor

We are a busy team working in three sub-teams which cover a variety of locations:

Wards:
Adult Inpatient Ward 37 Adult Regional Burns Unit
Ward 47 Plastic Surgery
Ward 46 Plastic Surgery
Ward 45 Trauma and Day case
Ward 39 Trauma and Day case
Paediatrics: Ward 11 Burns and Plastics

Hand Clinic: (Level 1, New Victoria Wing)
A team of physiotherapists provide an all day service to the dressings unit for hands, burns and plastic surgery patients, the trauma clinic where new injuries are assessed and managed, and the consultant review clinics.

**Paediatric Hand clinic (Level 1 New Victoria Wing)** Paediatric burns and plastics patients are treated here.

**Hand Therapy Outpatients: (Rehabilitation Department Level 2 New Victoria Wing)**
A team of physiotherapists provide ongoing treatment for patients who primarily no longer require dressings and are more advanced in their rehab programme, however some acute injuries may also be treated in this area.

**Hand Therapy Workshop: (Rehabilitation Department)**
This facility is for outpatients who may require strengthening and long term rehabilitation. The workshop has a computer MULE system.

**Working times**
Within the sub-teams we have different start times however on your first day please report at 8.30am to the Rehabilitation Department Reception and following this your educator will advise you further.

**PLACEMENT INFORMATION**
There are two placements within this speciality:
1) Inpatients
2) Outpatients
Depending on current staffing levels or the experience that the student requires experience may be gained in a mixture of both these rotations.

**Inpatient**

**Orientation (variable depending on length of placement)**
**Week 1** Become accustomed with the layout of the Wards.
Meet members of the Physiotherapy Team and MDT.
Have an opportunity to read through policies and procedures and protocols of the speciality.
Go through clinical practice assessment
Set out aims and objectives.
Work with and along side of supervisors in assessment and treatment of inpatients.

**Week 2** Have own caseload of Inpatients.
Continue to work alongside supervisor.
Attend MDT meeting and consultant’s clinic.
Spend time with junior members of staff.

**Week 3** Half way assessment
Increase inpatient caseload and work more independently
Have a small outpatient list
Theatre time
Trauma clinic observation

**Weeks 4** Work more independently with inpatient and outpatients
Contribute to MDT meeting
Present a patient case study
Final assessment

**Common conditions and injuries seen in inpatients:**
- Burn patient from initial injury to skin grafting and rehabilitation
- Elective hand surgery pre and post operatively eg Dupuytrens release, Joint replacements
- Emergency hand trauma eg Tendon repairs, Fractures, Ligament injuries, Breast surgery/reconstruction
- Head and neck malignancy/reconstruction procedure
- Plastic surgery reconstruction such as flaps, skin grafting
- Experience will also be gained in respiratory care, basic splint making and wound management.

Please note this is only an example; we are a very busy unit and each week depends on type of patients, and staffing levels. **When a student contacts department prior to commencing their placement their allocated educator will be able to give them more detail of the nature of the placement, i.e. bias towards inpatients/outpatients/burns unit.**

**Aims and Objectives:**
- Will be negotiated on an individual basis between the clinical educator and student.
- Time will be allocated within the first week to set learning objectives.
- The student will be expected to produce a SWOT analysis weekly to be discussed at the weekly meeting with their educator.
- The student may be expected to present a patient case study presenting an evidence-based rationale during the final week of the placement.

**Learning Outcomes**

At the start of placement it is extremely beneficial for the student to have a good knowledge of hand anatomy

By the end of the placement the student should be able to (depending on the types of patients seen):

**Assess:**
- Assess and treat an adult burn patient
- Assess a hand pre elective surgery e.g. Dupuytrens contracture
- Follow post operative protocols following elective hand surgery and emergency hand trauma and start basic treatment progression
- Progress hand therapy patients from in to outpatient services
- Make and apply a simple hand splint
- Provide appropriate respiratory care
- Assess and treat a patient undergoing a reconstructive procedure e.g. head and neck, breast, or soft tissue
- Work as a team member
- Have knowledge of the MDT and their role within the plastic surgery dept
All students should be reading research and using evidence based practice to justify their treatment choice. All students should have knowledge of anatomy and basic pathology. Students are expected to read around topics related to their patients to improve background knowledge.

**Outpatient (dependent on length of placement)**

**Orientation**
- **Week 1** Become accustomed to outpatients, trauma clinic and the hand room
- Meet members of the Physiotherapy Team and the MDT
- Have opportunity to read through policies and procedures and protocols of the speciality
- Go through clinical practice assessment
- Set out aims and objectives
- Work with and alongside supervisors in assessment and treatment of hand outpatients
- Have outpatient list 5 – 6 patients a day

**Week 2** Have own caseload of outpatients
- Continue to work alongside supervisor
- Spend time in Dressing Unit and Trauma Clinic
- Spend time with junior members of staff, and technical instructor

**Week 3** Half way assessment
- Increase outpatient caseload and work more independently
- Theatre time
- Consultant or Clinical Specialist clinic

**Week 4** Work more independently with increased outpatient caseload
- Present a patient case study
- Final assessment

**Please note** this is only an example of how the placement could go it depends on how busy the unit is and the staffing levels. **When a student contacts department prior to commencing their placement their allocated educator will be able to give them more detail of the nature of the placement, i.e bias towards inpatients/outpatients/burns unit.**

**Common conditions seen in outpatients:**
- Fractures of the hand
- Flexor and Extensor Tendon repair
- Nerve repair
- Multiple trauma of the hand
- Burns
- Elective hand surgery e.g. dupuytrens, joint replacements
- Soft tissue reconstructive surgery
- Experience will also be gained in basic splint making and wound management

6

**Learning Outcomes**
By the end of the placement the student should be able to (depending on the types of patients seen):

- Assess a hand patient – trauma or elective
- Make and apply a simple hand splint
- Progress the treatment of a hand patient
- Follow post-operative protocols for elective hand surgery and trauma
- Work as a team member
- Manage time effectively with an outpatient caseload
- Have an awareness of wound management
- Have knowledge of the MDT and their role within the plastic surgery dept

**Aims and objectives,**
Will be devised on a individual basis between the clinical educator and student. Time will be allocated within the first week to set the learning objectives.
The student will be expected to produce a SWOT analysis weekly to be discussed at the weekly meeting with their educator.
The student will be expected to present a patient case study presenting an evidence based rationale during the final week of the placement
All students should be reading research and using evidence based practice to justify their treatment choice. All students should have knowledge of anatomy and basic pathology.
Students are expected to read around topics related to their patients to improve background knowledge

7
**Inservice**
1.00 p.m. – 2.00 p.m. Tuesday – Junior and Student
This service programme covers essential aspects of speciality from anatomy and would healing to specific injuries and conditions. The programme is 8 weeks long and restarts with each junior rotation
1.00p.m. – 2.00 p.m. Wednesday – Team In-service this time is used for team meetings, feedback from courses and outside speakers
Clinical teaching is ongoing throughout the placement
During the placement we will try to arrange a visit to theatre to increase your understanding of surgical procedures and the subsequent therapeutic management
This speciality offers a great deal of learning opportunities. It is varied and demanding with high therapeutic input. Teamwork is very apparent and all members are helpful and approachable. The senior physiotherapists within our team have a vast amount of experience and are always willing to teach, support and offer guidance.
We hope you will find this placement interesting providing valuable experience towards your career as a physiotherapist

8
**The Newcastle upon Tyne Hospitals NHS Trust**
**THE REHABILITATION DEPARTMENT**
**PHYSIOTHERAPY SERVICES**
DEPARTMENT OF PLASTIC & RECONSTRUCTIVE SURGERY
JUNIOR INSERVICE TRAINING
Tuesday 1.00 – 2.00 p.m.
Seminar Room, Rehabilitation department, Level 2 New Victoria Wing.
(Unless otherwise Specified)

Hand Anatomy (video)
Hand Anatomy (+Interactive Hand)
Muscle Testing
Hand Assessment
Complication of the Hand
Sensibility Assessment
Flexor Tendons Injuries
Extensor Tendon Injuries
Static Splinting
Dynamic Splinting
Bony Injuries
Dupuytrens Contracture
Peripheral Nerve Injuries (1)
Biomechanics
Peripheral Nerve Injuries (2)
Wound Healing
Flap Coverage
Burn Management
Head and Neck Surgery
Breast Reconstruction

Clinical Skills
Learning Opportunities
Assessment of patients with hand, burns and plastic surgery pathologies, using assessment tools as appropriate e.g. goniometer, dynamometer
Treatment of patients with hand, burns and plastic surgery pathologies
Use of electrotherapy in patient management
Use of manual therapy
Clinical reasoning
Enhance/apply skills of manual handling
Evidence based practice
Knowledge of the use of splintage during management of hand, burns, and plastic surgery patients

Resource/Personnel
Physiotherapists, clinical specialists, in-service training, consultant clinic
Physiotherapists, medical staff, occupational therapists, technical instructor
Observation of physiotherapists
Practical supervised by physiotherapists
Physiotherapists – observation, and practical experience
Supervision and discussion of subjective and objective assessment
Clinical teaching
Case study completion
Supervision during practical treatment sessions
Evidence used with patient treatment and management
Case study completion
Physiotherapists, Technical instructor

Management/Organisational Skills (in and outpatient rotation)
Learning Opportunities
Prioritising caseload/time management
Time management of clinical caseload
(including assessment/treatment and writing case notes)
Planning appropriate patient management and liaising with other disciplines as required (e.g. letters to consultant)
Effective management within the team- asking for assistance appropriately
Accessing patient information as required for management- eg requesting medical records, interpretation of investigations, X ray reviews

Resource/Personnel
Clinical educator/physiotherapist
Own list of outpatients supervised by clinical educator. Own inpatient allocation supervised by clinical educator
Liase with medical staff, physiotherapists and members of the MDT
All team members
Physiotherapists, Medical, nursing, and administration staff

Observation Opportunities (In and Outpatient rotation)
# Learning Opportunities

- Physiotherapy assessment
- Physiotherapy treatment
- Clinical specialist clinics – adult and paediatric hand, and scar review clinic
- Lymphoedema clinic
- Trauma clinic – adult and paediatric
- Dressings clinic – adult and paediatric
- Theatre visit
- Consultant clinics
- Ward multi disciplinary meetings – adult and paediatric
- Technical instructor sessions in the workshop with the MULE

# Resource/Personnel

- Physiotherapists
- Clinical specialist physiotherapists
- Medical staff, nursing staff
- Nursing staff
- Observe elective/trauma surgery
- Medical staff
- Involve the MDT (psychologist, pharmacologist, nursing staff, medical staff, occupational therapist, physiotherapist, social worker)
- Workshop observation of the burns and plastics technical instructor

# Useful pre-placement reading

- Wound healing
- Hand and Upper Limb Anatomy
- Hand Injuries – A Therapeutic Approach: Maureen/Slater Churchill Livingston
- The Hand – Fundamentals of Therapy Boscheinew Morrin – Davey – Connolly Butterworth Livingstone
- Electrotherapy Explained – Low & Reed
- Glassey, N. – Physiotherapy for Burns and Plastic Reconstruction of the Hand
In the department we have a selection of books, articles, videos and other relevant literature, which are available to you to read however, please do not remove them without agreement with your supervisor.