THERAPY SERVICES





STUDENT INDUCTION HANDBOOK

October 2016

Dear Students

Welcome to Therapy services at Nottingham University Hospital.

You are joining a very dedicated group of staff who are committed to delivering safe and effective care to patients at all times and who are all prepared to ‘go the extra mile’ for patients whether they are senior clinicians , support staff or admin staff. Everyone’s contribution to the patient pathway is valued.

We are constantly striving to improve our services and support the trust in its ambition to be the best teaching Trust in England. We endeavour to support student growth and personal development throughout the placement with us.

We embrace innovation and new ideas are often generated from front line staff. Our reputation within the trust is that we are a department that consistently delivers what we say we will and our contribution to patient care is appreciated by other colleagues.

I hope you enjoy this environment and have a great placement.

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Gail Walder

Pathway General Manager

[CHAPTER 1: Welcome to Nottingham 5](#_Toc464460337)

[About Nottingham 5](#_Toc464460338)

[Accommodation: 6](#_Toc464460339)

[Travelling to Placement 6](#_Toc464460340)

[CHAPTER 2: Welcome to Nottingham University Hospitals NHS Trust 8](#_Toc464460341)

[NUH Corporate Induction Films 8](#_Toc464460342)

[Welcome to NUH: 8](#_Toc464460343)

[NUH - Our vision and values: 10](#_Toc464460344)

[NUH’s Trust’s annual plan 10](#_Toc464460345)

[NUH Values & Behaviours 10](#_Toc464460346)

[Our 'Quality 6-pack' priorities 11](#_Toc464460347)

[Speak out Safely: Escalating Concerns 12](#_Toc464460348)

[Patient Public Involvement 12](#_Toc464460349)

[CHAPTER 3: Welcome to Therapy Services 13](#_Toc464460350)

[Therapy Services Vision 13](#_Toc464460351)

[Clinical educator: 13](#_Toc464460352)

[Practice Facilitator 14](#_Toc464460353)

[CHAPTER 4: Policies & Procedures 15](#_Toc464460354)

[CHAPTER 5: Infection Control & Hand Hygiene 17](#_Toc464460355)

[Norovirus, MRSA and C. Diff 17](#_Toc464460356)

[Hand Hygiene 17](#_Toc464460357)

[CHAPTER 6: Reporting sickness procedure & appointments 19](#_Toc464460358)

[CHAPTER 7: Orientation 20](#_Toc464460359)

[Location Hunt 20](#_Toc464460360)

[Uniforms 21](#_Toc464460361)

[Access Control Opening Times for ID badges 22](#_Toc464460362)

[Department of Spiritual and Pastoral Care 22](#_Toc464460363)

[Library services at NUH 23](#_Toc464460364)

[Chapter 8: Using the Telephone during your Placement 24](#_Toc464460365)

[To dial an outside line 24](#_Toc464460366)

[How to bleep someone 24](#_Toc464460367)

[Use of personal phones during placement 25](#_Toc464460368)

[Useful phone numbers 25](#_Toc464460369)

[CHAPTER 9: NUH Notes and abbreviations 26](#_Toc464460370)

[NUH Abbreviations Trust Wide 27](#_Toc464460371)

[Abbreviations not to be used 36](#_Toc464460372)

[Appendix 1 - Student Job Description & Agreement 37](#_Toc464460373)

[APPENDIX 2 - Therapy Services Student Post Induction Checklist 39](#_Toc464460374)

[APPENDIX 3 - Therapy Student Confidentiality Declaration 41](#_Toc464460375)

[APPENDIX 4 -Student Signature Record 42](#_Toc464460376)

[APPENDIX 5 - Non-Return of Student Form 42](#_Toc464460377)

# CHAPTER 1: Welcome to Nottingham

Useful information and links e.g. accommodation & how to get to NUH

## About Nottingham

The city of Nottingham is set within a county that includes Sherwood Forest, lively market towns and historic buildings. It is also host to the world’s best-loved outlaw Robin Hood. The city has many restaurants and bars and is one of the UK’s top shopping destinations. Theatre, world famous sporting and cultural events are on offer. Nottingham offers a wide range of sporting facilities to include, Nottingham racecourse; The National Water sports Centre, Nottingham Tennis Centre and National Ice Centre, as well as football at Forest & County or cricket at Trent Bridge. There are good transport links across the city and surrounding areas.

Listed below are websites that offer information about Nottingham, transport, leisure facilities and tourist information.

**All about Nottingham including leisure centres and ‘What’s on’**: www.nottinghamcity.gov.uk

**All about Nottingham and Nottinghamshire & places to visit:** <http://www.experiencenottinghamshire.com/nottingham>

### Cinema:

Broadway: <http://www.broadway.org.uk/> (City Centre)

Cineworld: <http://www.cineworld.co.uk/cinemas/nottingham/information> (City Centre)

Savoy: <http://www.savoyonline.co.uk/SavoyNottingham.dll/Home> (near to the QMC)

Showcase: <http://www.showcasecinemas.co.uk/locations/nottingham> (Out of town)

### Theatre:

Theatre Royal & Royal Concert Hall: www.trch.co.uk

Nottingham Play House: http://www.nottinghamplayhouse.co.uk/

## Accommodation:

Accommodation is available at the Nottingham City Hospital Campus via Derwent Living. The cost is £462 per month; this includes car parking and utility bills, apart from telephone/internet\*. If you would like to arrange this accommodation please contact Derwent Living on 0115 9246 820. Keys can be available at the weekend should you wish to move in prior to commencing your placement.

For more information go to <http://nuhnet/estates_facilities/Pages/accommodation.aspX>

\*Please note there are limited options for access to the internet out of hours.

There is a Medilink bus that runs between the two campuses to commute to and from your placement. More information regarding fares and timetables can be found at <https://www.nuh.nhs.uk/getting-here/> and clicking on the relevant link.

### Facilities near to the Nottingham City Hospital Campus accommodation:

Food Shops within a short walking distance:

The Co-operative food on Costock Avenue (opening times: 07:00-22:00)

~10minutes walk

Tesco Extra on Hucknall Road (opening times: 07:00-22:30) ~40 minute walk

Leisure Centres: South Glade Leisure Centre, Djanogly Community Centre & Redhill Leisure Centre.

## Travelling to Placement

### Car Parking:

If you intend to drive to placement it is advisable to Park and Ride. Please see the section below for details of the Medilink service.

### Tram:

There is a tram service from Toton Lane (close to M1)/ Clifton through to Hucknall, via Nottingham City centre, with stops at QMC and Wilkinson Street Park and Ride.

Further information and timetable: <http://www.thetram.net/>

### Bus services:

Trent Barton: <https://www.trentbarton.co.uk/>

* To the QMC Campus: i4, indigo, red arrow, 18 and 21
* To the City Campus: the threes and 141

Nottingham city transport: <https://www.nctx.co.uk/> (please note NCT buses do not give change)

* To the QMC Campus: orange line (34,35,36) from city centre stop on Derby Road outside main entrance
* To the City Campus: brown line (15,16,17) from city centre stop on Hucknall Road, purple line (58) stops on Edwards Lane

Your Bus: <http://www.catchyourbus.co.uk/>

### Medilink:

The Medilink bus service runs every 10 minutes Monday to Friday between 06:00 & 20:20 hours. It runs between Queen's Drive Park & Ride and the City hospital, stopping at QMC and the Wilkinson Street Park & Ride site. Parking is free at both Park & Ride sites. More information regarding fares and timetables can be found at <https://www.nuh.nhs.uk/getting-here/> and clicking on the relevant link.

### Cycle Routes:

Sustrans: <http://www.sustrans.org.uk/>

There are cycle compounds for secure storage of bicycles – you will need to visit Access Control to gain swipe card access.

# CHAPTER 2: Welcome to Nottingham University Hospitals NHS Trust

## Film about NUH

Please click on the following link for the [NUH film](https://www.nuh.nhs.uk/about-us/about-us/).

The Speak Up campaign

A Podcast specifically for students and aims to ensure they feel able and equipped to speak up if they have any concerns regarding patient safety. All students practising in the trust must watch it. [Speak up podcast](SpeakUp_podcast.mp4)

**These should be viewed within the first week of placement**, please liaise with your Clinical Educator if this is to be done independently or in a group.

## *Some of the hyperlinks in this induction pack will be accessible once you have started placement and have access to the Trust’s intranet.*

## Welcome to NUH:

Nottingham University Hospitals NHS Trust is one of the busiest and largest acute Trusts in England, employing around 13,000 staff and providing services to over 2.5million people in Nottingham and the surrounding area. The Trust has 87 wards and around 1700 beds across two campuses plus additional Outpatient services in Nottingham City Centre. The QMC is the base for emergency care, with one of the busiest emergency departments in the UK, and home to our Children’s Hospital while the City Campus focuses on planned care and long term conditions including our Cancer Centre, Heart Centre and Stroke Services.

The Trust has a major role to play in education and research and has particularly strong links with the University of Nottingham, which has its Clinical Sciences Building on the City Campus.

**City Campus**

[**City Hospital - Nottingham University Hospitals NHS Trust**](http://www.nuh.nhs.uk/getting-here/city-hospital/)

The City hospital first opened in 1903. Specialist services based here include:

* Neurological rehab at Linden Lodge
* Bone marrow transplantation
* Maternity and neonatal care
* Kidney transplantation and renal services
* Stroke services
* Cancer care and radiotherapy
* Mobility services
* Urology
* Cardiothoracic surgery
* Cervical screening
* Burns and plastic surgery
* Medical genetics
* Breast cancer screening and treatment

**Queen’s Medical Centre Campus**

[**Nottingham University Hospitals QMC and our Emergency Department - Nottingham University Hospitals NHS Trust**](http://www.nuh.nhs.uk/getting-here/qmc-and-our-emergency-department/)

Queen's Medical Centre, was the first purpose-built teaching hospital in the UK, opening in 1978. Specialist services currently include:

* Emergency care
* Children’s Services
* Mental health Wards
* Neurosciences
* Hepatobiliary Surgery
* Head and Neck services
* Clinical Nutrition Unit
* Maternity and neonatal care
* Healthcare of older people including dementia care
* Nottingham Independent Treatment Centre
* Medicine

Additional outpatient services, including hearing services, are based at Ropewalk House in Nottingham City Centre.

## NUH - Our vision and values:

Our vision entails 'working together to be the best for patients.' Please follow this hyperlink for details: [Trust Vision](http://www.nuh.nhs.uk/media/1736371/6394_nuh_value_and_aims_key_diagram_1024x768_6_nh.pdf)

## NUH’s Trust’s annual plan

Our annual plan sets out our strategic priorities and key Trust-wide objectives. It also details our planned service developments and capital investments. This can be found at: [Annual Plan](https://www.nuh.nhs.uk/media/2301772/0320_nuh_ap2016_priorities_1_page_a3_v3_proof.pdf)

## NUH Values & Behaviours

****As well as the HCPC student standards outlined here**,** [HCPC student standards](http://www.hpc-uk.org/assets/documents/10002C16Guidanceonconductandethicsforstudents.pdf),at NUH we have values and behaviours expectations described in our 'We are here for you', standards set out below.

## Our 'Quality 6-pack' priorities

### 

## Speak out Safely: Escalating Concerns

The values and behaviours endorsed by the Trust board enable us to behave in a way that we would wish and to challenge those who do not.

If you have any concerns relating to clinical practices in your placement area please do not hesitate to discuss any issues with your clinical educator/supervisor, team leader or Practice Development team. **Please refer to the safeguarding or whistleblowing policy later in your pack as appropriate**.

If you require additional support please do not hesitate to contact either your university visiting tutor or personal tutor for advice so that any concerns can be dealt with promptly.

## Patient Public Involvement

PPI at NUH is the process of engaging with the needs and expectations of patients and putting the public and members at the heart of NUH decision making, to ensure that the services and care provided are outcome driven and patient centred. Specifically it is concerned with exchanging information, mutual listening, and accepting that people should be allowed to influence their own care and the services they receive.

PPI must operate on three levels:

* Involving individual patients (and carers) in informed decision making
* Involving patients and public in planning, monitoring, evaluating and developing services.
* Engaging patients, carers and the public in research

****

# CHAPTER 3: Welcome to Therapy Services

Therapy services consist of:

* Nutrition & Dietetics
* Occupational Therapy
* Physiotherapy

Each team is led by a team leader/line manager; and teams meet regularly to promote team working, support and communication. We promote and share our roles through active involvement in training staff from other disciplines. Administrative support on both campuses is shared within Therapy Services.

## Therapy Services Vision

**NUH will have the best integrated inpatient and outpatient therapy service working to a consistent standard to achieve the best clinical outcomes for the patient in line with evidence based practice. Working within the available resources we will utilise a caring, holistic approach to ensure efficiency and cost effectiveness**

## Clinical educator:

This role may be known by different titles depending on area of work, for example:

* Supervisor
* Assessor
* Practice Placement Educator

**A Clinical Educator is usually a registered healthcare professional who has completed the required training to equip them for this role and who takes responsibility for providing practice placements. A clinical educator supports students in their professional development by enabling them to integrate academic knowledge with clinical practice, develop clinical skills and appropriate attitudes and behaviours. A Clinical Educator must have a good working knowledge of the students’ educational programme, assessment tool and understand the learning outcomes of their student.**

## Practice Facilitator

**The scope of the Practice Facilitator role is:**

* To provide a link with local educational establishments
* To liaise with the student, the individual university, practice placement educators, and the department designated admin staff regarding each clinical placement offered
* To coordinate an appropriate intake of therapy students to each clinical area
* To attend practice placement educator days held by individual universities and disseminate the information to the practice placement educators
* To induct all students to the department and hospital in accordance with the induction process
* To be available to all clinical practice placement educators and students where indicated
* To participate in student reports and to attend case presentations as appropriate
* To promote regular practice placement educators meetings
* To promote clinical educator training and relevant educational development related to clinical practice placement educators
* To analyse and act upon student placement and tutorial evaluation forms
* To record and monitor practice placement educators’ activity
* To participate in curriculum development

The Practice Facilitators are:

Dietetics – TBC

OT - Sarah Cratchley: [sarah.cratchley@nuh.nhs.uk](mailto:sarah.cratchley@nuh.nhs.uk) (Monday & Thursday)

Physio – Cat Humphreys: [catriona.humphreys@nuh.nhs.uk](mailto:Catriona.humphreys@nuh.nhs.uk) (Monday, Wednesday & Thursday morning)

CHAPTER 4: Policies & Procedures

**Mandatory Policy Awareness -** Please ensure that you are familiar with the range of policies below at the start of your placement. **All of the NUH policies below can be found on the internet using a search engine if you prefix the policy title with NUH e.g. NUH Complaint Handling Procedure & Templates, this will allow you to read them away from NUH.** During your induction, liaise with your clinical educator about those policies for which you may require a more in depth awareness. There are multiple policies at NUH on the internal intranet that are available for any eventuality**.** We promote a culture of openness, and it is important that you are aware how to raise any safety issues, complaints and inappropriate behaviour.

[Aggression, Violence and Harassment (including lone working guidance](http://nuhnet/nuh_documents/Documents/Aggression,%20Violence%20and%20Harassment%20Policy%20(including%20lone%20working%20guidance).doc))

[Clinical record keeping policy](http://nuhnet/nuh_documents/Documents/Clinical%20Record%20Keeping%20Policy.doc)

[Complaint Handling Procedure & Templates](http://nuhnet/complaintsandpals/Documents/Complaint%20Handling%20Procedure.doc)

[Complaints & PALS](http://nuhnet/complaintsandpals/Pages/default.aspx)

[Control of substances hazardous to health (COSHH)](http://nuhnet/nuh_documents/Documents/Control%20of%20Substance%20Hazardous%20to%20Health(COSHH)%20Policy.doc)

[Data protection policy](http://nuhnet/nuh_documents/Documents/Data%20Protection,%20Confidentiality%20and%20Disclosure%20Policy.doc)

[Deprivation of liberty flowchart](http://nuhnet/medical_director/integrated_governance/safeguarding/safeguarding_adults/Safeguarding%20Folder/16%20DOLS%20Flowchart.pdf)

[Dress code and uniform policy](http://nuhnet/nuh_documents/Documents/Dress%20Code%20and%20Uniform%20Policy.doc)

[Duty of Candour](http://nuhnet/medical_director/patient_safety/Pages/DutyofCandour.aspx)

[Equality and diversity policy](https://www.nuh.nhs.uk/about-us/our-policies-and-procedures/human-resources-policies-and-procedures/)

[Fire safety policy](http://nuhnet/medical_director/integrated_governance/orgqrs/firesafety/Pages/FirePoliciesandProcedures.aspx)

[Gifts](http://nuhnet/nuh_documents/Documents/Management%20of%20Complaints,%20Concerns,%20Comments%20and%20Compliments%20Policy.doc) (see appendix 2 of policy)

[Guidance for the prevention and management of sharps injuries](http://nuhnet/newsdesk/Pages/01122011.aspx)

[Grievance procedure](http://nuhnet/nuh_documents/Documents/Grievance%20Policy.doc)

[Hand Hygiene Policy](http://nuhnet/nuh_documents/Documents/Hand%20Hygiene%20Policy.doc)

[Incident reporting](http://nuhnet/medical_director/integrated_governance/incident_reporting/Pages/report_an_incident.aspx)

[Infection prevention and control policy](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/Policies.aspx)

[Information governance- keeping patient information private](http://nuhnet/ig/Pages/theigcode.aspx)

[Management of complaints, concerns, comments and compliments policy](http://nuhnet/searchcentre/Pages/results.aspx?k=complaints%20concerns)

[Mobile phone policy](http://nuhnet/medical_director/integrated_governance/committees/papers/Shared%20Documents/THSC/THSC%202016/2016-01%20January%202016/THSC340%20Use%20of%20Mobile%20Communication%20Devices%20on%20NUH%20Premises%20Policy%20December%202015.pdf)

[Patient safety information](http://nuhnet/medical_director/patient_safety/Documents/0865v11010_Patient_safety_information_for_staff.pdf)

[Pressure Ulcer Prevention](http://nuhnet/medical_director/patient_safety/PressureUlcers/Pages/default.aspx)

[Resuscitation policy](http://nuhnet/nuh_documents/Documents/Resuscitation%20(Adult%20and%20Paediatric)%20Policy.doc)

[Risk assessment policy](http://nuhnet/nuh_documents/Documents/Risk%20Management%20Policy.doc)

[Safeguarding Children and Young Adults](http://nuhnet/family_health/safeguarding_children_young_people/Pages/default.aspx)

[Safeguarding vulnerable adults](http://nuhnet/nuh_documents/Documents/Safeguarding%20Vulnerable%20Adults%20Policy.doc)

[SBAR - Improving communication](http://nuhnet/sbar/Pages/default.aspx)

[Slips, trips and falls policy](http://nuhnet/nuh_documents/Documents/Slips%20Trips%20and%20Falls%20Policy.doc)

[Social Media](http://nuhnet/nuh_documents/Documents/Social%20Media%20Policy.doc)

[We are here for you, behavioural standards](http://nuhnet/Communications_Marketing/patient_public_involvement/PPI%20Resources%20and%20Toolkits/Behavioural%20standards%20for%20everyone%20at%20NUH.pdf)

[Whistle blowing policy in corporate governance framework](https://www.nuh.nhs.uk/about-us/our-policies-and-procedures/governance-policies-and-procedures/)

**Additional reading for student OTs:**

Please discuss the following local policies and procedures with your educator and read as recommended: Home assessment visits; Equipment/wheelchair loan; Lone working; Minimum standards for referral; Splinting guidelines; Major incidents plan

**Additional reading for student Dietitians:**

[Enteral feeding in adults](http://nuhnet/nuh_documents/Guidelines/Trust%20Wide/Nutrition/1892.pdf)

[Food Safety Policy](http://nuhnet/nuh_documents/Documents/Food%20Safety%20Policy.doc)

[Food and Drink Policy](http://nuhnet/nuh_documents/Documents/Food%20and%20Drink%20Policy.doc)

[Refeeding syndrome](http://nuhnet/nuh_documents/Guidelines/Trust%20Wide/Nutrition/1881.pdf)

# CHAPTER 5: Infection Control & Hand Hygiene

## Norovirus, MRSA and C. Diff

There will be colour coded cards outside patient rooms if precautious are needed to be taken before you enter the room – please familiarise yourself with these.

Link here for information leaflets: [Norovirus](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Documents/Patient%20Leaflets/16305%20-%20Viral%20Gastorenteritis%20Proof%20v2.pdf); [MRSA](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/AtoZ/MRSA.aspx); [C. Diff](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/AtoZ/ClostridiumDifficle.aspx)

## Hand Hygiene

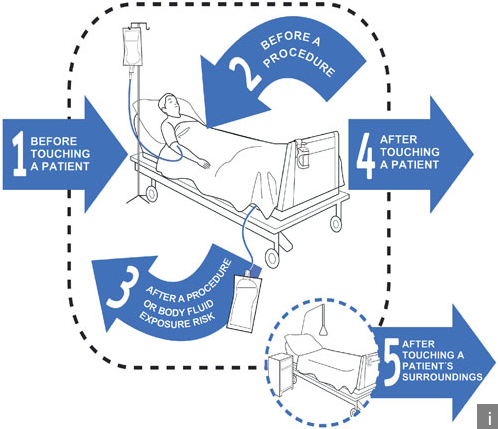
Hand hygiene is the single most important factor in preventing cross infection.

**Key points**

* Stoned rings, false nails, wristwatches and bracelets **MUST NOT BE WORN** by staff working in a clinical area.
* Staff working in clinical areas must be bare below the elbows.
* Cover all abrasions with a waterproof plaster.
* Wet hands before applying soap to minimise the drying effect.
* Dry hands thoroughly with paper towels.
* Use the hand cream supplied in the wall mounted dispensers ONLY.
* Contact Occupational Health for advice regarding skin problems.

**Please note**

* Soap and water must be used when hands are visibly soiled or contaminated with dirt or organic material.
* Alcohol hand rub may be used for rapid decontamination between patients.
* Soap and water must be used when caring for patients with infective diarrhoea, including [***Clostridium difficile***](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/AtoZ/ClostridiumDifficle.aspx) and [**viral gastroenteritis**](http://nuhnet/diagnostics_clinical_support/infection_prevention_control/Pages/AtoZ/Viral_Gastroenteritis.aspx).

**5 Moments when hand hygiene must occur:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The six stage hand washing technique**   |  |  | | --- | --- | | clean-1 | clean-2 | | **1. Palm to palm** | **2. Backs of hands** | |  |  | | clean-3 | clean-4 | | **3. Between the fingers** | **4. Fingertips** | |  |  | | clean-5 | clean-6 | | **5. Thumbs and wrists** | **6. Nails in the palm of the hand** | |  |

# CHAPTER 6: Reporting sickness procedure & appointments

**Therapy Student Guide for Reporting Sickness and Absence**

**On the first day of absence**

You will need to contact your department. You will need to dial 0115 9249924 for the QMC or 0115 9691169 for the City Hospital and the appropriate extension number (see below)

Sickness record to be completed by the clinical educator or practice placement coordinator

You will need to keep your department updated on sickness. You will need to call in every morning unless you have been signed off for a designated time period

It is your responsibility to contact the university to inform them of sickness

Contact the PT department by 08:00am

QMC: 0115 849 3312

City: 0115 962 7679

Also you must contact your clinical educator.

You will need to state the nature of your illness and when you expect to return to placement

Contact the OT department by the start of your shift or by 08:30am (whichever is earlier)

Contact your clinical educator on the team number-or if not, the main office:

At QMC Ext: 61959

At City: Ext: 54632

You will need to state the nature of your illness and when you expect to return to placement

Contact the Dietetic Department by 09:00am

At QMC: ext 66733 or 61108

At City: ext 59933 or 55325

You will need to state the nature of your illness and when you expect to return to placement

PHYSIOTHERAPY

OCCUPATIONAL THERAPY

DIETITIAN

**If you are unwell with symptoms of diarrhoea and/or vomiting** you must be 48 hours symptom free before returning to placement. Please ensure you follow the sickness reporting procedure as above.

**GP or Dental Appointments:**

Where possible routine GP or Dental appointments should be made outside your working hours. If this is not possible due to practice times then you should endeavour to get an appointment first thing in the morning or late afternoon so as to minimise disruption to your day. If you need an urgent appointment then you need to book this and discuss with your clinical educator or student training lead.

# CHAPTER 7: Orientation

## Location Hunt

The following list highlights a number of places that might be useful for you to locate during your training at Nottingham University Hospitals NHS Trust.

|  |  |
| --- | --- |
| **LOCATION** | **FOUND** |
| **On both campuses – all students** |  |
| Secure changing / storage facilities |  |
| Secure bicycle parks |  |
| Library & resources within the department you are based |  |
| Library (at QMC this is within the Medical School) |  |
| Staff restaurant |  |
| Coffee shops in various locations |  |
| Cash machines |  |
| "Q Active" service - health & wellbeing services e.g. gym |  |
| Multi faith facilities |  |
| Security Office |  |
| **Queens Medical Centre – all students** |  |
| Pharmacy available for public use in the main foyer |  |
| Newsagent (with some general supplies) in main foyer |  |
| **City Campus – Dietetic students** |  |
| Dundee House (Diabetes Centre) |  |
| Dietetic Office for the Home Enteral Feeding (HEF) Team - Mobility Centre |  |
| Central Production Unit |  |
| Enteral feeds and sip feed stores |  |
| Admin Office |  |
| **QMC Campus – Dietetic students** |  |
| Paediatric Dietetic Office |  |
| Kitchens + Enteral feeds and sip feed stores |  |
| Diabetes Unit |  |
| **Both Campus - OT** |  |
| Equipment Store |  |

## Uniforms

Uniforms worn by staff have been reviewed to try to help patients, other staff and the public to be able to identify staff correctly and efficiently. As you will be working in a clinical environment where infection control and manual handling are constant issues the uniform policy must be strictly adhered to. Hair that is longer than shoulder length should be tied back. Nail polish cannot be worn. Black or dark brown leather shoes which cover your toes and are enclosed at the back with dark plain socks are required. Trainers are not permitted. Plain ‘wedding style’ band rings are permitted however no stoned rings or wrist watches are permitted. Please make yourself aware of NUH Uniform policy (see policy list attached).

Occupational Therapy and Physiotherapy students routinely wear uniform. Dietetic students should wear their University of Nottingham uniform within NUH, however, in the community students are advised not to wear uniform.

**Staff Identified by uniform:**

|  |  |
| --- | --- |
| **Staff** | **Uniform** |
| Matron | Navy blue tunic, red trim |
| Sister / Charge Nurse | Navy blue tunic, white trim |
| Deputy sister/Deputy charge nurse | Royal blue tunic, white trim |
| Staff Nurse | Sky Blue tunic, white trim |
| Student Nurse | Pale blue, white trim |
| Health Care Assistant | Teal, white trim |
| Phlebotomist | White tunic, maroon trim |
| Ward Clerk | Striped blouse |
| Physiotherapist | White tunic, navy trim |
| Occupational Therapist | White tunic, bottle green trim |
| Dietitian | Own clothes |
| Therapy Assistant | White tunic, no trim |
| Speech & Language Therapist | White tunic, lilac trim |
| Pharmacist | Own clothes |
| Practice development matron | Purple tunic, white trim |
| Discharge coordinator | Maroon tunic, white trim |

## Access Control Opening Times for ID badges

QMC Access Control office will open on Monday, Wednesday and Friday between 9.30am and noon, 1pm and 3pm. The office should have received an application for your badge electronically and you will need to take a £5 deposit (please remember to return your badge while the office is open at the end of your placement to get the deposit back).

City Hospital Access Control office is close to the entrance to the north corridor behind enquiries. It is open between 9.30am and noon, 1pm and 3pm on Tuesdays and Thursdays.

Please remember to

* Always wear your Staff ID card visibly while at work
* Be wary of anyone following you through a swipe card zone.
* Do not write codes or passwords on your ID card.
* If you find a Staff ID card please hand in to Security.
* Report loss of a Staff ID card to the Security office immediately.

Any issues regarding access can be directed to the Main Access Control office on ext. 76245 or e-mail Access Control: [Access.Control@nuh.nhs.uk](mailto:Access.Control@nuh.nhs.uk)

## Department of Spiritual and Pastoral Care

Chaplaincy provides spiritual, pastoral and religious support to all who work within the Trust, whatever their particular beliefs and views. You can speak to a Chaplain/Multi-Faith Support Officer in complete confidence. Details of contacts and conversations are not reported to anyone, unless it is with mutual agreement.

Our Church of England and our Free Church Chaplains are permanently based at the hospital. We have a number of Roman Catholic Priests and Religious sisters who are part-time members of the team. A Rabbi is available on request for members of the Jewish faith and we also have representatives of the Muslim and Sikh faiths as part of our team. Practising members of other religious traditions may prefer to see a representative of their own faith. The Department can provide contact numbers and any other information about religious customs, festivals and cultural requirements.

For further information click here: [Spiritual and Pastoral Care](http://nuhnet/diagnostics_clinical_support/spiritual_pastoral_care/Pages/default.aspx)

City Campus 56187 Queens Campus 63799

## Library services at NUH

There are three main libraries at NUH

**The NUH Library**

Students on Placement at NUH can join the NUH Library located in the Postgraduate Education Centre on City Hospital Campus. Opening hours are Monday to Friday 9am-5pm. To register you need to show your student ID.

Over 7000 books including medical, nursing, allied healthcare, management, scientific texts and a small fiction collection are stocked. Books can be borrowed from the library. A number of paper journals, videos and CDs are available

There are quiet and group study areas. E-books and e-journals are available online 24 hours a day from work or home.

To find out more go to http://nuhnet/human\_resources/Learning@NUH/medical\_library/Pages/default.aspx or email library@nuh.nhs.uk

**Greenfield Medical Library**

Students can join the Greenfield Medical Library, located on A Floor in the Medical School, QMC campus. You can register at the Library lending desk between 9am and 5 pm Monday to Friday you need your NUH Trust ID card with you. The Library is managed by the University of Nottingham and is open from 8.00 – 23.15 during the week, 9.00 – 17.00 on a Saturday and 9.30 – 17.45 on a Sunday; during exam times it is open 24/7.

**The QMC Staff and Patient Library**

The QMC Staff and Patient Library is open to all staff who work on the QMC Campus, as well as volunteers, patients and their visitors. It is a joint partnership between NUH and Nottingham City Council.

It is located on D Floor, East Block, by the lifts. It contains books to relax and unwind with – it is home to an extensive collection of fiction and non-fiction from crime and thrillers to romance, gardening to biography and science fiction to travel. There are also books on cassette and CD, magazines, children’s books and audio, and a comprehensive reference section.

The library is open Monday-Thursday 12.15-4.15. Find out more by visiting the website – www.nuh.nhs.uk/hospitallibrary or contact the librarian on ext. 64632 or [ruth.hawley@nuh.nhs.uk](mailto:ruth.hawley@nuh.nhs.uk).

# Chapter 8: Using the Telephone during your Placement

Work telephones are only to be used for work business.

**SINGLE EMERGENCY NUMBER – 2222**

**The 2222 number has been adopted nationally so staff moving between Campuses will only need to remember one number to dial in all emergencies.**

Staff will need to provide clear and accurate instructions to switchboard when calling for an emergency response, including what team you need and the location where they need to attend (See below).

**1. Team required**

ADULT CARDIAC ARREST

PAEDIATRIC ARREST

TRAUMA

OBSTETRIC EMERGENCY

FIRE

OTHER EMERGENCIES

**2. Location**

For your location, please give the name of your ward/clinic, floor and block. If you don’t work in a ward or clinic, phones that are situated on corridors have details of the specific location displayed alongside them.

## To dial an outside line

Dial 9 first following by the number you require.

## How to bleep someone

* Find out the person’s bleep number
* Use an internal hospital phone
* Dial the 7 digit bleep number
* You will be asked to ‘Please enter your numeric message after the tone’
* Enter the extension number of the phone you are calling from
* You should then be told ‘Your paging request has been accepted’
* Put the receiver down and wait by the phone
* Remember when the phone rings next it may not be the person you have

bleeped so still answer it as you would any other call

## Use of personal phones during placement

You are expected to follow the Trust’s policy for staff about use of personal mobile phones (and other mobile communication devices) on NUH premises.

Key points from Mobile phone policy:

* Staff are allowed to use their mobile phones at break times provided they are not used in Prohibited or Restricted areas.
* Staff must not use mobile phones when involved in patient care.
* Chargers and power supplies that have not been subject to an electrical portable appliance test (PAT), or supplied by the Trust, must not be used in the Trust.

## Useful phone numbers

Main Campus Switchboard:

* City 969 1169
* Queen’s Medical Centre 924 9924

Internal phone Switchboard: 0

There is an internal phonebook on the Trust intranet.

# CHAPTER 9: NUH Notes and abbreviations

**Patient records should:**

* Be factual, consistent and accurate
  + Written as soon as possible after an event has occurred, providing current information on the care and condition of the patient
  + Written clearly, legibly and in such a manner that they cannot be erased
  + Written in such a manner that any alterations or additions are dated, timed and signed in such a way that the original entry can still be read clearly
  + Accurately dated, timed and signed or otherwise identified, with the name of the author being printed alongside the first entry
  + Readable on any photocopies
  + Written, wherever applicable, with the involvement of the patient or carer
  + Clear, unambiguous, (preferably concise) and written in terms that the patient can understand. Abbreviations, if used, should follow common conventions
  + Consecutive
  + Electronic records should use standard coding techniques and protocols
  + Written so as to be compliant with the Equalities Act 2010.
* Be relevant and useful
* Identify problems that have arisen and the action taken to rectify them
* Provide evidence of the care planned, the decisions made, the care delivered and the information shared
* Provide evidence of actions agreed with the patient (including consent to treatment and/or consent to disclose information).

Refer to [Clinical record keeping policy](http://nuhnet/nuh_documents/Documents/Clinical%20Record%20Keeping%20Policy.doc) for further information.

## NUH Abbreviations Trust Wide

|  |  |
| --- | --- |
| # | Fracture |
| A&E | Accident and Emergency |
| A/L | annual leave |
| AAA (Triple A) | Abdominal Aortic Aneurysm |
| AAROM | active assisted range of movement |
| Abd | abduction |
| Abx | antibiotics |
| ACL | anterior cruciate ligament |
| ADH | anti-diuretic hormone |
| ADL | Activities of Daily Living |
| AF | Atrial Fibrillation |
| AHP | allied health professional |
| AICU / AITU | Adult Intensive Care Unit |
| AIDS | Acquired immune deficiency virus |
| Alb | Albumin |
| AM | morning |
| Amb O2 | ambulatory oxygen |
| AMI | Acute Myocardial Infarction |
| Approx | Approximately |
| APTT | Activated prothrombin time/activated partial thromboplastin time |
| AROM | active range of movement/motion |
| ASAP | As soon as possible |
| AV node | atrio-ventricular node |
| AXR | abdominal x-ray |
| b.d or BD | bis die ( twice daily) |
| B/K | below knee |
| BCG | Bacille Calmette Guerin (TB vaccination) |
| Bicarb/HCO3 | Bicarbonate |
| BM | Blood sugar level |
| BMI | body mass index |
| BNF | British national formulary |
| BNO | Bowels Not Opened |
| BO | Bowels Opened |
| BP | Blood Pressure |
| bpm | beats per minute |
| BSR | Blood sedimentation rate |
| Bx | Biopsy |
| c diff | Clostridium Difficile |
| C of E | Church of England |
| C&S | Culture and sensitivity |
| CABG | Coronary Artery Bypass Grafts |
| CAPD | Continuous ambulatory peritoneal dialysis |
| CBG | Capillary blood gases |
| CCF | Congestive Cardiac Failure |
| CCOT | Critical Care Outreach Team |
| CCU | Coronary care unit |
| CD | Controlled Drug |
| CDH | Congenital dislocation of the hips |
| CICU | cardiac intensive care unit |
| cmH2O | centimetres of water |
| CO2 | Carbon Dioxide |
| COHB | CarbOxyHaemoglobin |
| cons | consultant |
| COPD | Chronic Obstructive Pulmonary Disease |
| CPAP | continuous positive airway pressure |
| CPM | continuous passive movement |
| CPN | Community Psychiatric Nurse |
| CPR | Cardio - Pulmonary Resuscitation |
| Cr | creatinine |
| CRP | C-reactive protein |
| CSF | cerebro spinal fluid |
| CSU | Catheter Specimen of Urine |
| CT | Computerised Tomography |
| CTD | carpel tunnel decompression |
| CTG | Cardiotocograph |
| CVA | Cerebral Vascular Accident |
| CVP | Central Venous Pressure |
| CVS | Cardiovascular system |
| CXR | Chest X-Ray |
| D&C | Dilation and curettage |
| D&V | Diarrhoea and Vomiting |
| DAS | Disease activity score |
| Dept | Department |
| detox | Detoxification |
| DHS | Dynamic Hip Screw |
| DKA | diabetic ketoacidosis |
| DN | district nurse |
| DNA | Did not Attend |
| DNR | Do not resuscitate |
| DOB | date of birth |
| Dr | Doctor |
| DVT | Deep Vein Thrombosis |
| DXT | Radiotherapy |
| EAU | Emergency Admissions Unit |
| E+D | Eating and drinking |
| ECG | Electrical Cardiograph |
| Echo | Echocardiogram |
| ECT | Electro Convulsive Therapy |
| ED | Emergency Department |
| EEG | Electro-encephalogram |
| EMD | Electro mechanical dissociation |
| ENT | Ear, nose and throat |
| EPB | extensor pollicis brevis |
| EPL | extensor pollicis longus |
| ERCP | Endoscopic Retrograde Cholangio Pancreatography |
| ESR | Erythrocyte Sedimentation Rate |
| ET Tube/ ETT | Endotracheal tube |
| EUA | examination under anaesthesia |
| EWS | early warning score |
| F | Female |
| F(1 or 2) | Foundation trainee (year 1 or 2) |
| F/T | full time |
| FBC | Full Blood Count |
| FBG | fasting blood glucose |
| FEV1 | forced expiratory volume 1 second |
| FFP | Fresh frozen plasma |
| FHx | family history |
| FLEXI SIG | Flexible Sigmoidoscopy |
| FSH | Follicle stimulating hormone |
| FVC | forced vital capacity |
| FWB | Fully weight bearing |
| G | gram |
| G&S | Group and Save serum |
| GA | General Anaesthetic |
| GCS | Glasgow Coma Scale |
| GI | gastrointestinal |
| GP | General Practitioner |
| GTN | Glyceryl Trinitrate |
| GUM | Genito-urinary medicine |
| Gynae | gynae |
| H pylori | Helicobacter pylori |
| H/O | history of |
| H2O | water |
| Hb | Haemoglobin |
| HCA | Health Care Assistant |
| HCAI | Healthcare aquired infections |
| HCOP | Health care for older person |
| HDU | high dependency unit |
| HIV | Human immunodeficiency virus |
| HOCF | home oxygen consent form |
| HOOF | home oxygen order form |
| Hrly | hourly |
| HRT | hormone replacement therapy |
| Ht | height |
| HV | Health Visitor |
| HVS | High vaginal swab |
| HWB | heel weight bearing |
| Hx | history |
| Hypo | Hypoglycaemia |
| i/c | with |
| IBS | irritable bowel syndrome |
| ICP | Intracranial Pressure |
| ICU | intensive care unit |
| ID | identification |
| IDDM | Insulin Dependent Diabetes Mellitus (Type 1 diabetes) |
| IgA | fraction of immunoglobulin |
| IgG | fraction of immunoglobulin |
| IgM | fraction of immunoglobulin |
| IHD | ischemic heart disease |
| ILD | Interstitial lung disease |
| IM | Intra Muscularly |
| IMHS | Intra Medullary Hip Screw |
| Indep | independent |
| Inh | inhalation |
| INR | international normalised ratio |
| IP&C | infection prevention and control |
| ITU | intensive therapy unit |
| IUCD | intra-uterine contraceptive device |
| IV | Intravenous |
| IVABs | intravenous antibiotics |
| IVDU | Intravenous Drug User |
| IVF | invitro fertilization |
| IVI | Intravenous Infusion (drip) |
| JIA | Juvenile idiopathic arthritis |
| K | potassium |
| KCL | Potassium chloride |
| kg | Kilogram |
| KMH | Kings Mill Hospital |
| L | litre |
| LA | local anaesthetic |
| LABA | long acting beta agonist |
| LAMA | Long acting muscarinic agonist |
| LBBB | Left Bundle Branch Block |
| LFT(s) | Liver Function Test |
| LMA | Laryngeal mask |
| LMP | last menstrual period |
| LMWH | low molecular weight heparin |
| LOC | loss of consciousness |
| LP | Lumbar Puncture |
| LTOT | Long term oxygen therapy |
| LVF | Left Ventricular Failure |
| MAP | mean arterial pressure |
| MAU | medical admissions unit |
| Max | maximum |
| MC&S | Microscopy, Culture & Sensitivity |
| MCP | meta carpel phalangeal |
| MCV | mean cellular volume |
| MDI | Metered dose inhaler |
| MDT | Multidisciplinary team |
| METS | Metastases |
| MHDU | medical high dependency unit |
| MI | Myocardial Infarction |
| mL(s) | Millilitre |
| ml/hr | Millilitre per Hour |
| MMC | medicines management committee |
| mmHg | millimetres of mercury |
| mmols | Millimoles |
| MMR | Mumps measles and rubella |
| Mob | Mobilise |
| MRI | Magnetic Resonance Imaging |
| MRSA | Methicillin Resistant Staphylococcus Aureus |
| MS | Multiple Sclerosis |
| MST | morphine sulphate tablet |
| MSU | Mid Stream Specimen of Urine |
| MUA | manipulation under anaesthetic |
| Multi Vit | Multi-vitamin preparation |
| MUST | malnutrition universal screening tool |
| N&V | nausea and vomiting |
| N/K | not known |
| N2O &O2 | nitrous oxide and oxygen (entonox) |
| NaCl | sodium chloride |
| NAD | No Abnormalities Detected -nothing abnormal detected |
| NaNCO3 | sodium bicarbonate |
| NBM | Nil By Mouth |
| Neb | Nebuliser |
| NEG/-ve | negative |
| NFR | Not for Resus |
| NG | Nasogastric |
| NGT | Nasogastric tube |
| NIDDM | Non Insulin Dependent Diabetes Mellitus (Type 2) |
| NKA | No known allergies |
| NMC | nursing and midwifery council |
| NNU | neonatal unit |
| Nocte | At Night |
| NOF | Neck of Femur |
| NOK | Next of kin |
| not for resus | not for resuscitation |
| NP | new patient |
| NPU | Not Passed Urine |
| NSAID's | Non Steroidal Anti Inflammatories |
| NUH | Nottingham University Hospitals NHS Trust |
| NWB | Non Weight Bearing |
| PO | Oral |
| O/A | On Arrival/ Admission |
| o/d | Overdose |
| O/E | On Examination |
| O2 | Oxygen |
| O2 sat | Oxygen saturation |
| OA | Osteoarthritis |
| Obs | Observations |
| o.d | Omni die (Once Daily) |
| ODP | Operating department practitioner |
| OGD | Oesophago- gastroduodenoscopy |
| OM | each morning |
| ON | each night |
| Op | Operation |
| OPA | Out Patient Appointment |
| OPD | Outpatients Department |
| ORIF | Open Reduction and Internal Fixation |
| ortho | Orthopaedics |
| OT | Occupational Therapist/Therapy |
| P | Pulse |
| P/T | Part time |
| PAC | Pressure area care |
| PaO2 | partial pressure oxygen |
| PCA | Patient Controlled Analgesia |
| PCI | Percutaneous Coronary intervention |
| PCL | Posterior cruciate ligament |
| pCO2 /paCO2 | partial pressure carbon dioxide |
| PCT | primary care trust |
| PCV | packed cell volume |
| PDD | Predicted discharge date |
| PDM | practice development matron |
| PE | Pulmonary Embolism |
| PEA | pulseless electrical activity |
| PEF | Peak flow rate |
| PEFR | peak expiratory flow rate |
| PEG | Percutaneous Endoscopic Gastrostomy |
| PERL (PEARL) | Pupils Equal Reactive to Light |
| PF | Pulmonary fibrosis |
| PFT | Pulmonary function test |
| PGD | Patient group direction |
| Physio | Physiotherapist |
| PICC | type of central line |
| PICU | Paediatric Intensive Care Unit |
| PID | Pelvic inflammatory disease |
| PM | Afternoon |
| PMH | Past Medical History |
| PN | Practice nurse |
| PO | Orally |
| pO2 /paO2 | partial pressure-oxygen |
| POD | patients own drugs |
| POM | prescription only medicines |
| POP | popliteal artery |
| Post op | after operation |
| PPE | Personnel protective equipment |
| PR | Per Rectum |
| Pre op | before operation |
| Pre Op | Pre Operatively |
| Pre-med | Pre-medication |
| PRIDE | patient discharge/transfer information forms |
| PRN | As Required |
| PROM | Passive range of movement |
| prox | Proximal |
| Pt | Patient |
| PT | Prothrombin time |
| PTO | Please Turn Over |
| PU | Passed Urine |
| PV | per vagina |
| PVD | peripheral vascular disease |
| PWB | Partial weight bearing |
| Px | prescribed/prescription |
| QDS | Four Times a Day |
| QMC | Queens Medical Centre |
| QUADS | Quadriceps |
| R | Respirations |
| R/V | Review |
| RA | Rheumatoid Arthritis |
| RBC | Red blood cells |
| RC | Roman Catholic |
| RE | With Reference to / regarding |
| Reg | Registrar |
| REHAB/Rehab | Rehabilitation |
| Resps | Respirations |
| RGN | registered general nurse |
| RhD | rhesus factor |
| RIP | Rest In Peace |
| RN | registered general nurse |
| RNS | Respiratory nurse specialist |
| ROC | removal of clips |
| ROM | Range Of Movement |
| ROS | removal of sutures |
| Rpt | Repeat |
| RTA | Road Traffic Accident |
| Rx | Treatment |
| S/A | Same Address |
| S/B | Seen by |
| S/c | Subcutaneously |
| SA node | Sino-atrial node |
| SABA | short acting beta agonist |
| saline/NaCl | sodium chloride solution 0.9% |
| SALT | Speech and language therapist |
| Sats | Saturation |
| SBOT | Short burst oxygen therapy |
| SCBU | special care baby unit |
| SHDU | Surgical High Dependency Unit |
| Sig | Signature |
| SLE | Systemic lupus erythematosis |
| SLR | straight leg raise |
| SM | Staff midwife |
| SN | Staff Nurse |
| SOB | Short Of Breath |
| SOBOE | Short of Breath on exertion |
| Sp02 | Oxygen |
| SpR | Special Registrar |
| St /M | student midwife |
| Staph | Staphyloccus |
| Stat | Once Only (immediately) |
| STI | sexually transmitted infection |
| StN | student nurse |
| SVT | Supra Ventricular Tachycardia |
| SW | Social Worker |
| SWPDD | social worker predicted discharge date |
| T /temp | Temperature |
| TAR | Total ankle replacement |
| Tb /TB | Tuberculosis |
| TBC | To be confirmed |
| TCI | To Come In |
| TDS | Three times a Day |
| TED's | Thromo embolic deterrents |
| Tel | Telephone |
| TEMP | Temperature |
| TENS | Transcutaneous Electrical Nerve Stimulation |
| THR | Total Hip Replacement |
| TIA | Transient Ischemic Attack |
| TKR | Total Knee Replacement |
| TLC | Tender Loving Care |
| Top | Topical |
| TPN | Total Parental Nutrition |
| TPR | Temperature, Pulse, Respiration |
| Trop I | Troponion I blood test |
| TTO | To Take Out (Home) |
| TWB | touch weight bearing |
| TWOC | trail without catheter |
| Tx | Treatment |
| U&E | Urea and Electrolytes |
| URTI | Upper Respiratory Tract (Infection) |
| US | Ultrasound |
| USS | Ultra Sound Scan |
| UTI | Urinary Tract Infection |
| UV | Ultraviolet |
| VAS | Visual analogue score |
| VB | Venous Blood |
| Veg | Vegetables |
| VF | Ventricular Fibrillation |
| VIPS | visual infusion phlebitis score |
| VT | Ventricular Tachycardia |
| VTE | venous thrombo embolism |
| W/C | week commencing |
| W/E | Weekend |
| WBAT | weight bear as tolerated |
| WCC /WBC | White Cell Count |
| WOB | Work of breathing |
| WR | Ward round |
| Wt | Weight |
| X-match | Cross Match |
| XROA | Xray on arrival |
| yr | Year |

## Abbreviations not to be used

|  |  |  |
| --- | --- | --- |
| **Additional Abbreviations, Acronyms and Symbols** | | |
| **Don’t Use** | **Potential Problem** | **Use Instead** |
| > (greater than)  < (less than) | Misinterpreted as the number “7” (seven) or the letter “L”  Confused for one another | Write “greater than”  Write “less than” |
| Abbreviations for drug names | Misinterpreted due to similar abbreviations for multiple drugs | Write drug names in full |
| Apothecary units | Unfamiliar to many practitioners  Confused with metric units | Use metric units |
| @ | Mistaken for the number “2” (two) | Write “at” |
| cc | Mistaken for u (units) when poorly written | Write “ml” or “millilitres” |
| µg / mcg | Mistaken for mg (milligrams) resulting in one thousand-fold overdose | Write “micrograms” |
| 1/12 | Unclear, easily mistaken | Write 1 month |
| 1/52 | Unclear, easily mistaken | Write 1 week |
| 1/7 | Unclear, easily mistaken | Write 1 day |

# ****Appendix 1 -**** Student Job Description & Agreement

**Job Title:** Student Occupational Therapist/ Physiotherapist/ Dietitian

**Clinical Area:** QMC & City Campus-Inpatient and Outpatient departments

**Responsible to**: Clinical Educator/Supervisor

**Job Summary:**

The length of each placement varies according to the University and stage of training. Each placement offers the opportunity to consolidate the learning that has been acquired in an academic situation into a practical environment, appropriate to the stage of education.

In undertaking this role, the student will be expected to behave at all times in a way that is consistent with, and actively supports the Trust’s shared values and to ensure they comply with the ‘[Guidance on Conduct and Ethics for students](http://www.hcpc-uk.org/assets/documents/10002C16Guidanceonconductandethicsforstudents.pdf)’ identified by the HCPC.

**Main duties and responsibilities:**

* To experience a comprehensive range of profession specific practices under supervision that is appropriate to the stage of training.
* To participate in appropriate community visits as required in line with department procedures.
* To be aware of, and participate in, if appropriate, the process of liaison with community colleagues, agencies and other NHS authorities.
* To be polite, respectful and thoughtful to all staff, patients and their carers
* To treat all patient information in line with the hospital confidentially policy
* To be aware and to uphold the whistle blowing policy.
* To be aware of the trusts complaints, concerns, compliments & complaints policy.
* To be aware of Therapy services department policies and procedures.
* To be aware of NUH’s and Therapy services vision.
* To work in a manner in line with your specific professional minimum standards.
* To communicate and cooperate with the multi-disciplinary team.
* To ensure the completion of all allocated duties within the timescale outlined. These may include patient documentation, statistical recording, etc.
* To be aware of and comply with health and safety regulations of the Trust, therefore ensuring the safety of staff and patients at all times.
* To attend all relevant available seminars /training to ensure as broad a spectrum of experience is provided within each placement.
* To complete all evaluation forms issued by NUH and Therapy Services.
* To communicate closely with, and act on the direction of the Clinical Educator/Supervisor.
* To liaise with the Clinical Educator/Supervisor in terms of any issues raised within the clinical practice setting.
* To participate in the report structure outlined by the appropriate educational establishment.
* To practice good time management; arrive punctually for work, meetings and tutorials, to meet work deadlines without prompting.
* To follow guidance in induction handbook if unable to attend placement.
* To ensure relevant people know your whereabouts.
* To be self-motivated and use your initiative.
* To use any spare time that you have constructively.
* To be responsible for your own portfolio and evidence collection.
* To understand and accept feedback and work to address any areas for improvement that have been highlighted.
* To be prepared to evaluate yourself critically through reflective practice.
* To be honest and say if you do not understand.
* To inform your mentor/supervisor/clinical educator if you have any problems that may be affecting your work.
* To attend meetings with your supervisor/clinical educator (frequency determined by your profession).

**Job revision:** This job description only outlines the basis of the therapy student role. Clarification should always occur with the Clinical Educator/Supervisor and Practice Facilitator.

**What you can expect from your training team:**

* To be treated with respect
* To be treated fairly and non-judgementally
* That your training will be well organised
* You will be given adequate support
* Your confidential matters will be kept confidential
* To receive constructive feed back
* To be given every opportunity to demonstrate your skills, abilities, and increase your knowledge.

I have read the above, which has been fully discussed with me. I am clear about what is expected of me and I am happy to take full responsibility for my own training.

|  |  |
| --- | --- |
| Student Signature:  \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_ | Staff Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_ |
| Full Name (block capitals):  \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full Name (block capitals):  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ |
| Date: \_\_\_\_ \_\_\_\_\_ | Title: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: \_\_\_\_ \_\_\_\_\_ |

# APPENDIX 2 - Therapy Services Student Patient Safety Checklist

Please complete this form to check your understanding of important elements of your induction and submit it with your induction checklist to your designated coordinator by the end of week two. Thanks.

1. Please describe the process for raising concerns about Patient Safety.
2. Please explain what the NUH Whistle Blowing Policy is for.
3. Please explain what the Trust’s Compliments, Concerns, Comments and Complaints Policy is for.
4. Would you feel able to voice a patient safety concern?
5. If you were to see anything that you felt put the safety of a patient at risk please describe what you would do?
6. Do you feel encouraged to highlight patient safety issues?
7. Were patient safety, whistle blowing and complaints procedures discussed with you at the start of your placement when you were inducted?
8. Please explain your understanding of the duty of candour

|  |  |
| --- | --- |
| Student Signature:  \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_ | Practice Facilitator Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_ |
| Full Name (block capitals):  \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full Name (block capitals):  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ |
| Date: \_\_\_\_ \_\_\_\_\_ | Title: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: \_\_\_\_ \_\_\_\_\_ |

# APPENDIX 3 - Therapy Student Confidentiality Declaration

I understand that the trust requires me to maintain confidentiality of information about the hospital, its staff and its patients, which I may hear, see or read during my working day.

I am also aware that any unauthorised disclosure of information will be treated extremely seriously and will immediately be reported, leading to the termination of my placement.

It has also been explained to me that a breach of confidentiality under the Data Protection Act 1998 could lead to prosecution. I have completed Information Governance training prior to starting my placement.

**I am aware that I should consult my supervising manager if I am unsure of any particular aspect of confidentiality.**

I declare that I will:

|  |  |  |  |
| --- | --- | --- | --- |
| Only access patient records when I have a justifiable reason for doing so. | |  | |
|  | |  | |
| Only escalate/share patient or sensitive information if appropriate and in line with Trust policy and protocol. | |  | |
|  | |
| Always stop and think “who am I speaking to”. | |  | |
|  | |
| Lock my PC when I am away from the desk (by pressing the control, alt and delete buttons together). | |  | |
|  | |
| Never store patient information on my local hard drive or on any portable media. | |  | |
|  | |
| Ensure that patients understand how I use their information/gain consent to share information. | |  | |
|  | |
| Keep all passwords safe and secure. | |  | |
|  | |
| Report any information security incidents e.g. incident reporting/whistle blowing policy as appropriate. | |  | |
|  | |
| Practice safe faxing. | |  | |
|  | |  | |
| Completion of IG training. | |  | |

|  |  |
| --- | --- |
| Student Signature:  \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_ | Practice Facilitator Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_ |
| Full Name (block capitals):  \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full Name (block capitals):  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ |
| Date: \_\_\_\_ \_\_\_\_\_ | Title: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: \_\_\_\_ \_\_\_\_\_ |

# APPENDIX 4 -Student Signature Record

|  |  |  |  |
| --- | --- | --- | --- |
| **Details:** |  | | |
| Name: |  | | |
| Address: |  | | |
|  |  | | |
|  |  | | |
| Postcode: |  | | |
| University email address: |  | | |
| Home tel no. |  | | |
| Mobile tel no. |  | | |
| Signature: |  | Initials: |  |

# APPENDIX 5 - Non-Return of Student Form

**In the unlikely event of a student going ‘missing-in-action’, it is important we have an accurate record of appropriate details.**

Please complete the following:

|  |  |
| --- | --- |
| **Personal Description:** |  |
| Sex: |  |
| Ethnic origin: |  |
| Build: |  |
| Height: |  |
| Eye colour: |  |
| Hair colour and style: |  |
|  |  |
| **Car:** |  |
| Registration: |  |
| Make: |  |
| Model: |  |
| Colour: |  |
|  |  |
| **In case of emergency contact - Person to be contacted** | |
| First: |  |
| *(Name, contact no.)* |  |
|  |  |
| *Relationship:* |  |
| Second: |  |
| *(Name, contact no.)* |  |
|  |  |
| *Relationship:* |  |

**If any details change it is the responsibility of the student to inform the Practice Facilitator**