WELCOME TO RESPIRATORY MEDICINE

STUDENT ORIENTATION PACK

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WELCOME TO D3
RESPIRATORY MEDICINE

CONSULTANTS

Dr Bradley
Dr Raza
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Dr Khurana
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WARD MANAGER
Karen Wilson

EDUCATIONAL LEAD
Vicky Brady/Paula Hardman

D3 ward is a 27 bedded male ward caring for patients suffering from respiratory diseases which are acute and acute-on-chronic. The ward is supported by members of the multidisciplinary team. Each of the consultants rotates onto the ward every two weeks during which time they are supported by a registrar, and a team of junior doctors. During weeks away from the ward Consultants operate daily out-patient clinics, twice weekly bronchoscopy sessions and relevant teaching of medical students.

PRACTICE WORKING HOURS:
D3 staff now predominantly work long shifts, (7.00am — 19.30pm, 19.00pm — 7.00am). If for any reason you are unable to work these shift patterns your allocated mentor in practice will negotiate suitable shift allocation with you. Long days are not yet compulsory for students however students are expected to work 40% of their time with their allocated mentors and the ward will facilitate this for you. Students are required to work a 37.5 hour week. Once shifts have been allocated these cannot be changed unless authorised by your mentor, ward manager or practice educational lead. Hours cannot be carried over to consecutive weeks.
EXPECTATIONS OF MENTORS

Your mentor will:

- Be a registered nurse who has a recognised mentorship qualification and is trained in the assessment process to university standard.
- Be supported by an associate mentor who has more than 6 months experience.
- Arrange a minimum of three formal meetings with you to complete your assessments, objectives and to discuss your learning outcomes.
- Respect your individual learning needs and capabilities. Provide learning opportunities to accomplish the clinical skills outlined by university guidelines.
- Help to facilitate additional learning experiences with different members of the multidisciplinary team.
- Assist in securing relevant objectives for spoke placements.
- Be open and honest regarding your progress both clinically and professionally.
  - Ensure supernumerary status of student is adhered to at all times.

EXPECTATIONS OF STUDENTS

As a student you will:

- Treat all patients with dignity and respect.
- Work as a team member and demonstrate respect for your colleagues.
- Work within your limitations and always ask if in doubt.
- Take responsibility for your own learning, making use of teaching material available, attend teaching sessions and always question practice.
- Be punctual for shifts.
- Consider your personal appearance and adhere to the Trust uniform policy.
- Arrange any part time employment you may have around your allocated shifts on the ward.
- Retain a sense of self awareness and consider the problems that surround self disclosure with patients.
WARD PHILOSOPHY

Our philosophy of care has been developed to support the trust values.

Our aim is to deliver an excellent standard of holistic and evidence based patient-centred care, in a safe and pleasant environment, that encourages patients and their family members/carers to contribute to planning of their care.

We believe that each patient should retain their individuality and should be cared for physically, socially, psychologically, spiritually and culturally, whilst maintaining dignity, privacy and confidentially. Patients will be cared for by a skilled multidisciplinary team of professional staff who are competent in their roles. They are approachable, polite and able to provide accurate information, support and advice.

We aim to restore health and quality of life wherever possible and to ensure sensitivity and respect in the end of life issues, always taking into account the patient’s wishes, aiming to facilitate their wishes regarding preferred place of care at the end of life.

We believe we have a responsibility to exercise professionalism in every aspect of our practice by being resourceful, economical and responsive to change.

"I'm not telling you it's going to be easy. I'm telling you it's going to be worth it"

Art Williams
About our patients

Our patients are admitted to the ward from a number of settings. The majority are admitted from the medical assessment unit; however we also have patients directly admitted from A&E, thoracic clinics and from their own homes as elective admissions. During your time with us you will begin to appreciate the wide variety of acute medical conditions that our patients experience, including:

- Asthma, Chronic obstructive pulmonary disease, pneumonia.
- Bronchiectasis, respiratory tract infection, lung cancer.
- Pulmonary embolism, pleural effusion, pneumothorax.
- Diabetes, heart disease, deep vein thrombosis, tuberculosis.

And also the diverse range of interventions that may be needed, such as:

- Chest drain management
- Catheterisation
- Electrocardiogram
- Intravenous infusions
- Arterial blood gases
- Non-invasive ventilation
- Cardio-pulmonary resuscitation

And many more.....But don't worry if you don't know about all or any of these at the moment because by the end of this placement you will hopefully be well on your way to becoming competent at caring for patients with these conditions and interventions. We are sure that by the time you leave us you will no longer be puzzled by your patient, Mr X in bed 24 admitted with an exacerbation of COPD and CAP with low Sp02, low GCS, requiring a CXR and CT, full bloods, including FBC, CRP U&E. He is also NBM until SALT review and requires full MDT and NOK needs updating of his condition.....
GETTING THE MOST OUT OF YOUR PLACEMENT

Respiratory medicine is a very exciting and diverse environment to work in. There are many learning opportunities which you can be involved in and gain valuable experiences from. Many of our patients have co-morbidities. They may suffer from other chronic diseases in addition to their respiratory condition which may cause complex issues.

Common respiratory conditions which you will be exposed to are:

**Chronic obstructive pulmonary disease (COPD):**
COPD is predominantly caused by smoking and is characterised by airflow obstruction that is not fully reversible. The airflow obstruction does not change markedly over several months but is usually progressive in the long term. Exacerbations often occur, when there is rapid and sustained worsening of the patient's symptoms beyond day-to-day variations. A diagnosis of COPD should be considered in patients over 35 who have a risk factor (generally smoking) and who present with exertional breathlessness, chronic cough, regular sputum production, frequent winter bronchitis or wheeze (NICE 2010).

**Asthma:**
Asthma is a long-term condition that affects the airways in the lungs in children, young people and adults. Classic symptoms include breathlessness, tightness in the chest, coughing and wheezing. The goal of management is for people to be free from symptoms and be able to lead a normal, active life. This is achieved partly through treatment, tailored to the person, and partly by people getting to know what provokes their symptoms and avoiding these triggers as much as possible. The causes of asthma are not well understood, so a cure is not usually possible, although this can sometimes be achieved in occupational asthma (NICE 2013).

**Lung Cancer:**
There are quite a few different types of lung cancer but in general the disease is split in two different categories. These are small cell lung cancer and non-small cell lung cancer (NSCLC). Small cell lung cancer is a fast growing cancer which is made up of round cells which form fleshy lumps which generally grow in the larger airways. This type of cancer is generally more responsive to chemotherapy, but only in rare cases can it be surgically removed.
NSCLC includes adenocarcinoma, squamous carcinoma and large cell carcinoma. All types of NSCLC are potentially suitable for surgery if they are diagnosed at an early enough stage. Other types of lung cancer include mesothelioma and carcinoid tumour, however there are numerous other types of rare lung cancers (Roy Castle Lung Cancer Foundation 2013).

**Bronchiectasis:**
Bronchiectasis is a long-term condition where the airways of the lungs become abnormally widened, leading to a build-up of excess mucus that can make the lungs more vulnerable to infection. The most common symptoms of bronchiectasis include a persistent cough that usually brings up phlegm (sputum) and breathlessness. Bronchiectasis can develop if the tissues and muscles that surround the bronchi are damaged or destroyed. The damage caused to the lungs by bronchiectasis is permanent, but treatment is available which can help relieve symptoms and stop the damage getting worse (NHS Choices 2013).

Patients requiring chest drains are also managed on the ward. Chest drains are required for conditions including, pneumothorax, pleural effusions, haemothorax and empyema requiring drainage.

Patients requiring Non-invasive ventilation are also nursed on the ward. Non-invasive ventilation is used for those patients in Type 2 respiratory failure due to COPD, obesity hypoventilation and obstructive sleep apnoea.

This is just an overview of some of the conditions we are exposed to on the ward. Your mentor will discuss these in more depth as required.

**RESEARCH ACTIVITY CARDS ARE AVAILABLE ON THE WARD TO ENHANCE YOUR LEARNING. PLEASE ASK YOUR MENTOR**
REFERENCES


SPOKE PLACEMENTS

All students will have the opportunity to gain valuable experiences from working with other members of the multidisciplinary team (MDT). Your mentors will help to facilitate spoke placements which are appropriate to your stage of learning. Time spent on spoke placements may be from a couple of hours to a full day and this time will make up part of your required placement working hours. Spoke placements which may be of interest to you:

- Bolton Acute Respiratory Team (BART) — spend time in respiratory clinics, home visits and pulmonary rehabilitation sessions. Gain an understanding how this team supports the ward.
- Critical care outreach — Gain an understanding how patients are supported when they are stepped down to ward level from ICU/HDU.
- Endoscopy — observe patients undergoing a bronchoscopy procedure.
- Lung cancer nurses — Gain enhanced knowledge relating to lung cancer and how these patients are cared for.
- TB nurses — Gain enhanced knowledge relating to tuberculosis and how these patients are cared for.
- Bereavement team — Gain an understanding how this team supports patients and their significant others.
- Physio/OT - Spend time with ward level staff and understand the role they play on a daily basis.
REFLECTION

All students are encouraged to reflect on their practice throughout their training and this is particularly important on D3. Reflection enables us to build on our experiences good or bad and will help both the student and mentor to identify and met learning objectives. Attached is a weekly reflective diary sheet which you can complete during your time on the ward. More are available on request. These sheets may then be used as part of your portfolio at University.

AND FINALLY....

Our aim is to enhance your knowledge, ensure you become a safe and competent practitioner and meet your personal learning objectives. Any feedback we give will be constructive and inline with our aim. In return we ask the same of you, If you have any suggestions as to how we can improve our practice or our learning environment please discuss them with us. At any time during your placement you are experiencing any problems please speak to your mentor or PEL.

USEFUL RESOURCES

The hospital library has as wealth of literature relating to general nursing practice and they have a particularly well stocked section of literature relating to respiratory conditions. There are also a number of useful websites which can be used as resources for further reading to enhance your knowledge of the respiratory system and caring for respiratory patients.

www.nice.org.uk
www.brit-thoracic.org.uk
www.blf.org.uk
www.asthma.org.uk
http://www.gov.uk/government/orcianisations/department-of-health
www.nursing-standard-journal.co.uk
www.nursingtimes.net
www.roycastle.org
www.cancerresearchuk.org