



King's College Hospital   
NHS Foundation Trust

## Profile of Learning Opportunities (PoLO) *for nursing and midwifery students in practice*

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**Practice Placement: Annie Zunz ward**



## Introduction to the Ward / Unit

**Welcome to:** Annie Zunz ward, King's College Hospital, Denmark Hill, part of Kings College Hospital NHS Foundation Trust. Annie Zunz was the widow of a German merchant who had lived in London, and following a donation in 1912 made by the Trustees of the Annie Zunz Bequest, the ward opened in 1913.

Annie Zunz is a 28 bedded acute medical ward, providing care and support for patients who have a variety of medical conditions and specific health needs, for a maximum stay of up to 72 hours. This positively challenging environment provides a wide range of learning opportunities for students, supported by a friendly and motivated multidisciplinary team.

## Location

**We are located:** on Floor 1 Cheyne Wing, King's College Hospital, Denmark Hill

**Ward / Unit telephone:** 020 3299 3437

## Welcome to the team

**Ward / Unit Manager is:** Clinical Matron Yumela Chetty [Yumela.chetty@nhs.net](mailto:Yumela.chetty@nhs.net)

**Modern Matron is:** Denise Andrews [denise.andrews1@nhs.net](mailto:denise.andrews1@nhs.net)

**Student co-ordinator is:** Ernesto Dela Cruz [Ernesto.delacruz@nhs.net](mailto:Ernesto.delacruz@nhs.net)

**Practice Development Nurse is:** Grace Tuazon [grace.tuazon@nhs.net](mailto:grace.tuazon@nhs.net)

The ward team consists of:

- Registered Nurses
- Health Care Assistants
- Volunteers
- Clinical and ward administrators
- Chaplaincy
- Domestic / Housekeeper
- Consultants rotate x 8
- Physiotherapists and physio assistant
- Occupational therapists
- Dieticians
- Pharmacist
- Social workers and Red Cross for supportive discharge
- Speech and language therapists
- Clinical nurse specialists for example:
  - I-mobile
  - Continence
  - Falls
  - Smoking liaison officer

- Tissue viability
- Palliative care
- Respiratory
- Nutrition
- Diabetes
- DAD Delirium and KOPAL
- Psychiatric team (liaison)
- Substance Misuse Nurse

## **Annie Zunz Ward Philosophy**

The healthcare team of the acute medical ward aims to provide safe, timely, and compassionate care to our patients.

We believe that in order to deliver the safest care possible, we need to understand the individualized need of each patient admitted in the ward. We will actively listen to their needs and act to provide a holistic assessment, management and care.

We will treat others how we would like to be treated. We involve patients in their care planning and promote confidentiality, respect and dignity at all times.

We aim to work together as a team with other colleagues regardless of their own personal experiences, religious, cultural and ethnic backgrounds.

The doctors, nurses, allied professional and ancillary staff strives hard to ensure the service provided is honest, transparent.

We promise to do our best and learning from each other. We will listen and hear from our patients and ensure the values of the organisation are promoted.

The team's goal is to admit, treat, care and discharge patients back to their baseline health in the quickest, kindest and safest way possible.

## Shift pattern students may follow

5 day week  7 day week  Weekends

12 hour shift:	Early start	07.15 to 20.00hrs
	Night shift	19.15 to 08.00hrs

## Staffing establishment

Registered Nurses – Early shift = 8                      Night shift = 6

Health care assistants – Early shift = 3                      Night shift = 2

## Meal breaks

You are allocated a 45 minute break between 14.30 and 18.00 and a coffee break as allocated between 10.00 and 12.00 (30 mins)

## To contact colleagues:

### Bleeping:

Dial 736 followed by the bleep number and the extension you wish to be called back on. Wait for the long tone and replace the receiver

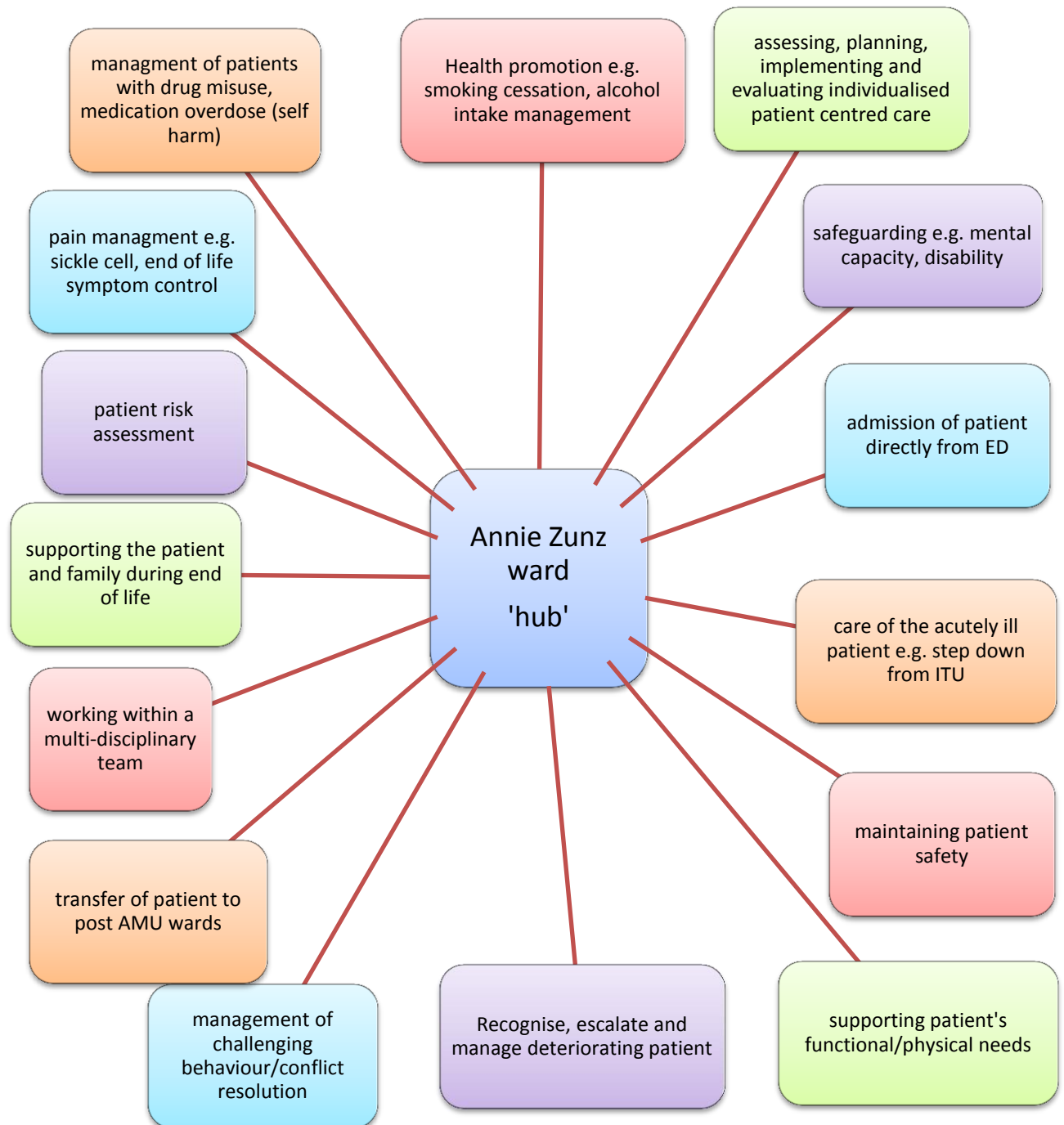
### Air calling and Paging:

Dial 737\* the operator will ask for your 'call sign' (i.e. page number e.g. KH 6789) and your message. This is then sent to the person you are trying to contact

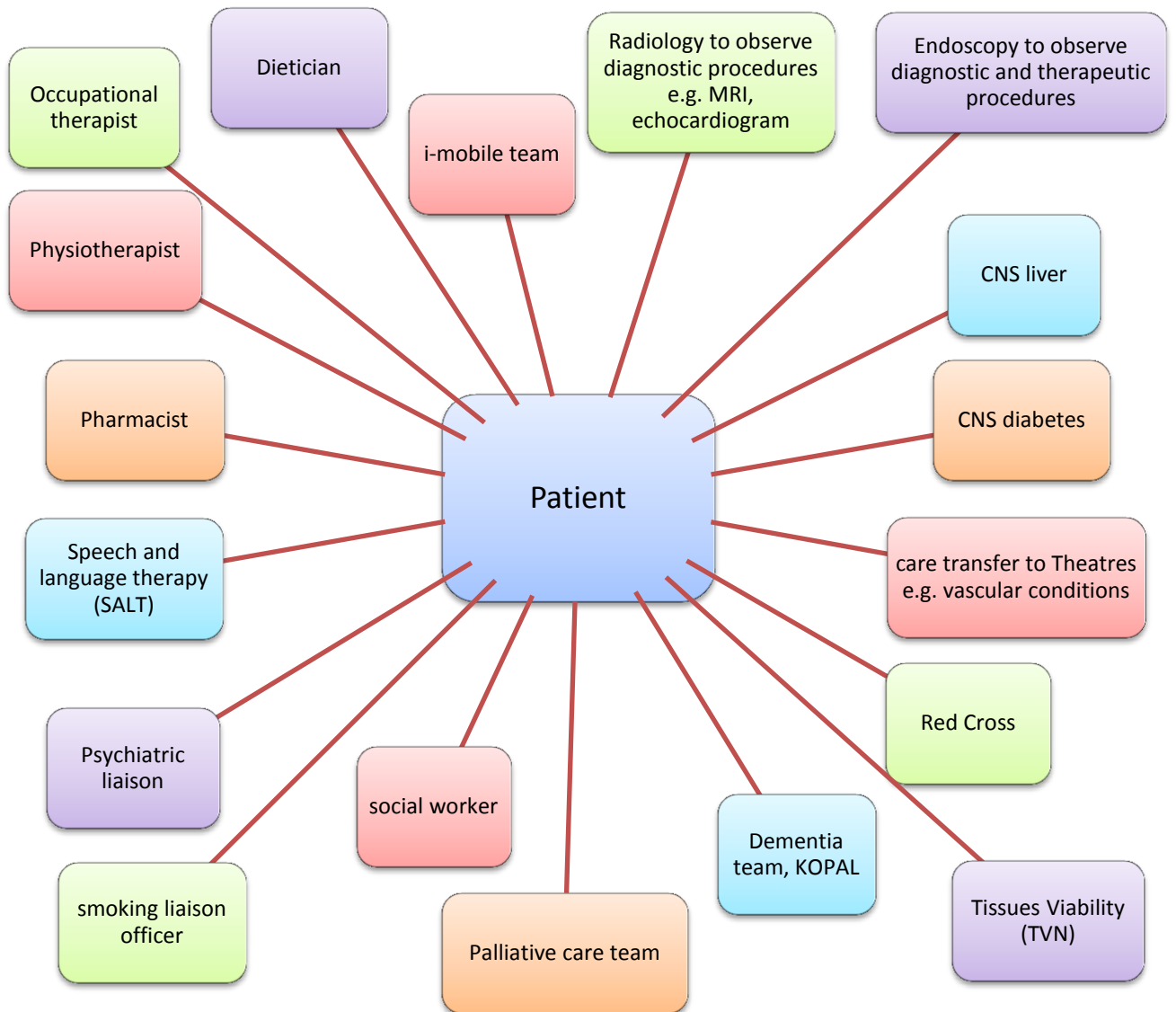
## Useful numbers

Cardiac arrest	2222
Fire	2222
Security	2444
Operator	100
Medirest (porters)	bleep 464, 414, 893

## Hub and Spokes for Annie Zunz ward



## Hub and Spokes following the patient journey



## **Core Learning Opportunities (Under Supervision): ward / other unit based**

**Participate in the assessment of individuals with a range of medical conditions for example:**

- ❖ Cardiac e.g. acute coronary syndrome (ACS), Atrial Fibrillation (AF), non ST elevation myocardial infarction (NSTEMI) and STEMI
- ❖ Gastro-intestinal e.g. presenting with malaena
- ❖ Respiratory e.g. emphysema, asthma, chronic obstructive pulmonary disease (COPD)
- ❖ Diabetic foot conditions
- ❖ Post fall to identify cause

You may participate in/ observe/identify (with context related examples):

- Applying relevant knowledge / measuring & interpreting clinical observations e.g. peak flow, cardiac monitoring
- Recognising the deteriorating patient e.g. Sepsis due to UTI, chest infection
- Developing skills in the use of related equipment under supervision e.g. dynamap , bladder scan, ECG machine, hoist, breathalyzer, optiflow, cardiac monitor
- Pain assessment e.g. tool/ visual observations/ non-verbal cues
- Swallowing /nutritional needs e.g. dysphagia, malnutrition, MUST tool
- Observing diagnostic procedures e.g. MRI, X-ray, bronchoscopy, CT scan, endoscopy, echocardiogram (echo), electroencephalogram (EEG)
- Communication e.g. challenging behaviour, dysphasia, non-verbal communication
- Psychological needs e.g. anxiety, mental health conditions
- Obtaining specific specimens as required e.g. urine (MSU & CSU), stool, sputum
- Documentation e.g. as communication tool for MDT working
- Risk Assessment e.g. falls or infection control
- Discharge planning
- Identifying the patient's health and social care needs
- Safeguarding
- Medication review

The learning opportunities above are mapped against the Professional Values, Essential Skills and Practice Assessments in your PLPAD and presented in the box below. This will assist you to identify and plan for what you could achieve.

Adult Programme and Part 1, 2 or 3 as per PLPAD	Professional Values statements in PLPAD	Essential Skills PLPAD Outcome Number
BSc Part 1 and PGDip Part 1	1, 2, 4, 5, 6, 8-10, 12, 13	1-4, 6-9, 12, 13, 19, 20, 21, 22, 25-27, 30 Part 1 Practice Assessment 'Episode of Care'
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 11, 12, 13	1, 3, 4, 5, 7, 9, 10, 11, 18, 22, and Part 2 Practice Assessment 'Episode of Care' and 'Medicines Management'
BSc Part 3 and PGDip Part3	1, 2, 4, 6, 7, 9, 10, 13, 14	1, 2, 13, 16, 17, 18, 23, 24, 27, 29, 43, 49, 52, 53, 54, 55, 62, 66, 69 Part 3 Practice Assessment 'Episode of Care' and 'Medicines Management'



## Core Learning Opportunities (Under Supervision): ward based

Participate in the assessment of patients with complex needs for example:

- ❖ Patient with co-morbidities
- ❖ Alcohol-withdrawal syndrome
- ❖ Respiratory failure

You may participate in/ observe /identify (with context related examples):

- Developing / enhancing observational skills e.g. visual skills, non-verbal cues
- Applying / measuring and interpreting clinical observations e.g. cardiac monitoring, apex and radial pulse
- Developing / enhancing communication skills e.g. active listening skills
- Analysing situations
- Prioritising patient need
- Decision making e.g. mental capacity, DOLS
- Risk assessment e.g. mobility / pressure ulcer / falls
- Identifying the patient's health and social care needs
- Medication review e.g. ability to self-medicate, polypharmacy
- Safeguarding

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BSc Part 1 and PGDip Part 1	1, 2, 4, 5, 6, 8-10, 12, 13	1-4, 6-9, 12, 13, 19, 20, 21, 22, 25-27, 30
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 11, 12, 13	1, 3, 4, 5, 7, 9, 10, 11, 18, 22, and Part 2 Practice Assessment 'Episode of Care' and 'Medicines Management'
BSc Part 3 and PGDip part 3	1, 2, 4, 6, 7, 9, 10, 13, 14	1, 2, 13, 16, 17, 18, 23, 24, 27, 29, 43, 49, 52, 53, 54, 55, 62, 66, 69 and Part 3 Practice Assessment 'Episode of Care' and 'Medicines Management'

## Core learning Opportunities (Under Supervision): ward based

### Participate in the planning of individualised patient centred care for example

- ❖ Acutely ill patient
- ❖ Patient's requiring smoking cessation
- ❖ Patients requiring support during alcohol withdrawal
- ❖ Care of the patient during the end of life

You may participate in / observe/identify (with context related examples)

- Prioritisation of individual patient need e.g. preparing for angioplasty (Theatre/Cath Lab)
- Decision making e.g. MDT and patient involvement
- Patient inclusion e.g. informed consent / capacity, bedside handover
- Patient centred care e.g. determine patient's priorities / preferences, family
- Documentation e.g. confidentiality, developing a personalised care plan
- Multi-disciplinary working e.g. role boundaries
- Communication e.g. listening to patient / family, team huddle, board rounds, interpreters
- Discharge / care transfer planning e.g. patient/family, external agencies

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BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 11, 12, 13	1, 3, 4, 5, 16, 17, 18, 22, 43, and Part 2 Practice Assessment 'Episode of Care'
BSc Part 3 and PGDip Part 3	1, 2, 4, 6, 7, 9, 10, 13, 14	2, 8, 11, 13, 16, 17, 23, 24, 28, 41, 53, 67, 70 and Part 3 Practice Assessment 'Episode of Care'

## **Core learning Opportunities: (Under Supervision) – ward based**

### **Participate in implementing patient centred care and nursing interventions, promoting identity and inclusion:**

You may participate in /observe (with context related examples)

- Functional needs e.g. positioning, transfer, sitting and communication
- Meeting hygiene needs e.g. promoting independence, total personal care/mouth care, preventing pressure ulcer formation, maintaining privacy and dignity
- Meeting elimination needs e.g. stoma care, urinary catheter management, privacy and dignity
- Psychological needs e.g. referring to psychologist, listening/addressing patient concerns, anxiety during cardiac monitoring
- Meeting mobility needs e.g. VTE prevention, pressure ulcer prevention
- Meeting nutritional needs e.g. assisting patient to eat, management of diabetes (blood glucose monitoring and insulin administration), PEG and NG feeding management
- Maintaining fluid balance e.g. managing electrolyte balance, fluid intake and output
- Care specific to identified risk e.g. falls, challenging behaviour, pressure ulcers, VTE prevention and anti-embolic stockings
- Care evaluation, re-assessment and review
- Communication e.g. 'one best way', board rounds, questioning skills
- Documentation and record keeping e.g. confidentiality, essential care rounding, 'ward ware' and electronic patient records (EPR)
- End of life care e.g. symptom control
- Infection prevention and control e.g. handwashing, safe disposal of waste, patient isolation management
- Health and safety e.g. working with 'specials team'/specializing 'one to one'
- Wound care e.g. Aseptic Non Touch techniques (ANTT)
- Liaising with other professionals e.g. learning disability team, SALT
- Multidisciplinary team working e.g. discussing/evaluating patient progress
- Medicines administration e.g. '5 rights'

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BSc Part 1 and PGDip Part 1	1, 2, 4, 5, 6, 8-10, 12, 13	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 21, 22, 23, 25, 26-33, 35, 37, Part 1 Practice Assessment 'Episode of Care'
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 11, 12, 13	1, 3, 5- 7, 9, 10, 12, 13, 16- 18, 22, 27, 28, 32-36, 38, 41, 42- 43, 49, 50, 51 and Part 2 Practice Assessment 'Episode of Care'
BSc Part 3 and PGDip Part 3	1, 2, 4, 6, 7, 9, 10, 13, 14	1, 2, 3, 7, 8, 13, 14, 16-18, 20-22, 24, 25, 27, 29, 43, 46, 47, 49, 52, 53, 56, 59, 60, 62, 67, 70, 71, 76-78, 84, 82, 84, 87-89 and Part 3 Practice Assessment 'Episode of Care' and 'Medicines Management'

## Core Learning Opportunities (Under Supervision) – ward based:

Under supervision, participating in the administration of prescribed medication using a variety of routes.

You may participate in administering/ observing (with context related examples)

- Oral route e.g. tablets, liquids
- Rectal route
- Percutaneous endoscopic gastrostomy (PEG)
- Naso-gastric (NG) tube
- Injections subcutaneous e.g. insulin pen
- Medication dose calculations
- Types of medication used for respiratory conditions e.g. bronchodilators, anticoagulants, beta blockers, anti - arrhythmias
- Observation only of IV drug administration /intravenous fluids
- Access available resources e.g. British national Formulary (BNF), MEDUSA (injectable medicines guide)
- Medicines administration procedure e.g. '5 rights'

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BSc Part 1 and PGDip Part 1	1, 2, 5- 10, 12, 13	35, 36, 37
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 12, 13	49, 50, 51 and Practice Assessment Part 2 'Medicines Management'
BSc Part 3 and PGDip Part 3	1, 2, 4, 5- 14	78, 79, 82, 83, 84, 87, 88 and Practice Assessment Part 3 'Medicines Management'

## Core Learning Opportunities (Under Supervision) – ward based:

Participate in the assessment of patient risk for example:

- ❖ During acute stage of illness

You may participate in/ observe/identify (with context related examples)

- Tissue viability e.g. Waterlow score
- Deteriorating patient e.g. NEWS score, i-mobile
- Falls e.g. 'guard rails'
- Nutrition / Hydration e.g. dysphagia, alcohol misuse
- Mobility e.g. sensory impairment
- Continence e.g. decline in mobility
- Manual Handling e.g. need for equipment
- Infection control e.g. universal precautions
- Disability e.g. mental capacity/informed consent
- Safe guarding e.g. learning disability
- Health and Safety e.g. challenging behaviour
- Medicine management e.g. allergies

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BSc Part 1 and PGDip Part 1	1, 2, 4, 5, 6, 8-10, 12, 13	1, 6, 12, 13, 14, 17, 19, 20, 21, 24, 31, 34
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 11, 12, 13	4, 7, 10, 13, 22, 37, 41, 44, 48
BSc Part 3 and PGDip Part 3	1, 2, 4, 6, 7, 9, 10, 13, 14	5, 23, 29, 42, 43, 46, 47, 53, 55, 62, 66, 69, 73, 76, 90

## Core Learning Opportunities (Under Supervision) – ward / unit based

Participate in preparing for patient discharge /care transfer /handover for example:

- ❖ Transfer of patient to post AMU ward (after maximum 72 hours)
- ❖ Patient requiring an endoscopy
- ❖ Patient requiring angioplasty – Theatre or Cath Lab
- ❖ Patient admitted via the Emergency Department (ED)

You may participate in (with context related examples)

- preparing bed space for patient admission
- communication e.g. patient information transfer between staff, team huddle following handover
- effective handover at shift change e.g. ‘one best way’
- transfer to and from another clinical area e.g. procedure/checklist, time management
- documentation process e.g. patient assessment, electronic patient record (EPR), ‘ward ware’/‘ward view’
- discharge process e.g. patient/family inclusion, documentation, referrals, administrator role
- MDT and other agencies working e.g. ‘at home’, Red Cross, Rapid Response Team
- Patient / Family support / involvement
- Social services

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BSc Part 1 and PGDip Part 1	1, 2, 5, 8, 9, 12,13,	1, 2, 4, 6, 8, 9, 19,
BSc Part 2 and PGDip Part 2	1,8, 9, 12, 13	1, 3, 4, 5, 16, 17, 18,
BSc Part 3 and PGDip Part 3	1, 2, 6, 9, 10, 13, 14	1, 2, 3, 7, 8, 9, 10, 11, 13, 16, 17, 24 and Part 3 Practice Assessment ‘Episode of Care’

## Specific Learning Opportunities (Under Supervision) ward based:

### Developing / enhancing skills and strategies to communicate with patients who have cognitive/ sensory /expressive impairment

You may participate in nursing interventions /observe / identify (with context related examples):

- Patient living with dementia
- Sensory impairment e.g. visual, auditory, fitting hearing aid correctly
- Liaising/observing SALT
- Liaising with Occupational Therapist
- Non-English speaker/interpretation service
- Alternative forms of communication e.g. non-verbal, gesture, writing
- Distraction techniques
- Liaison with 'key workers' e.g. patient with learning disability
- Liaising with family/carers
- De-escalation of challenging situations, conflict resolution

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BSc Part 1 and PGDip Part 1	1, 2, 5, 6, 8, 9, 12, 13	1, 2, 3, 4, 7, 8
BSc Part 2 and PGDip Part 2	1, 2, 5, 6, 8, 9, 12, 13	1, 5
BSc Part 3 and PGDip Part 3	1, 2, 6, 7, 9, 10, 13, 14	1, 2, 3, 13, 14, 16, 18, 19, 24



## Core Learning Opportunities (Under Supervision) – ward/ other unit based

### Participate in working within a multi-disciplinary team for example

You may participate in/ observe/identify (with context related examples)

- Working alongside colleagues during patient interventions
- Multidisciplinary Team (MDT) meetings
- Doctor's ward rounds
- Nursing rounds
- Performance meetings (monthly) e.g. patient experience, feedback, results of audit
- Board rounds e.g. review patient discharges/ delayed discharge

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BSc Part 1 and PGDip Part 1	1, 2, 5, 4, 6, 12, 13	1, 8, 14
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 12, 13	1, 5, 18,
BSc Part 3 and PG Dip Part 3	1, 2, 4, 5, 6, 7, 9, 11, 13, 14	1, 2, 3, 16, 17, 20, 24, 35, 43

## Specific Learning Opportunities (Under Supervision) ward / unit based:

### Preparing a patient for and observing diagnostic/therapeutic procedures

You may participate in and / or observe (with context related examples):

- Procedure for preparing patient e.g.
  - checklist/procedure
  - providing information to the patient
  - psychological support e.g. anxiety, potential 'bad news'
  - transferring care of the patient to the relevant team
- MRI scan
- CT scan e.g. head, chest, abdomen
- Electrocardiogram (ECG) (24 hour)
- Echocardiogram
- Doppler studies
- Angiogram/ angioplasty
- Flexi-sigmoidoscopy/ oesophago-gastro-duodenoscopy (OGD)

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BSc Part 1 and PGDip Part 1	1, 2, 5, 6, 8, 9, 12, 13	1, 4, 7, 8, 12, 21, 23, 25
BSc Part 2 and PGDip Part 2	1, 2, 5, 6, 8, 9, 12, 13	1, 6, 12, 16, 17, 18
BSc Part 3 and PGDip Part 3	1, 2, 6, 7, 8, 9, 10, 13, 14	1, 2, 7, 20, 24

## Specific Learning Opportunities (Under Supervision) ward based:

### Participate in care of the patient / family during end of life

You may participate in/ observe/identify (with context related examples):

- Providing psychological support
- Inter-professional liaison and working
- Developing an awareness of family needs / preferences e.g. preferred place of death
- Dealing with sensitive issues
- Cultural /religious /spiritual needs / chaplaincy e.g. procedure to be followed prior to and after death
- Symptom control e.g. pain assessment and management, spiritual pain
- Palliative care team liaison
- End of life care e.g. providing total personal care, pressure ulcer prevention
- Care after death e.g. procedure to follow, support/information for family

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BSc Part 1 and PGDip Part 1	1, 2, 4-13	1-4, 6—12, 14-17, 19-29, (30& 34) as appropriate 31-33, 35-37
BSc Part 2 and PGDip Part 2	1, 2, 4-13	1, 3-7, 10, 18, 22, 27,33, (34, 37, 41 as appropriate), 49-51, 54
BSc Part 3 and PGDip Part 3	1, 2, 4-14	1- 3,(5-9 as appropriate)10-14, 16-25, 27-32, 35, 36, 38, 39, 49, 51-60, 62 63, 64, 66-77 as appropriate) , 78, 81, 83, 84

## Specific Learning Opportunities (Under Supervision) ward based:

Participate in the assessment and management of pain for example:

- ❖ Chronic pain
- ❖ Acute pain
- ❖ Psychological and spiritual pain e.g. living with a life limiting condition

You may participate in/ observe/identify (with context related examples):

- Pain team liaison
- Haematology team e.g. for sickle cell related
- Observing physical assessment by medical /nursing team
- Pain assessment tool
- Consider the impact of pain on the patient's life
- Using visual skills e.g. non-verbal cues, facial pallor
- Participate under supervision in administering prescribed analgesia
- Individualised care planning e.g. for sickle cell related pain
- Monitoring effectiveness of intervention for pain

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BSc Part 2 and PGDip Part 2	1, 2, 5, 6, 8, 9, 12, 13	5, 10, 11, 12, 49, 50, 51
BSc Part 3 and PGDip Part 3	1, 2, 6, 7, 9, 10, 13, 14	1, 2, 11, 13, 14, 16 -18, 20, 23 - 25, 27, 29, 43, 78, 81 - 84

## Specific Learning Opportunities (Under Supervision) ward based:

Participate in the assessment, planning and management of Chronic Obstructive Pulmonary Disease (COPD) for example:

- ❖ Asthma
- ❖ Emphysema
- ❖ Respiratory failure

You may participate in/ observe/identify (with context related examples):

- Patient positioning to relieve symptoms e.g. dyspnoea (shortness of breath)
- Meeting patient's personal care/elimination needs
- Recognising and managing the deteriorating patient e.g. NEWS, I-mobile
- Clinical observations e.g. respiratory rate/type, peak flow
- Obtaining sputum specimens
- Oxygen therapy e.g. prescription, rates, Optiflow
- Suctioning e.g. correct procedure, equipment
- Humidification and reasons for intervention
- Mouth care e.g. assessment, preventing oral candidiasis, promoting comfort
- Nutrition and hydration e.g. referral to dietician
- Psychological support e.g. patient information, recognising anxiety
- Integrated Respiratory Team (IRT)
- Medication specific to condition e.g. bronchodilators, nebulizers, steroid therapy
- Equipment e.g. oxygen mask, nasal specs, humidification of oxygen
- Risk assessment e.g. reduced mobility and associated complications
- Chest Physiotherapist

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BSc Part 2 and PGDip Part 2	1, 2, 5, 6, 8, 9, 12, 13	1, 3, 4, 5, 6, 7, 9, 10, 11, 12, 22, 26, 27, 33, 37, 40, 41, 44, 49, 50, 54
BSc Part 3 and PGDip Part 3	1, 2, 6, 7, 9, 10, 13, 14	1,2, 13, 14, 16, 23, 24, 25, 27, 29, 46, 51, 52, 56, 62, 66, 67, 69, 70, 71, 73, 78, 84, 87, 88

## Specific Learning Opportunities ward based:

**'Shadowing' to observe the role of other health and social care professionals within the context of individual patient need:**

You may participate in / observe/identify activities undertaken by (with context related examples):

- Diabetes CNS
- Pain team
- Specials team
- Falls team
- KOPAL/Dementia team
- I-mobile team
- Chest Physiotherapist
- Occupational Therapist
- Physiotherapist
- Dietician
- Chaplaincy (as appropriate)
- Acute Coronary Syndrome (ACS) nurse
- Tissue Viability Nurse (TVN)

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BSc Part 1 and PGDip Part 1	N/A	N/A for part 1 students
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 12, 13	1, 18
BSc Part 3 and PGDip Part 3	1, 2, 4, 5, 6, 7, 9, 10, 12, 14	1, 2, 16, 24

## Specific Learning Opportunities (Under Supervision) ward based:

**Management of a group of patients under supervision: including assessing, planning, implementing and evaluating care.**

- ❖ Part 2 students the opportunity to develop/enhance skills
- ❖ Part 3 students the opportunity to enhance skills and contribute to Part 3 Practice Assessment Episode of Care

You may participate in and develop/enhance skills in (with context related examples):

- Prioritisation of patient needs
- Problem solving
- Decision making
- Communication e.g. MDT
- Team working e.g. role limitation
- Leadership e.g. raising concerns
- Delegation
- Peer support

**The learning opportunities above are mapped against the Professional Values and Essential Skills in your PLPAD and presented in the box below. This will assist you to identify and plan for what you could achieve**

Adult Programme and Part 1, 2 or 3 as per PLPAD	Professional Values statements in PLPAD	Essential Skills PLPAD Outcome
BSc Part 1 and PGDip Part 1	N/A	N/A
BSc Part 2 and PGDip Part 2	1-13	1, 3, 4-13, 16-19, 22, 26, 27, 28, 33, 34-37, 38- 44, 49-51
BSc Part 3 and PGDip Part 3	1-14	1, 2, 7-14, 16-25, 27, 31, 34, 35, 39 - 41, 53, 56-59, 63, 64, 66-73, 75-78, 81, 82-84, 88, 89

## Specific Learning Opportunities (Under Supervision) ward based:

Participating in co-ordinating the ward / patients need for a shift – developing / enhancing skills for example:

You may participate in and develop/enhance skills in (with context related examples):

- Participating in implementing patient care
- Analysing situation
- Prioritisation
- Problem solving
- Decision making
- Communication e.g. telephone enquiries, making referrals
- Team working e.g. MDT working, team huddles, group handover
- Leadership e.g. raising concerns
- Delegation
- Participating in clinical audit (as appropriate)
- Peer support

The learning opportunities above are mapped against the Professional Values, Essential Skills and Practice Assessments in your PLPAD and presented in the box below. This will assist you to identify and plan for what you could achieve.

Adult Programme and Part 1, 2 or 3 as per PLPAD	Professional Values statements in PLPAD	Essential Skills PLPAD Outcome
BSc Part 1 and PGDip Part 1	N/A	N/A
BSc Part 2 and PGDip Part 2	N/A	N/A
BSc Part 3 and PGDip Part 3	1-14	1, 2, 12, 17, 19 ,28, 29, 34-42, 45, 48, 56, 57, 79, 80, 85, 86 and Part 3 Practice Assessment 'Episode of Care'



## Specific Learning Opportunities (Under Supervision): ward based

### Participate in the care of the patient with Sickle Cell Disease for example:

- ❖ Management of sickle cell crisis
- ❖ Sickle Cell Anaemia

You may participate in/ observe/identify (with context related examples):

- Pain assessment e.g. joints/abdominal/spine and ribs, tool/visual observation
- Planning, implementing and evaluating care with MDT
- Communication e.g. discussing possible side effects of treatment, discussing level/site of pain, patient education
- Psychological needs e.g. anxiety, support in living with a life limiting condition
- Dyspnoea e.g. patient position, oxygen therapy as prescribed, mouth care
- Infection prevention e.g. universal precautions/handwashing
- VTE prevention (acute episode)
- Fluid balance e.g. monitoring and recording input/output
- Documentation e.g. individualised care plan
- Nutritional needs e.g. assisting with meals, MUST score
- Prevention of constipation e.g. reduced mobility, effect of analgesia (opioids)
- Medication review and administration e.g. Hydroxycarbamide, monitoring effect of analgesia
- Risk assessment e.g. pressure ulcer prevention due to reduced mobility
- Measuring and interpreting clinical observations e.g. blood pressure, oxygen saturations, pulse, respiratory rate, temperature
- Discharge planning e.g. specialist support

**The learning opportunities above are mapped against the Professional Values, Essential Skills and Practice Assessments in your PLPAD and presented in the box below. This will assist you to identify and plan for what you could achieve.**

Adult Programme and Part 1, 2 or 3 as per PLPAD	Professional Values statements in PLPAD	Essential Skills PLPAD Outcome Number
BSc Part 1 and PGDip Part 1	1, 2, 4, 5, 6, 8-10, 12, 13	1-10, 12-14, 19, 23-29, 30, 31, 32, 35, 37 Part 1 Practice Assessment 'Episode of Care'
BSc Part 2 and PGDip Part 2	1, 2, 4, 5, 6, 8, 9, 11, 12, 13	1, 3-6, 7, 9, 10, 11, 16-18, 22, 26, 27, 33, 34-37, 40-43, 48-51 and Part 2 Practice Assessment 'Episode of Care' and 'Medicines Management'
BSc Part 3 and PGDip Part 3	1, 2, 4, 6, 7, 9, 10, 13, 14	1, 2, 7-9, 11, 13, 14, 16-19, 20, 21, 23, 24, 25, 27, 29, 52, 53, 66-72, 76, 78, 82, 84, 87-89 Part 3 Practice Assessment 'Episode of Care' and 'Medicines Management'

## Specific Learning Opportunities (Under Supervision): ward based

### Assessment and management of the patient in hypovolemic shock for example:

- ❖ Acute dehydration
- ❖ Cardiac medication therapy effect

You may participate in /observe skills relating to (with context related examples):

- A-E assessment
- Recognising the deteriorating patient e.g. NEWS
- Escalating concern procedure
- Application of observational assessment skills e.g. facial pallor, skin turgidity
- Measuring vital signs e.g. blood pressure, pulse
- Participating in administration of prescribed medication e.g. intravenous fluids infusion
- Monitoring patient response to treatment
- Communicating with the Multi- Disciplinary Team e.g. SBAR
- Maintaining patient safety
- Psychological patient support

**The learning opportunities above are mapped against the Professional Values and Essential Skills in your PLPAD and presented in the box below. This will assist you to identify and plan for what you could achieve**

Adult Programme and Part 1, 2 or 3 as per PLPAD	Professional Values statements in PLPAD	Essential Skills PLPAD Outcome
BSc Part 1 and PGDip Part 1	1, 2, 5-13	1-4, 6, 12 - 14, 17, 19, 23, 30, 31
BSc Part 2 and PGDip Part 2	1, 2, 5-13	5, 7, 10, 12, 18, 41, 49, 51
BSc Part 3 and PGDip Part 3	1, 2, 6-7, 9-11, 13	2, 7, 11, 13, 16, 17, 19, 24, 27, 29, 36, 39, 59, 75, 76, 78

## Reflective learning log

This reflective learning log may be used (**optional**) by you to record learning activity undertaken during a spoke visit / learning opportunity. It provides you with additional evidence on which to focus discussion with your mentor as part of formative feedback. Additionally it serves as a reminder for your personal reflection.

Spoke learning opportunity: \_\_\_\_\_

Date / time: \_\_\_\_\_

Learning opportunities identified:

Comments / feed forward from practitioner in area:

Practitioner's signature: \_\_\_\_\_

Student Reflection Comments:

Student name / signature: \_\_\_\_\_

## Student Placement Evaluation

Please provide the practice team with feedback on your learning experience by answering the questions below, and make any comments you wish to be considered. Please give this to your mentor/ward manager/PDN/CPF or PDM/MPF before you leave. Thank you.

### Domain 1 - Establishing effective working relationships (NMC 2008)

Did you receive an orientation to the practice placement?

### Domain 2 – Facilitation of learning (NMC 2008)

How did you identify and select appropriate learning opportunities?

### Domain 3 – Assessment and accountability (NMC 2008)

How were you provided with feedback on your development and progress?

### Domain 4 – Evaluation of learning (NMC 2008)

Were you allocated a mentor and how much time did you spend with them?

### Domain 5 – Create an environment for learning (NMC 2008)

How did your mentor and the practice team facilitate your learning?

**Domain 6 – Context of practice (NMC 2008)**

What did you learn about the specific nature of care provided in the placement?

**Domain 7 – Evidence-based practice (NMC 2008)**

How were you supported in applying an evidence base to your practice learning?

**Domain 8 – Leadership (NMC 2008)**

How well were your learning needs met?

**How could we enhance your learning experience?**

**Please make any further comments in the box below.**

**Thank you for taking the time to complete this evaluation**

Reference: Nursing and Midwifery Council (2008). *Standards to support learning and assessment in practice*. Online available from [www.nmc-uk.org](http://www.nmc-uk.org)

## Suggested reading:

Getliffe, K. and Dolam, M. (2007) *Promoting Continence A Clinical and Research Resource* 3<sup>rd</sup> edition. Elsevier: Philadelphia

Jevon, P. and Ewens, B. (2012) *Monitoring the critically ill patient*. Wiley Blackwell: Oxford

Lapham, R. and Agar, H. (2009) *Drug Calculations For Nurses* (3<sup>rd</sup> Edition). Hodder and Arnold: London

NICE (2012) *Sickle cell disease: managing acute episodes in hospital*. Online available from <https://www.nice.org.uk/guidance/cg143>

Royal College of Nursing (2012) *Catheter Care RCN Guidance for nurses*. 2<sup>nd</sup> edition. Online available from <http://www.rcn.org.uk>

Royal College of Nursing (2007) *Helping students get the best from their practice placements*. Online available from [www.rcn.org.uk/publications/pdf](http://www.rcn.org.uk/publications/pdf)

## Useful sites:

Cardiovascular conditions: [www.nice.org.uk/guidancemenu/conditions-and-diseases/cardiovascular-conditions](http://www.nice.org.uk/guidancemenu/conditions-and-diseases/cardiovascular-conditions)

Cardiovascular conditions: <http://www.bhf.org.uk>

COPD and asthma: <https://www.brit-thoracic.org.uk/standards-of-care/guidelines/>

The British Journal of Cardiology: [www.bjcardio.co.uk](http://www.bjcardio.co.uk)

The Critical Care Network National Nurse Leads at <http://www.cc3n.org.uk/>

The National Institute for Health and Care Excellence (NICE) (2010) *Venous thromboembolism in adults admitted to hospital: reducing the risk*. Online available from <https://www.nice.org.uk/guidance/cg92>

The UK Sepsis Trust available at <http://sepsistrust.org/>

Sepsis: <https://pathways.nice.org.uk/pathways/sepsis>

[www.nhs.uk/conditions/sickle-cell-anaemia](http://www.nhs.uk/conditions/sickle-cell-anaemia)

