

**POCKET  
GUIDES**



**FOR STUDENT NURSES**

# **CLINICAL PLACEMENTS**

**Kirstie Paterson  
& Jessica Wallar**

Edited by Kath MacDonald

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Titles in the Pocket Guides for Student Nurses series under development:



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GUIDES**



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**Kirstie Paterson and Jessica Wallar**

Edited by Kath MacDonald

*Queen Margaret University*

*Edinburgh*



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The authors and publisher have made every attempt to ensure the content of this book is up to date and accurate. However, healthcare knowledge and information is changing all the time so the reader is advised to double-check any information in this text on drug usage, treatment procedures, the use of equipment, etc. to confirm that it complies with the latest safety recommendations, standards of practice and legislation, as well as local Trust policies and procedures. Students are advised to check with their tutor and/or mentor before carrying out any of the procedures in this textbook.

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## Personal information

Name: .....

Mobile: .....

Address during placement: .....

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## PLACEMENT DETAILS

Hospital: .....

Hospital address: .....

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Link lecturer: .....

## CONTACT IN CASE OF EMERGENCY

Name: .....

Mobile: .....

Home/Work number: .....

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# Foreword

Several years ago I was supervising a group of ten second-year nursing students, who were nearing the end of their clinical placement. On our last session I asked them to consider what their top tips would be for those students coming behind them. To my surprise they came up with suggestions which were immensely practical and which I would not have considered: for example, planning bus routes in advance of travelling to placement. Of course they also had tips about clinical issues, such as learning the language of specialist areas: COPD, O<sub>2</sub>, IVs, etc., and making friends with Health Care Support Workers (good allies to have on side!). I then asked them as a group to rank their tips on a scale from 1–10. From that exercise we realised that perhaps we were onto something that might benefit students, especially those for whom placement was a new experience. The original “10 top tips” were developed into a conference presentation and subsequently into an article for *Nursing Standard*\* by myself and two of the ten original students. It was at this point that we were approached to write this book.

\*MacDonald, K., Paterson, K. and Wallar, J. (2016) Nursing students' experience of practice placements. *Nursing Standard*, **31(10)**: 46–51.

Jess and Kirstie have since graduated but have shown great enthusiasm and perseverance in seeing this project through to its completion, especially alongside their postgraduate studies. Both recognise that no matter how experienced you are, starting on a new placement and being a new student again can be a stressful time.

When sharing some of the sections of this book with our current undergraduate students as a means of validating the content, I was reminded once again of how daunting starting a new placement can be. We hope this pocket book will offer some practical advice for students and be a useful reference guide whilst they are in practice.

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The publishers would like to thank the following students and former students who contributed to the development of this book by reviewing draft outlines and contents. We have listed the universities they were attending during this process, although some of them have graduated and registered as nurses since then, in which case they have survived their placements and congratulations are due!

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# Abbreviations

A&E	Accident and Emergency
ABC	airway, breathing, circulation
ABG	arterial blood gas
ACE	angiotensin-converting enzyme
ADLs	activities of daily living
ALs	activities of living
ARDS	acute respiratory distress syndrome
AVPU	alert, verbal, pain, unresponsive
BLS	basic life support
BP	blood pressure
<i>C. diff</i>	<i>Clostridium difficile</i>
CA	cancer
CD	controlled drug
CHF	chronic heart failure
COPD	chronic obstructive pulmonary disease
CPR	cardiopulmonary resuscitation
CSU	catheter specimen urine
CVA	cerebrovascular accident (stroke)
DNAR	do not attempt resuscitation
DOB	date of birth
DVT	deep vein thrombosis
ECG	electrocardiogram
ED	emergency department
ENT	ear, nose, and throat
ET	endotracheal tube
GCS	Glasgow Coma Scale
H <sub>2</sub> O	water
HIV	human immunodeficiency virus
HR	heart rate
HTN	hypertension
I&D	incision and drainage
I&O	intake and output
IBS	irritable bowel syndrome
ICP	intracranial pressure
ICU/ITU	intensive care unit/intensive treatment unit
IM	intramuscular

Confusion in the use of abbreviations has been cited as the reason for some clinical incidents.

Therefore you should use these abbreviations with caution and only in line with local Trusts' Clinical Governance recommendations which vary between departments!

INH	inhaled
IV	intravenous
LOC	level of consciousness
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
MSU	midstream urine specimen
NBM	nil by mouth
NG	nasogastric
NMC	Nursing and Midwifery Council
NSAID	non-steroidal anti-inflammatory drug
O <sub>2</sub>	oxygen
O	oral
PE	pulmonary embolism
PPE	personal protective equipment
PR	per rectum
PRN	as needed
PV	per vagina
RBC	red blood cell
SBARD	situation, background, assessment, recommendation, decision
S/C	subcutaneous
S/L	sublingual
SOB	shortness of breath
SPA	suprapubic aspirate
TIA	transient ischaemic attack
TOP	topical
TPN	total parenteral nutrition
TPR	temperature, pulse, respiration
UA	urinalysis
UTI	urinary tract infection
VRE	vancomycin-resistant <i>Enterococcus</i>
WBC	white blood cell
WHO	World Health Organization

# Getting there

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Person-centred care (PCC) is a term that will be used throughout your placement. Always ensure your patient is at the centre of their care, include them in decisions and enable them to be a proactive member of the team. As a student nurse you are in a unique position, in that you do not necessarily have the same responsibilities and pressures staff members have. Try to take the time to talk to your patients and learn about the things in their life that matter to them. Treat your patients as you would like your family members or yourself to be treated.

A model that might help you think about PCC is the Person-centred Practice Framework shown opposite. This model has the patient at the centre and is framed by the person-centred processes (the petals on the flower) and surrounded by the organisational systems and prerequisites that are required to be in place to support person-centred processes of care.



### Notes

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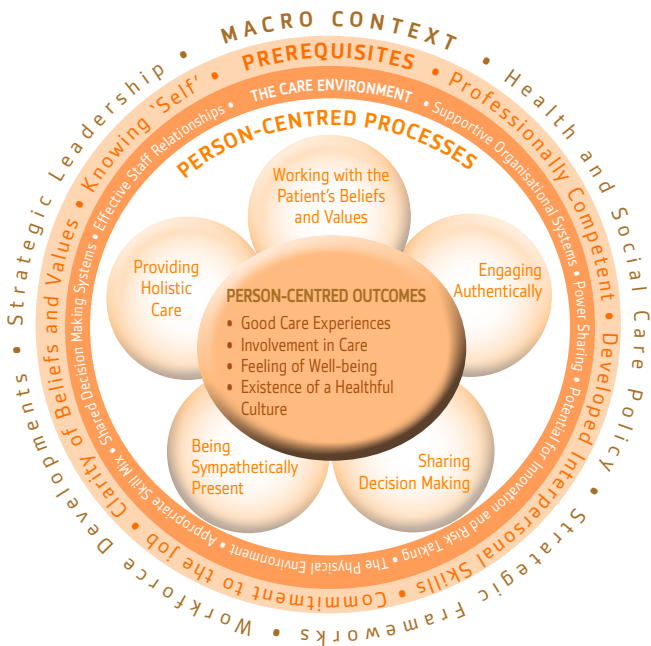
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Person-Centred Practice Framework: reproduced with permission from McCormack, B. and McCance, T. (2017). *Person-centred Nursing: theory and practice*. Oxford: Wiley-Blackwell.



## Notes

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The NMC Code reminds us that we must always gain consent before carrying out any intervention. There are three types of consent: written, verbal and implied.

- Written consent is usually required for any invasive procedure, such as a surgical operation, or taking part in a research study.
- Verbal and implied consent are less formal: for example,

**“Mr Smith, is it OK that I check your blood pressure?”**

Mr Smith may reply “yes”, but he may also roll up his sleeve and hold out his arm which illustrates implied consent.

We also need to respect a patient’s right to decline treatment – it is important to document if a patient refuses care, for example if they decline a shower or do not consent to have their observations recorded.

We need to treat the information we know about people in our care as confidential – this also means information that they tell you. This is a fundamental element in demonstrating professional conduct, as patients pass on sensitive information to us in confidence.

There are some exceptions to this non-disclosure, such as in the case of vulnerable children or adults, or in relation to communicable diseases. In these cases it’s important that you tell the patient that you are not able to keep this a secret.

Ask your mentor or senior nurses on your placement if you have any concerns that you might be breaching confidentiality before engaging in discussion with relatives or unknown health professionals.

## i

## Tips on maintaining confidentiality

- Only disclose information to other professionals who are involved in that person's care. Make sure that the information about them is shared appropriately by those who will be providing care. Think – what do they need to know to ensure that care is safe, effective and person-centred?
- Don't speak about patient information in public places – e.g. on the bus home from the hospital! You never know who could be listening.
- Don't take any written information home with you (e.g. patient handover sheets); ensure they are shredded at the end of a shift.
- If for any reason you have to transport records outside the clinical area (e.g. for a home visit), ensure they are in a locked bag and stored in a locked boot if travelling by car.
- When talking to relatives, be careful not to breach confidentiality – it may be helpful to ask them what they have already been told or know about plans for care. Always check with the patient first what information they want shared with friends and relatives.
- A person has a right to confidentiality even after they have died.



## Notes

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If used appropriately, social networking sites can be beneficial for nurses, midwives and students to build professional relationships and develop support networks – for example through discussion boards – and may provide access to research, clinical experiences and other resources that you didn't know even existed!

It is important that student nurses use personal social media and social networking sites responsibly – you may jeopardise your ability to be registered with the NMC if you act unprofessionally.

**i**

### Tips on using social media responsibly

- Think before you post – how might this affect your professional registration as a nurse or midwife? Consider the NMC code, even when you are not at work.
- Don't discuss people in your care outside of placement – even if you think that you have anonymised them, other people may still be able to identify them.
- Do not share anything that may be viewed as discriminatory or encourages violence and bullying behaviour – remember to uphold the reputation of the nursing profession at all times.
- Think about your privacy settings – once you've posted something, others may be able to copy and share it further.
- Think about what you "like" or "retweet" and who and what you associate with or which points of view you support. This might imply that you endorse a view that is not in keeping with the values of the NMC code.

- Do not blur professional boundaries with patients by building personal relationships with them – do not “friend” or “follow” patients online – and remember, patients and relatives may still be able to view your profile even if you don’t engage with them.
- Think about what you have posted online in the past.
- If you think that another student nurse is using social media in a way that is unprofessional or unlawful then you have a duty of care to report concerns.

Read the NMC document on using social media: Nursing and Midwifery Council (2017). *Guidance on using social media responsibly*. Available at: [bit.do/PG-CP3](https://bit.do/PG-CP3)

