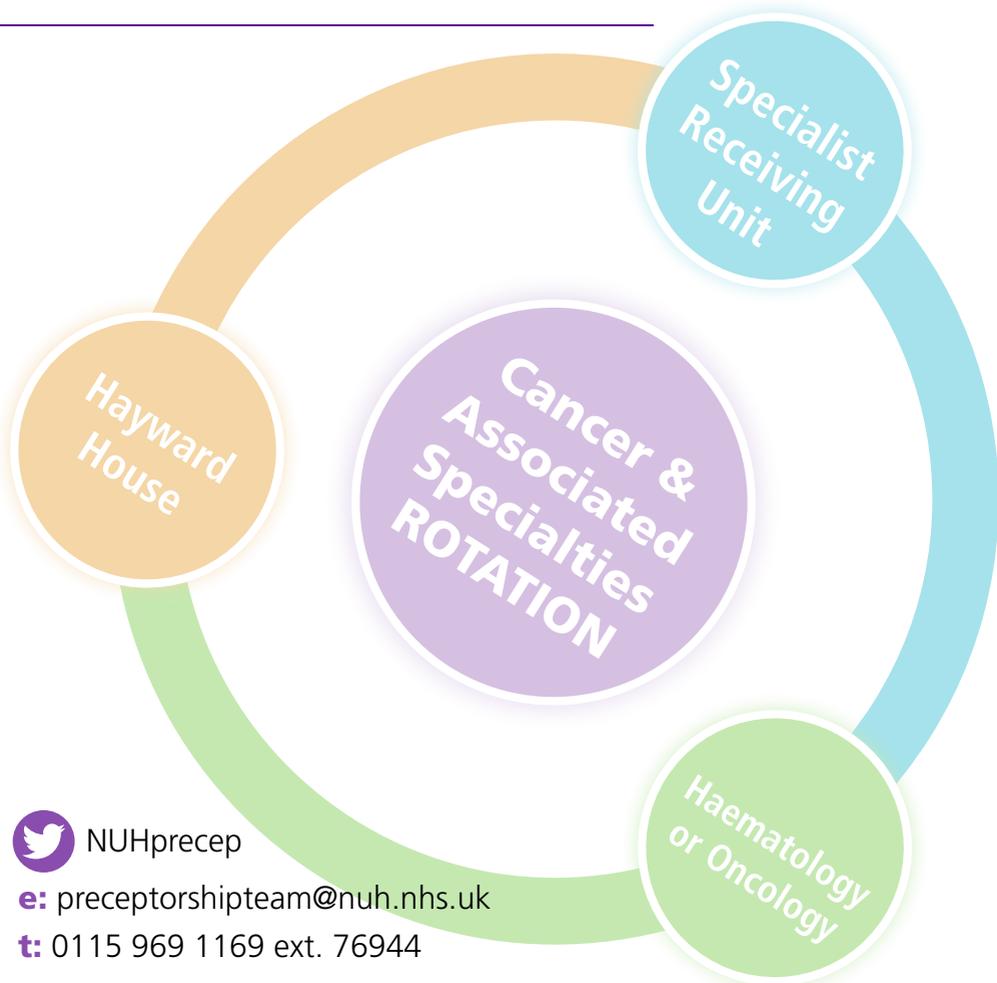


Rotational Programme



NUHprecep

e: preceptorshipteam@nuh.nhs.uk

t: 0115 969 1169 ext. 76944

INTRODUCTION

NUH is very proud to offer the Rotation Programme to ALL Band 5 Staff Nurses. It is an 18-month rotation programme, working for 6 months or 9 months within different areas following a specific pathway, i.e. Acute Medicine, Trauma Pathway, Medical Pathway and Surgical Pathway. It is a great opportunity to gain knowledge and experience within different areas of nursing.

The Preceptorship Team will be working closely with the clinical areas to ensure that both the Band 5 nurse/s on rotation and the ward staff are very well supported.

As part of the rotation programme, they will receive:

- *Preceptorship support from Clinical Educators within each area, alongside the Trust's Preceptorship Team and their own allocated preceptor in the clinical area*
- *Access to courses such as the Acute Care Skills Course and Preceptorship Development Day*
- *4-month formal preceptorship:- informal preceptorship up to 1 year*
- *Protected learning time in the first year of practice*
- *A bespoke Preceptorship Pathway Booklet to structure their rotation programme*

For more information, please contact:

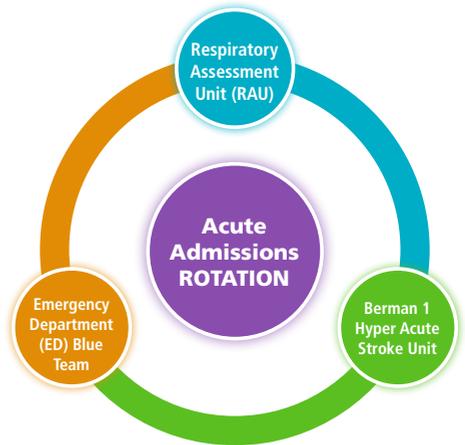
Lucy Gillespie, Preceptorship Support Nurse, Ext 76944/76943.

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Acute Admissions

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in working in a fast-paced, varied environment, caring for patients presenting with a wide variety of illness or injury. You will need to be adaptable and willing to learn. You will be working at the front door of NUH, caring for patients and their relatives during the most difficult and frightening moments in their lives. It will sometimes be challenging but also incredibly rewarding.

Respiratory Assessment Unit (RAU)

Description: RAU is a 20-bedded acute respiratory assessment unit.

Patient group: Respiratory patients needing acute respiratory care, including exacerbations of COPD, Asthma, bronchiectasis, Interstitial Lung Disease, Lung Cancer, Cystic Fibrosis, Pneumonia and Pleural Effusions. Your clinical skills will develop in the assessment of the acutely ill patient and supporting the immediate treatment of the respiratory patient. You will have opportunity to develop knowledge around nurse led Non-Invasive ventilation and the interpretation of blood gas readings.

Patient pathway: Patients are admitted to RAU from ED and the Community. These referrals can be via EMAS, Respiratory nurses, GPs, community matrons. If a decision is made to admit we transfer to a respiratory base ward at City Hospital.

Berman 1 Hyper Acute Stroke Unit

Description: Berman 1 is a 16-bedded hyper-acute stroke admission unit.

Patient group: All patients with acute stroke will be referred to the unit and triaged by the nurse in charge. The triage system means that patients are seen and treated in a timely manner which is crucial for this patient group and prevents unnecessary admissions to other areas.

Patient pathway: The unit admits patients directly from the community via 999 and GP referrals. Some patients may have had a severe stroke and need immediate treatment and admission, whilst others may have had a TIA and will frequently go home the same day. Those that need to stay in hospital will be transferred to a stroke – rehab ward based at City Hospital.

Emergency Department (ED) Blue Team

Description: The ED at QMC is one of the busiest EDs in Europe. We see, diagnose and treat approximately 400-500 patients every day.

Patient group: Blue Team (aka majors) cares for a wide range of adult patients, directly after admission to ED. Any adult who is considered to require a trolley and stable enough to not require care in the resuscitation room will be cared for in Blue Team. Typical examples of patients in Blue Team are; Acutely unwell patients (cardiac chest pain, severe abdominal pain, respiratory distress etc), Frail, elderly patients, Falls risk patients, Intoxicated Patients, Mental health patients (including overdose and self-harm patients), Orthopaedic patients, Surgical patients.

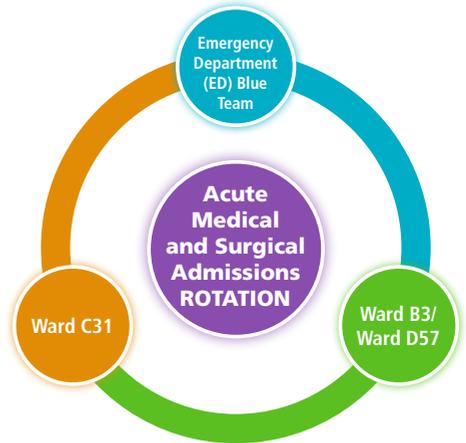
Patient pathway: This rotation would allow staff nurses to work within Blue Team. This area is also known as the 'Majors' area within ED where patients are cared for due to a wide variety of presenting complaints. Patients enter Blue Team via IAU (the Initial Assessment Unit - the area where patients arrive by ambulance and are subsequently triaged). Patient's will either be admitted to a hospital bed or discharged from Blue Team.

Career development and newly qualified support: Every newly qualified nurse will be incorporated within the preceptorship programme and will have a 'main' preceptor and an 'associate' preceptor. There are designated clinical educators in each of the clinical areas to enable support, progression and learning. The opportunities are endless.

Vision statement: These clinical areas aim to deliver exceptional care, without exception.

Acute Medical and Surgical Admissions

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in Acute Medical and Surgical Admissions. Each of these units is fast paced and covers a vast array of medical and surgical conditions. Acute Care skills will be paramount and clinical knowledge and learning will be supported by the existing teams and clinical nurse educators within the units.

Emergency Department (ED) Blue Team

Description: The ED at QMC is one of the busiest EDs in Europe. We see, diagnose and treat approximately 400-500 patients every day.

Patient group: Blue Team (aka majors) cares for a wide range of adult patients, directly after admission to ED. Any adult who is considered to require a trolley and stable enough to not require care in the resuscitation room will be cared for in Blue Team. Typical examples of patients in Blue Team are; Acutely unwell patients (cardiac chest pain, severe abdominal pain, respiratory distress etc), Frail, elderly patients, Falls risk patients, Intoxicated Patients, Mental health patients (including overdose and self-harm patients), Orthopaedic patients, Surgical patients

Patient pathway: This rotation would allow staff nurses to work within Blue Team. This area is also known as the 'Majors' area within ED where patients are cared for due to a wide variety of presenting complaints. Patients enter Blue Team via IAU (the Initial Assessment Unit - the area where patients arrive by ambulance and are subsequently triaged). Patient's will either be admitted to a hospital bed or discharged from Blue Team.

Ward B3

Description: B3 is a very busy 45 bedded short-stay admissions unit, which includes a GP referral unit, AMRU (Acute Medical Receiving Unit). The majority of patients will stay on the ward for a maximum of 24-48 hours.

Patient group: Patients admitted to the unit will have acute medical conditions that need hospital admission and a variety of investigations before this decision can be made. Common admissions are: shortness of breath, chest pain, severe headaches, abdominal pain, sepsis, drug and alcohol related problems, diabetic conditions, seizures or a variety of other non-specific or unconfirmed diagnosis which are waiting for specialties to accept. Our patients can be acutely unwell and require urgent and prompt treatment.

Patient pathway: Patients are admitted to the unit via ED or the Acute Medical Receiving Unit which is attached to B3.

Vision statement: We are a forward-thinking proactive multi-disciplinary team who work very closely together and are dedicated in providing excellent, compassionate acute nursing care.

Ward D57

Description: D57 is a 30-bedded acute medical assessment unit.

Patient group: Many of our patients are acutely medically unwell, frail and vulnerable with a variety of complex medical and social needs.

Patient pathway: We admit emergency medical patients from ED and GP assessment unit who are expected to stay in hospital for more than 24 hours. We assess, treat and transfer more than 180 patients every week.

Ward C31

Description: C31 is a 24-bedded admissions ward at QMC caring for short-stay emergency surgical admissions

Patient Group: Admissions are for a variety of differing specialty surgical patients including; General, Hepatobiliary, Colorectal, and Vascular. You will develop skills not only in acute surgical admissions but also acute care skills, tissue viability, complex wounds and pain management.

Patient pathway: Patients are admitted via GP referrals, admission wards and ED. We have a nationally recognised Surgical Triage Unit, where patients are referred and assessed, that has won awards for excellence and innovation.

Career development and newly qualified support: As a new staff member in all these areas you will receive a supernumerary period and a named preceptor who will support you in completing local induction and role-required packages. To achieve our vision of excellence we actively encourage and support our team to progress by learning new skills, completing packages and learning beyond registration

Vision statement: In Admissions, every day is challenging but rewarding. We pride ourselves in our excellent teams who strive to achieve the best outcomes and experience for our patients.

Cancer & Associated Specialties

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in emergency care in a supportive environment. Based within the CAS division, you will have a particular interest in the Oncology and Haematology pathway. You will need to be highly motivated, keen to develop clinical skills (such as caring for the acutely unwell patient) as well as willing to undertake the relevant 'working in new ways packages' to care for this calibre of patient.

Specialist Receiving Unit

Description: The Specialist Receiving Unit (SRU) is a 16-bedded admissions unit based at City Hospital

Patient group: The unit accepts emergency admissions under the specialities of Haematology, Renal, Oncology, Infectious Diseases, GU Medicine and Diabetes.

Patient pathway: Patients are admitted from a range of sources. Many are direct admissions from home: others come from ED, Outpatient and Daycase settings. The majority of patients are transferred to a base ward within 12-24 hours, with a few being discharged directly once they have received the required interventions.

Haematology or Oncology

Description: Oncology has three ward areas: Fraser (18 Beds Female), Gervis Pearson (18 beds Male) and Hogarth (14 beds including the Teenage Cancer Trust unit). Haematology has two ward areas: Toghill is a general haematology ward with 22 Beds and Fletcher is the transplant unit with 18 beds with 3 beds dedicated to the Teenage Cancer Trust.

Patient group: Our Oncology service is the largest cancer facility in the East Midlands. The Oncology Unit provides cancer treatment with both curative and palliative intents and specialises in research into the development of treatment for a wide range of malignant diseases. Patients may receive chemotherapy, radiotherapy, biological and immunological therapies. Nottingham is a nationally-recognised transplant unit for adults with haematology malignancy and a specialist tertiary service for lymphoma, myeloma and other haematological malignancies.

Patient pathway: Emergency admissions via SRU and elective admissions from home. The Clinical Haematology department is a leading specialist unit providing a full range of progressive therapies for a variety of malignant and non-malignant haematological conditions. Treatment options are curative or palliative in intent and involve the administration of chemotherapy and/or radiotherapy. These interventions are technical and highly aggressive in nature, owing to the life-threatening nature of these diseases.

Palliative Care Unit- Hayward House

Description: Hayward House is a 20-bedded palliative care unit.

Patient group: The majority of our patients have a terminal cancer diagnosis but we do take non-cancer patients for symptom control and end-of-life care. Our patients have complex symptom control issues which we are able to support them with to return home.

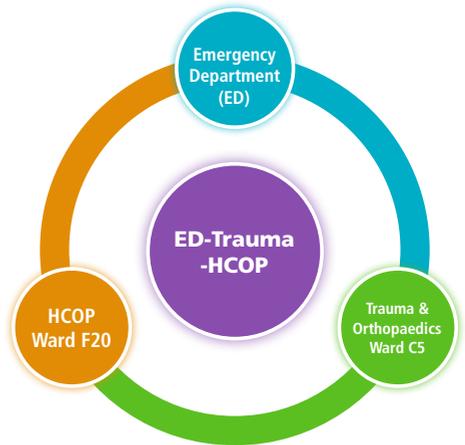
Patient pathway: We take referrals from both the hospital and community palliative care teams and GPs.

Career development and newly qualified support: We offer a 2-4 week supernumerary period, a named preceptor and follow the adult preceptorship pathway. We are a friendly team who support each other and new staff members to work in this unique and challenging area. You will have access to a clinical nurse educator in speciality placements and various educational opportunities throughout the rotation

Vision statement: We are committed to high quality evidence-based care, which is provided by a highly dedicated, knowledgeable and skilled multi-disciplinary team. Our units aim to provide positive learning environments demonstrating commitment to ongoing personal and professional development of staff. We are a friendly and supportive team and would welcome enthusiastic and self-motivated nurses to join us.

ED-Trauma -HCOP

ROTATION



This rotation would ideally suit a Band 5 staff Nurse interested in the care of the older person and the pathway they may follow from admission to discharge. There will be the opportunity to develop acute care skills, post-operative care and complex discharge planning along with establishing and consolidating the nurse role. The candidate would spend 6 months in each clinical area developing their clinical competencies.

Emergency Department (ED)

Description: The ED at QMC is one of the busiest EDs in Europe. We see, diagnose and treat approximately 400-500 patients every day.

Patient group: Blue Team (aka majors) cares for a wide range of adult patients, directly after admission to ED. Any adult who is considered to require a trolley and stable enough to not require care in the resuscitation room will be cared for in Blue Team. Typical examples of patients in Blue Team are; Acutely unwell patients (cardiac chest pain, severe abdominal pain, respiratory distress etc), Frail, elderly patients, Falls risk patients, Intoxicated Patients, Mental health patients (including overdose and self-harm patients), Orthopaedic patients, Surgical patients

Patient pathway: This rotation would allow staff nurses to work within Blue Team. This area is also known as the 'Majors' area within ED where patients are cared for due to a wide variety of presenting complaints. Patients enter Blue Team via IAU (the Initial Assessment Unit – the area where patients arrive by ambulance and are subsequently triaged). Patient's will either be admitted to a hospital bed or discharged from Blue Team.

Trauma & Orthopaedics Ward C5

Description: Orthopaedic Trauma comprises of 3 inpatient wards (C4, C5 and C6) and an outpatient department (Fracture Clinic). C4 is a 28 bedded female unit. C5 is a 28 bedded male and female unit. C6 is a 18 bedded male unit. Fracture clinic is an outpatient department located next to the Emergency department which includes a plaster room. All 4 areas are based at the Queens Medical Centre Campus.

Patient group: Our trauma wards and fracture clinic at QMC campus care for patients with musculoskeletal related trauma. Caring for a wide range of patients including the elderly frail patients, patients with Dementia as well as younger patients with trauma related injuries. Many of these patients require complex surgeries, some of which requiring the use of external fixation devices and traction.

Patient Pathway: Patients are admitted through A&E, Fracture Clinic or other hospitals following a traumatic injury causing a fracture. Some patients are admitted directly to the wards for emergency surgery whilst others are sent home whilst they await their surgery if safe to do so. Once they have had their surgery they will be assessed on the unit regarding their rehabilitation needs. Many of these patients will be sent directly home from the ward with Fracture Clinic follow up whilst others will need rehabilitation in an intermediate care facility.

HCOP Ward F20

Description: F20 is a busy acute medical ward delivering high quality nursing care to very dependent and frail older male citizens. We have 24 bay beds and 3 side rooms.

Patient group: We specialise in the care of older patients with complex medical conditions and mixed co-morbidities. You will develop your skills in caring for patients with multiple co-morbidities and supporting patients with complex discharge needs. There are many opportunities to develop acute care skills in this clinical environment.

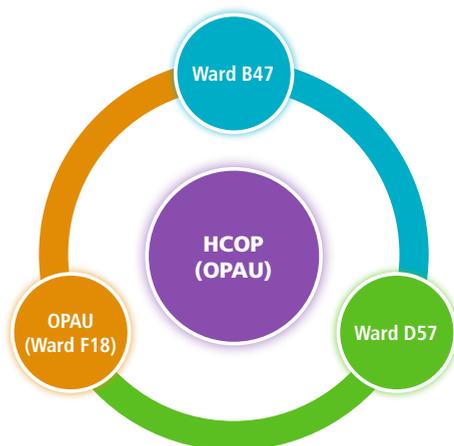
Patient Pathway: Patients are admitted to us for ongoing assessment and treatment from the medical assessment areas. We work closely with a skilled multi-disciplinary team to ensure our patients received timely and holistic assessment and ongoing care.

Career development and newly qualified support: All areas offer a supernumerary time working alongside a named preceptor following the Trust-wide preceptorship programme. There are many opportunities for career development and multi-disciplinary team working.

Vision statement: We pride ourselves on team work, learning and being forward thinking. There is an expectation to deliver a high standard of service with patient safety, quality and teamwork as a priority.

HCOP (OPAU)

ROTATION



This rotation would ideally suit a band 5 staff nurse interested in the acute care of the older person, following a patient pathway through admissions to discharge. The candidate will have the opportunity to work in a variety of settings focussing on patients with existing frailty, mental health and dementia, social care and complex discharges.

Ward B47

Description: B47 is a 28 bedded mixed sex Medical Mental Health Unit.

Patient Group: Patients admitted to the unit are aged over 65yrs, suffering from an acute illness with pre-existing dementia or mental health condition; as well as patients with an acute confusion/delirium.

Patient Pathway: We receive patients from B3/D57 as well as other inpatient wards. We also accept medically unwell patients from inpatient mental health units. Our team comprises medical nurses, as well as a team of mental health nurses, a psychiatrist and activity coordinators. The focus of the ward is on the Biopsychosocial model of care as opposed to solely on the medical.

Ward D57

Description: D57 is a 30-bedded acute medical assessment unit.

Patient group: Many of our patients are acutely medically unwell, frail and vulnerable with a variety of complex medical and social needs.

Patient pathway: We admit emergency medical patients from ED and GP assessment unit who are expected to stay in hospital for more than 24 hours. We assess, treat and transfer more than 180 patients every week.

Older Persons Assessment Unit – Ward F18 (OPAU)

Description: F18 is a 12-bedded acute Older Persons Assessment Unit, situated at QMC. The unit covers 7 days 8am-4pm and consists of a consultant, Registrar, Junior Dr, Advanced Nurse Practitioner, Staff Nurse, Pharmacist, and a member of the Supported Transfer Of Care team.

Patient Group: Our patients are older people who are at times frail and acutely unwell with conditions such as shortness of breath, chest infection, falls, acute kidney injury, and sepsis. They are referred from ED and admitted directly after input from a senior Dr or Advanced Nurse Practitioner

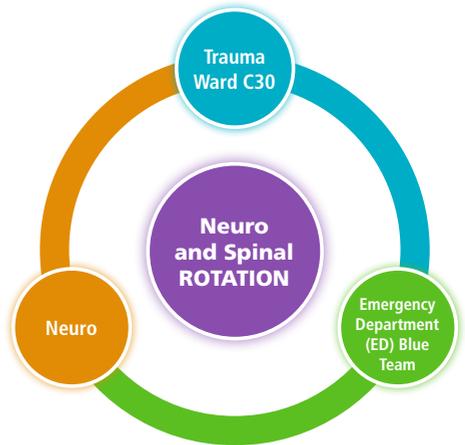
Patient Pathway: Our patients follow the Frailty Pathway from the Emergency Department following a set of criteria to ensure that are cared for in the most appropriate setting. Since its inception the OPAU has seen a significant reduction in length of stay and readmission rates. This has been recognised with local and national media interest.

Career development and newly qualified support: All areas offer a supernumerary time working alongside a named preceptor following the Trust-wide preceptorship programme. There are many opportunities for career development and multi-disciplinary team working.

Vision statement: We pride ourselves on team work, learning and being forward thinking. There is an expectation to deliver a high standard of service with patient safety, quality and teamwork as a priority.

Major Trauma, ED and Neuro

ROTATION



This rotation would ideally suit someone interested in caring for acutely unwell patients over a range of specialities. It would give the candidate an opportunity to establish skills in emergency admissions via ED and care of patients with a variety of surgical conditions.

Trauma C30

Description: C30 Major Trauma is a 18 bedded unit specialising in Major trauma. It opened in 2012 and provides multi-speciality care for those people who have sustained the most severe injuries.

Patient Group: Our patients are admitted following traumatic injuries, and have sustained injuries to more than one system. We span a variety of surgical specialties such as orthopaedics, general surgery (rib fractures, emergency laparotomy), spinal, neurosurgery and maxillofacial. The Major Trauma Consultant oversees care with input from the individual specialties. C30 average length of stay is 5 days.

Patient pathway: Patients are admitted via ED and critical care step down.

Emergency Department (ED) Blue Team

Description: The ED at QMC is one of the busiest EDs in Europe. We see, diagnose and treat approximately 400-500 patients every day.

Patient group: Blue Team (aka majors) cares for a wide range of adult patients, directly after admission to ED. Any adult who is considered to require a trolley and stable enough to not require care in the resuscitation room will be cared for in Blue Team. Typical examples of patients in Blue Team are; Acutely unwell patients (cardiac chest pain, severe abdominal pain, respiratory distress etc), Frail, elderly patients, Falls risk patients, Intoxicated Patients, Mental health patients (including overdose and self-harm patients), Orthopaedic patients, Surgical patients

Patient pathway: This rotation would allow staff nurses to work within Blue Team. This area is also known as the 'Majors' area within ED where patients are cared for due to a wide variety of presenting complaints. Patients enter Blue Team via IAU (the Initial Assessment Unit - the area where patients arrive by ambulance and are subsequently triaged). Patient's will either be admitted to a hospital bed or discharged from Blue Team.

Neuro

Description: Wards D10 and D11 are both regional 28-bedded neuroscience wards caring for emergency and elective patients from all over the East Midlands.

Patient group: The unit cares for many neurological patients requiring surgery for brain tumours or trauma as well as those with Motor Neurone Disease, Multiple Sclerosis and Epilepsy requiring admission for symptom control such as uncontrolled seizure activity. Nursing skills in these areas require acute care skills as well as care of surgical drains, NG and PEG feeds and tracheostomies.

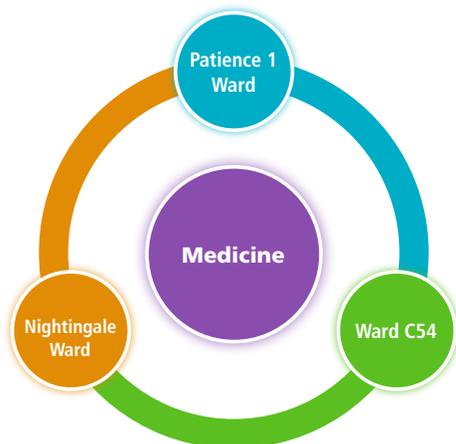
Patient pathway: Patients are admitted via admissions wards and ED as well as directly transferred for specialist care from other hospitals. Many patients are also stepped down from acute care areas such as HDU/AICU.

Career development and newly qualified support: All areas offer a period of supernumerary time working alongside a named preceptor. We follow the Trust-wide preceptorship pathway and offer a local induction programme. We have clinical educators in post who are responsible for the additional learning needs you will have on this rotation. There are excellent opportunities for career development and to work in a multi-disciplinary team alongside dieticians, speech and language therapists, doctors, occupational therapists, physiotherapists and psychologists.

Vision statement: The neuro and spinal teams are dynamic and hardworking providing excellent evidence-based care for a very specialist patient group. We are committed to investing in our team and work hard to support our new colleagues in what can be a challenging but rewarding environment.

Medicine

ROTATION



This rotation would ideally suit a Band 5 staff nurse interested in caring in a variety of medical specialties.

Patience 1 Ward

Description: Patience 1 is a 14 bedded ward specialising in the care of patients with foot ulcers as a result of diabetes situated on North corridor of the City campus.

Patient group: We specialise in wound management for acute & chronic diabetic foot ulcers, working closely with Vascular and Orthopaedics surgeons. We offer a day case dressing service in co-ordination with the OPAT Service to provide continuing care even after discharge.

Patient pathway: We take admissions primarily from Dundee House; a diabetes outpatient service, referrals from the community teams and other wards within the Trust.

Ward C54

Description: C54 is a 28 bedded male ward specialising in Diabetes and Endocrinology. Both wards are in our Medicine Division.

Patient Group: Mixed age of male patients, with acute medical problems, majority of diabetes and endocrine patients.

Patient pathway: Usually patients are sent to us from the admission wards and we will treat them for their various medical conditions and ensure a safe and prompt discharge with or without support where required.

Description: Nightingale is a 13 bedded acute medical ward specialising in the care of patients with Infectious / Tropical Diseases / Infections

Patient Group: Patients are admitted with a variety of conditions such as: HIV or suspected HIV, patients with opportunistic infections, tuberculosis, unwell returned travellers, including malaria, typhoid, dengue fever, travellers' diarrhoea, meningitis and encephalitis, chicken pox, etc. Essential nursing skills developed will be in the care of these patients including special precautions for cross infection and infectious diseases, IV administration, enteral feeding and tracheostomy care.

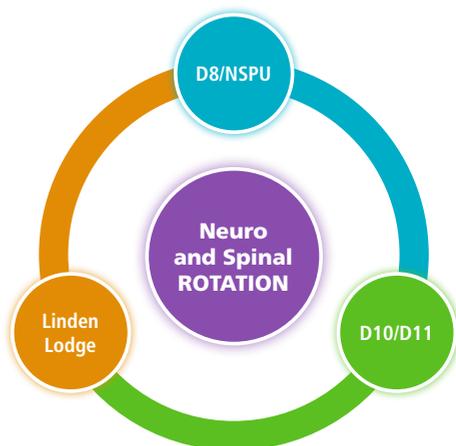
Patient pathway: Direct admissions to an available empty bed from the Emergency Department (ED) or GPs following a referral and discussion with the on call Infectious Diseases (ID) doctor. We also accept transfers from B3 / D57 / D58/SRU and from other hospitals in the region.

Career development and newly-qualified support: We offer a 4 week supernumerary period which can be assessed where necessary, a named preceptor and follow the adult preceptorship pathway. There is excellent opportunity for clinical development by completing Trust packages such as IV packages, blood packages. There will be the opportunity to develop leadership skills. The ward will support additional training and there are opportunities in link nurse roles to enhance your development.

Vision statement: We are proud of our teamwork ethic in providing high standards of safe care and providing great opportunities to progress in their career.

Neuro and Spinal

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in care of the Spinal and Neurological patient pathway. It will follow patients both pre and post-operatively and neurology patients from admission to discharge. The ideal candidate will also have a keen interest in developing acute care skills, patients' rehabilitation and complex discharge planning.

Ward D8/NSPU

Description: D8 is a 29-bedded regional spinal unit. NSPU is a 12-bedded neuro and spinal post-operative unit.

Patient group: Each care for spinal patients following a variety of elective and emergency surgery and, in the case of the ward, continues that care prior to discharge to rehabilitation units. Patients are often acutely unwell, requiring close monitoring using EWS, spinal observations and Glasgow coma scale.

Patient pathway: Patients are admitted via admissions wards and ED as well as directly transferred for specialist care from other hospitals. Many patients are also stepped down from acute care areas such as HDU/AICU

Ward D10/D11

Description: Wards D10 and D11 are both regional 28-bedded neuroscience wards caring for emergency and elective patients from all over the East Midlands.

Patient group: The unit cares for many neurological patients requiring surgery for brain tumours or trauma as well as those with Motor Neurone Disease, Multiple Sclerosis and Epilepsy requiring admission for symptom control such as uncontrolled seizure activity. Nursing skills in these areas require acute care skills as well as care of surgical drains, NG and PEG feeds and tracheostomies.

Patient pathway: Patients are admitted via admissions wards and ED as well as directly transferred for specialist care from other hospitals. Many patients are also stepped down from acute care areas such as HDU/AICU.

Linden Lodge

Description: Linden Lodge is a 25-bedded specialist neuro and spinal rehabilitation unit for patients of varying ability and age.

Patient group: Neuro-rehabilitation nurses play an active role in helping patients achieve their goals which might include independence with activities of daily living, self-medication, and independence with continence.

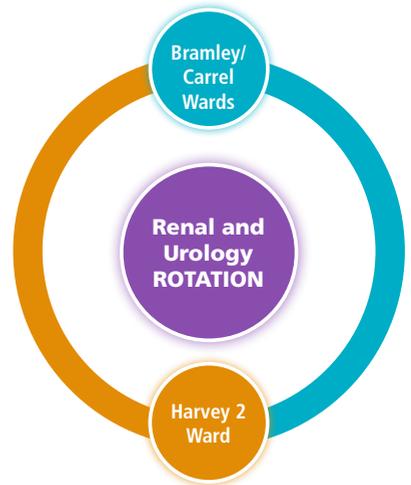
Patient pathway: Patients are admitted via a referral system, primarily from neuro wards or other wards, if they have appropriate rehabilitation goals.

Career development and newly qualified support: All areas offer a period of supernumerary time working alongside a named preceptor. We follow the Trust-wide preceptorship pathway and offer a local induction programme. We have clinical educators in post who are responsible for the additional learning needs you will have on this rotation. There are excellent opportunities for career development and to work in a multi-disciplinary team alongside dieticians, speech and language therapists, doctors, occupational therapists, physiotherapists and psychologists.

Vision statement: The neuro and spinal teams are dynamic and hardworking providing excellent evidence-based care for a very specialist patient group. We are committed to investing in our team and work hard to support our new colleagues in what can be a challenging but rewarding environment.

Renal and Urology

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in caring for acutely unwell patients who are undergoing both medical and surgical interventions. There will be opportunity to develop understanding of the physiological systems, but also the pathological changes that occur in disease processes and related conditions. The candidate would spend 9 months in each clinical area developing their clinical competencies.

Bramley/Carrel Wards

Description: Bramley ward is a 20-bedded nephrology ward caring for medical and surgical patients. Carrel is a 12-bedded Level 1 unit that cares for patients with acute kidney injury, chronic kidney disease and kidney transplants.

Patient group: Patients are admitted for the full range of renal replacement therapies such as haemodialysis and peritoneal dialysis. With this patient group there is excellent opportunity for clinical development including such skills as cannulation, central line care, venepuncture, renal transplantation and much more. There is also a 5 day renal foundation course that all new staff are required to attend.

Patient pathway: Patients are admitted when acutely unwell, requiring treatment such as extra haemodialysis, antibiotics and kidney biopsies.

Description: Harvey 2 is a 27-bedded male Urology Ward

Patient group: Patients are admitted both electively and in emergency for a variety of reasons. Some will require very minor interventions to others who will have major operations. We also run a Daycase unit and a 24 hour helpline to provide reassurance to patients and avoid unnecessary readmissions.

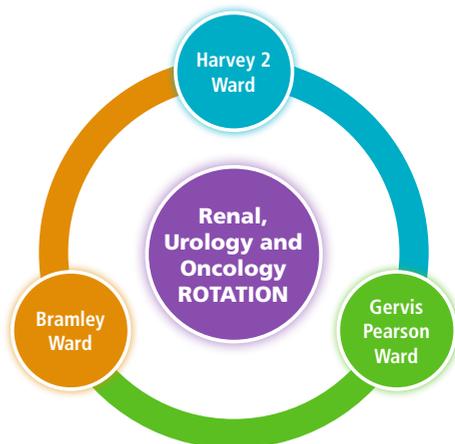
Patient pathway: Patients can be admitted via GP referrals, ED, admission wards or directly to the ward by self-referrals for known urology patients. The unit is fast-paced and requires nurses to undertake additional working in new ways packages.

Career development and newly qualified support: Newly qualified staff will receive a 4 week induction programme where there will be opportunity to build knowledge and establish relationships with specialist nurses and arrange insight visits to associated clinical areas.

Vision statement: The units are committed to providing the highest standards of care and maintaining consistently high standards in a professional and friendly atmosphere.

Renal, Urology and Oncology

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in caring for acutely unwell patients who are undergoing both medical and surgical interventions, with a particular interest in oncology. There will be opportunity to develop understanding of the physiological systems, but also the pathological changes that occur in disease processes and related conditions. The candidate would spend 6 months in each clinical area developing their clinical competencies.

Harvey 2 Ward

Description: Harvey 2 is a 27-bedded male Urology Ward

Patient group: Patients are admitted both electively and in emergency for a variety of reasons. Some will require very minor interventions to others who will have major operations. We also run a Daycase unit and a 24 hour helpline to provide reassurance to patients and avoid unnecessary readmissions.

Patient pathway: Patients can be admitted via GP referrals, ED, admission wards or directly to the ward by self-referrals for known urology patients. The unit is fast-paced and requires nurses to undertake additional working in new ways packages.

Gervis Pearson Ward

Description: Gervis Pearson is an 18-bedded male Oncology ward
Patient group: Our oncology service is the largest cancer facility in the East Midlands. The Oncology Unit provides cancer treatment with both curative and palliative intents and specialises in research into the development of treatment for a wide range of malignant diseases. The patients will have a variety of oncology malignancies including Testicular, Prostate, Bladder and Renal cell cancer.

Patient pathway: Emergency admissions via SRU and elective admissions from home.

Bramley/Carrel Ward

Description: Bramley ward is a 20-bedded nephrology ward caring for medical and surgical patients. Carrel is a 12-bedded Level 1 unit that cares for patients with acute kidney injury, chronic kidney disease and kidney transplants.

Patient group: Patients are admitted for the full range of renal replacement therapies such as haemodialysis and peritoneal dialysis. With this patient group there is excellent opportunity for clinical development including such skills as cannulation, central line care, venepuncture, renal transplantation and much more. There is also a 5 day renal foundation course that all new staff are required to attend.

Patient pathway: Patients are admitted when acutely unwell, requiring treatment such as extra haemodialysis, antibiotics and kidney biopsies.

Career development and newly qualified support: Newly qualified staff will receive a 4-6 week induction programme where there will be opportunity to build knowledge and establish relationships with specialist nurses, develop learning with clinical educators and arrange insight visits to associated clinical areas. All new staff will have a named preceptor and follow the adult preceptorship pathway.

Vision statement: The units are committed to providing the highest standards of care and maintaining consistently high standards in a professional and friendly atmosphere. Continuing professional development is encouraged and supported.

Surgical Ward + Recovery

ROTATION



This rotation would ideally suit a band 5 staff nurse interested in surgery. Focussing on a patient pathway from recovery to ward based care of gastroenterology and thoracic patients. The candidate will have the opportunity to develop acute care skills in a variety of acuity settings. Developing a wide range of acute nursing care skills will be an integral part of this rotation.

Barclay Thoracic Unit

Description: Barclay is a 22-bedded regional speciality Thoracic Surgery ward. We have 18 level 1 beds and 4 level 2 high dependency beds.

Patient Group: As a cancer centre for pulmonary and chest wall cancers we cover a large geographic area taking in all of Nottinghamshire, Lincolnshire, Derbyshire and parts of Leicestershire. We are also part of the Nottinghamshire major trauma unit and we receive emergency patients from A & E with major chest traumas. As a specialist Thoracic surgery unit we also do all the regional surgery for patients with other Thoracic disorders for example empyemas, pneumothoraces and chest wall deformities

Patient pathway: We admit patients from a variety of sources, electively from home, transfers from other hospitals, emergencies from our A & E or from tertiary Hospitals. The majority of our patients come to us from theatre and go to our level 2 unit. We work closely with Critical care, critical care outreach and with the Pain team.

Winifred 2 Ward

Description: Winifred 2 is a 22-bedded regional Upper Gastrointestinal and General Surgical ward.

Patient Group: We serve both the Nottingham and Lincoln area for Upper GI. Our speciality covers disorders of the stomach and oesophagus, often malignancy. Patients require Oesophagectomy or Gastrectomy which requires admission to Critical Care initially for close observation. We also carry out anti-reflux surgery. We have patients under the care of General Surgery which covers procedures such as hernia repairs, cholecystectomies and thyroid surgery and we also take live donors who have donated a kidney. This range of procedures means we have a mix of patient requiring acute care and patients having simple short stay surgery, offering a variety of patient needs.

Patient Pathway: The majority of our patients are on an elective pathway and are admitted via the Elective Admissions Lounge, arriving with us post operatively. We regularly take Critical Care step downs. We also admit directly from home, clinic or post endoscopy if required, often for nutritional support.

City Recovery

Description: Theatre recovery consists of 17 bay postoperative unit with two outlying areas, short stay orthopaedic recovery and three bays for maternity recovery situated on North corridor of City Hospital

Patient group: Provide care for patients for a wide variety of specialities including thoracic, burns and plastics, breast and renal surgery. Patients are mainly adults requiring elective surgery; however there are emergency operations carried out at this campus

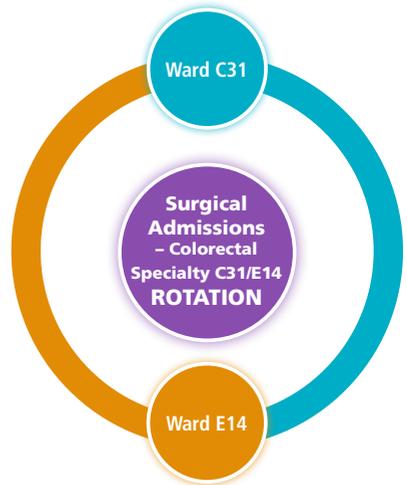
Patient pathway: We receive patients from all specialties who require elective surgery; this gives staff the opportunity to provide care from a variety of settings. Staff can have the opportunity to provide A-E assessment, airway management, wound care and specific specialty care.

Career development and newly qualified support: In line with the Trust standard, you will be allocated a preceptor and follow the preceptorship programme with 4 months of formal preceptorship followed by ongoing preceptorship up to 1 year. You will have access to the preceptorship development days and will attend the Acute Care Skills Course. You will be supported in completing WINW packages, including IV medication and PCA / Epidural Care. Initially, you will be supernumerary and during this time there will be opportunity for insight visits such as theatre, endoscopy and clinic.

Vision statement: We are a dynamic team who pride ourselves on our collaborative working with members of the multi-disciplinary team. We are committed to providing high quality care and this is reflected in our patient feedback results. We offer a friendly supportive environment and pride ourselves on teamwork. Our aim is to be the best for our patients and each other.

Surgical Admissions – Colorectal Specialty C31/E14

ROTATION



This rotation would ideally suit a Band 5 Staff Nurse interested in the surgical admissions pathway and colorectal surgery. There will be opportunity to develop skills in the admissions process, stoma care, wound care, pre and post-op care and developing skills in the care of acutely unwell patients. This is an 18 month rotation with 9 months in each clinical area.

Ward C31

Description: C31 is a 24-bedded admissions ward at QMC, caring for short-stay emergency surgical admissions.

Patient group: Admissions are for a variety of differing speciality surgical patients including: General, Hepatobiliary, Colorectal, and Vascular. You will develop skills not only in acute surgical admissions but also acute care skills, tissue viability, complex wounds and pain management.

Patient pathway: Patients are admitted via GP referrals, admission wards and ED. We have a nationally-recognised Surgical Triage Unit, where patients are referred and assessed, that has won awards for excellence and innovation.

Description: E14 is a 28-bedded colorectal surgical ward based at QMC

Patient group: Our patients under the colorectal speciality are often undergoing either elective or emergency surgery for bowel cancers or other bowel diseases. Our surgeons are forward thinking and much of our surgery is now done laparoscopically. We follow the principals of Enhanced Recovery after Surgery and have close links with the colorectal nurse specialists, stoma nurse specialists, the Acute Pain Service and the Critical Care Outreach Team.

Patient pathway: Most of our patients are admitted through the Surgical Triage Unit or admissions ward, for emergencies or planned elective admissions from home. The elective admissions are admitted in the Elective Admissions Lounge and come to the ward post-operatively. We also take step down patients from critical care areas.

Career development and newly qualified support: As a new staff member in all these areas you will receive a supernumerary period and a named preceptor who will support you in completing local induction and role-required packages. To achieve our vision of excellence we actively encourage and support our team to progress by learning new skills, completing packages and learning beyond registration.

Vision statement: We pride ourselves in our excellent teams who strive to achieve best outcomes and experience for our patients. We are looking for individuals that are highly motivated and willing to expand their knowledge and practical skills to continue to deliver evidence-based patient-centred care.

Eloise Williams

**Rotation Candidate
on Renal-Cardiology-
Respiratory Pathway**

Q&As

Where did you do your Nurse Training?

University of Nottingham

What attracted you to the Rotation Programme?

Mainly the different skills I would pick up during my rotation, I felt it would consolidate my pre reg training knowledge and enable me to see the body as a whole system as renal-cardio-respiratory are so intertwined. I also liked the idea of being contracted to move on- I met quite a few NQN's during my training who felt stuck in their jobs and unable to move and that prospect worried me.

What do you consider to be the benefits of doing a Rotation Programme?

The transferable skills, not just professional 'nursing' skills but the communication and interpersonal skills that develop from being members of different teams throughout NUH. I have found that it's so beneficial to have knowledge from other areas and fresh ideas and new ways of working – it only enhances your nursing care.



What advice would you give to a newly qualified nurse about to begin the Rotation Programme?

Try to relax, with the help of a preceptor on the ward and the preceptorship team (particularly Lucy, rotation lead) everything soon falls into place 😊

Thinking back over the time you have been qualified what are the highlights for you and your career so far?

Receiving nice feedback about the care I have given from patients, relatives and colleagues, it really makes my day!

What are your future aspirations for your career?

At the minute I continuously change my mind, however I have always had a desire to work in the community!

