Placement Learning in

Cancer & Palliative Care Nursing

A guide for students in practice



Penny **Howard**
Becky **Chady**

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Surgical **Nursing**

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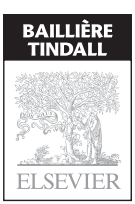

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Series Preface

Learning to become a nurse is a journey which sees the student engaging in both challenging and life-changing experiences as well as developing their skills and knowledge base in order to be able to practise as a competent and accountable practitioner. To be able to do this requires engagement with others in two different, yet complementary environments, namely the clinical setting and university, with the ultimate aim of learning the necessary knowledge and skills to be able to care for patients, clients and their families in whatever field of practice the student chooses to pursue. The clinical placement becomes the centre of this integrated learning experience.

Tracey Levett-Jones and Sharon Bourgeois (2007) point out, however, that 'there is plenty of evidence, anecdotal and empirical, to suggest that clinical placements can be both tremendous and terrible' but that it is at the same time 'one of the most exciting journeys of your life'. Whilst their book focuses on helping you through this journey in relation to the more 'general' aspects of learning and coping when undertaking your clinical experiences, this series of books sets out to help you gain maximum learning from specific placement-learning opportunities and placements.

The focus of each book is the actual nature of the placements, the client/patient groups you may encounter and the fundamentals of care they might require, together with the evidence-based knowledge and skills that underpin that care. Whilst the general structure of each book might be different, the underpinning principles are the same in each.

To ensure that the learning undertaken in university is linked to that in practice there will be reference to academic regulations, specific learning responsibilities (such as meeting with personal tutors, mentor-student relationships, placement expectations) and the importance of professional accountability.

Each book also outlines how your experiences in practice will help you achieve specific learning outcomes and competencies as specified by the United Kingdom (UK) Nursing and Midwifery Council (NMC). Although the books are primarily aimed at the UK student, the general principles underpinning the care practice described and the underpinning evidence base throughout are valid for all student nurses who are required by their respective international professional organisations to gain experience in a number of clinical environments in order to become competent to practice as a registered qualified nurse.

Nursing is a challenging and rewarding profession. The books in this series offer a foundation of knowledge and learning to support you on your professional journey and their content is based on the editors' and authors' experiences of engaging with students and colleagues in this learning experience. In addition, their content draws on personal experience of working with service users and carers as to what is best practice in caring for people at various stages of life and with various health problems. The ultimate aim is to enable you to use them as 'pocket guides' to learning in a range of clinical placements and specific planned placement learning opportunities, and to share their content with those who manage this learning experience in practice. We hope that you find them a valued resource and companion during your journey to becoming a qualified nurse.

Karen Holland
Series Editor

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Student Foreword

Like most students, I have experienced a range of feelings on starting a new placement: the fears and excitement of what experiences you will have, who you are going to meet and work with, what you will learn, and the responsibilities that come with being that bit further along in your training. These are all feelings that are part of our education and training and contribute to the student's growth as a nurse and as an individual. What is expected of you during a placement is another persistent anxiety, in particular, how you can get the best from that specific placement and how you achieve the gold standard of truly incorporating theory into your practice in an effective and useful way.

Most placement experiences vary in length from introductory 2-week placements to full 18-week hub-and-spoke placements. It can take a significant amount of the placement time to settle in, understand the way that particular clinical area works and develop an effective professional relationship with your mentor and other members of staff that enables you to learn and achieve.

This series of books makes the gap between what is taught in the University and practiced in clinical placements much smaller and less frightening. It provides guidance on achieving the Nursing and Midwifery Council (NMC) outcomes and proficiencies, which are essential for becoming a registered nurse, using case studies and real examples to help you. Knowledge of what opportunities to seek in particular clinical areas and how best to achieve them helps considerably, especially when there is so much else to think about. The series also provides a number of opportunities to recap essential knowledge needed for that area (very useful as lectures can seem a long time ago!). From student nurses setting out on that journey to those nearly ending, these books are a valuable resource and support and will help you overcome these sudden panic attacks when you suddenly think 'what do I do now?'. Enjoy them as I have enjoyed being able to have an opportunity to contribute to their development.

Philippa Sharp
3rd Year Student Nurse
University of Nottingham

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Acknowledgements

This book is one of a series written to help student nurses learn from their clinical practice experiences. It will also enable those who both teach and assess this learning to engage with the learning the student is required to achieve by the Nursing and Midwifery Council and the learning outcomes of their graduate programme.

In recognizing this integrated learning and the collaboration involved in making this successful we wish to acknowledge and thank all those students who have helped shape this book, their mentors and numerous other excellent role models and many other health care professionals. We acknowledge that major thanks must go to those patients who the students have met and will meet during their surgical nursing placement. Their journey and that of the students run alongside each other and the case studies in this book reflect this experience.

Personal thanks however must go to the Elsevier team for enabling not only this book to be written and published but also for their invaluable support from idea to publication. We thank Ninette Premdas for her total commitment to the whole series project and for Sally Davies for her support at the beginning of our journey. Mairi McCubbins for her ongoing belief in what we have tried to do and Carole McMurray for her support and cheerfulness. Finally our thanks go to Andrew Riley, whose endless good humour, patience and dedication to his job has enabled us to get to the end!

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Section 1. Preparation for practice placement experience

This section focuses on what you need to do and to learn about prior to commencing your surgical nursing placement. There are four chapters, all of which will enable you to gain new knowledge if you have not previously experienced such a placement or update your knowledge if you have.

As well as focusing on general preparation for placement issues which apply to any placement, you will find relevant sections which require active engagement in searching evidence, reading about surgical procedures and, most importantly, anatomy and physiology which is essential for understanding what happens at all stages of a patient's experience of a surgical procedure.

Chapter 1 explains the meaning of surgery and surgical nursing, terminology and key personnel involved in caring for a patient who is undergoing surgery.

Chapter 2 introduces the principles of surgical nursing, explaining the key principles of surgical nursing, knowledge and skills required to care for a patient undergoing surgery and includes some of the evidence base underpinning the principles of surgical nursing.

Chapter 3 explains what a surgical placement is and what you can expect to find in terms of the environment in which perioperative care takes place. It explores some learning opportunities you might experience and also the various kinds of placements where specific types of surgical interventions are carried out.

Chapter 4 focuses on specific learning and/or revision prior to your placement. Short revision points, tests and goal setting for your Nursing and Midwifery Council (NMC) competencies and essential skills are explored.

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1 Surgical nursing in context

CHAPTER AIMS

- To introduce the meaning of surgery and surgical nursing
- To introduce various healthcare personnel a student may meet during a surgical placement
- To introduce the terminology a student may come across in relation to surgical nursing
- To identify key learning points to ensure a successful learning experience

Introduction

You are now undertaking a course at a university which will lead to a qualification as a nurse and also an academic award of a diploma or degree. From September 2013, all pre-registration nursing programmes in the UK will be undergraduate degree programmes. The Nursing and Midwifery Council (NMC) which sets out the standards and competencies expected from a qualified nurse also sets out the expected time required for learning in practice. This varies in different countries, but in the UK this has to be 50% of your programme. This 50% can be experienced in many ways, including short visits to learn what happens in such places as the school nurse service or the law courts. These may be part of a theoretical-based module in the university or part of a much longer placement experience. This book mainly focuses upon these longer placement experiences, although different aspects of caring for someone who is undergoing a surgical procedure of any kind are also explored.

Some of you may also experience what is called a 'hub and spoke' placement experience, where you have a base in your main placement but, during the whole of that placement, you may undertake shorter periods of time in other linked areas. Examples of these kinds of placements are found throughout the book.

Depending on the structure and management of your learning experiences in the practice environment and, of course, which field of practice or branch of nursing you are undertaking, you may have a placement which is known as a 'surgical placement'. Most surgical placements are encountered within a hospital, although you may see surgical procedures and care in other contexts such as a health centre.

What is surgery ?

Before we determine what a surgical placement is, it is important to determine what we mean by surgical and surgery. The term 'surgical' implies some kind of surgery which involves an *operative* or *invasive intervention* – an operation normally involves 'cutting into' various parts of the body. An example is removal of the gall bladder through a laparoscope, which is a long, thin telescope with a light and camera lens at the tip which is passed through a number of small cuts in the abdomen but doesn't involve large wounds. This allows the surgeon (the doctor who performs the surgery) to view the internal organs on a monitor. Surgery may be *exploratory* and *diagnostic*, or it may be life-saving following a serious *life-threatening trauma*. Although the principles of surgery remain the same, the way in which surgery is carried out has changed significantly. A brief overview of the development of surgery over time will enable you to understand why some patients may be frightened of undergoing any kind of invasive procedure and also why some procedures, such as removing sutures from some surgical wounds, are no longer carried out following surgery due to advances both in surgical techniques and technology.

Brief history of surgery

Although there is evidence of various types of what we would call surgical procedures taking place in the Middle Ages and before, for the purpose of this overview we focus on the nineteenth century onwards (1800 to the present day) and the images that many of us will have seen in relation to early surgical work, such as amputation without anaesthetic, management of pain or dying due to wound infection.

An excellent overview of the history of surgery over time can be found on the Channel 4 website: http://www.channel4.com/explore/surgerylive/history.html. As well as specific information about surgery generally, this site also has short videos of patients talking about their experiences of surgery and why it was necessary, for example a patient who underwent surgery for a pituitary tumour (http://www.channel4.com/explore/surgerylive/surgical4.html). This website also offers an insight into some of the roles of individuals during the intraoperative period, and in these short videos there are visual images of what the environment in an operating room or anaesthetic room is like.

Surgery today is, of course, very different due to advances both in surgical techniques and what we know about the human body. The most common cause of death after surgery used to be infection, but following the initial findings of Louis Pasteur (that the death of body tissue was due to bacteria in the air) and Ignaz Semmelweis (who discovered that 'transmission of infectious diseases could be reduced by handwashing' (Kozier et al 2008:644)), Joseph Lister, a British surgeon, introduced the use of carbolic acid and other antiseptic techniques 'to kill bacteria in his operating theatres' (Kozier et al 2008). Effective hand washing, as part of the much wider infection control agenda, is one of the key skills that you will need as a student and qualified nurse, not only in a surgical placement but every placement.

Alongside these discoveries and practices was the introduction of anaesthetic during surgery, early ones being ether and chloroform, which subsequently led to the more sophisticated techniques and preparations in use today (see Ch. 7).

Types of surgery

There are two main types of surgery: emergency and elective. Kozier et al (2008:644) define these as follows:

> *Emergency surgery is performed immediately to preserve function or the*

life of the patient. Surgeries to control internal haemorrhage or repair a fracture are examples of emergency surgeries. Elective surgery is performed when surgical intervention is the preferred treatment for a condition that is not imminently life threatening (but may ultimately threaten life or well-being) or to improve the patient's life. Examples of elective surgeries include cholecystectomy for chronic gall bladder disease, hip replacement surgery or plastic surgery procedures such as breast reduction surgery.

Activity

Access the website of the Royal College of Surgeons of England, for general information on different types of surgery: http://www.rcseng.ac.uk/patient_information/faqs/different_surgery.html (accessed December 2011).

You will find a number of resources that you might find useful prior to starting your clinical placement. Access the patient information section and consider how the information will help you to explain to a patient their journey through an elective surgery.

The following is a link to a guide to help teams make the most of a patient's journey through elective surgery (Patient Liaison Group/RCSE 2007): http://www.rcseng.ac.uk/publications/docs/patient_journey.html (accessed December 2011).

In addition to the two different types of surgery, there are two further subdivisions, namely major and minor. Major surgery involves a bigger risk to the patient, not only in terms of the organs of the body that may be involved but the intricacy of the surgery and possible postoperative complications that may occur (see Ch. 12). An example of this is a heart and lung transplant.

Minor surgery can also be intricate, but there is less risk and fewer complications. This kind of surgery is usually undertaken as 'day care surgery' (see Ch. 11). An example of this is removal of a skin lesion.

Reflection point

You might meet nurse practitioners who have undertaken specialised training to undertake minor surgical procedures (see Martin 2002) and choose to spend a day observing their work as part of your main placement experience.

Surgical nursing placement

During your course, you may be allocated to a placement in an environment where surgery takes place. In the main, this will be in a hospital; however, more and more healthcare practices are now undertaking minor surgical procedures and you may be able to gain some experience of the basic principles of surgical intervention in a community placement.

For the purpose of this book, we consider a surgical placement as an area within a hospital where operative or invasive interventions take place. A nursing term often used in relation to surgery is 'perioperative care', which involves caring for the patient before admission to hospital, during the admission process, preoperative care (i.e. prior to going to the operating theatre), care during the operation and post-operative care (both immediately and until discharge home). The learning of principles underpinning these stages is transferrable to other placements where you may encounter a surgical procedure but where the focus of care for the patients is not surgery.

Surgical nursing, therefore, involves caring for patients throughout their perioperative journey. To care for patients during this time requires both general and specific knowledge and skills, depending on the nature of the surgical intervention and the individual needs of the patient. A knowledge of the following is required:

- The principles of surgical nursing.
- Normal and abnormal physiological processes and illnesses.
- Anatomy.
- Pharmacology.
- Management of pain.
- Diagnostic tests.
- Surgical procedures.
- Risks and complications of surgery for different age groups.
- Most importantly, effective assessment, goal setting and planning, implementing and evaluating care delivered.

See Chapter 2 for further information regarding preparation prior to undertaking a surgical placement. Also, access specific placement learning information relevant to your local NHS organisations on your university website.

Activity

What do the terms preoperative and postoperative mean? How would you explain these to a relative who asked you what they meant, after telling you they were going into hospital for an operation?

You will find some of the answers in this chapter.

Explaining terminology that is unfamiliar to patients is a key aspect of your role and is an important communication skill. This activity could form the basis of a goal in relation to achieving competence in communicating effectively with patients and their relatives (NMC Standard 2010: Domain–Communication and Interpersonal Skills: NMC Standard 2004: Domain–Care Delivery).

Healthcare personnel on a surgical placement

As well as nurses with various titles, you will come across a number of other healthcare personnel while on a surgical placement. Table 1.1 lists those you might encounter in the preoperative period (some of whom you may also meet in a pre-admission clinic), with a brief summary of their roles. Tables 1.2 and 1.3 list those you might encounter during the intraoperative and postoperative periods, respectively, some of whom you will see at every stage of a patient's journey.

Activity

Make a list of all the members of the surgical team and find out as much about their roles as possible prior to starting your placement.

Work out which of the roles you would like to find out more about during the placement. Discuss with your mentor on arrival the possibility of spending time with at least two of these during your placement to understand more about how they contribute to the care of the patients you will be nursing.

For example, you may be asked as part of an assignment to consider various roles during your placement and discuss how they have made a contribution to a patient in your care (interprofessional working). Make notes from your observations of their role and invite them to explain how this contributes to the care given (this must be under the supervision and agreement of your mentor).

Terminology related to care for patients undergoing a surgical procedure

Students reading this introduction will already be considering the meaning of some of the terminology used, which will underpin much of what we discuss in Sections 2 and 3. It is essential that, prior to beginning your placement, you become familiar with some of these terms, as this will help you to understand what nurses and other professionals are talking about when discussing patient care as well as allowing you to explain them to patients and their families.

Table 1.1 Roles of healthcare personnel in the preoperative period

Named role	Role description and responsibilities
Qualified registered nurse	A person who has been approved by the NMC as being 'fit for practice' at the end of a course of study and who has met all the NMC Standards and Competencies for Registration as a Nurse
Ward sister/manager/ charge nurse	A senior nurse who is responsible for the immediate management and leadership of a group of staff, together with overall management of the patients in their care This will include clinical leadership in a specific field of practice
Specialist nurses such as pain management nurse, infection control nurse	A specialist nurse is someone who has a senior clinical role in an organisation and has developed their knowledge and skills to an advanced level in a particular area of clinical care and offers additional expertise in the care of a patient
Radiographer	A person who has undertaken a course of study to enable them to register as a radiographer, who takes images of various internal parts of the body as well as undertaking some investigative tests These include X-ray images, computed tomography (CT) scans and magnetic resonance imaging (MRI)
Anaesthetist	A qualified doctor who has specialised in the giving of anaesthetics and managing the care of the patient while anaesthetised There are also nurse anaesthetists who have undergone advanced training to manage the care of patients in certain situations and they work under the guidance of the anaesthetist
Physiotherapist	A person who has undertaken a course of study to register as a physiotherapist, who treats patients with musculoskeletal problems/physical problems in the main, with activity and other therapies

Continued

Table 1.1 Roles of healthcare personnel in the preoperative period—cont'd

Named role	Role description and responsibilities
Phlebotomist	A person who is a qualified technician trained to take blood from a patient in order that it can be tested as part of a diagnosis
Social worker	A person who has undertaken a course of study to register as a social worker, who specialises in social, emotional and financial support to individuals and/or families and liaises with other professionals in ensuring effective discharge home from hospital

Table 1.2 Roles in the intraoperative period (adapted from Alexander et al 2006:915)

Named role	Role description and responsibilities
Anaesthetic nurse	Receives the patient in the reception area of the anaesthetic room and checks details Key role is to help relieve patient anxiety prior to surgery
Anaesthetist	Visits patients preoperatively to ensure they understand what is going to happen, if they are fit for an anaesthetic and to prescribe premedication They manage the giving of the anaesthesia and monitor the patient's condition during surgery as well as prescribing postoperative analgesia
Circulating nurse	This is the nurse who manages a range of roles in the theatre, from managing equipment, supporting the scrub nurse, helping to position the patient, cleaning and sterilising any equipment and, most importantly, ensuring safety with regards to instruments and swabs
Scrub nurse	Has a key role in assisting the surgeon; protects the patient's dignity and should be the patient's advocate during the surgery Ensures safety with regards to instruments and swabs and prevents diathermy and pressure injuries
Recovery nurse	Has a key role in the recovery room, ensuring safety and care of the patient in the immediate postoperative period Ensures patency of airway, undertakes essential observations, assesses pain and nausea and gives medication for both according to the prescription Key role in ensuring total patient care, including reassurance, reducing anxiety and maintaining appropriate documentation and communication with ward staff and surgical team involved in the surgery