Placement Learning in

Medical Nursing

A guide for students in practice



Maggie **Maxfield**
Michelle **Parker**

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A guide for students in practice

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Series Preface

Learning to become a nurse is a journey which sees the student engaging in challenging and life-changing experiences as well as developing their skills and knowledge base in order to be able to practice as a competent and accountable practitioner. To be able to do this requires engagement with others in two different yet complimentary environments, namely the clinical and the University, with the ultimate aim of learning the required 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 though this journey in relation to the more 'general' aspects of learning and coping when undertaking your clinical experiences, this book, and others in this series, sets out to help you gain maximum learning from specific placement learning opportunities and placements.

The focus to 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 evidence-based knowledge and skills that underpin that care. Whilst the general structure of each book might be different, the underpinning principles will be the same in each.

In order 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 will also outline how your experiences in practice will help you to achieve the 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 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 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

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 model 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 competencies, 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!). For 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
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Introduction

If you are reading this book then you will be about to embark on a medical placement experience. You may be feeling a mixture of emotions from deep terror to excitement. Let us reassure you that this is completely normal and your feelings will alter depending on a variety of factors, including your level of experience, the number of learning outcomes you need to achieve and whereabouts you are in your course.

The aim of this book is to introduce you to medical nursing and the various environments that you may find yourself in during a medical placement and to help you get the most out of your placement experience. We hope that this book will help you throughout the course of your medical placement and also provide you with helpful strategies for future placements.

We want you to find your medical placement enjoyable and hopefully you will be able to use the information in this book to enhance your practice experience. We appreciate that medical wards can throw up difficult situations and the aspects we have written about should help you to appreciate the complexities of medical nursing. We hope this book provides a step-by-step guide.

How to use this book

The book is divided into four sections. In each section, you will find activities and reflections aimed at developing your knowledge of medical nursing practices and understanding the experience of the patient with medical health problems. You will be directed to articles, policy documents, national guidelines and other texts that will help you to continue to expand your knowledge in specific areas.

There are also many suggestions as to how your medical nursing experiences can contribute to completing your placement learning outcomes. Many of your learning outcomes will have been developed to meet the requirements of the Nursing and Midwifery Council, which can be found in the NMC (2010) *Essential Skills Clusters* and the NMC (2010) *Proficiencies for Pre-Registration Nursing Education*. Each chapter will guide you to the relevant domain of the proficiencies and section of the skills clusters. Inevitably, there will be other competencies within these documents that can be met throughout your placement and it is recommended that you access these documents along with your university learning outcomes before you commence your placement to make yourself familiar with what is expected. The documents can be found at http://www.nmc-uk.org/.

Section 1: Preparation for practice placement experience

In this section, we will focus on what you need to do and to learn about prior to commencing what has been identified as a 'medical' placement. It will enable you to gain new knowledge if you have not previously experienced such a placement, and 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 that require active

engagement in searching evidence, reading about procedures and, most importantly, anatomy and physiology which we believe are essential in understanding what happens at all stages of a patient's experience of their care.

We will also introduce you to the principles of medical nursing and what a medical placement might look like.

> *When you are on the ward, you are seen as an authoritative figure when you are in uniform and you may think 'I'm just a student nurse', but to them you are a nurse. Your actions speak louder than words and your words and actions could change a patient forever.*
>
> (Emma Hankin, first-year student)

Section 2: Placement learning opportunities

This section will focus on helping you take advantage of the learning opportunities within your medical placements. The journey of the medical patient is complex, and this section will focus upon the different journeys patients might experience across a broad range of medical placements, and for you to understand how national policy drivers affect the delivery and provision of health care. It will also explore common aspects of care delivery across medical placement learning pathways, from admission to discharge.

Each chapter will aim to help you identify learning opportunities that you can develop and link to the learning outcomes for your nurse training programme while you are on your medical placement learning pathway. We hope that you get the most out of your placement learning pathway and that you find this section informative and useful while you are in your practice learning environment.

Section 3: Case studies

In this section, we will be helping you to integrate what we have discussed in earlier chapters through a series of case studies, each focusing on a different kind of patient care experience. Clinical nurse specialists in cardiology, HIV, tuberculosis and diabetes, who are experts in their specialties, have either written or contributed to provide evidence-based case studies for you to read. We asked the clinical nurse specialists to provide the rationale for care to enable you to understand why a patient might require a particular nursing action. All of the case studies are fictitious and in no way reflect a real patient story.

During your programme, you will be asked to provide case studies and we hope that the examples in this section will help you to link theory to the practice.

Section 4: Consolidating your learning

This section aims to help you consolidate your learning at the end of your medical placement. We hope that it has furnished you with different experiences, skills and knowledge. It is really important to take time to think about where you were, where you are now and where you would like to be. It is very easy to just rush headlong into the next unit/module/placement/exam without taking time to look back and reflect.

We have provided some aspects that are worth considering once you have completed any placement, and also referred back to areas that we have covered in the earlier sections to help you bridge theory and practice. We have provided you with some revision questions and some exam scenarios to help you.

> *The 8 months have been tough, demanding and hard work, as I am sure*

so will many more months be, but I can truly say that I love my job, am proud to be a nurse, and am 100% happy that I have chosen to work on a medical ward at the start of my career.

(Nicola Cooper, newly registered nurse)

We hope that this book has helped you to get the most out of your medical placement and that you enjoy the rest of your nurse programme, which is only the beginning of a rewarding and varied career where you continue to learn something new every day.

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Acknowledgements

When we were approached by Karen many months ago to write this book we had no idea what lay ahead. It has been a steep learning curve for us both and we could not have completed this book without the support, advice and encouragement of many colleagues, family and friends.

In particular we would like to thank Karen Holland, Series Editor, and Sally Davies at Elsevier for their advice and support, keeping us on track and for making our journey easier.

We would like to thank all those who contributed in any way, especially Angela Marney Claire McMullen and Rafael Ripoll for their contributions to Chapters 12, 7 and 13 respectively, students Nicola Cooper, Emma Hankin and Patricia Moyo for their reflections and feedback and all our colleagues who have provided us with moral support over the last 12 months. Finally, we would like to thank our families for their love and support and continuing to be there for us.

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Section 1. Preparation for practice placement experience

1 Medical nursing in context

CHAPTER AIMS

- To introduce the student to terminology they may come ascross in medical nursing
- To introduce the student to various healthcare personnel they may meet during a medical placement
- To consider key principles of medical nursing
- To determine what knowledge and skills the student will need to understand in order to care for a patient with a medical condition

Introduction

This chapter aims to give you a basis on which to begin to build your learning outcomes for a medical placement. It will help you to start to understand the role of the nurse in medicine and the other key professionals involved. It is also an opportunity to ensure that your knowledge of medical conditions is up to date in preparation for the many varied and exciting opportunities that await you in your medical placement.

Reflections of a newly qualified nurse

Working on a medical ward, no one day is the same. There is not one set 'type' of patient that we look after, and although the medical ward on which I work is meant to be a respiratory medical ward, there is a huge and varied range of conditions and illnesses that we treat. When coming on duty, there is always the anticipation of not knowing what patients I will be looking after, what skills I will need to look after them and overall what my day will be bringing.

Caring for patients with a variety of illnesses, some of which can be acutely ill having come straight from A&E or ITU, is challenging, interesting and rewarding, and continuously develops my nursing skills and knowledge.

Medicine and medical nursing

Medicine and medical nursing can be characterised by the non-invasive nature of its diagnostic investigations and treatments. Advancing technology in imaging techniques has meant that many conditions can be diagnosed by X-ray or scanning leading to prompt treatment and care. The ever increasing development of drug therapies has also meant that many

previously untreatable acute and long-term conditions can now be cured or managed much more successfully. This has resulted in a better quality of life for many of those living with long-term conditions.

Activity

The following online resource follows the development of significant advances in medicine such as medical imaging, the discovery of penicillin, insulin and other drug therapies. Spend some time looking through the resources and developing your knowledge of what medicine is all about.

http://resources.schoolscience.co.uk/abpi/history/history10.html (accessed July 2011).

Who's who on a medical placement

Nursing patients with medical conditions requires a team approach, therefore it is important that you begin to understand the roles of all the different professionals who may be involved in the care of the medical patient in your placement area. Table 1.1 explains some of the main healthcare professionals you will be working alongside. In order to complete your learning outcomes and competencies for your medical placement, you will need to work with a range of professionals and with different members of the nursing team in your placement area. This will not only ensure that you succeed in achieving your outcomes

Table 1.1 Who's who on a medical placement

Matron	The matron will be a registered nurse with experience in the specialty for which they cover. They will usually have worked as a ward manager or senior sister previously. They have overall responsibility for a number of ward areas Department of Health – Modern matrons in the NHS – a progress report on the role of the modern matron: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008127
Ward manager, senior sister, charge nurse	The ward manager/sister or charge nurse is a registered nurse with experience in the specialty of the ward. This person is in charge of the ward and you will be accountable to them during your placement. The ward manager is responsible for ensuring that the care delivered is of high quality and that the staffing and supplies are appropriate for the area. They will also be in charge of the shift when they are on duty The Nursing and Midwifery Council: http://www.nmc-uk.org/
Senior registered nurse, junior sister, senior staff nurse	A senior registered nurse or junior sister will deputise in the absence of the ward manager and will usually be in charge of the shift when they are on duty The Nursing and Midwifery Council: http://www.nmc-uk.org/

Table 1.1 Who's who on a medical placement—cont'd

Registered nurse (RN), staff nurse	The RNs or staff nurses will make up most of the staffing establishment on the ward and will have varying levels of experience The Nursing and Midwifery Council: http://www.nmc-uk.org/
Healthcare assistant (HCA), healthcare support worker (HCSW)	HCAs/HCSWs are non-registered staff who support the RNs and provide basic care to patients. They may or may not have had any formal training NHS Careers Website detailing the role of the healthcare assistant: http://www.nhscareers.nhs.uk/details/Default.aspx?Id=485
Assistant practitioner	This is a relatively new role which requires the person to have completed a foundation degree or similar qualification. They are usually trained in a variety of clinical skills, e.g. cannulation and catheterisation, so that they can provide increased support to the RNs on the ward NHS Careers Website detailing the role of the assistant practitioner: http://www.nhscareers.nhs.uk/details/Default.aspx?Id=2030
Phlebotomist	The phlebotomist will usually attend the ward daily to take blood samples requested by doctors or nursing staff NHS Careers Website detailing the role of the phlebotomist: http://www.nhscareers.nhs.uk/details/Default.aspx?Id=252
Physiotherapist (physio/PT)	The physio may be attached to one ward or cover a number of areas. Nursing or medical staff will refer any patients to them for assessment and assistance with mobility, rehabilitation and respiratory problems The Chartered Society of Physiotherapy: http://www.csp.org.uk/
Occupational therapist (OT)	The OT will also usually cover a number of different ward areas. Their role is to maximise people's independence through a variety of methods including adaptive equipment and home modification. Nursing and medical staff will refer patients to them for assessment of their needs while planning for discharge The British Association of Occupational Therapists: http://www.cot.co.uk/Homepage/
Speech and language therapist (SLT/SALT)	The SLT will cover a number of ward areas and will receive referrals from nursing or medical staff to assess patients who may be having problems with swallowing or communication difficulties The Royal College of Speech and Language Therapists: http://www.rcslt.org/

Continued

Table 1.1 Who's who on a medical placement—cont'd

Ward clerk/ward receptionist	The ward clerk will be based on the ward and will usually be at a reception desk, nurses' station or an office on the ward. They will be an invaluable source of information about anything, from knowing how to contact a member of the team to where things are kept on the ward. Their role varies but may include greeting visitors to the ward, answering telephone queries, requesting and maintaining patient notes while they are on the ward and general administrative duties NHS Careers Website explaining the role of the ward clerk: http://www.nhscareers.nhs.uk/details/Default.aspx?Id=782
Housekeeper	The ward housekeeper will be responsible for ensuring that the ward environment is kept clean and tidy (although a domestic team will also provide the cleaning). They may be responsible for ensuring that stock levels are maintained and that equipment is in good working order
Social worker (SW)	Social workers are usually allocated to individual patients but may be attached to a particular ward or area. Patients who may require support to look after themselves when they are discharged should be referred to the social worker for assessment The General Social Care Council: http://www.gscc.org.uk/
Clinical nurse specialists, e.g. tissue viability nurse, diabetes nurse specialist	A clinical nurse specialist is a registered nurse in a senior position who has developed their knowledge and skills within a particular clinical specialty to an advanced level The Nursing and Midwifery Council: http://www.nmc-uk.org/
Radiographer	A radiographer is a registered practitioner who produces images of different internal body parts using a range of techniques such as X-ray, computed tomography (CT) scanning and magnetic resonance imaging (MRI) scans The Society of Radiographers: http://www.sor.org/
Consultant physician	A consultant physician is a doctor with many years of experience and specialist knowledge and skills in a particular area of medicine, e.g. endocrinology or gastroenterology. They will have passed special exams (MRCP) to become a member of the Royal College of Physicians The Royal College of Physicians: http://www.rcplondon.ac.uk/

(All Websites last accessed July 2011)

but will also ensure that you have a rounded and varied experience within your medical placement. The following quote from a third-year final placement student shows the benefit of working as part of a team:

> *When my mentor was away I would then work with any senior member of staff. This made me realise that there is a pool of knowledge in these qualified nurses. For one to get this knowledge, one needed to take initiative, be proactive and challenging. This also enabled me to be able to work in a multidisciplinary team which I found very interesting as we exchanged ideas.*

Activity

Look at the resources alongside each profession in Table 1.1 to learn more about their roles, training and professional values.

Common medical health problems

Before you begin your medical placement it will be helpful to understand some of the common health problems patients on a medical ward may have. This will help you to know what to expect, understand some of the terminology used and have an insight into what your patient and their family/carers are experiencing. This section covers many of the common conditions you will come across and some of the basic information you will need to know.

Respiratory health problems

Activity

Begin by revising the normal anatomy and physiology of the respiratory system (see further reading list for a selection of physiology books to use).

Table 1.2 gives examples of some common respiratory health problems you may come across on your medical placement along with resources to help you learn more about each of them.

Activity

Using the resources alongside each health problem and other resources of your own, find out the following for each health problem:

1. Common signs and symptoms.
2. Treatment and prognosis.
3. An example of how it feels for a person to have the problem (see the Website list at the end of the chapter for useful examples of patients sharing experiences).

Neurological health problems

Activity

Begin by revising the normal anatomy and physiology of the brain and central nervous system.

Table 1.3 lists some of the common neurological health problems you will come across in your medical placement along with resources to help you learn more about each of them.

Table 1.2 Common respiratory health problems

Chronic obstructive pulmonary disease (COPD)	COPD is characterised by obstruction of airflow into the lungs. It is usually progressive and irreversible. It includes chronic bronchitis and emphysema. The main cause of COPD is smoking Chronic bronchitis is 'inflammation of the bronchi', resulting in increased mucus production obstructing the airways, producing phlegm and a cough Emphysema results from the alveoli in the lungs losing their elasticity causing them to narrow and obstruct the airways. Symptoms include shortness of breath National Institute for Health and Clinical Excellence (NICE) guideline – Chronic obstructive pulmonary disease: management of chronic obstructive pulmonary disease in adults in primary and secondary care: http://guidance.nice.org.uk/CG101/Guidance/pdf/English British Lung Foundation: http://www.lunguk.org British Thoracic Society: http://www.brit-thoracic.org.uk
Asthma	Asthma is a reversible obstructive disease of the lower airway, characterised by inflammation of the airways and increased mucus production. This can be caused by an internal trigger, e.g. stress, or an external trigger, e.g. pollen. Symptoms include wheezing, coughing, difficulty in breathing and chest tightness Asthma UK: http://www.asthma.org.uk
Tuberculosis (TB)	TB is a bacterial infection caused by *Mycobacterium tuberculosis*. Respiratory TB is the most common infection but it can affect other parts of the body. Symptoms of respiratory TB include fever, cough, night sweats, weight loss and blood-stained sputum NICE guideline – Clinical diagnosis and management of tuberculosis, and measures for its prevention and control: http://guidance.nice.org.uk/CG33/
Pneumonia	Pneumonia is inflammation of a part or all of one or both lungs, usually caused by infection NHS Choices information and video on pneumococcal disease and its effects: http://www.nhs.uk/conditions/pneumonia/Pages/Introduction.aspx NHS Choices information and patient story video on the experience of having pneumonia: http://www.nhs.uk/Conditions/Pneumonia/Pages/Symptoms.aspx

(All Websites last accessed July 2011)

Table 1.3 Common neurological health problems

Cerebral vascular accident (CVA) or stroke, transient ischaemic attack (TIA)	A stroke happens when the blood supply to a part of the brain is interrupted by either a clot (ischaemic stroke) or a bleed (haemorrhagic stroke) resulting in the brain cells in that part of the brain dying. Symptoms include weakness of one or more limbs, problems with speech and facial drooping. Stroke is a medical emergency A TIA is when the blood supply to a part of the brain is interrupted temporarily and the symptoms of the stroke resolve usually within minutes or hours. A TIA is an important warning sign that a person could be at risk of a stroke The Stroke Association: http://www.stroke.org.uk NICE guideline – Stroke, diagnosis and initial management of acute stroke & transient ischaemic attack: http://guidance.nice.org.uk/CG68/NICEGuidance/pdf/English NICE quality standards for stroke: http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp The National Stroke Strategy from the Department of Health: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062 NHS Choices Website: look at the videos to help you spot the signs of a stroke and hear the story of a stroke survivor: http://www.nhs.uk/NHSEngland/NSF/Pages/Nationalstrokestrategy.aspx
Multiple sclerosis (MS)	Multiple sclerosis is a chronic progressive disease characterised by the destruction of the myelin sheath which surrounds the peripheral nerves, affecting the ability of the nerve cells and brain to communicate with each other. Symptoms include dizziness, fatigue, visual problems, problems with balance, numbness, pins and needles, stiffness of muscles or muscle spasms, speech and swallowing problems The Multiple Sclerosis Society: http://www.mssociety.org.uk Department of Health – The national service framework for long-term conditions: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105361 NICE guideline – Multiple sclerosis: management and treatment of multiple sclerosis in primary and secondary care: http://guidance.nice.org.uk/CG8/NICEGuidance/pdf/English NHS Choices Website information and a video about living with MS: http://www.nhs.uk/Conditions/Multiple-sclerosis/Pages/Living-with.aspx
Epilepsy	Epilepsy is a tendency to have recurrent seizures (fits) caused by a sudden burst of electrical activity within the brain disrupting the normal communication between brain cells

Continued

Table 1.3 Common neurological health problems—cont'd

	Epilepsy Action: http://www.epilepsy.org.uk NICE guideline – The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care: http://guidance.nice.org.uk/CG20/NICEGuidance/pdf/English NHS Choices Website for information about epilepsy and a video of a person living with epilepsy: http://www.nhs.uk/conditions/Epilepsy/Pages/Introduction.aspx
Dementia	Dementia is a progressive syndrome characterised by memory loss, problems with thinking, judgement, understanding and language. There are many different types of dementia. The most common type of dementia in the UK is Alzheimer's disease. The second most common type in the UK is vascular dementia The Alzheimer's Disease Society: http://www.alzheimers.org.uk NICE guideline – Dementia: supporting people with dementia and their carers in health and social care: http://guidance.nice.org.uk/CG42/NICEGuidance/pdf/English NICE dementia quality standards: http://www.nice.org.uk/guidance/qualitystandards/dementia/dementiaqualitystandard.jsp Social Care Institute for Excellence Dementia Gateway: http://www.scie.org.uk/publications/dementia/index.asp The National Mental Health Development Unit: Let's Respect resources: http://www.nmhdu.org.uk/our-work/mhep/later-life/lets-respect/

(All Websites last accessed July 2011)

Cardiac health problems

Activity

Begin by revising the normal anatomy and physiology of the cardiovascular system. The following Website, which includes a video of how the heart works, may help:

http://www.bhf.org.uk/heart-health/how-your-heart-works.aspx (accessed July 2011).

Table 1.4 lists some of the common cardiac health problems you will come across in your medical placement along with some resources to help you learn more about them.

Activity

Using the resources in Table 1.3 and any of your own resources, for each of the conditions:

1. Find out how it feels to be living with these neurological health problems (you may also want to look at some of the videos on http://www.patientvoices.org (accessed July 2011) or the ones in the Website list at the end of the chapter).
2. Think about how these health problems would affect your ability to work, study and maintain relationships.

Activity

Using the resources in Table 1.4 and any of your own resources, for each of the above conditions:

1. Find out how each health problem could be prevented.
2. What health and lifestyle advice might you give to a patient at risk of developing these health problems?

Table 1.4 Common cardiac health problems

Heart failure	Heart failure is a result of the heart no longer pumping effectively, usually as a result of damage to the heart muscle, e.g. a heart attack. This results in an accumulation of blood and fluid within organs and tissues. Some patients may have either left-sided heart failure (left ventricular failure) or right-sided heart failure depending on where the damage to the heart muscle is The British Heart Foundation information about living with heart failure: http://www.bhf.org.uk/heart-health/conditions/heart-failure.aspx
Atrial fibrillation (AF)	Atrial fibrillation is characterised by a rapid and abnormal heart rhythm as a result of the right atrium of the heart quivering rather than contracting. It can be caused by hypertension, heart valve disease, overactive thyroid and excessive alcohol. Atrial fibrillation is a major cause of stroke The British Heart Foundation. Read about atrial fibrillation and listen to the examples of a normal and abnormal heart rhythm: http://www.bhf.org.uk/heart-health/conditions/atrial-fibrillation.aspx
Hypertension	Hypertension or high blood pressure is when blood pressure is constantly elevated, usually above 140 mmHg/85 mmHg. Listen to this podcast to learn more about what high blood pressure is: http://soundcloud.com/bhf/blood-pressure-the-facts
Pulmonary embolism (PE)	A pulmonary embolism is the result of a blood clot blocking the blood supply to the lungs. It is an emergency and can result in sudden death in some cases NHS Choices Website with information on pulmonary embolism: http://www.nhs.uk/conditions/pulmonary-embolism/pages/introduction.aspx
Deep vein thrombosis (DVT)	A DVT is the result of a blood clot forming in a vein in the leg. It increases the risk of developing a pulmonary embolus NHS Choices Website with information about DVT, its treatment and prevention: http://www.nhs.uk/conditions/Deep-vein-thrombosis/Pages/Introduction.aspx NICE guideline – Venous thromboembolism – reducing the risk: http://guidance.nice.org.uk/CG92/Guidance/pdf/English

(All Websites last accessed July 2011)

Problems affecting kidney function

Activity

Begin by revising the normal anatomy and physiology of the renal system.

Table 1.5 lists some of the common kidney (renal) health problems you will come across in your medical placement along with some resources to help you learn more about them.

Activity

Using the resources in Table 1.5 and any of your own resources, find out:

1. How these health problems may affect the regular medications a person takes.
2. How they might affect a person's nutritional and fluid intake.

Endocrine and gastrointestinal health problems

Activity

Begin by revising the normal anatomy and physiology of the endocrine and gastrointestinal systems.

Table 1.6 lists some of the common endocrine and gastrointestinal health problems you will come across in your medical placement along with some resources to help you learn more about them.

Activity

Using the resources in Table 1.6 and any of your own resources, find out how common the conditions are and what resources and support are available to patients living with these health problems in your own area.

Table 1.5 Common kidney (renal) health problems

Acute kidney injury (AKI)	Acute kidney injury is a sudden and rapid decrease in kidney function resulting in an inability to maintain fluid, electrolyte and acid–base balance. It is staged 1–3 reflecting the extent of the kidney damage. AKI is often reversible The Renal Association Website with clinical practice guidelines for the diagnosis, treatment and management of AKI: http://www.renal.org/Clinical/GuidelinesSection/AcuteKidneyInjury.aspx
Chronic kidney disease (CKD)	Progressive and irreversible decrease in kidney function resulting in an inability of the kidneys to maintain fluid, electrolyte and acid–base balance. It is staged 1–5 with stage 5 being complete kidney failure requiring transplantation or dialysis The Renal Association Website with clinical practice guidelines on the detection, monitoring and care of patients with CKD: http://www.renal.org/Clinical/GuidelinesSection/Detection-

Table 1.5 Common kidney (renal) health problems—cont'd	
	Monitoring-and-Care-of-Patients-with-CKD.aspx Kidney Dialysis Information Centre Website aimed at helping those living with dialysis: http://www.kidneydialysis.org.uk/ A video on You Tube uploaded by NHS Choices about living with dialysis: http://www.youtube.com/watch?v=WZosHub0MOQ NICE quality standards for chronic kidney disease: http://www.nice.org.uk/aboutnice/qualitystandards/qualitystandards.jsp
Pyelonephritis	An acute or chronic bacterial infection of the kidney which has ascended from the urinary tract. A severe kidney infection is often referred to as urosepsis

(All Websites last accessed July 2011)

Haematological health problems

Activity

Begin by revising the normal anatomy and physiology of the haematological system.

Table 1.7 lists some of the common haematological health problems you will come across in your medical placement along with some resources to help you learn more about them.

The role of the nurse in a medical setting

Many of the core skills required for caring for a patient with medical problems will be the same whichever area of nursing you choose to work in. As you progress through your training you will find that your transferable skills are invaluable in helping you to settle in and adapt to a new placement area. However, all areas will work in a slightly different way depending on the local policy and procedures, and the needs of your patients will change depending on why they are in hospital and the medical conditions they have.

In medical nursing you are likely to be presented with a group of patients with widely differing medical problems and your ability to manage this diverse group of patients is a skill you will soon start to acquire.

Dignity

Dignity should be a key consideration in the planning and delivery of care to your patients. You are probably aware of the

Table 1.6 Common endocrine and gastrointestinal health problems	
Diabetes mellitus	Diabetes is a long-term condition caused by having too much glucose (sugar) in the blood. It is classified as type 1 or type 2. Type 1 diabetes occurs when the body fails to produce insulin, which must be replaced by daily injections. Type 2 diabetes occurs when the body does not produce enough insulin or the body cells are unable to react to the

Continued

Table 1.6 Common endocrine and gastrointestinal health problems—cont'd

	insulin produced (insulin resistance). Type 2 is more common, its onset tends to be later in life and it is associated with obesity NICE quality standards for diabetes: http://www.nice.org.uk/guidance/qualitystandards/diabetesinadults/diabetesinadultsqualitystandard.jsp Diabetes UK Website with information about living with diabetes: http://www.diabetes.org.uk
Alcoholic liver disease	Alcoholic liver disease is the term used to describe a range of conditions and symptoms that develop when the liver has been extensively damaged by alcohol. There are three stages of alcoholic liver disease – alcoholic fatty liver disease, alcoholic hepatitis and cirrhosis NHS Choices Website that describes the stages of alcoholic liver disease, its symptoms and management: http://www.nhs.uk/conditions/liver_disease_(alcoholic)/pages/introduction.aspx The British Liver Trust Website which includes information about how the liver works and how to look after your liver: http://www.britishlivertrust.org.uk/home/the-liver.aspx
Peptic ulcer disease	Peptic ulcer disease is the term used to refer to an open sore in either the stomach (a gastric ulcer) or the duodenum (a duodenal ulcer) NHS Choices Website with information about peptic ulcer disease: http://www.nhs.uk/conditions/peptic-ulcer/pages/introduction.aspx NICE guideline – Managing dyspepsia in adults in primary care. Dyspepsia refers to the symptoms of epigastric pain, heartburn and other upper gastrointestinal symptoms that are associated with peptic ulcer disease: http://guidance.nice.org.uk/CG17
Crohn's disease, ulcerative colitis	Crohn's disease is a chronic inflammatory condition that can affect all or any portion of the gastrointestinal tract. It commonly affects the lower part of the small intestine and large intestine. The inflammation extends through all layers of the intestine wall. It has a wide range of symptoms which can remit and relapse Ulcerative colitis is a chronic inflammatory condition affecting the lining of the large intestine causing diarrhoea and rectal bleeding A Website designed to provide resources to patients and health professionals on inflammatory bowel disorders such as Crohn's disease and colitis: http://www.crohns.org.uk/ Crohn's and Colitis UK Website for people living with inflammatory bowel conditions: http://www.nacc.org.uk/content/home.asp

(All Websites last accessed July 2011)

Table 1.7 Common haematological health problems

Anaemia	Anaemia is a decrease in the number of red blood cells or amount of haemoglobin carried by red blood cells. There are many different types of anaemia including iron-deficiency anaemia and pernicious anaemia (vitamin B_{12} deficiency) The Pernicious Anaemia Society Website provides advice and support for those with pernicious anaemia: http://www.pernicious-anaemia-society.org/ NHS Choices Website where a search for anaemia will bring up the many different types of anaemia, their causes, symptoms and treatment: http://www.nhs.uk
Sickle cell anaemia	Sickle cell anaemia is a genetic disorder where red blood cells can become hard, sticky and sickle (crescent) shaped causing premature death of the blood cells and anaemia. A sickle cell crisis occurs when blood cells clog up a blood vessel, reducing oxygen supply and causing damage to nearby tissues and organs The Sickle Cell Society Website providing information and support to people with Sickle cell anaemia: http://www.sicklecellsociety.org/ NHS Choices Website containing information about sickle cell anaemia and a video of a person with sickle cell talking about how they cope with the disease: http://www.nhs.uk/conditions/sickle-cell-anaemia/pages/introduction.aspx
Human immuno-deficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)	HIV is a retrovirus which attacks the body's own immune system, leaving the body susceptible to infection and other serious illness such as cancer. HIV infects CD4 cells which are responsible for fighting infection and, although the body will continue to produce CD4 cells, as they are destroyed by the virus they will decline in number leading to failure of the immune system AIDS is the term used to describe this late stage of HIV when the immune system has failed and the person has contracted a serious life-threatening illness such as pneumonia NHS Choices Website with information about how HIV is contracted and how it attacks the immune system: http://www.nhs.uk/conditions/hiv/pages/introduction.aspx Health Talk Online Website which includes real life stories of people living with HIV: http://www.healthtalkonline.org/Intensive_care/HIV/People/Stories

(All Websites last accessed July 2011)

Activity

Using the resources in Table 1.7 and any of your own resources, find out what the risk factors are for the health problems and who may be more likely to suffer from them.

many media stories in recent years in the UK describing episodes of care where patients' dignity was not maintained.

Activity

Look at the following link to read about some of the dignity issues that have been highlighted in the media recently: http://www.bbc.co.uk/search/news/?q=dignity%20in%20NHS (accessed July 2011).

Most nurses will say that they always treat their patients as individuals and respect their dignity, however it is important to take time to really think about this.

There are a number of different definitions of dignity. Here are two examples.

Reflection point

What does dignity mean to you?

Think of your own personal experiences of hospital or primary care. This could be when you were a patient or when a close friend or relative was in hospital. What was important to you or your loved one in this situation?

How did staff ensure that your dignity was maintained or, if they didn't, what could they have done differently?

The Royal College of Nursing (RCN; 2008a) definition of dignity:

> *Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations dignity may be promoted or diminished by: the physical environment; organisational culture; the attitudes and behaviour of the nursing team and others; and the way in which care activities are carried out. When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued and lacking in control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed. Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value. The nursing team should, therefore, treat all people in all settings, and of any health status, with dignity, and dignified care should continue after death.*

The Social Care Institute for Excellence (2009) definition is based on the standard dictionary definition of dignity:

> *A state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference.*

The following link will take you to the Social Care Institute for Excellence Dignity in Care Website which has, among other resources, an overview of selected research on what dignity means: http://www.dignityincare.org.uk (accessed July 2011).

Reflection point

Have a look at these different definitions. How closely do they match your own definition of dignity?