



ENDOSCOPY/MDS

Placement Information for Student Nurses

Ma. Gladys De Guzman, RN

Student Name:

Contact Details

The staff in the ward/department care about your well-being as well as your education. They will notice and be concerned if you don't arrive for a planned shift, if there is illness on the ward or in case of emergency. They may need to contact you to check if you are alright and to let you know if there needs to be a change to your shift.

Please could you provide the department with your contact details and an emergency contact using the form below. **This information will be kept by a senior staff member for the length of this placement and then will be destroyed. It will not be shared with anyone else without your permission unless there is an emergency.**

Your name	
Your Home Phone Number	
Your Mobile Phone Number	
Name of Emergency Contact	
Phone number of Emergency Contact	

Contacting your Tutor/CTA

From time to time the staff on the department may need to contact your tutor regarding your progress, for support or in the case of problems.

Please could you supply the contact details for the tutor/CTA that will be supporting this placement, in the form below.

Name of Tutor/CTA	
Phone number for Tutor/CTA	

Please complete a new form before each new placement and give it to the senior staff at the beginning of your placement

ENDOSCOPY/MDS

We are looking forward to working with you

Welcome to the Endoscopy/Medical Day Stay Unit. We hope you enjoy your experience here and take the opportunities to further develop your clinical skills. We hope that you will develop great working relationships with the patients, family and the interdisciplinary team to both yours and the organization's benefit.

This orientation pack has been developed to inform you about Endoscopy.

There are plenty of learning opportunities available to you while on placement here. Below are some suggestions available to you.

- Observe during Colonoscopy, Gastroscopy, Flexible Sigmoidoscopy, Bronchoscopy, ERCP procedures.
- Spend a day with the decontamination team and see how scope are cleaned and processed.
- Spend time in recovery area.

With a wide variety of healthcare professionals that work on this unit it would be hard to list them all individually. As time goes on you will get to know them all and the role that they have on this unit. They consist of respiratory, GI and liver consultants, upper GI and colorectal surgeons, registered nurses, healthcare assistants, a scope technician or decontamination team, a service manager and receptionist.

Key contacts for Endoscopy/MDS

Registered Nurse responsible For students placements	Gladys De Guzman	04 570 9158 Ext 2781
Clinical Nurse Manager	Kate Broome	04 570 9158
Coordinator	Trudy Moretti	04 570 9158

Please contact CNM Kate Broome to confirm your start dates and times. If you have any special requirements during your placement these can be discussed with her.

Your Preceptor

You will be allocated one main preceptor; this preceptor will be responsible for helping you completing your objectives. We will endeavour to ensure that you mainly work with this preceptor however this is not always possible. It is your responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion. Your preceptor will not complete any evaluations if you give them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact Kate Broome, CNM.

Expectations of the Student Nurse while in ENDOSCOPY

While on placement here you will be expected to work full time, which is from 8:30AM-5:00PM, 5 days a week (Monday-Friday). The provision of lunch break is half hour after the completion of the morning session, with 10 minutes tea breaks during morning and afternoon.

We have a few expectations of student nurses working in Endoscopy/MDS:

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell during your placement you must contact the department on 04 570 9158 at first available opportunity. If students fail to attend placement without informing the department, we have a requirement to escalate non-attendees to the university or college provider.
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your preceptor or Clinical Nurse Manager.
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives.
- If you are not achieving your objective please see Kate Broome or your preceptor (before the last week in the unit).
- Always display your ID badge
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will not complete any paperwork that is given to him or her if it is given in the last days of your placement.

Fire Evacuation Policy and Procedure

As with any ward/department in this hospital, there is a strict policy on fire evacuation.

What number do you call if you find a fire on the unit? _____

In the event of a fire/civil emergency alarm where would you locate?

Fire Alarms: _____

Fire Cells: _____

Fire evacuation procedure: _____

Assembly points if evacuation is necessary?

Internal: _____

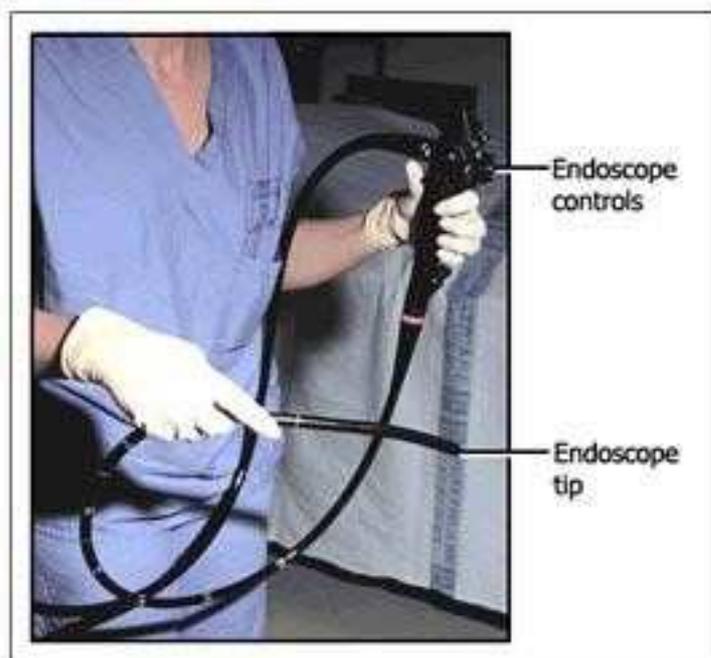
External: _____

WHAT IS ENDOSCOPY?

An endoscopy is a procedure where the inside of your body is examined internally using an endoscope. There are four main types of endoscopy performed here, a gastroscopy, colonoscopy, bronchoscopy and ERCP. All of which are explained further on, where basic explanations and an accompanying diagram help you to visualize each procedure.

Endoscope

An Endoscope is a thin, long flexible tube that has a light source and a fibre optic video camera at the tip. Images of the inside of your body are relayed to an external television screen where photos can be taken, or the procedure recorded.



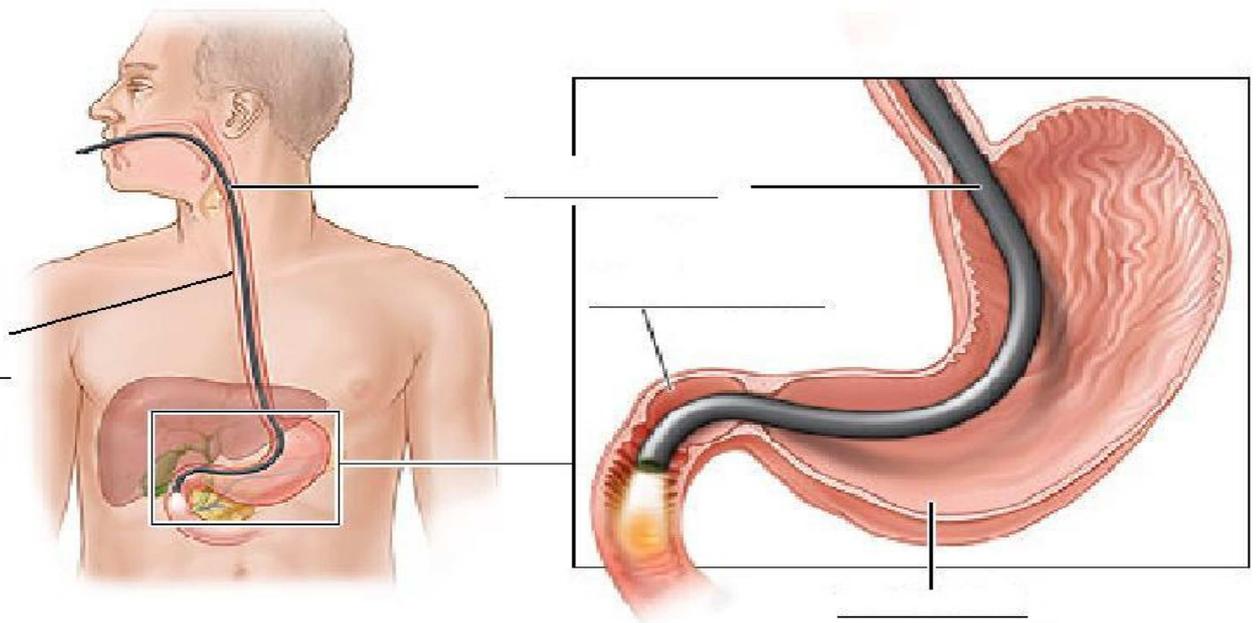
Endoscopes come in various sizes depending on the procedure performed. They are inserted into the body's natural openings, such as your nose, throat or anus.

GASTROSCOPY

A gastroscopy is a procedure that allow an endoscopist to look inside the oesophagus, stomach and the first part of the small bowel. A gastroscope enter through the mouth where it is swallowed and passed down the oesophagus into the stomach, and then into the duodenum.

A gastroscopy can help find out what causes symptoms such as indigestion, heartburn, repeated vomiting or vomiting blood, difficulty in swallowing, long-term abdominal pain, weight loss, and anaemia. It is also used to check certain GI conditions such as inflammation, ulcers, coeliac disease, Barrett's oesophagus and early signs of cancer.

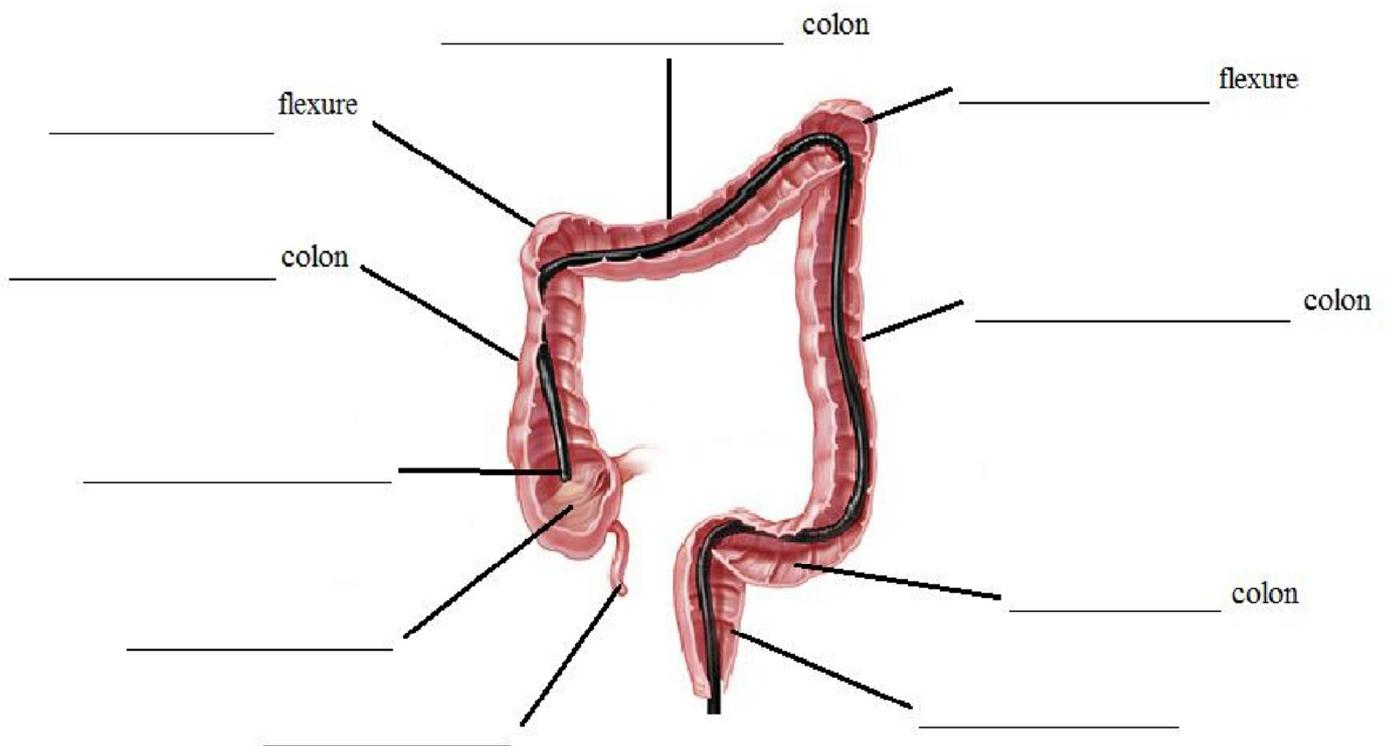
In emergencies, gastroscopies are also performed to stop gastric bleeding or remove any foreign bodies or blockage or varices.



COLONOSCOPY

A colonoscopy is a procedure that allows an endoscopist to look inside the large bowel. A colonoscope is inserted into the colon through the anus and passed to the furthest point, called caecum. In some cases, they will also enter the small bowel, known as the terminal ileum.

A colonoscopy can help doctors find out what causes symptoms such as persistent diarrhoea or a change in bowel habit, bleeding from the rectum or blood in your faeces. These may be the result of inflammation caused by conditions such as ulcerative colitis or crohn’s disease, polyps (small growth of tissue, sometimes called adenomas) or bowel cancer.

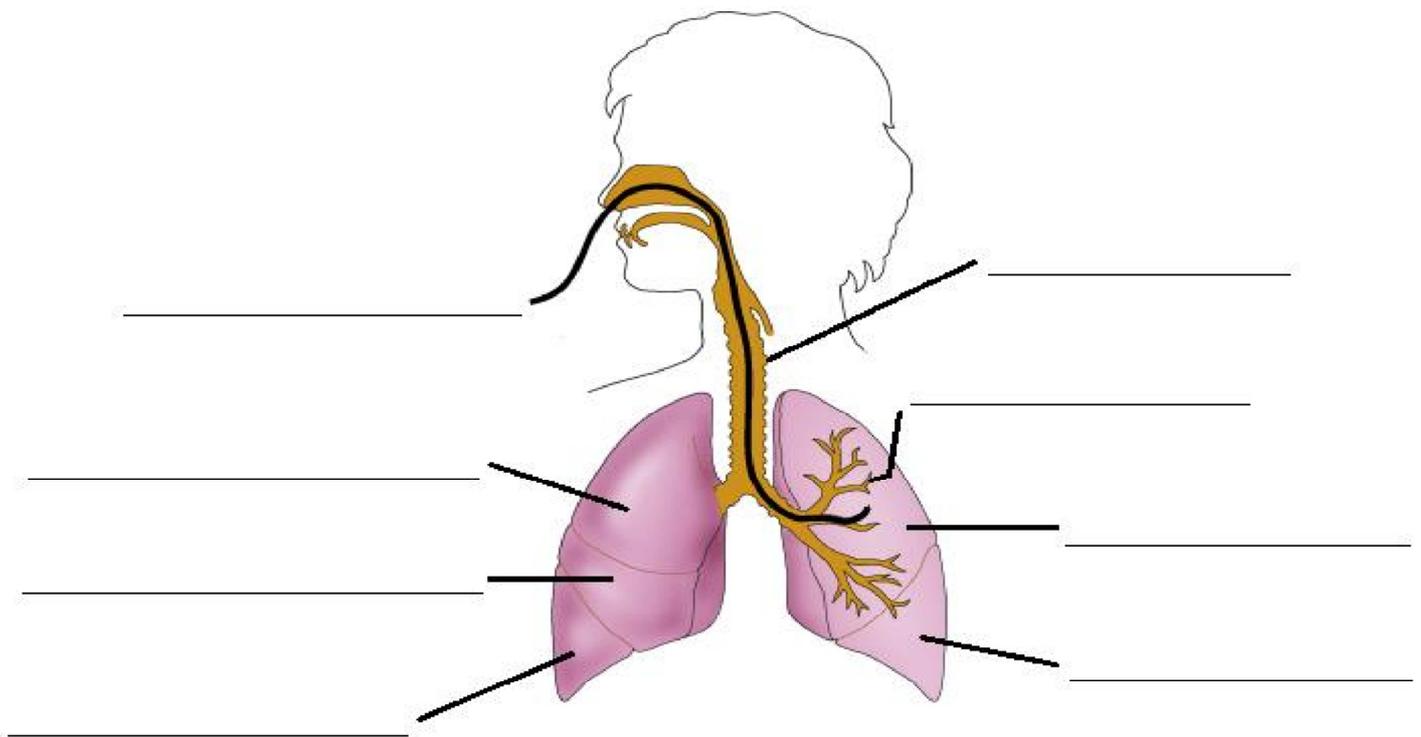


BRONCHOSCOPY

A bronchoscopy is a procedure that allows an endoscopist to look inside the lungs. A bronchoscope is entered through either the nose or mouth where it is passed down the trachea into the different lobes of the lungs.

A bronchoscopy can help doctors find out what causes symptoms such as persistent cough, coughing up blood or if there are changes seen on an x-ray or other imaging test.

They also help diagnose suspected lung disease, infection in the lungs and bronchi. A bronchoscopy can also treat lung or airway problems such as removing fluid or mucus plug from your airways, draining an abscess or washing out an airway (therapeutic lavage) or foreign body.



TREASURE HUNT

This list is designed to help you become familiar with the environment. Please complete this treasure hunt on your first day.

Fire Extinguisher

Fire Hose

Resuscitation Trolley

Staff tea room

Emergency button in Procedure rooms

Decontamination area

Drug/Treatment room

Store room

Staff toilet

Isolation room

Bronchoscopy room

Common Medications

Administration of IV therapy in Endoscopy/MDS is in accordance with the IV & Related Therapies Policy available on the intranet

According to the Basic Certification Standard please note “Students (nursing, midwifery, radiologic technology, anaesthetic technology), and their respective clinical lecturers/clinical teaching associates are expected to adhere to the standards and principles of this document”.

Common medications used in Endoscopy/MDS are listed below. It would be useful to have read up on before you attend your placement.

- Midazolam
- Fentanyl
- Buscopan
- Adrenaline
- Anexate
- Naloxone

Evaluation of Clinical Experience

Student Nurse: _____

Date of Placement: _____

Date of Evaluation: _____

Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither Agree or disagree	4 Disagree	5 Strongly Disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Please return this form to the Charge Nurse Manager