

# Ward Volunteer Skills

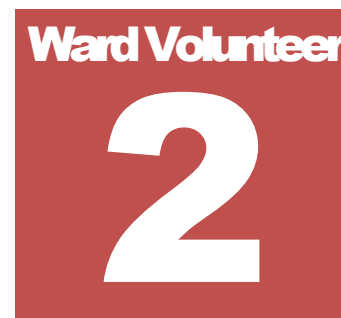
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## Understanding the Ward

**PART OF THE 'FIRST 33  
HOURS' PROGRAMME FOR  
NEW VOLUNTEERS AT  
CAMBRIDGE UNIVERSITY  
HOSPITAL.**

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## Skills for New Ward Volunteers

### HELPING AT MEALTIMES

**P**lease remember to regularly check your ‘Volunteer Dos and Don’ts’ card on your lanyard so you are aware of boundaries. You will not help if you attempt to do something you have not been trained to do. If in doubt, always ask.

Volunteers come in to their placements once a week, usually on the same day and time. This helps us to build teams of volunteers for the various placements, but it also means that you only experience a ‘snapshot’ of what’s happening. We know that things change from week to week in an acute hospital so it’s like stepping into a new place each time, with different staff on duty and different patients to meet.

Patients are often confined to their beds and the immediate area during their stay, so they too only see a little of what’s going on, in the ward as a whole.

This Skills Builder gives you an overview of activity on the wards. Try to see things from the patients’ perspective. Although you can move around, often the patients can’t and must wait for staff, visitors and volunteers to come to them. Imagine for a moment what that might feel like. Some days a patient may be overwhelmed and tired out from the attentions of doctors, nurses, phlebotomists, support staff, other health professionals and specialists. Other days, patients may be bored and lonely with far fewer interactions. Volunteers can help reassure exhausted patients and divert bored ones. It was Einstein who said ‘The only reason for time is so that everything doesn’t happen at once’, although hospital wards sometimes seem to defy that particular theory!

The Health Service is known for its use of jargon. Jargon is defined as the terminology of a profession, and also defined as unintelligible talk. Sometimes it is

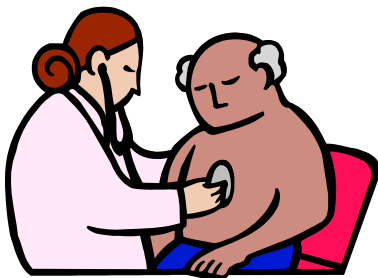
unavoidable, but it can be confusing for patients. I recently attended an x-ray appointment and the staff were very pleasant – but I didn't understand most of what they said! That was okay, because I made an appointment to ask the GP. Patients rely on nurses and doctors using language they can understand. Different patients have different needs. If a patient is confused about something they've been told, *always* refer to the nurse in charge.

## **Protected Mealtimes**

Meals are served on the wards between 07.00-08.00, 12.00-13.00 and 17.00 – 18.00. This is approximate as wards will vary slightly in their routine. The main (hot) meal of the day is served at lunchtime, although hot food is available later in the day. For many patients the passing of time is punctuated by the routine of mealtimes and hot drinks rounds. Volunteers are really important at these times, so please read Ward Volunteer skills builder 1 'helping at mealtimes', for lots of information about how you can really make a difference at this important time. Mealtimes are 'protected', which means that the usual ward activity stops and the focus is all on helping patients to eat and drink.

## **Observations**

'I'm doing the obs' is something you might hear from the staff nurses and Health Care Assistants on the ward. 'Obs' or observations are taken on all patients in hospital at regular times, and include recording and measuring of pulse, temperature and respiration rate. They also include a pain score and other measures relevant to the patient. Measures outside the normal range will alert medical and nursing staff to a change in the patient's condition or needs. Observations on the ward will be taken regularly, but this will vary from every 15 minutes to twice a day, depending on individual patient need. Many patients have their observations taken three times a day, including early in the morning between 6-7am. It's an early start – no wonder patients feel tired later in the day.



## **Nursing staff**

Ward nursing staff – that's Health Care Assistants (HCAs) and registered nurses (including staff nurses, junior sisters/charge nurses and ward managers)- start at 7.00 or 7.30 in the morning. They work in shifts of 8 or 12 hours and sometimes even longer. Specialist nurses usually work between 8am and 4pm and will visit

individual patients on the wards during the day. To identify who's who from their uniforms, please see the information sheet given as part of your welcome pack on induction.

## **Medications and pharmacy**

You will see nursing staff on their 'drugs rounds', dispensing medication to patients at set times of the day. It is important not to interrupt nurses on their rounds or while they are preparing medications if at all possible.

Pharmacists and Pharmacy Assistants will visit the wards to review patient medication and make arrangements for 'TTOs' – that's 'tablets to take home'.

## **Ward rounds**

The consultant and their team of medics will visit patients on set days. This can sometimes mean that a large group of people, led by the consultant, will visit each patient. It's a busy time for the ward staff. The patient will be seen by a doctor (although not necessarily the consultant) every day.

## **Allied health professionals**

There are many allied health professionals working at the hospital. You are most likely to see physiotherapists, occupational therapists (OTs) and dietitians on the ward.

## **Ward Clerk**

If you volunteer during the day the ward clerk will be a good contact for you. He or she can let you know who is in charge and where your services as a volunteer might be most needed.

## **Housekeeping and domestic staff**

Housekeeping staff serve the meals, so you will probably be introduced to the housekeeping staff early in your session as volunteers always help at mealtimes. Please do help as much as possible with meals and drinks.

## **Patients' TV and radio**

Each patient has access to free radio (including Radio Addenbrooke's, the hospital channel staffed by volunteers). Patients can also purchase television and telephone

services. You may be asked to assist patients to access these services. Check with ward staff or voluntary services if you're not sure how to do this.

## **Ward Layout**

You will need to locate the fire exits on your first session. Then look for the staff room and the ward kitchen. There will be codes on the doors to these areas – the staff will tell you the code but you must not repeat it to others. Sometimes the door is operated by your ID badge. Find the sluice and the treatment room (you won't need to go into these areas except to find staff, if appropriate). There may be a day room and a doctors' room and there may be other treatment areas depending upon the ward speciality. Note how many rooms there are with multiple beds (called 'bays') there are, how many patient facilities and how many single rooms (these are sometimes called 'side rooms' or 'barrier rooms'). Always check the doors for the barrier nursing signs and use the appropriate personal protective equipment and hand hygiene.



On your first day, you can expect a brief tour of the ward given by the member of staff you are working alongside. Many wards have notice boards with helpful information.

You'll soon find your way around. Many of the wards are laid out in a similar way, so you'll be able to volunteer on any ward and find your way around.

**Remember: HAND HYGIENE IS ESSENTIAL – CLEAN YOUR HANDS APPROPRIATELY AFTER VISITING EACH PATIENT. PLEASE REFER TO YOUR INDUCTION PACK OR VOLUNTARY SERVICES IF YOU HAVE ANY QUESTIONS.**