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Ward and College Organogram and Job Description

Practical 01 / Clinical case or record exercise

Aim

Map reporting relationships and write a practical role description for a clinical or teaching service.

Principle

Clear reporting lines, responsibilities and escalation routes support accountability and coordination.

Articles and Materials

- Fictional ward and college service descriptions
- Blank organogram and job description forms

Procedure

1. Identify the service, reporting boundaries and assigned role. Review the supplied administrative and clinical responsibilities before drawing the structure.
2. List positions and distinguish reporting relationships from collaboration. Verify vacancies or dual responsibilities with the training brief.
3. Draw the organogram from leadership through ward or college units. Mark direct supervision, delegated authority and cross-team contact clearly.
4. Write the assigned job's purpose, reporting relationship, key duties, qualifications and limits. Include the verified escalation route for urgent issues.
5. Compare clinical and academic requirements for similar roles and identify one possible duplication or gap.
6. Apply the organogram to a scenario, such as a staffing or teaching concern. Show whom to notify first and who owns the decision.
7. Ask a peer to use the chart and role description to find the correct contact. Revise unclear routes or responsibilities.
8. Submit a dated version with assumptions and the person or body responsible for future review.

Precautions

- Use fictional staff data.
- Verify designated decision authority and limits.

Observations and Record

Ward and College Organogram and Job Description

Documentation

Item	What to record	Why it matters
Structure	Roles, reports and collaboration	Shows coordination
Role	Purpose, duties, authority and limits	Clarifies accountability
Test	Scenario route and revisions	Confirms usability

Worked Example

A clinical placement concern crosses college and ward roles. The organogram identifies the placement supervisor and unit contact and marks the agreed escalation route.

Result and Evaluation

Produce a readable structure and role description that support a correct escalation in the exercise.

Viva Questions and Answers

What does an organogram show?

Relationships between roles and units.

Why include role limits?

They indicate when responsibility or an action must be referred.

Staffing Calculation Patient Assignment and Duty Roster

Practical 02 / Lab or data practical

Aim

Create a feasible training staffing plan and patient assignment based on workload and competence.

Principle

Safe coverage considers patient acuity, staffing hours, skill mix, rest, continuity and organisational rules.

Articles and Materials

- Fictional census and acuity data, staffing policy and rota
- Assignment worksheet and calculator

Procedure

1. Confirm shift length, staffing rules, staff availability and patient census. Review acuity and identify time-sensitive or specialist tasks.
2. Calculate required nursing hours using the supplied ward basis. Compare required coverage with available productive hours and document allocation assumptions.
3. Review skill mix, supervision, shift overlaps, breaks and restrictions. Identify the minimum safe coverage and any deficit for escalation.
4. Assign the fictional patients and tasks based on acuity, competence and continuity. Include clear backup responsibilities.
5. Build a dated duty roster with leave, shift coverage and required overlaps. Check totals, conflicts and rest rules and identify who can approve changes after publication.
6. Test the plan with an unexpected absence or acuity change. Reprioritise the assignment and escalate any coverage problem.
7. Compare with policy and brief staff using a clear patient-assignment or shift handover.
8. Record the calculations, changes, unresolved staffing concern and who will review.

Precautions

- Use institutional staffing guidance.
- Escalate gaps that affect patient safety.

Observations and Record

Staffing Calculation Patient Assignment and Duty Roster

Documentation

Item	What to record	Why it matters
Demand	Census, acuity and required hours	Estimates workload
Allocation	Staff, skill mix, rest and coverage	Supports safe assignment
Review	Gap, response and authority	Maintains accountability

Worked Example

A high-dependency patient is added to the shift. The learner checks required skill mix and revises coverage with the supervising manager.

Result and Evaluation

Produce a validated staffing and assignment plan and traceable response to a gap.

Viva Questions and Answers

Why consider skill mix with headcount?

Tasks differ in competence and supervision required.

What should an assignment indicate?

Patients, responsible nurse, priority tasks and backup.

Ward Inventory Equipment Records and Materials Control

Practical 03 / Lab or data practical

Aim

Reconcile ward stock and equipment and document a safe response to discrepancies.

Principle

Accurate logs, expiry checks and serviceability records support availability and patient safety.

Articles and Materials

- Fictional stock cards, maintenance and issue registers
- Equipment labels and priority list

Procedure

1. Confirm the unit, reporting period, stock categories and responsible record owner. Identify critical items and applicable storage requirements.
2. Compare opening stock, receipts, issues and returned or damaged items. Calculate expected balance using the given quantities.
3. Count the supplied model stock and separate expired, damaged or quarantined items. Verify batch or serial number and condition.
4. Review policy for stock rotation, reorder levels and escalation. Prepare a justified request for low or unavailable critical supplies.
5. Check equipment readiness, service status and fault labels. Remove unsafe model items from proposed use through the authorised reporting workflow and identify a verified replacement for urgent needs.
6. Reconcile discrepancies with dated source entries and record corrections transparently. Notify the supervisor of unresolved or safety-critical issues.
7. Prepare a maintenance or materials management record with status, owner and next review.
8. Verify the final balance and give a concise stock and equipment handover.

Precautions

- Use fictional data and approved records.
- Route unsafe equipment and expired stock through authorised handling.

Observations and Record

Ward Inventory Equipment Records and Materials Control

Documentation

Item	What to record	Why it matters
Inventory	Opening, receipts, issues and count	Identifies discrepancies
Equipment	Condition, service and faults	Supports safe use
Action	Request, owner and due date	Prevents shortages

Worked Example

The register shows a pulse oximeter in service while it is marked faulty in the teaching ward. The student records the hold and requests replacement.

Result and Evaluation

Produce a reconciled record and traceable actions for supplies and equipment.

Viva Questions and Answers

Why record batch or serial numbers?

They support traceability and maintenance or recall.

What is a reorder level?

The stock threshold that prompts replenishment under policy.

Clinical Teaching Rotation Appraisal and Quality Improvement

Practical 04 / Clinical case or record exercise

Aim

Plan a clinical learning rotation, evaluate performance and document one achievable quality improvement.

Principle

Competency goals, suitable placement, clear feedback and repeat measurement link training, performance and safe care.

Articles and Materials

- Fictional rotation brief, staffing and skill goals
- Appraisal, OSCE and improvement templates

Procedure

1. Review learning goals, training areas, placement capacity and supervisors. Prepare a timetable and clinical rotation with assigned competency opportunities.
2. Choose an in-service or clinical teaching priority from a case observation or incident trend. Define one measurable outcome.
3. Prepare a short teaching session or an OSCE station with realistic model tasks, equipment, checklist and clear scoring.

Continue with step 4 on the next page.

Procedure Continued

Clinical Teaching Rotation Appraisal and Quality Improvement

4. Observe learner or staff performance using specific criteria and dated examples. Record relevant behaviour and effect with confidentiality.
5. Discuss performance respectfully, identify strengths and an improvement and agree on support and review timing.
6. Compare group findings with the planned target and choose one change to test. Specify a repeat measurement and person responsible.
7. Check the rotation and activity against coverage, reasonable workload and evaluation requirements. Verify that learners with incomplete opportunities are offered a documented follow-up placement or skill review.
8. Document the teaching plan, appraisal evidence, improvement and date for reassessment.

Precautions

- Keep appraisal and student information confidential.
- Use consistent scoring and a supportive feedback process.

Observations and Record

Clinical Teaching Rotation Appraisal and Quality Improvement

Documentation

Item	What to record	Why it matters
Rotation	Objectives, area and supervisor	Sets opportunities
Evaluation	Task, observed performance and feedback	Directs development
Change	Action, measure and owner	Tracks improvement

Worked Example

Learners miss a check during a model handover. The supervisor clarifies the checklist, runs practice and measures the same action again.

Result and Evaluation

Deliver a feasible rotation and a documented improvement using observed evidence.

Viva Questions and Answers

Why use specific observed examples in appraisal?

They make feedback understandable and actionable.

What is repeated in a quality improvement check?

The same defined measure after the agreed change.

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