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# **BSc (HONS) NURSING IN THE HOME/ DISTRICT NURSING**

## **PROGRAMME HANDBOOK**

### **SEPTEMBER 2015**

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## **Disclaimer**

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# 1 WELCOME FROM THE PROGRAMME TEAM

Welcome to the BSc (Hons) Nursing in the Home/District Nursing undergraduate programme. This programme has been designed to enable you, as a registered nurse, to build upon previous knowledge and experience and develop those attributes demanded by the Nursing & Midwifery Council (NMC) for the Specialist Practitioner qualification – Nursing in the Home/District Nursing. To achieve this, the programme is driven by contemporary developments in health and social care, and as such will develop district nurses who are able to respond effectively to the current health and social care agenda whilst maintaining responsibility for effective care and programme management, Clinical Practice Leadership and Clinical Practice Development. Successful students will, in addition to the Specialist Practitioner - Nursing in the Home/District Nursing qualification, attain an honours degree and a nurse prescribing qualification. We hope you will find the programme enjoyable, challenging and rewarding. This handbook provides programme-specific information and is designed to supplement information provided in the generic School of Health & Social Care (SOHSC) Handbook and University Handbook. These documents should be used in conjunction with each other. More detailed study information can be found in individual Module Guides which will be given to you when you start each module.

**The University Handbook** includes information on University-wide services and procedures. It includes sections on the Library and equal opportunities. It also includes details of University procedures such as the Grievance Procedure and the Assessment Review process.

## **The School of Health & Social Care Student Essential Guide**

(<http://sohsc.tees.ac.uk/sites/handbook/>) includes information on School-wide facilities, procedures and policies. It includes guidelines on referencing and the submission and presentation of assignments as well as generic marking criteria.

Individual **Module Guides** provide information about the module timetable and module programme. Also included are the contact details of the Module Leaders and teaching teams. In addition, you will find a list of recommended reading and details of the module assessment.

You will find that the answers to most of your questions concerning the programme can be found in this handbook and you should refer to this throughout the programme. The programme team will also be able answer any individual questions you may have.

The information can also be accessed on the University website [www.tees.ac.uk](http://www.tees.ac.uk) and/or the School of Health & Social Care Intranet: <https://sohsc.tees.ac.uk>

This programme can be undertaken full-time over one year or part-time over two years.

## 2 PROGRAMME TEAM CONTACT DETAILS

Rachel Doubleday is the Programme Leader for the BSc (Hons) Nursing in the Home/District Nursing. She is based in room H1.40 of the Centuria Building at Teesside University and can be contacted by telephone on 01642 384194 or by email at [R.Doubleday@tees.ac.uk](mailto:R.Doubleday@tees.ac.uk).

The following people support the programme:

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Office: H1.21 Centuria Building, Teesside University

## 3 WHAT DOES THIS PROGRAMME OFFER ME?

The current transformation of the district nursing workforce requires practitioners who can respond to the unprecedented changes in health and social care practice, which is increasingly in transition towards more community and primary care-focused services. Contemporary key policy directs this notion and demands that effective and efficient community services are the foundation of health care in the National Health Service (NHS) (DH, 2009). The professional role and function of the district nurse is expressed through the ability to make independent, informed and professional judgements while accepting responsibility for actions and accountability for decisions. Therefore, responding to such an agenda requires district nurses who can meet these challenges and who are able to move beyond competence to capability.

As a future district nurse you will assume responsibility for effective care and programme management, clinical practice leadership and clinical practice development. Incumbent within this will be the development of your clinical expertise, dynamic and evolving knowledge base, effective leadership skills, a proactive response to nursing needs within the community and a commitment to the notion of lifelong learning for yourself and those with whom you come into contact.

The BSc (Hons) Nursing in the Home/District Nursing programme is designed around modules that aim to facilitate this process. The modules will ensure that you develop critical appraisal skills and a sound knowledge of health and social care policy, alongside a critical understanding of contemporary professional and regulatory issues. Specific modules will address both the theory and practice of district nursing, as well as providing you with the opportunity to develop the key skills

required for critical clinical leadership, prescribing and long-term conditions management.

Successful completion of this programme will award you with a BSc (Hons) Nursing in the Home/District Nursing. You will also fulfil the NMC professional requirements for the recordable qualification of Specialist Practitioner - District Nursing and Community Practitioner Nurse Prescriber. Exiting your programme with this award will significantly support your ability to work as a Specialist Practitioner in district nursing and it is usually a requirement for any Band 6 or 7 district nursing post.

## **4 WHAT WILL I LEARN?**

### **Programme Aims**

The overall aims of this programme will:

- Provide a professional district nursing programme that is proactive and promotes personal development and responsiveness to service delivery within the contemporary challenges of practice.
- Achieve an enhanced professional knowledge in relation to district nursing practice that is underpinned by contemporary evidence.
- Develop district nurses who have the ability to demonstrate the application of knowledge and skills to a range of complex and changing settings.
- Promote a critical enquiry of district nursing practice in order to lead and deliver safe and effective care.
- Develop district nurses who are able to work collaboratively in partnership with others, developing shared values and recognising the unique contributions of others.
- Develop a critical thinking graduate who will demonstrate continued professional development through lifelong learning.

### **Programme Outcomes**

On completion of your programme, you will be able to:

#### **Knowledge and Understanding**

- Plan and undertake a negotiated, self-managed major project in relation to improving district nursing practice.
- Demonstrate a comprehensive and detailed knowledge of the leadership theory which supports leadership development.
- Analyse and evaluate service provision which support clients in all community settings.
- Synthesise and evaluate the health, safety and security of self and others in changing, complex and challenging environments.

#### **Cognitive and Intellectual Skills**

- Synthesise and evaluate key policies and relevant evidence and use this to inform and innovate district nursing practice and service improvement.
- Develop, evaluate and contribute to the improvement of district nursing practice on the basis of research evidence.

- Synthesise and evaluate the patho-physiological, psycho-social, cultural and environmental factors that influence health needs and apply this knowledge to promote health and wellbeing in individuals, families and the wider community.
- Synthesise and evaluate the moral and ethical decisions made in district nursing practice in order to foster or challenge equality, diversity and rights of colleagues, service users and their families or carers.

### **Practical/Professional Skills**

- Work in partnership with service users, their families and carers in assessing their holistic needs, and identify and initiate appropriate steps for effective care.
- Assess, diagnose and treat specific conditions in accordance with agreed pathways of care.
- Assess, plan, provide and evaluate specialist clinical nursing care to meet the care needs of individuals in their own homes and other community settings.
- Contribute to strategies designed to promote and improve health and prevent disease in individuals and groups.
- Work in partnership with service users, families and carers to plan, implement and manage programmes of care for those with long-term health conditions.
- Reflect, respond and contribute to the contemporary public health agenda of integrated working, user involvement, improving access to primary care services and tackling social exclusion.
- Act in an autonomous manner in order to play a key role in care management.
- Demonstrate the knowledge and skills required to prescribe from a nursing formulary, in accordance with current legislation.
- Respond to, and evaluate the local, regional and national key policies which impact upon effective care and programme management.
- Evidence a proactive response to the challenges and diversities of integrated working and foster effective professional relationships that promote partnership and quality care.
- Analyse and evaluate the potential for both clinical and personal risk using appropriate strategies to investigate, minimise and manage such risks.
- Lead and clinically direct the community nursing team to ensure the implementation of evidence-based quality care through the effective and efficient management of human and technological resources.
- Initiate analytical and innovative strategies to ensure service improvement measures are not only fostered, but also evaluated and disseminated.
- Utilise personal skills to work collaboratively with others in order to ensure continuous quality service improvement.
- Demonstrate sound professional judgement working within approved codes of practice at all times.

### **Key Transferable**

- Reflect on, and critically review own performance, identify learning needs and negotiate own personal development.
- Communicate clearly, fluently and effectively in order to enhance integrated multi-professional working.
- Demonstrate and apply appropriate numeracy skills.

The Standards for Specialist Community Nursing Practice (NMC, 2001) can be found in Appendix 1 with a table demonstrating in which module the outcomes will be addressed.

## **5 WHAT WILL I BE STUDYING?**

### **Module Outlines**

All of the modules in the programme are compulsory and you must pass all of them.

Each Module Leader will provide you with the necessary information for their specific modules. These are usually distributed during the first session of a module. If you have any queries regarding any of the information provided, please do not hesitate to ask the appropriate module tutor or the programme team.

### **RMH3007-N Evidence Appraisal**

#### **20 Credits at Level 6**

**Module Leader: Peter Raby**

**Tel: 01642 384100 Ext 5100, Email: [P.Raby@tees.ac.uk](mailto:P.Raby@tees.ac.uk) Office: H2.21 Centuria**

This module develops your understanding of the concept of evidence-based practice as a framework in which to explore different research methodologies. It will help develop key skills in critical thinking, academic writing and information retrieval and begins the preparation for the final year community project.

### **CCH3073-N Policy in the Context of District Nursing Practice**

#### **20 Credits at Level 6**

**Module Leader: Rachel Doubleday**

**Tel: 01642 384194, Email: [R.Doubleday@tees.ac.uk](mailto:R.Doubleday@tees.ac.uk) Office: H1.40 Centuria,**

This module aims to facilitate your development as a practitioner who is confident and effective and can reflect, respond and contribute in an analytical and innovative way to contemporary policy which drives health and social care. You will explore the theoretical perspectives of district nursing practice within health, social, political and economic contexts, and consider the factors that shape and influence the health and wellbeing of individuals and communities.

### **CCH3052-N The Principles & Practice of Managing Long-term Health Conditions**

#### **20 Credits at Level 6**

**Module Leader: Jules Downs**

**Tel: 01642 385133, Email: [Jules.Downs@tees.ac.uk](mailto:Jules.Downs@tees.ac.uk) Office: H1.40 Centuria**

Undertaking this module will support the notion of the need to equip you with the necessary analytical and innovative skills, knowledge and competence to meet the demands on community service delivery in the area of long-term conditions. You will explore the Long Term Health Conditions Agenda and develop your clinical skills. You will be asked complete a form to consent to practical and classroom experiential learning. You find this form in Appendix 2 of this handbook.

### **SIH3001-N Exploring Leadership in the Context of Specialist Practice 10 Credits at Level 6**

**Module Leader: Carole Schubert,**

**Tel: 01642 384991, Email: [C.Schubert@tees.ac.uk](mailto:C.Schubert@tees.ac.uk) Office: H1.21 Centuria**

This module will encourage you to explore contemporary views of leadership relating to practice through the use of key lectures followed by a discussion group. You will debate the underpinning the behaviours, values and principles of leadership theory as applied in your clinical context. This module supports your development towards your required leadership role within primary care. You will be encouraged to share your experiences of clinical leadership, attitudes and behaviours in order to build your own leadership philosophy. You will use your practice placement to explore leadership requirements in the context of your new professional role.

### **CCH3048-N Community Practitioner Prescribing 10 Credits at Level 6**

**Module Leader: Michelle Sobande**

**Tel: 01642 384909 Email: [M.Sobande@tees.ac.uk](mailto:M.Sobande@tees.ac.uk) Office: H1.20 Centuria**

The module considers the issues important for safe and effective prescribing and encourages a reflective approach to practice. You will engage in learning which will explore the principles of prescribing and alongside the taught component you will undertake self-assessment to determine your abilities to develop safe and effective prescribing practice. You will work closely with your Practice Teacher in order to develop prescribing experiences and will complete a Portfolio of Evidence which your Practice Teacher will verify. In order to reflect on your prescribing experiences you will need to maintain confidentiality and obtain informed consent for your discussions. You will receive information on how to obtain informed consent during your induction period but should familiarise yourself with the information which can be found in Appendices 3, 4 and 5 within this handbook.

### **CCH3074-N Specialist District Nursing Practice Project 40 Credits at Level 6**

**Module Leader: Rachel Doubleday**

**Tel: 01642 384194, Email: [R.Doubleday@tees.ac.uk](mailto:R.Doubleday@tees.ac.uk) Office: H1.40 Centuria**

This module is designed to enable you to demonstrate your ability to contribute to practice and service development by planning and undertaking a negotiated self-managed practice project. The project will be subject to appropriate ethical release. In addition, you will also complete a Practice Progress File which will enable you to consolidate and synthesise learning from all modules and to demonstrate the achievement of your practice outcomes. You can find the practice outcomes in your Progress File. You will be allocated a member of the programme team who will act as your Academic Supervisor for this module.

Timetables for each module will be made available before you start the module. These can usually be found on [e-learning@tees](mailto:e-learning@tees.ac.uk) site for each module. You should normally expect to have access to these at least a week before the start of the module.

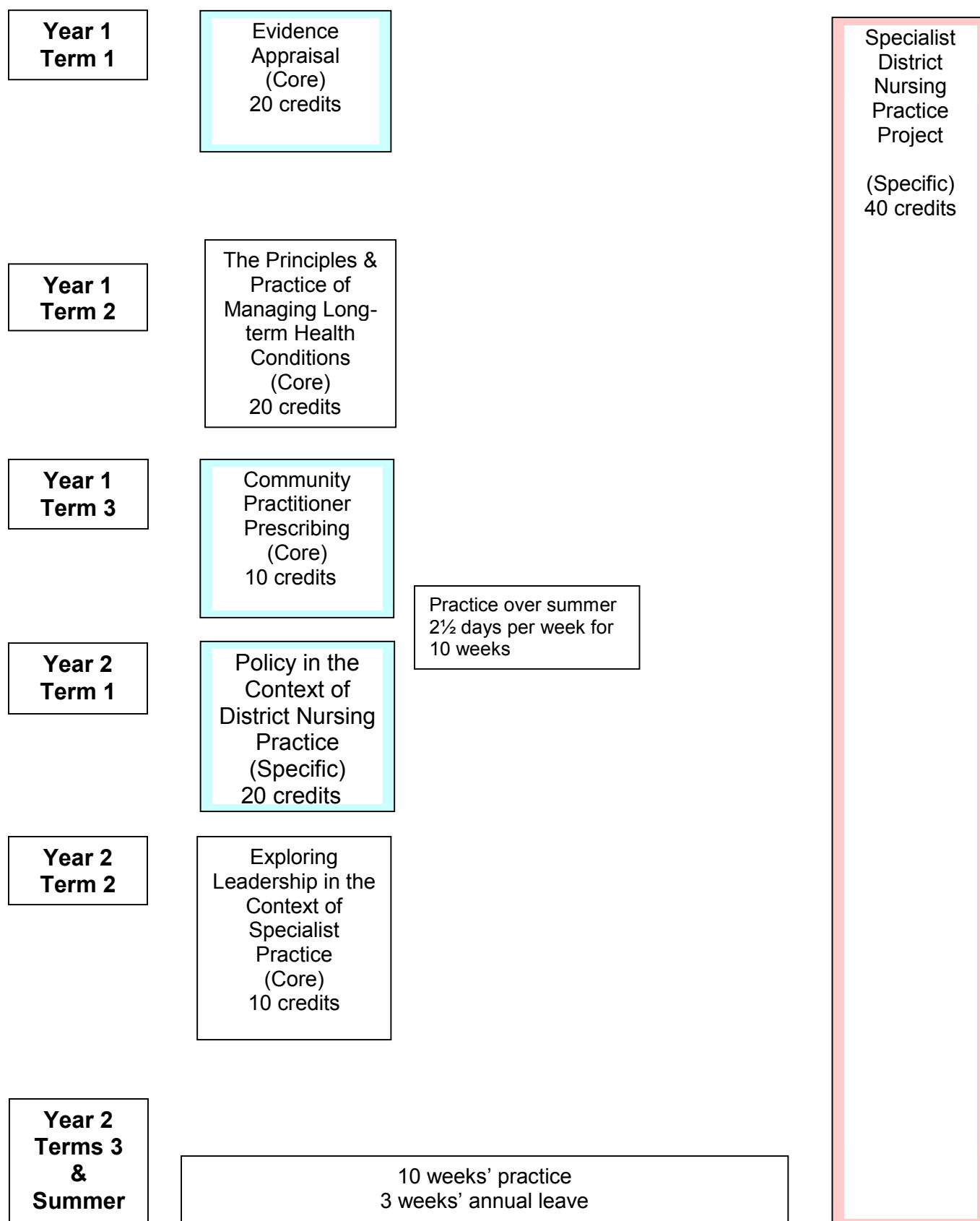
The tables below set out where in the year each module is undertaken. Both full-time and part-time structures are set out for you to see.



## BSc (Hons) Nursing in the Home/District Nursing Full-time

<b>Term 1</b>	<p>Evidence Appraisal</p> <p>(Core) 20 credits</p>	<p>Policy in the Context of District Nursing Practice</p> <p>(Specific) 20 credits</p>	<p>Specialist District Nursing Practice Project</p> <p>(Specific) 40 credits</p>
<b>Term 2</b>	<p>The Principles &amp; Practice of Managing Long-term Health Conditions</p> <p>(Core) 20 credits</p>	<p>Exploring Leadership in the Context of Specialist Practice</p> <p>(Core) 10 credits</p>	
<b>Term 3</b>	<p>Community Practitioner Prescribing</p> <p>(Core) 10 credits</p>		
<b>Summer Term</b>	<p>10 weeks' practice 3 weeks' annual leave</p>		

## BSc (Hons) Nursing in the Home/District Nursing Part-time



### **Year Plan – Full-time**

This is a 52-week programme that is structured to meet the standard of a 50% theory and 50% practice programme. These 52 weeks will also include a 10-week period of consolidated supervised practice experience. Therefore, all students commencing the BSc (Hons) Nursing in the Home/District Nursing programme must have an agreement with a health Trust to provide a clinical placement and a Practice Teacher for the duration of the course. The taught component of your programme will be delivered at Teesside University during term times with modules taking place during the morning, afternoon or evening. You will spend the equivalent of two full days per week in the University. You will be asked to sign a register for each module you attend. You will also spend the equivalent of two full days per week in clinical practice. These days can be negotiated with your Practice Teacher. You will record your hours on a monthly basis in practice and complete a timesheet which will be signed and verified by your Practice Teacher. One day per week will be allocated for self-directed study. The final 10 weeks of the programme will be undertaken in full-time (five days per week) practice with a final tripartite in Week 51 of the programme. Your final week will be spent in the University as you consolidate your learning and you will share your project progress with your peers and your Practice Teachers by undertaking a formative presentation. You will find a breakdown of your programme in Appendix 6.

It is important that you meet the NMC requirements of the programme in terms of the practice and theory hours. If you require any time off the programme due to sickness, or for any other reason, you are required to inform your employer or sponsoring organisation and the programme team. If you have missed any significant time this has to be made up before your period of consolidation. If this is a problem it is important that you discuss this at the earliest opportunity with the programme team and your Practice Teacher.

### **Year Plan – Part-Time**

This is a two-year programme (52 weeks per year) that is structured to meet the standard of a 50% theory and 50% practice programme. These two years will also include a 10-week period of consolidated supervised practice experience. Therefore, all students commencing the BSc (Hons) Nursing in the Home/District Nursing programme must have an agreement with a health Trust to provide a clinical placement and a Practice Teacher for the duration of the course. The taught component of your course will be delivered at Teesside University during term times with modules taking place during the morning, afternoon or evening. You will spend the equivalent of one full day per week in the University. You will be asked to sign a register for each module you attend. You will also spend the equivalent of one full day per week in Clinical Practice. These days can be negotiated with your Practice Teacher. You will record your hours on a monthly basis in practice and complete a timesheet which will be signed and verified by your Practice Teacher. Half a day per week will be allocated for self-directed study. The final 10 weeks of the programme will be undertaken in full-time (two and a half days per week) practice with a final tripartite in Week 103 of the programme. Your final week will be spent in the University as you consolidate your learning and you will share your project progress with your peers and your Practice Teachers by undertaking a formative presentation. You will find a breakdown of your two-year programme in Appendix 6.

It is important that you meet the NMC requirements of the programme in terms of the practice and theory hours. If you require any time off the programme due to sickness, or for any other reason, you are required to inform your employer or sponsoring organisation and the programme team. If this is a problem it is important that you discuss this at the earliest opportunity with the programme team and your Practice Teacher.

## **6 HOW WILL I LEARN?**

The learning and teaching strategy for your programme is built around the University and School Learning, Teaching and Student Experience Strategy (LTSES) and the NMC professional requirements. As a learner on the programme you will be provided with clear Learning Outcomes which foster a systematic and integrated approach to study, as well as the development of you as an independent learner through the development of key transferable skills, for example academic writing, literacy, numeracy and IT.

An important philosophy of the programme is the importance of work-based learning and the need to enable you to reflect on your new knowledge and skills in relation to both your competence and capability in your work setting. The programme places emphasis upon supported learning between academic and practice staff whilst recognising your prior learning and experience which you bring to the programme. You will find throughout the programme that you will encounter varied and creative approaches to learning including the use of electronic learning. It is important to realise that a varied approach will enhance the opportunities for you to engage with the programme content and further develop your skills as an independent learner. In addition to this you will develop the skills which can be further enhanced, if you wish, beyond graduate learning.

The Virtual Learning Environment (VLE), e-learning@tees, is utilised in all modules. It offers you access to communication, learning materials and information, as well as reading lists and links to other electronic facilities such as the Intranet, Library facilities and tutorial booking. Announcements are regularly added to update and communicate with you. Discussion boards and reflective diaries are used and you will be encouraged to contribute by sharing experiences and ideas. It is important to access e-learning@tees regularly.

Supporting your development towards gradueness and to expand the comprehensive knowledge and practical skills required to work as a district nurse are central to the programme. The programme team are able to draw on their teaching qualifications as well as clinical expertise in relevant topics. For some areas, experts from clinical practice will be invited to participate in your learning in order to ensure we maintain as contemporary an approach as possible to the programme.

We recognise it is essential that you receive timely and appropriate feedback on your progress and achievement in the progress. Feedback is provided to you at many points in the programme.

However, we recognise that feedback is only one part of a learning relationship and we need to know your feedback regarding the programme. Section 9 explores this aspect further.

### **Attendance**

As you are seconded during this period by your employer, you are required to attend all sessions and account for your whereabouts. Any absence must be agreed and time made up in negotiation with the programme team, your Practice Teacher and where necessary, with your line manager. The School Handbook contains information about the process for reporting sickness and absence. It is essential that you follow this process and your attendance will be monitored throughout the programme. It is your responsibility to familiarise yourself with this process. If your sickness/absence occurs whilst you are on placement then it is essential that you also inform your Practice Teacher. There is a minimum period of time required in clinical practice in order to achieve the standards set by the NMC (80 days over the duration of the programme) (NMC 2001). Inability to complete this minimum threshold will prohibit your ability to complete the programme.

### **Learning Practical Skills in an Educational Setting**

During the programme, there will be times when you are asked to participate in practical activities in skills labs and classrooms. Your consent will be requested before this using the approved School process and you are reminded to follow the health and safety advice provided by the relevant tutor at all times. Learning through doing is a very effective tool and so we always encourage as much participation as is possible as this is for your own benefit and you will find learning more fun.

## **7 HOW WILL I BE ASSESSED?**

Detailed information on how you will be assessed on each module will be provided by the relevant module team. However, it is important that you have an overview of the assessment schedule throughout the programme in order to help you manage your studies. These have been designed to spread the assessment load and utilise a variety of assessment strategies.

### **Assessment Schedule**

The table below summarises the assessment requirements for this particular programme – please note you must pass all components of each module.

## Full-time Weeks = 52-week programme

Module Name	Formative Assessment Type and Week of Completion	Summative Assessment Type and Week of Submission
Policy in the Context of District Nursing Practice (Specific)	Week 7 1,000-word written assignment which evaluates the need for evidence to underpin district nursing practice.	Week 17 4,000-word analysis and evaluation of an area of contemporary district nursing practice.
Evidence Appraisal (Core)	Structured module discussion board debates on key issues that rose throughout the module.	Week 19 Seen Examination
Exploring Leadership in the Context of Specialist Practice (Core)	Feedback is given through discussion group work.	Week 31 2,000-word reflective essay related to clinical leadership.
Community Practitioner Prescribing (Core)	Peer debate in the classroom, relevant and relating to prescribing practice.	Week 35 Portfolio which includes Essential Evidence: <ul style="list-style-type: none"> <li>• A Learning Contract which identifies individual learning needs and strategies to meet these.</li> <li>• A Learning Log that identifies prescribing experiences.</li> <li>• Verification of outcomes by Practice Teacher.</li> <li>• 1,500-word reflective analysis on episode/s from Learning Log.</li> <li>• Examination</li> <li>• 20 short answer and multi-choice questions.</li> </ul>
The Principles & Practice of Managing Long-term Health Conditions (Core)	Appraisal of the content of the module within discussion in the classroom setting and skills practice engagement in class.	Week 26 OSCE

Specialist District Nursing Practice Project (Specific)	Peer assessed project presentations <ul style="list-style-type: none"> <li>• Week 13</li> <li>• Week 27</li> </ul> Final evaluation week project presentation <ul style="list-style-type: none"> <li>• Week 52</li> </ul>	Week 39 <ul style="list-style-type: none"> <li>• 8,000-word Project Week 51</li> <li>• Progress File – Achievement of Practice Outcomes</li> <li>• Essential Evidence</li> </ul>
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#### Part-time Weeks = 104

Module Name	Formative Assessment Type and Week of Completion	Summative Assessment Type and Week of Submission
Policy in the Context of District Nursing Practice (Specific)	Week 60 1,000-word written assignment which evaluates the need for evidence to underpin district nursing practice.	Week 70 4,000-word analysis and evaluation of an area of contemporary district nursing practice.
Evidence Appraisal (Core)	Structured module discussion board debates on key issues that rose throughout the module.	Week 19 Seen Examination
Exploring Leadership in the Context of Specialist Practice (Core)	Feedback is given through discussion group work.	Week 84 2,000-word reflective essay related to clinical leadership.
Community Practitioner Prescribing (Core)	Peer debate in the classroom relevant and relating to prescribing practice.	Week 35 Portfolio which includes Essential Evidence: <ul style="list-style-type: none"> <li>• A Learning Contract which identifies individual learning needs and strategies to meet these.</li> <li>• A Learning Log that identifies prescribing experiences.</li> <li>• Verification of outcomes by Practice Teacher.</li> <li>• 1,500-word reflective analysis on episode/s from Learning Log Examination</li> </ul>

		<ul style="list-style-type: none"> <li>20 short answer and multi-choice questions.</li> </ul>
The Principles & Practice of Managing Long-term Health Conditions (Core)	Appraisal of the content of the module within discussion in the classroom setting and skills practice engagement in class.	Week 26 OSCE
Specialist District Nursing Practice Project – 2 years (Specific)	Peer assessed project presentations <ul style="list-style-type: none"> <li>Week 27</li> <li>Week 80</li> </ul> Final evaluation week project presentation <ul style="list-style-type: none"> <li>Week 105</li> </ul>	Week 92 <ul style="list-style-type: none"> <li>8,000-word Project Week 104</li> <li>Progress File – Achievement of Practice Outcomes</li> <li>Essential Evidence</li> </ul>

### Assessment Regulations

This programme is assessed in accordance with the Standard University Regulations for undergraduate degree programmes - you must pass all modules. Detailed information on Assessment Regulations at the University can be found on the Student Intranet and in the School Handbook.

### Assessment Deadlines

It is your responsibility to attend examinations and to submit work for assessment as required. Should you require any additional support in relation to assessment submission details they can be found in the Student Essential Guide (<https://sohsc.tees.ac.uk/sites/handbook/>). It is also important to discuss any difficulties you may experience with the Module Leader or a member of the programme team.

### Assessment Feedback

You will receive unrated feedback normally within 20 working days of submission. Rated results will be agreed at the Programme Assessment Board. You should access your feedback through the University e-vision system.

### External Quality Assurance Processes

Students often ask questions about how we know that their degree is broadly of the same standard as degrees awarded for similar courses by other universities. In the UK we have a system called external examining which is one of several ways that we confirm that standards are met. An External Examiner is generally an experienced lecturer from another university who offers an independent view as to whether the work of students on the course is of the correct standard. The External Examiner does this by looking at a sample of work (e.g. assignments, exam answers, dissertations), discussing the work with your lecturers and attending the assessment boards to endorse results. They then produce an annual report which tells us about any concerns they have and any good practice they have identified. The External Examiners' reports are made available to student representatives and



School representatives. You can also request the relevant External Examiner report for your course by emailing: [QMEResponse@tees.ac.uk](mailto:QMEResponse@tees.ac.uk)

The main External Examiner for your course is Ann Cubbin and she works at Birmingham City University. Sometimes your modules may have a different External Examiner and your Module Leader can provide details on request. Please note that students are not permitted to contact External Examiners directly and External Examiners will not respond to any communication from individual students. If you have any concerns about your course, then please speak to your Programme Leader.

## **Assessment in Practice**

### **The Tripartite Approach**

You are undertaking a programme which awards you a recordable qualification with the NMC. The requirement of the programme is that there is an equal theory and practice learning experience; therefore you will be assessed in practice. Your practice learning will be supported within a tripartite approach which will include you, your Practice Teacher and your academic teacher. The tripartite relationship will help bring together both the theoretical and competence-based aspects of the modules. This will help you to develop essential skills, competence and capabilities through a process of collaboration and negotiation. The dynamic relationship between these three roles in the learning process set within the workplace enables you to reflect upon practice situations, problems and issues developing a combination of action, reflection and evaluation. Through the learning and teaching strategies employed within the Specialist District Nursing Practice Project module you will be encouraged to reflect upon your progress and development in order to promote lifelong learning skills.

The Tripartite groups, as partners in the learning process, will meet a minimum of once in the practice area during each term in order to assess your learning needs and help formulate your programme of workplace learning. The first meeting will focus upon two main areas – the practicalities of learning and teaching and the underpinning philosophy. Further visits will discuss your overall progress and the development of capability. This will include a review of the validity of the evidence provided by you. As a learner you will be expected to utilise your reflective skills to evaluate your progress and link your practice and capability development to the evidence base.

### **Progress File**

Progress Files provide an opportunity for you to address key competencies seen as important in further promoting your employability as a graduate. The main philosophy of Progress Files is that they enable you to document and therefore record key achievements in relation to key academic and professional skills throughout your studies in higher education. For example, you will be involved in undertaking an individual self-assessment during the early stages of your programme. As a learner on this programme it will be your responsibility to keep your Progress File up to date. Academic support from an identified member of the programme team has been built into your programme to address the ongoing development of your Progress File at key stages in your programme. As you

progress through the programme you will be responsible for making appointments with your Academic Supervisor to discuss your Progress File.

During the year (two years part-time) of the programme you will be expected to make arrangements to discuss your goals with your Academic Supervisor. The module Specialist District Nursing Practice Project requires you to compile a range of evidence for successful achievement of the module. This evidence will also support the developing progress file e.g. CVs, employment documentation. You will also be encouraged to make explicit the learning achieved from the core elements of the programme and how this has informed the specific programme learning in relation to your practice. Within the first term of the programme you undertake the module Evidence Appraisal which builds upon key skills and forms the basis of learning within the Specialist District Nursing Practice Project. Records of meetings between you, your Practice Teacher and your Academic Supervisor are vital to inform and discuss the development of your Progress File. Copies of these records will be retained by you and the Academic Supervisor who will place them in your personal file in the University.

It will be important for you to keep a record of the successes and challenges that you have faced throughout the programme, particularly how you have achieved the overall programme outcomes. Much of the Progress File will be concerned not only with your personal growth, but also the development of professional competence and capabilities which are highly valued by employers. The module Specialist District Nursing Practice Project will provide the vehicle for the integration of much of what your Progress File supports and represents an important piece of work during the final stages of your studies. This will occur during an initial self-assessment analysis in discussion with your Academic Supervisor as a preliminary to further individual meetings.

Tripartite meetings will be held during each term of the programme. The first two tripartite meetings will consider your progression towards achievement of the practice outcomes. The final tripartite meeting will take place in Week 51 (Week 103 – part-time students) of your programme and will be a summative meeting in which you will demonstrate that you have achieved the practice outcomes. At this point you will be expected to demonstrate through reflection how you have achieved the outcomes. You will also provide evidence that you have successfully completed a prescribing competency framework, this will be verified by your Practice Teacher and provide all essential evidence detailed in the Progress File.

Part-time students will undertake bi-tripartite meetings in each year throughout the programme.

## **8 HOW WILL I BE SUPPORTED TO SUCCEED?**

This programme has been commended for the high level of support provided to students and this supports the notion that successful learning is viewed as a partnership between the University and its staff, practice colleagues and you the student. A wide range of student services is available to support you in your learning. Detailed information on these can be found the School Handbook.

In addition, the following will be available to help and guide you:

### **Programme Team**

As Programme Leader, Rachel Doubleday has overall responsibility for the programme. The programme team work closely in providing guidance and support where necessary. You will be allocated a Personal Tutor from the programme team who will act as your Academic Supervisor. This individual will be your first point of contact for any queries or concerns and provide academic and pastoral support or referral to central support services, or other relevant staff where appropriate. They will also keep track of your progress through the programme and if the Module Leader cannot resolve a particular issue then they will be the point of contact. Rachel is also available if you require further support.

### **Module Leaders**

Each module in the programme has its own Module Leader and they will provide academic guidance regarding issues specific to an individual module such as the completion of assignments.

### **Practice Teacher**

Normally your sponsoring/employing PCT will allocate you with a Practice Teacher. They will support you in practice and are actively involved in the assessment process through ensuring practice outcomes are met. Both you and your Practice Teacher must ensure that experiences are provided within a variety of areas of practice to facilitate your development through the programme. This development of practice learning experiences will be facilitated by your Practice Mentor who will guide you to develop Learning Contracts and Action Plans for practice.

### **Support with Study Skills**

The Learning Hub is a facility based within the Library which also has an interactive website. This service offers students the opportunity to access individual support with academic skills, as well as an online package that can offer immediate support to those for whom travel to the University is more challenging and time is at a premium. The Library offers the opportunity to access individualised help and advice around searching literature as well as online access to a vast range of databases for journals, as well as an Ebrary.

### **Personal Development Planning**

As qualified nurses we all have a duty to commit to ongoing professional development through the PREP requirements (NMC 2011). This programme offers you a fantastic opportunity to develop professionally but at the same time the programme team and your Practice Teachers all recognise that on completing the programme, you will be starting another period in your professional career where you need support to develop. You will receive guidance on developing your self-assessment skills as well as feedback on Learning Contracts and Personal Development Plans throughout the programme. We encourage you to make this personal to you and to explore your interests and to challenge yourself. At the end of the programme time is spent in the consolidation week exploring ways of continuing your own development through your career and ways of nurturing your professional confidence and skills in the new roles ahead. The peer group on this programme can become a lifelong resource in your professional career.

## 9 HOW DO I FEED BACK MY VIEWS ABOUT THE PROGRAMME?

You will be asked to evaluate at various points throughout the programme, including at the end of each module as well as at the end of the programme. We will ask you to evaluate your induction week and module evaluation will usually be held during the last week of the module. Representation from students at the yearly Programme Board, as well as your contribution to the development of the new programme which is underway will be essential to ensuring that we deliver a programme which reflects your needs, is a manageable and enjoyable experience as well as meeting regulatory requirements.

You may be asked to evaluate external speakers and the programme team will evaluate at the end of each term. Also please refer to the SOHSC Student Essential Guide regarding student representation in this process.

Your feedback is valuable to the programme team and will be used to help further develop the quality of the programme as well as enhance student learning experience within the programme. Previous student evaluation has contributed to the development of this programme and in particular the distribution of assessment load within modules. For example the date of the Evidence Appraisal module exam has been moved to avoid conflict with another module. We will be asking for your views at points throughout the coming year.

The programme team look forward to engaging in a learning partnership with you. We sincerely hope that you will find studying on this programme enjoyable, challenging and rewarding. If you have any further queries please do not hesitate to contact any of us.

## 10 REFERENCES

Department of Health (2004) The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process.

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_4090843](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4090843)

Department of Health (2009) **Transforming Community Services: Ambition, Action, Achievement – Transforming services for People with Long Term Conditions.**

<https://www.gov.uk/government/publications/transforming-community-services-transformational-guides>

Nursing and Midwifery Council (2001) **Standards for Specialist Education and Practice.** London: Nursing and Midwifery Council or online at:

<http://www.nmc-uk.org/Documents/Standards/nmcStandardsForSpecialistEducationandPractice.pdf>

Nursing and Midwifery Council (2011) **The PREP Handbook**

[http://www.nmc-uk.org/Documents/Standards/NMC\\_Prep-handbook\\_2011.pdf](http://www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf)

# APPENDICES

## APPENDIX 1

### MAPPING OF STANDARDS FOR SPECIALIST COMMUNITY NURSING (NURSING IN THE HOME/DISTRICT NURSING) WITH MODULES

The following matrix maps the standards for specialist community nursing education and practice with the modules.

<b>CLINICAL NURSING PRACTICE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
1. Assess the health and health-related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities.			A		A	A
2. Assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols.			A		A	A
3. Assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes.		A	A		A	A
4. Plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people's homes and also small institutions, health centres, surgeries, schools and places of work.		A	A	A	A	A
5. Support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient.			A	A	A	
6. Assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs, recognising that the distinction is often a fine, but critical, one.		A	A	A	A	A
7. Provide counselling and psychological support for individuals and their carers.		A	A	A	A	A
8. Facilitate learning in relation to identified health needs for patients, clients and their carers.		A	A	A	A	A
9. Prescribe from a nursing formulary, in accordance with current legislation.					A	A
10. Act independently within a multidisciplinary/multi-agency context.		A	A	A	A	A

11. Support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.		A	A	A	A	A
<b>CARE &amp; PROGRAMME MANAGEMENT</b>						
12. Contribute to strategies designed to promote and improve health and prevent disease in individuals and groups.		A	A	A	A	A
13. Manage programmes of care for patients with chronic disease.			A		A	A
14. Play a key role in care management as appropriate.		A	A	A	A	
15. Advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up-to-date and advice given to people on how to access and use them.		A	A	A	A	
16. Recognise ethical and legal issues which have implications for nursing practice and take appropriate action.		A	A	A	A	A
17. Identify the social, political and economic factors which influence patient/client care and impact on health.		A	A		A	
18. Stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help.		A	A	A	A	A
19. Identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities.		A	A	A	A	
20. Search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being proactive, it must not be dependent on waiting for people to request care.		A	A	A	A	A
21. Initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities.		A	A	A	A	

22. Empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so.		A	A	A	A	
23. Provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.	A				A	
<b>CLINICAL PRACTICE LEADERSHIP</b>						
24. Act as a source of expert advice in clinical nursing practice to the primary health care team and others.		A		A	A	
25. Lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources.		A	A	A	A	
26. Identify individual potential in registered nurses and specialist practitioners, through effective appraisal system. As a clinical expert, advise on educational opportunities that will facilitate development and support their specialist knowledge and skills to ensure they develop their clinical practice.		A	A	A	A	A
27. Ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.		A		A	A	
<b>CLINICAL PRACTICE DEVELOPMENT</b>						
28. Initiate and lead practice developments to enhance the nursing contribution and quality of care.		A		A	A	
29. Identify, apply and disseminate research findings relating to specialist nursing practice.	A	A	A	A	A	A
30. Undertake audit review and appropriate quality assurance activities.		A		A	A	
31. Create an environment in which clinical practice development is fostered, evaluated and disseminated.		A	A	A	A	
32. Explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.		A		A	A	



<b>KEY</b>	<b>MODULES</b>
1	Evidence Appraisal
2	Policy in the Context of District Nursing Practice
3	The Principles & Practice of Managing Long-term Health Conditions
4	Exploring Leadership in the Context of Specialist Practice
5	Specialist District Nursing Practice Project
6	Community Practitioner Prescribing

### STUDENT CONSENT FOR PRACTICAL AND CLASSROOM EXPERIENTIAL ACTIVITIES

As part of your nursing programme you will be expected to take part in some practical-based sessions and some classroom experiential activities which will develop your professional knowledge and understanding. As these sessions are an important component of your learning you will normally be expected to fully participate in these sessions.

Please read this form carefully and complete the required information then sign and date it.

*This information will be treated as confidential will be in accordance with the University Data Protection Act Policy.*

<b>Cohort/Year of Entry</b>	
<b>Name</b>	
<b>Student Number</b>	
<b>Date of Birth</b>	

**I confirm that:**

- a. I am willing to participate in activities as a volunteer subject.
- b. I will behave in a professional manner in accordance with 'The Spirit of the Code of Professional Conduct' throughout any activity.
- c. I will act in accordance to the instructions given to me by the Academic Supervisor.
- d. I will inform academic staff of concerns that I have about a particular session.
- e. I will terminate any tests or activities if the academic supervisor feels it is advisable to do so.

**I understand that**

- f. Academic staff will explain the nature and purpose of the session and will inform me of any potential risk to my health as a result of my participation.
- g. I am free to withdraw from an activity at any time after discussion with academic staff.

- h. It will be my responsibility to report any adverse reactions and to act upon advice given.
- i. Academic staff could advise me to see my general practitioner or occupational health as a result of any concerns which an activity could identify.
- j. I have a responsibility to seek medical advice if advised to do so.
- k. In order to ensure my wellbeing it is in my interest to discuss in confidence with my Personal Tutor or Programme/Pathway Leader any health issues or prior experiences which may impact upon my ability to participate in a session.
- l. It is my responsibility to inform academic staff of any personal physical or psychological issues which may mean that it is unsafe for me to participate in a session.
- m. Academic staff may relate any issues of concern in confidence to the Pathway Leader.

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## STUDENT DECLARATION FORM

### Confidentiality and Informed Consent

I, ..... confirm that I have attended a teaching session on confidentiality and informed consent.

I understand the importance of maintaining confidentiality and gaining informed consent.

I also understand that any breach of confidentiality and failure to gain informed consent from client/patients/carers/families/colleagues, in any work place setting, will be deemed to be unprofessional conduct and may result in disciplinary action.

I also understand that any written work that fails to maintain anonymity of individuals and workplace, and does not include an informed consent form will be referred and will receive a mark of '0'.

**Please complete the below in full**

<b>Student name</b> (please print)	
<b>Signature</b>	
<b>Date</b>	
<b>Cohort</b> (year of entry)	
<b>Programme</b>	
<b>Pathway</b> (where relevant)	

**Please complete both sides in full and return to:**  
Student Records & Placements  
Room H0.06

## STUDENT DECLARATION FORM

# Programme Specific Regulations Relating to Fitness to Practice

I, ..... do hereby accept my responsibility to read and understand the relevant professional code of conduct and to work within the spirit of the code and meet professional standards as described above for the duration of my studies. I am fully aware that failure to comply with professional guidelines, to demonstrate appropriate behaviour or to meet the expected professional standards may result in my discontinuation on the programme.

**Please complete the below in full**

<b>Student name</b> (please print)	
<b>Signature</b>	
<b>Date</b>	
<b>Cohort (year of entry)</b>	
<b>Programme</b>	
<b>Pathway (where relevant)</b>	

**Please complete both sides in full and return to:**  
Student Records & Placements  
Room H0.06

## APPENDIX 4

### School of Health & Social Care

### CONFIDENTIALITY AND INFORMED CONSENT

### GUIDELINES FOR STUDENTS

Confidentiality and Informed Consent is essential in the health and social care setting, as maintaining confidentiality and gaining consent, promotes trust and individual choice for each client/patient.

**It is essential that as a student you abide by your respective professional code of conduct/codes of practice when gaining informed consent and maintaining confidentiality.**

*It is important that you are aware that any breach of confidentiality or failure to gain informed consent, in any setting, will be deemed to be unprofessional conduct and may result in the School of Health & Social Care Fitness to Practice procedure being invoked.*

#### 1. CONFIDENTIALITY

When a patient/client discloses information to a health or social care professional (including you as a student) it is reasonable to expect that this information is held in confidence. The professional has a duty of confidence not to disclose the information in a form that might identify the individual without their permission. This also applies to information disclosed to you by carers of service users and colleagues (fellow students, academic or practice staff).

*Patients entrust us with, or allow us to gather, sensitive information relating to their health and other matters as part of their seeking treatment. They do so in confidence and they have the legitimate expectation that staff will respect their privacy and act appropriately. In some circumstances patients may lack the competence to extend this trust, or may be unconscious, but this does not diminish the duty of confidence. It is essential, if the legal requirements are to be met and the trust of patients is to be retained, that the NHS provides, and is seen to provide, a confidential service.*

**Department of Health (2003) p3  
Confidentiality. NHS Code of Practice**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069253](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253)

*As a social care worker, you must strive to establish and maintain the trust and confidence of service users and carers.  
This includes:*

- *Being honest and trustworthy;*

- *Communicating in an appropriate, open, accurate and straightforward way;*
- *Respecting confidential information and clearly explaining agency policies about confidentiality to service users and carers;*

**GSCC (2004) p14**

**Code of Practice for Social Care Workers and  
Code of Practice for Employers of Social Care  
Workers**

<http://www.gsc.org.uk/codes/>

## 1.1 Maintaining Confidentiality

- i. **Students must not hold any personal information about clients or patients on any electronic or digital resource e.g. memory sticks, PCs**
- ii **Documentation must not include client/patient/user/information, i.e. care plans, assessment forms, prescription sheet, psychometric testing.**
- iii **To maintain anonymity of clients/patients/carers use generalised terms, young, middle aged, office worker etc**
- iv Information that by its very nature could identify the client/patient/user/ family/carer/staff members or colleagues i.e. demographic details, unusual circumstances must not be used.
- v Documentation that identifies the workplace/practice setting must not be submitted if it is not in the public domain. Many documents are now available to the public and therefore they are not considered to be confidential. However, care needs to be taken as these documents linked with other detail could identify the individual. This would then constitute a breach of confidentiality.

**All School issued documentation, Trust and Organization documentation which is included to authenticate attendance at workshops, fire lectures, study days etc. and supervisors' testimony are permitted.**

- vi Maintain anonymity of members of the workforce. (Signatures of staff in the workplace who sign students official documentation is the exception)
- vii Confidentiality must be maintained at all times and not just for study or practice. Remember you are expected to abide/work within the spirit of your code of conduct/practice when away from the University or practice area. Be careful when using social networking sites, confidentiality can be breached and a fitness to practice procedure instigated.

**Please note that if confidentiality is breached in any piece of summative assessment then that piece of work will be referred and will receive a mark of '0' (zero). If at first attempt you will not be eligible for resubmission.**

## **2. INFORMED CONSENT**

The guiding principle when working with a patient/client is that they have a right to determine what happens to them, it is a fundamental part of good practice. Legally and ethically an individual should give valid consent before any intervention commences. In a health or social care context where a professional does not respect this principle they may be liable to legal action by the individual or action by their professional body.

*For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy). Acquiescence where the person does not know what the intervention entails is not 'consent'.*

**Department of Health (2009) Second edition p5  
Reference guide to consent for examination or  
treatment.**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_103643](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103643)

As a student it is important that you inform the individual of your status and that permission is given for you to carry out any intervention. The individual must also be informed and consent given where the activity is not part of the individual's care but is for the purpose of furthering your education.

### **2.1 Gaining Informed Consent for Summative Assessments.**

**You must adhere to your respective professional guidelines for documenting informed consent. Evidence of this must be visible in any of your written work submitted if individual client/patient/carer/family information has been utilised in your assessed work.**

**Consent is required for:**

- i Case studies that contain specific client/patient/carer/user/family information ie problems, condition, demographic detail, unusual circumstances, employment.
- ii Reflection that includes client/patient history or other significant information (as above).



- iii Critical incidences that include client/patient history or other significant information (as above).
- iv Information about colleagues.

**Consent is not required for:**

- i. Critical incidences and generalised reflection, focussing on practice when discussing one's own feelings about a situation rather than the specific circumstances of the patient/client

**Please note that if informed consent has not been obtained for any piece of summative assessment that relates to a client/patient/user/carer/colleague, then that piece of work will be referred and will receive a mark of '0' (zero). If at first attempt you will not be eligible for resubmission.**

Consent forms for students of the School of Health & Social Care can be obtained on the e-directory, Student Intranet. To verify consent from patient/client or carer please use an informed consent declaration form. Your Practice Teacher/Mentor verifies that you gained consent from the individual(s) concerned.

### **3. CONCLUSION**

At the start of your course, usually in induction week, to ensure you gain an understanding of the principles underpinning confidentiality and informed consent you will be introduced to the concepts and their application to your chosen profession.

You will also be asked to sign a form stating that you understand and will abide by the principles of confidentiality and informed consent. If you are unsure of the principles and how they apply to your practice then it is your responsibility to seek further guidance.

---

## OBTAINING INFORMED CONSENT

### Rationale

As part of the assessment and portfolio-keeping process students are sometimes required to illustrate the relationship between theory and practice by using information relating to specific clients, e.g. care studies, care plans, assessments, projects and reflective pieces. In these circumstances obtaining informed consent is essential. In order to demonstrate compliance with the professional codes/bodies, the attached Obtaining Informed Consent Declaration Form must be completed and submitted with the work. Failure to obtain consent and/or submit the completed declaration form will result in automatic referral/failure and could lead to disciplinary action.

### Responsibilities

The academic support teacher/module tutor supervising the piece of work is responsible for:

- Directing the student to the site where they can access a copy of the Obtaining Informed Consent Declaration Form and Guidance Notes prior to the assessment.
- Drawing the student's attention to the Access to Health Records Act (1990), in particular:
  - Section 5.3, which states that third parties may only access the patient's records provided that information given by the patient and/or the results of examinations/investigations will not be disclosed.
  - Section 5.1 which states that the information obtained from the patient's health records must not be used in a way as to cause the patient serious physical or mental harm, or that the patient may be identified.
- Drawing the student's attention to the Data Protection Act (1998) in particular:
  - Reviewing the rationale and each point set out in the Obtaining Informed Consent Declaration Form
  - Reminding the student that the completed Declaration Form must accompany the assignment when submitted.

The **Student** is responsible for:

- Informing the Practice Mentor/Supervisor of the nature of the assignment/ portfolio and the requirement to complete an Obtaining Informed Consent Declaration Form.
- Seeking informed consent from the patient/client and/or patient/client representative and/or carers, and/or colleagues/staff in accordance with points 1-4, as set in the Declaration Form.
- Themselves and the Practice Mentor/Supervisor ensuring the Declaration Form is completed.
- Ensuring the completed Declaration Form is submitted with the assignment by the required date.
- Ensuring that a pseudonym is used for client/patients, relatives, carers and staff mentioned in the assessment.
- Ensuring that any documentation submitted as part of the assessment will be rewritten and not photocopied e.g. care plans, assessment forms.

The **Practice Mentor/Supervisor** is responsible for:

- Providing the student with appropriate support and guidance whilst obtaining informed consent from the patient/client and/or patient/client representative.
- Signing the Obtained Informed Consent Declaration Form, only if they are confident that the criteria have been met.

## OBTAINING INFORMED CONSENT DECLARATION FORM

<b>Student's Name</b>	
<b>Programme/Pathway/Cohort</b>	
<b>Academic Support Teacher/ Module Tutor</b>	

### DECLARATION BY STUDENT

In order to comply with the requirements of the Access to Health Records Act (1990) and the Data Protection Act (1984), I confirm I have discussed the following with the patient/client\* and/or the patient's/client's\* representative, e.g. parent/guardian, next of kin, carers, colleagues/staff and have obtained permission to use personal relevant data:

\* Delete as appropriate

1. The nature of the assessment.
2. The reason I wish to use data relating to the patient/client.
3. That clients'/patients', carers', colleagues'/staff anonymity and confidentiality in relation to any material gathered or produced in the course of this work will be maintained e.g.:
  - a for all persons mentioned pseudonyms and/or general titles will be used, not individual names.
  - b the patient/client address and any information which could identify their address will be omitted.
  - c general terms will be used to describe occupation/workplace/school/hobbies etc.
  - d time, date and location of admission will be omitted;
  - e information which may identify the patient/client/relatives/carer and colleagues/staff will be omitted from documentation e.g. care plans, pathways of care, risk assessments etc.
4. Those who will have access to the work in addition to myself e.g. typist, teaching staff, other students, Board of Examiners.

### **INFORMED CONSENT DECLARATION FORM**

N.B.: Patient/Client/Carer/Colleagues/Staff column should be completed by using a Code/Pseudonym e.g. Client/Patient A, Client/Patient B in order to provide anonymity and confidentiality. If names are used in the first column a pseudonym must be used and it must be clearly stated that this is a pseudonym. The Code/Pseudonyms used must be the same as those referred to in the assignment.

<b>Patient/ Client/ Carer/ Colleague/ Staff</b>	<b>Module Title</b>	<b>Academic Support Teacher</b>	<b>Informed Consent Gained</b>	<b>Practice/ Mentor Supervisor Name</b>	<b>Practice/ Mentor Supervisor Signature</b>	<b>Student Signature</b>	<b>Date</b>
			<b>Yes/No</b>				
			<b>Yes/No</b>				
			<b>Yes/No</b>				
			<b>Yes/No</b>				
			<b>Yes/No</b>				
			<b>Yes/No</b>				
			<b>Yes/No</b>				
			<b>Yes/No</b>				

Agreed at SASC 26 September 2012

## APPENDIX 6

### Full-time Timetable 2015-2016

1	September 7	Induction
2	September 14	
3	September 21	
4	September 28	3 days' study 2 days' Practice <b>Modules</b> <ul style="list-style-type: none"> <li>Policy in the Context of District Nursing Practice <b>CCH3073-N</b></li> <li>Evidence Appraisal <b>RMH3007-N</b></li> <li>Specialist District Nursing Practice Project <b>CCH3074-N</b> (52 weeks)</li> </ul>
5	October 5	
6	October 12	
7	October 19 Formative 1,000-word written paper <b>CCH3073-N</b>	
8	October 26	
9	November 2	
10	November 9	
11	November 16	
12	November 23 Summative exam <b>CCH3048-N</b>	
13	November 30	
14	December 7 Formative peer assessed project presentation <b>CCH3074-N</b> Formative practice assessment tripartite <b>CCH3074-N</b>	
15	December 14	Study
16	December 21	Holiday
17	December 28	Holiday
18	January 4	3 days' study 2 days' Practice <b>Modules</b> <ul style="list-style-type: none"> <li>The Principles &amp; Practice of managing Long Term Health Conditions <b>CCH3052-N</b></li> <li>Exploring Leadership in the Context of Specialist Practice <b>SIH3001-N</b></li> </ul>
19	January 11 Summative 4,000-word written paper <b>CCH3073-N</b> Summative seen examination <b>RMH3007-N</b>	
20	January 18	
21	January 25	
22	February 1	
23	February 8	
24	February 15	
25	February 22	
26	February 29	
27	March 7	
28	March 14 Summative OSCE <b>CCH3052-N</b> Formative practice assessment tripartite <b>CCH3074-N</b>	
29	March 21	Holiday
30	March 28	Holiday
31	April 4	3 days' study 2 days' Practice <b>Modules</b> <ul style="list-style-type: none"> <li>Community Practitioner Prescribing <b>CCH3048-N</b></li> </ul>
32	April 11	
33	April 18	
34	April 25 Summative 2,000 word written reflection <b>SIH3001-N</b>	
35	May 2 Summative Portfolio <b>CCH3048-N</b>	
36	May 9	
37	May 16	

38	May 23	study
39	May 30	10 weeks' practice 3 weeks' holiday
	Summative 8,000 word project <b>CCH3074-N</b>	
40	June 6	
41	June 13	
42	June 20	
43	June 27	
44	July 4	
45	July 11	
46	July 18	
47	July 25	
48	August 1	
49	August 8	
50	August 15	
51	August 22	
52	August 29	Evaluation
	<b>Formative final project presentation</b>	

## Part-time Timetable 2015/16 – 2016/17

1	September 7	<b>Induction</b>
2	September 14	
3	September 21	
4	September 28	1 ½ days' study 1 day Practice <b>Modules</b> <ul style="list-style-type: none"> <li>Evidence Appraisal <b>RMH3007-N</b></li> <li>Specialist District Nursing Practice Project <b>CCH3074-N</b> (104 weeks)</li> <li>Community Practitioner Prescribing <b>CCH3048-N</b></li> </ul>
5	October 5	
6	October 12	
7	October 19	
8	October 26	
9	November 2	
10	November 9	
11	November 16	
12	November 23 Summative Exam <b>CCH3048-N</b>	
13	November 30	
14	December 7 Formative practice assessment tripartite <b>CCH3074-N</b>	
15	December 14	
16	December 21	
17	December 28	
18	January 4	1 ½ days' study 1 day Practice <b>Modules</b> <ul style="list-style-type: none"> <li>The Principles &amp; Practice of Managing of Long Term Health Conditions <b>CCH3052-N</b></li> <li>Community Practitioner Prescribing <b>CCH3048-N</b></li> </ul>
19	January 11 Summative seen examination <b>RMH3007-N</b>	
20	January 18	
21	January 25	
22	February 1	
23	February 8	
24	February 15	
25	February 22	
26	February 29	
27	March 7	
28	March 14 Summative OSCE <b>CCH3052-N</b> Formative peer assessed project presentation <b>CCH3074-N</b>	
29	March 21	
30	March 28	
31	April 4	
32	April 11	1½ days' study 1 days' Practice <b>Modules</b> <ul style="list-style-type: none"> <li>Community Practitioner Prescribing <b>CCH3048-N</b></li> </ul>
33	April 18	
34	April 25	
35	May 2 Summative Portfolio <b>CCH3048-N</b>	
36	May 9 <sup>th</sup>	
37	May 16 Formative practice assessment tripartite <b>CCH3074-N</b>	
38	May 23	
39	May 30	
40	June 6	
41	June 13	
42	June 20	10 weeks' practice (2½ days/week) 3 weeks' holiday <ul style="list-style-type: none"> <li>Specialist District Nursing Practice Project</li> </ul>
43	June 27	
44	July 4	
45	July 11	
46	July 18	



47	July 25	<b>CCH3074-N</b> (104 weeks)
48	August 1	
49	August 8	
50	August 15	
51	August 22	
52	August 29	Study
53	September 5	
54	September 12	Holiday
55	September 19	Practice (2½ days/week)
56	September 26	Practice (2½ days/week)
57	October 3 <b>First week of term</b>	1½ days' study
58	October 10	1 days' Practice
59	October 17	• Policy in the context of District Nursing Practice
60	October 24 Formative 1,000 word written paper <b>CCH3073-N</b>	<b>CCH3073-N</b> Specialist District Nursing Practice Project <b>CCH3074-N</b> (104 weeks)
61	October 31	
62	November 7	
63	November 14	
64	November 21	
65	November 28	
66	December 5	
67	December 12 Formative practice assessment tripartite <b>CCH3074-N</b>	
68	December 19	
69	December 26	
70	January 2	Study
71	January 9	Holiday
72	January 16 Summative 4000 written paper <b>CCH3073-N</b>	1½ days' study
73	January 23	1 days' Practice
74	January 30	• Exploring Leadership in the Context of Specialist Practice
75	February 6 <sup>t</sup>	<b>SIH3001-N</b>
76	February 13 Formative peer assessed Project Presentation <b>CCH3074-N</b>	
77	February 20	
78	February 27	
79	March 6	
80	March 13	
81	March 20	
82	March 27	
83	April 3	Holiday
84	April 10	Holiday
85	April 17 Summative 2,000 word written reflection <b>SIH3001-N</b>	Study
86	April 24	1½ days' study
87	May 1	1 days' Practice
88	May 8	• Specialist District Nursing Practice
89	May 15	<b>CCH3074-N</b> (104 weeks)
90	May 22	
91	May 29	Study week
92	June 5 Summative 8,000-word project <b>CCH3074-N</b>	10 weeks' practice (2½ days/week)
93	June 12	3 weeks' holiday
94	June 19	• Specialist District

95	June 26	Nursing Practice <b>CCH3074-N</b> (104 weeks)
96	July 3	
97	July 10	
98	July 17	
99	July 24	
100	July 31	
101	August 7	
102	August 14	
103	August 21	
104	August 28 Summative practice assessment & submission of progress file <b>CCH3074-N</b>	
105	September 4 <b>Formative final project presentation</b>	<b>Evaluation</b>