Pre Registration Curriculum Review

Executive Summary

This paper provides a detailed report of the findings of the Pre Registration Curriculum Review Group. Its main aim is to offer a comprehensive briefing to Hampshire the Isle of Wight’s two main pre registration nursing education providers to inform their respective curriculum revalidation processes. The Curriculum Review Group sought to establish what the HIOW NHS and wider health and social care services required from the newly qualified registered nurse and to determine the implications this may have for the curriculum. The findings of this paper have resulted from extensive consultation and come from national policy analysis; focus groups and questionnaire findings.

The first part of the curriculum review required all Review Group members to undertake an extensive policy analysis of current policy and practice relating to the DH direction for health and social care. This included National Service Frameworks, National Standards, best practice documents and local policy. The policies reviewed indicate the following:

- Increasingly health care will be provided in the patients’ home and in the community
- The emphasis on public health has never been stronger
- Patients in hospital will have a high level of acute health care needs
- NHS care from non –NHS Providers will be a key feature from 2010 and beyond
- New ways of working will demand an ever greater number of “new” and assistant roles
- New technology will be pivotal to the delivery of care
- Patients will have a greater knowledge of their own health problems and the need for health care and will be able to dialogue much more effectively with health care professionals about treatment options and will want to exercise their right of choice about where and by whom the treatment is offered.

Following on from the policy analysis, extensive consultation was undertaken through focus groups. These aimed to examine the central themes arising from the policy analysis in relation to the role of the nurse and ascertain the implications for the nursing curriculum.

The outcomes of the policy analysis and focus groups were translated into statements which were validated by the use of a comprehensive questionnaire.

The findings of the project are multiple and relate to the fact that health and social care has never known such a relentless period of significant change. The NHS is going through a prolonged and radical reform programme, the health care needs of individuals and groups are constantly changing; the consumer is no longer a passive recipient of care and treatment but an active partner in the process. Moreover, in future nurses will be pursuing career pathways in one or more than one key domains of practice such as management of long term conditions, public health and health promotion; urgent and first point of contact and acute and high dependency care. This results in significant implications for the nurse and importantly, for the new curriculum if we are to be assured that the future nursing workforce is to be fit for purpose and practice.
Summary of key recommendations:

_Nurses at the point of registration should be caring, skilled practitioners who care for patients as individuals meeting their physical and emotional needs in the context of their family and social situation._

_Nurses at the point of registration should be fit for employment as staff nurses in acute care environments_

As patient dependency is changing, health providers are caring for patients with higher levels of acute needs. Patients require nurses to possess sound assessment and observational skills which need rapid and accurate interpretation and interventions. Currently Trusts utilise in house education programmes to equip nurses with these skills to enable them to be “fit for purpose”. The review recommends that the pre registration nursing programme:

- focuses on acute patient assessment
- provides the students with a knowledge base with relation to physiology and altered physiology,
- Assessment is competency based in relation to key clinical/practice skills.
- The assessment must also focus on the interpretation and analysis of data.
- Students who take up first posts in secondary care settings, their final placement should focus on acute or critical care.

_Nurses at the point of registration should be competent to practice within Primary Care Settings_

The shift in patient care from hospital settings to home settings has already commenced. Currently, students spend only a small amount of placement time in the community as part of their programme. The curriculum review group recommends all nursing students will benefit from longer/ more frequent placements in the community shadowing and learning from a wider range of professionals. In addition, the review group recommends that for students, who wish to take up first posts in primary care settings, their final placement should be based on the management of Long Term Conditions, public health or first point of contact.

Patients in the community will have increasing acuity in addition to long term health care needs, and services are developing “in reach teams” as well as “out reach teams”. It is therefore not felt appropriate to develop a unique primary care branch as this would result in possible fragmentation of patient care.

_At the point of registration nurses need to demonstrate competency in a wide range of practice and clinical skills and be able to identify and utilise evidence to underpin nursing care_

This finding is in accordance with the recent NMC consultation on fitness for practice. The respondents of the review (including students, managers, senior nurses and patients) felt that today’s nurses are not as competent in practical nursing skills as the profession requires. The Curriculum Review group recommends that practice related skills:

- Form a key thread through the curriculum
- Are competency based
- Are learnt at the University first (in skill laboratories) then developed and rehearsed in practice localities.
- The teaching and assessing of practice skills needs to be taught and assessed by clinically credible teacher-practitioners.
- The skills need to be learnt and practised within in primary care in addition to the acute setting.

_The Curriculum should be delivered in partnership between the University and Service with clear input from expert users._

Although there is currently clear evidence of effective partnerships, the findings of the curriculum review group suggest these could be enhanced further and many examples were
cited where effective joint appointments could enable the curriculum to be more employers sensitive. Joint appointments are key to student learning and development particularly where there is a clear remit for a particular area of practice where both the education and practice element of the role is integrated and the student at the centre are key to student learning and development.

**The role of the mentor is key and requires investment**

Pivotal to student learning is the role of the mentor. The need for investment in this role and a complete overview was considered essential. The concept of a home based mentor for three years supported by link mentors was a considered response. This was linked to placement learning where it is suggested that placements are mapped for the experience they offer. For example: an emergency placement may offer opportunities to follow the care of children. There needs to be robust course materials to support this and to guide the student. The role of the mentor will also be to link these experiences.

**The final year of the programme needs to be tailored to one of the key domains of practice and students should carry caseloads of clients under supervision.**

To support the development of the “fit for purpose” practitioner, it was evident that most participants in the project felt the last year should be based in the practice area of the first post and supported by relevant learning. This needs to be planned and delivered in partnership between education and service and could possibly lead to a secondary certificate – e.g. Degree in Adult Nursing with a certificate in primary care. This, however, was not unanimous and will need further consideration.

**All students need child and mental health experience.**

A very strong theme throughout the consultation was that to be “fit for purpose” all students needed a certain level of child and mental health knowledge and experience. A vast majority of people have mental health needs arising from stressful experiences such as illness or hospitalisation. All nurses need to be equipped with a certain set of skills in order to respond appropriately. In addition, the a vast number of patients seen within primary care are children, likewise having knowledge and skills to relate to children and families is essential to the delivery of safe and effective care.

**The curriculum model needs to have explicit themes including Information literacy, study skills and life long learning themes.**

It is recommended that the curriculum model is based around clear horizontal and longitudinal themes in order to make the learning explicit for the student. This can be found in Appendix 3.

**The new Pre Registration nursing programmes should result in explicit and seamless connections to Post Registration and Post Graduate curricula**

It is recommended that the Post Registration and Post Graduate programmes are planned with the pre registration nursing programmes to ensure seamless learning. Thus the themes of health promotion, urgent care, acute care, long term conditions should be further developed as pathways of learning at Post Registration and Post Graduate level.

**The new Pre Registration nursing programmes should make explicit links to the knowledge and skills framework.**

It is recommended that the Pre Registration nursing programmes should make explicit links through learning outcomes to the knowledge and skills framework.
1 Purpose of the paper

This paper provides a detailed report of the findings of the Pre Registration Curriculum Review Group. Its main aim is to offer a comprehensive briefing to Hampshire the Isle of Wight’s two main pre registration nursing education providers to inform their respective curriculum revalidation processes. The curriculum review group sought to establish what the HIOW NHS and wider health and social care services required from the newly qualified registered nurse and to determine the implications this may have for the curriculum. The findings of this paper have come from national policy analysis; focus groups and questionnaire findings.

The following drivers will all have a direct effect on the knowledge, skills and competencies of the nurse of the future:

- reduction in emergency bed days;
- reduction in waiting list times to 18 weeks;
- shorter lengths of stay;
- sicker patients in hospital
- Developments in Information Technology such as Connecting for Health

The aim of nursing curricula will be to develop robust generic knowledge; skills and attitudes but with particular emphasis on fitness for first post in a particular area, in a defined branch of nursing. It is essential that all nurses are offered knowledge and skills across all branches to a certain level.

1.1 Background

Hampshire and the Isle of Wight Strategic Health Authority (Workforce Development Directorate) and HIOW health and social care providers have worked closely with the University of Southampton and the Open University to inform the design of new curricula for the registered nurse qualification.

The establishment of the curriculum review group provided an opportunity to work in a close collaborative partnership to ensure curricula meet the requirements of national policy and local needs. The current and evolving health and social care agenda will demand a very different nurse in 2010 with a different set of skills and knowledge base. The design of the new curricula needs to support this and develop nurses who will be able to take a proactive role in taking health and social care forward. In light of recent policy directives and local health needs, the role of the nurse is changing and it is important that the new programmes both prepare a nurse who is able to perform the roles expected of him or her by the public, statute and the profession itself and satisfies the requisite educational criteria.

The aim of the Curriculum Review Group was to capture the views of a large number of staff from the NHS, independent sector and social care through working groups, focus interviews and discussion groups. To support this process, a project group with university input was established to lead the review. This group included representatives from the NHS, Independent and Social Care sector as well as service users, patients and students.

The contribution of service providers, students and service users at the start of the process was considered essential for the development of a robust, service sensitive programme.

The questions that the project group needed to explore were guided by the Directors of Nursing and encompassed the following:

- What is the future workforce need with respect to registered nurses?
- What skills will they require?
- How can the curriculum embrace National Service Frameworks and quality standards?
- What models and approaches to care delivery are required, for example: ambulatory care for children and young people?
- How can the knowledge base around nurse prescribing be developed?
- How can the service develop and enhance its Information Technology; Telemedicine and Technologies expertise?
• How can nurses be developed through Pre Registration learning to take on the role of autonomous practitioner in later years?
• What does “Fit for Practice” and “Fit for Purpose” mean in today’s climate?

Nurses are an integral part of the healthcare workforce and it is essential their preparation is not only contemporary but robust. The Project Group sought to advise its educational partners on the development and delivery of a programme which accurately reflects service needs.

1.2 Aims

• Advise higher education provider partners on what the health and social care sectors require from the Pre Registration Nursing curriculum.

• Identify the knowledge, skills, attitudes and competencies required by nurses at the point of registration and beyond, which will be influenced by National Service Frameworks, professional bodies, national and local policies and EU Directives

• Determine how future roles within health and social care will influence the curriculum e.g. new roles in primary care and increasing acuity within hospital

2 Methodology

The project had 5 stages:

Stage 1: Policy Analysis.

A wealth of literature and policy documents spanning the last five years was analysed to determine the knowledge, skills and competencies required for nurses. This was grouped into theme clusters (see pages 6 and 7). See Appendix 1 for examples of policy documents.

Stage 2: Focus Groups

Each curriculum review group member facilitated a number of focus groups that aimed to both explore the themes derived from the policy analysis and address a series of questions. Results from the focus groups can be found in Appendix 2.

The focus groups were representative of various groups of staff and both the questions used and staff group details can be found in Appendix 3.

Stage 3: Questionnaire

A questionnaire was designed that presented the policy and focus group findings into statements. Respondents were asked to indicate their agreement/disagreement with the statements. Whilst the questionnaire endeavoured to validate these findings, it paid particular attention to issues that were ‘new’ or potentially controversial. Approximately 120 questionnaires were returned and the results collated and analysed.

Stage 4: Analysis of Findings

Stage 5: Identifying themes, making recommendations and drawing conclusions and dissemination of findings:

• Validate analysis with external examiners and expert reference group
• Present findings to Advisory Groups at both Universities.
• Utilise Reference Groups that the Universities will put in place to test out findings
• Publish comprehensive project report.

Pre Registration Curriculum Review
3 Findings from the Data: Policy Analysis and Focus Groups

Findings from the data arising from policy analysis and focus groups are clustered as follows:

- The role of the nurse
- Implementation of the programme
- The programme structure
- Practice skills and practice placements
- Assessment principles, Learning and Teaching Methodologies
- Knowledge and skills

3:1 The Role of the Nurse

Focus group discussions revealed many participants were considering the role of the nurse in the future. Whilst participants appear to be clear in their thinking about the role of the advanced nurse, there was some confusion around the role of the new graduate and especially about how this role interfaced with the role of the assistant practitioner. Following an analysis of the comments from both focus groups and questionnaires, some key themes emerged. Some of the themes are summarised below.

To be fit for purpose in 2012 the nurse registrant will need to be both confident and competent to:

- Provide quality nursing care to patients in both home; hospital or other health and social care settings at all stages of their health and illness journey
- Respond to the acute and high dependency needs of patients in hospital settings
- Undertake a holistic assessment, plan, implement, and manage care for a group of patients
- Enable individuals to care for themselves and promote the physical and mental health of a group of patients
- Demonstrate accountability, responsibility and authority for care
- Teach, delegate and supervise assistant practitioners and other staff
- Work with individuals to enhance service provision and support them to exercise right of choice

3:2 Implementation of the programme

There were general views on how the programme should be adapted to enable fitness for purpose in 2010. Key to all recommendations is the delivery of the curriculum should be in partnership between service and universities. Service users should be integral to the learning experience of students. If this partnership was robust, changes in service priorities that demand a change in the way nurses are educated could more easily and quickly be reflected in the programme. A more important result of a partnership approach would be a lessening of the perceived theory - practice gap.

A further key message pertains to offering all students greater exposure to primary care as there will be a significant increase in patients receiving health care at home. This presents significant challenges as placement opportunities currently are limited within primary care and this approach requires radical and innovative solutions.

The importance of Interprofessional learning emerged as a strong theme. This was evident in the policy analysis and in the focus groups; senior nurses in particular cited this as an area to be strengthened. Various suggestions were proposed as to how this should be managed e.g. bringing all professional groups together to study “theologies” and then to branch off into uni
professional groups; having patient-led interprofessional groups and shared learning at pivotal points such as pharmacy, medicine and nursing around medicines management.

Finally, the programme should relate to key domains of practice such as the management of long term conditions, public health and health promotion; urgent and first point of contact and acute and high dependency care.

The programme should also be bench-marked – marked against national competencies and standards such as the new “Health Trainer” competencies, Leadership Qualities Framework, ALERT and so forth. This will provide evidence that the student meets a certain standard.

Key Recommendations that need consideration in the new curriculum:

3:2:1 The curriculum needs to be delivered in partnership by professionals, academics and service users.
3:2:2 The curriculum in action should be supported by a wide range of joint posts
3:2:3 The programme needs to clearly reflect the interface between primary and secondary care
3:2:4 Interprofessional learning needs to expand.
3:2:5 The themes and patient pathways supporting the curriculum need to be explicit. (Please see Appendix 4 for suggested themes)
3:2:6 User expert groups should be part of the learning process e.g. MIND – capture their experience
3:2:7 Interprofessional learning needs to be embedded in practice around patient/client pathways and preparation of mentors require standardisation across professional groups
3:2:8 Shared learning: across child and mental health; child; the education sector and joint learning at set points between schools of nursing, medicine and health professionals:
3:2:9 The Programme should meet external standards such as the Leadership Qualities Framework, Health trainer, ALERT.

3:3 Programme Structure

One of the tensions that was apparent both from policy analysis and focus group interviews, was whether the programme should prepare an expert generalist or someone who is fit for purpose within a key area of practice. As the current NMC rules still promote four branches this was not dealt with by the focus groups. However, ensuring every student had a minimum level of knowledge and skills in mental health and child nursing can not be over stressed. Regarding the overall preparation the majority view was to ensure every student had core skills, experience and knowledge in relation to acute care, secondary care, management of patients with long term conditions and primary care. However, the last year should relate the practice/client area of the first post supported by optional learning relevant to that area. The Post Registration/Graduate Programme would follow the same structure in providing pathways of learning that meet service need. Students within the final year of the pre registration programme should carry a case load of clients under supervision.

The concept of supernumerary learning in practice was discussed by the majority of focus groups and whilst many favoured the traditional apprentice model, this was not without its challenges. The key issue is that common definitions and interpretations of supernumery status need to be understood by employers and student. Students should realise that supernumerary status is not just about the observation of practice, but also about having the freedom under supervision to participate in practice and fully engage in the widest range of learning opportunities.
Key Recommendations that need consideration in the new curriculum:

3:3:1 The final year of the programme needs to be matched to the first post and students should carry caseloads of clients under supervision in one of the key domains of practice.

3:3:2 The concept of supernumerary status needs to be fully understood by employers and students - the student should be expected to actively participate in care delivery under supervision. Supernumerary status gives space to engage in practice and is not solely about observation.

3:3:3 All students need to have increased opportunities for placement learning opportunities within primary care but that all students need a core set of skills in relation to acute care, secondary care, management of patients with long term conditions and Primary Care.

3:3:4 All students must achieve an agreed minimum level of competency related to all areas of nursing within all branches and be able to draw on evidence to underpin nursing care.

3:3:5 The Pre reg programme must be synonymous with Continuing Professional Development (CPD) pathways e.g. acute care; long term health problems etc and enable an effective preceptorship year which is linked to KSF competencies.

3:3:6 The CPD programme needs to be made up of core modules e.g. public health evidenced based practice; critical thinking; advanced clinical skills and extended prescribing. Optional pathways should be designed to meet advanced practice standards and reflect career pathways such as modern matron; primary health care nurse practitioner; specialist nurse such as long term health conditions nurse and community matrons

3:4 Practice skills and placements

Practice learning including the acquisition of skills was a dominant feature of the review. Almost all contributors spoke passionately about the need to introduce practice skills earlier and be taught in localities by competent practitioners. However there was a general consensus that the skills needed to be taught and learnt in a safe environment first.

There were anxieties that with the increasing numbers of very sick patients in hospitals, nurses were not entering the profession with a minimum competency and that Trusts had to supplement by teaching skills before the nurses felt confident or competent to perform them. There was also the concern that with increasing number of patients being cared for in the community, nurses have insufficient time to learn and practice skills within this setting.

The whole issue of placement mapping needs greater thought with the patient at the centre. It is suggested that independent learning hours could be attached to a “placement experience” thus emphasising the point that learning comes from patient centred activities not only theoretical activities.

A further recommendation is that placements are mapped for the experiences they can offer the student and not labelled merely as a “medical placement” or a “surgical placement”. To support this, materials need to be developed in such a way as to guide the student to the experiences they can offer. (The OU materials were cited as examples of good practice). Examples such as an Emergency Department experience can offer opportunities to follow a child’s care or that a surgical ward can offer the student opportunities to participate in care for patients who may be very anxious or can offer experience in health promotion.
The client attachment model that mental health students follow was cited as an example of good practice and could possibly be rolled out to all students who may be able to follow a group of patients through their health care journey.

Patient assessment, history taking, prioritisation of needs were deemed crucial skills to the role of the nurse and this needed emphasising in Pre Registration learning.

**Key recommendations that need consideration in the new curriculum:**

3:4:1 Practice skills need to be learnt and assessed across both acute and primary care thus emphasising application and transferability.

3:4:2 The self directed learning element needs to be attached to placement time – thus a student is allocated to a placement for 16 weeks of which 4 weeks is self directed time. This emphasises learning is not just gained from theoretical texts but also from practice.

3:4:3 Placements should be mapped for the experiences they can offer, for example: placement x can offer opportunities to follow a child’s care or experience how a health locality or health provider operates as step down for the acutely ill patient. The course materials need to signpost the student to make the most of these experiences.

3:4:4 A significant proportion of the third year should be practice based and focus on consolidation with a gradual increasing in accountability.

3:4:5 Skill labs and other simulated learning opportunities should be used to their fullest capacity.

3:4:6 Students should be able to follow a group of patients for the whole programme with a focus not on placements but a growing experience.

3:4:7 The nurse at the point of registration must meet the NMC proficiencies for practice.

3:4:8 There need to be a focus on assessment and history taking skills. At the point of graduation the nurse needs to be competent in taking a thorough history and patient assessment. Students should exit Post Registration programmes with a wide range of examination and diagnostic and referral skills.

3:4:9 The focus of how placements are mapped needs to change. Students should follow care pathways as much as possible. For example: unscheduled care or urgent care. Experiences should be within the NHS, Private, Voluntary and Independent Sector and with social care placements if possible. However every student requires at least one acute and one primary care experience.

3:4:10 Other supporting themes arising from the questionnaire which sought to test further which skills should be taught and why. This can be found in Appendix 4.

**3:5 Assessment, learning and teaching**

Mentorship is viewed by both policy and practitioners as vital in supporting the development of the student throughout the 3 year programme. The concept of a home based mentor or an academic mentor – someone who supports the student over the three years was a common theme in the focus groups. Protected time for mentors to teach and support students was raised, but in the current financial climate it was recognised that this may not be a possibility.

Joint appointments, lecturer practitioners, practice educators were all cited as good examples of ways to support students. Workbased learning was also identified as key to bridge theory and practice and the use of expert patients and practitioners to deliver the curriculum as stated before was noted.
With relation to assessment, numerous suggestions were made but the central theme was that assessments should be patient and practice centred. The Fundamentals of Care framework was identified as valuable in structuring practice assessments. It was also suggested that all students should be summatively assessed in the provision of total patient care and management of patient care for a patient or group of patients.

**Key Recommendations that need consideration in the new curriculum:**

3:5:1 A need for high quality, appropriately prepared mentors with protected time for teaching and assessing

3:5:2 Practice based educators are key. These need to be locality based and joint posts with universities

3:5:3 Assignments should be clearly linked to practice experiences.

3:5:4 Considerations should be given to the use of expert patients to teach.

3:5:5 Learning and teaching should be undertaken in the work place.

3:5:6 The use of Objective Structured Clinical Assessment and Case Studies is valuable.

3:5:7 Integrated patient assessments in theory and practice would be beneficial.

3:5:8 Skills and competencies around the “Fundamentals of Care” were crucial.

3:5:9 Summative assessment should include aseptic technique; drug administration and calculations

3:5:10 Summative assessments on total patient care and management of care should be reinstated.

**3:6 Knowledge and skills arising from policy and focus group analysis**

Each theme will be presented as the title only and a possible outcome of the programme with relation to the specific theme. It is important to note that these are outcomes with relation to the programme – a new registrant – not outcomes for nursing. The clusters identified within the theme can be found in Appendix 5.

At the point of registration the nurse should:

**Information Technology (including implications of “Connecting for Health):**

… have IT knowledge and skills to effectively manage patient care and support their own learning and development.

**Key Skills:**

… be an active learner seeking evidence to continuing learning and identifying evidence to underpin his or her practice.

**Art and Science of Nursing* Care:**

… be able to provide evidenced person centred nursing care for a group of patients. Care will be proactive and take into consideration the wider social environment and needs arising from the health and social care deficits.

In addition the nurse will be competent to care for the following groups of patients:

- Patients who present with an acute health problem and requiring urgent care
- Patients who have an acute health problem or a long term health problem at home

Pre Registration Curriculum Review
Clinical Assessment and Observational Skills:
... be able to observe and assess a sick patient; interpret observations and initiate treatment and care or seek appropriate help.

End of Life Care:
... be able to contribute to effective evidenced based palliative and end of life care.

Communication:
... be able to employ a wide range of communication techniques. Including: listening, interpersonal communication; telephone skills; consultative skills and the principles of counselling; breaking bad news; presenting skills

... be able to educate patients, carers, assistant practitioners and other members of the Interprofessional team competently.

Nutrition:
... have a clear knowledge of the relationship between nutritional status and health outcomes and be able to undertake a nutritional assessment.

Management:
... have sufficient knowledge and skills in all the key criteria underpinning effective service delivery and have the skills of leadership that can be built on as careers progress.

Biological Sciences:
... have a robust understanding of normal anatomy and physiology and the ability to apply this knowledge to key acute and long term conditions and health problems and understand the presenting pathophysiology and treatment, therapy and nursing care that is required.

... have a sound knowledge of the common acute and long term health problems including Coronary Heart Disease, Cerebral Vascular Accident and Cancer with relation to path physiology, treatment, management and nursing care required.

Psychology and Sociology:
... have a robust understanding of the key sociological and psychological facts which influence health and illness.

Research and Evidence Based Practice:
... be able to use published research and multiple forms of evidence to underpin nursing practice and to contribute to providing clinically effective practice.

Life Long Learning:
... be aware of the key elements underpinning a learning organisation

User Involvement:
... be adept at involving patients/clients and carers in the planning and delivering and evaluating care

Legal and Ethical Issues:
... have sufficient knowledge to practice within a legal and ethical framework.

Team Working:
... be an effective team worker and will know where the role of the nurse fits in relation to the Interprofessional team and specific patient care pathways.
Leadership:
… have acquired the tools to develop the personal qualities that will enable him or her to set direction and deliver an effective service.

Public Health:
… have met the competencies for a “health trainer”

Medicines Management:
… be competent to undertake a drug round, handle Intravenous Infusions; understand the principles of Patient Group Directives and independent and supplementary prescribing and consider safety elements and risk implications of medicines management.

… have developed the skills to enable them to build on these skills so that following a sufficient period of consolidatory practice and further learning they can become effective prescribers

Political Awareness:
… have knowledge and understanding of a patient-led National Health Service

* Nursing care will be based around key domains of practice such as:
  - Long Term Conditions
  - Public Health and Health Promotion
  - Urgent and First point of contact
  - Acute and High Dependency Care
and then applied to the four key client groups:

  - Adult and Older Person
  - Child
  - Mental Health
  - Learning Disability

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June 2006

And

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APPENDIX ONE

Examples of Policies

• Delivering Choosing for Health March (DH 2005)
• The NHS Plan – a plan for Investment, a plan for reform (DoH 2000)
• Building on the Best: Choice Responsiveness and Equity in the NHS (DoH 2003), also Choose and Book: Patient’s Choice of Hospital and Booked Appointment (DH 2004)
• Commissioning a Patient Led NHS (DH 2005)
• Building a safer NHS for patients: implementing an organisation with a memory (Fry et al 2001)
• Getting Over the Wall – How the NHS is improving the patient’s experience (DoH 2004)
• Essence of Care –Patient Focused Benchmarks for Clinical Governance (DoH 2003)
• National Service Framework for older people (DoH 2001)
• National Service Framework for long term conditions (DH)
• Supporting People with Long Term Conditions (DH 2005)
• Case managing long term conditions (Kings Fund 2004)
• Case Management Framework (NHS Modernisation Agency 2005)
• The Management of Pressure Ulcers in Primary and Secondary Care (RCN and NICE 2005)
• Good practice in consent implementation guide: consent to examination or treatment (DoH 2001)
• General policy and practice around primary care
• Clinical Negligence Scheme for Trusts (CNST) (NHSLA)
• NHS Leadership Qualities Framework (DoH 2002)
• Standards for Better Health (DoH 2004/5)
• Building a safer NHS for Patients –Improving medication safety (Smith 2004)
• The Chief Nursing Officer’s review of the nursing, midwifery and health visiting contribution to vulnerable children and young people (DoH 2004)

• National Service framework for Children and Young People (DoH 2004)

• Common core skills and knowledge for the children’s workforce (DfES 2004)

• Every Child Matters: Change for Children in Health Services: Supporting Local Delivery (DH 2004)

• Child and Adolescent Mental Health

Key Policy documents:

- Modernising Mental Health Services (DoH, 1998)
- Clinical Governance- Quality in the new NHS (DoH, 1999)
- Working Together to Safeguard Children (DoH, 1999)
- Standards for Better Health (DoH, 2004)
- Every Child Matters (DFES, 2003)
- Getting the Right Start’s for Children (DoH, 2004)
- The Victoria Climbie Report (Home Office, 2003)

• Comprehensive Critical Care (DoH 2000)

• The Nursing Contribution to the provision of Comprehensive Critical Care for adults: A strategic programme of action. (DoH 2001)

• Quality Critical Care beyond comprehensive critical care (DH 2005)
  - An acute problem? A report of the National Confidential Enquiry into Patient Outcome and Death (NPSA 2005)


• Consultation on proposals arising from a review of fitness for practice a the point of registration (NMC 2005)
APPENDIX TWO

Staff Groups Interviewed and surveyed through Questionnaire

The average focus group was made of 12 people.

- Clinical facilitators
- Students
- School Nurses
- Newly qualified starters
- The Cancer network
- The Emergency Care network
- The Diabetes network
- Child Health network
- Critical care network
- Primary care leads
- Interprofessional clinical governance group (including doctors)
- Nurse Directors
- Education Management Group
- Practice Based Learning team
- Leadership students
- Representation from the school of Health Professions
- Mental Health and Learning Disability leads
- Senior Nurses at Trust level
- Interprofessional learning groups
- Education leads across the county
- Community Children’s Nurses
- Paediatric Nurse Managers
- Health Visitors
- Palliative care leads
- External Examiners
- Consultant nurses
- Selection of mentors across the county
- Service Users
- Community matrons
- Skills for Care (Social Services)
- Practice Nurses
- District Nurses
- Hampshire adult services
- Hampshire Care Association
APPENDIX THREE

Curriculum Themes

Longitudinal Themes running through the programme:
This would be tailored to the adult, child, and client with mental health or learning disability depending on the chosen branch

- Promoting health and well being
- Preventing Ill health
- First Contact and urgent care
- Acute Care
- Long term Conditions

Horizontal Themes running through the programme:

- Delivery of health care
- Skills for Practice
- Supporting self care
- Professional and Ethical Practice
- Health and Bio psychosocial Sciences
- Information Literacy and Evidence Based Practice
- Partnership
- Safety
- Governance
- Public health
- Anti discriminatory Practice and Diversity
- Responsibility and accountability
- Management of Infection
- Leadership and Management
APPENDIX FOUR

PRACTICE SKILLS

Findings from Focus Groups:

The skills outlined below are examples that have come up within the focus groups but are in no order of priority.

The skills also need to relate to the NMC skills clustering groups

- Use skills for health as basis
- Measurement of vital signs
- Handling medicines and administration of medicines (including intravenous)
- Handling human blood and blood products
- Operation of equipment
- Wound Care
- Infection Control including management and cleaning of equipment
- Interpreting diagnostic checks
- Communication
- Basic and Intermediate life support
- Venesection
- Meeting the hygiene needs of patients
- Meeting the nutrition needs of patients
- Meeting the elimination needs of patients
- Pain Management
- Catheterisation including male catheterisation
- Evidence based Infection Control
- Skin Integrity
- First aid and bandaging technique
- Record Keeping and report writing

Physical assessment and diagnosis of respiratory disease including performing and interpreting spirometry, peak flow; pulse oximetry, percussion, palpation and osculation

Findings from Questionnaires:

The purpose of the questionnaire was to gauge the wealth of opinion whether certain practice skills are essential or desirable at the point of registration or to be reserved for post registration. Following the focus group analysis, the project team identified certain practice skills that required further validation. The findings were as follows and those skills that achieved higher than 70% rating as essential at point of registration have been shaded.

<table>
<thead>
<tr>
<th>McKinley</th>
<th>% essential at point of registration</th>
<th>% desirable at point of registration</th>
<th>% to be reserved for post registration</th>
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<td>% Desirable at Point of Registration</td>
<td>% To Be Reserved for Post Registration</td>
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<td>First Aid</td>
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<td>Practicing Equality</td>
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<td>Undertaking Complimentary Therapies</td>
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<td>Documentation and Information Management</td>
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<td>Writing Patient Progress Reports</td>
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<td>Contributing to Interprofessional Records</td>
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<td>Skills Related to Public Health</td>
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</table>
APPENDIX FIVE

Examples of Theme Clusters

The art and science of Nursing*

Examples of topics

| Focus on Proactive Care and Prevention |
| Understanding the social model of care |
| Public Health                          |
| Concepts of Care:                      |
| Compassion,                            |
| Care                                  |
| Empathy,                              |
| Empowerment,                          |
| Humour                                |
| Advocacy                              |
| Hope                                  |
| Trust                                 |
| Respect and dignity                   |
| Holism                                |
| Spiritual Care                        |

And:

| Patient choice |
| Family Centred Care |
| Supporting carers  |
| Ethnicity, culture and faith |
| Supporting self care |
| Accountability of the nurse |
| New and emerging roles for nurses including modern and community matrons. |
| Changing expectations of how care should be provided. |

And:

**Fundamentals of Nursing Care**

- Patient Implementation of care and how to ensure fundamentals of care are delegated safely to assistant professionals
- Planning, implementation and evaluation of care in hospital and primary care settings
- Environment seen as planned and evaluated
- Managing the professional/patient relationship
- Threaded through programme and assessed in an integrated way (patient care assessment)
- Changing Diversity of the population
- Most care provided in the community
- Cleanliness and hygiene
- Patient Safety
- Continence, bladder and bowel care
- Personal and oral hygiene
- Pressure ulcers
- Food and nutrition

In addition the nurse must be competent to care for patients who present with an acute health problem and requiring urgent care:

Examples of clusters:
• Early recognition of potential /actual patient determination
• History Taking, Physical assessment and Triage
• Consultation skills
• Prompt response
• Early Warning Systems
• Assessment and management of acutely ill patients
• Out Reach care
• Competencies linked to critical care
• ALERT accreditation
• Competence at BLS and ILS
• Models and philosophy of urgent care
• Management of minor injuries and ailments
• Management of the acutely disturbed patient in the acute setting
• Management of patients who have anxiety or depression about being in hospital or regarding their physical state
• Trauma – nursing implications and the effects of trauma on the patient, family and health professional team
• Prevention; detection and effective management of health problems in their normal state

In addition the nurse must be competent to care for patients who present with an acute health problem or a long term health problem at home:

Examples of clusters:

• First Contact Care
• Assessment and decision making skills
• Case management skills
• Recognition of acute crisis and referring immediately
• Planning, implementation and evaluation of care
• Recognition of patient as expert
• Promoting self care skills – enablement and fostering choice
• Health promotion
• Coordination of care and services
• Learning and teaching methodologies
• Path physiology of chronic disease
• Disease management
• Management of complex care in the home setting
• Managing cognitive impairment and mental health well being

Biological Sciences:

Examples of Clusters:

• Anatomy and Physiology
• Applied path physiology
• Biochemical knowledge and science
• Pharmacology
• Learning related to Cancer is underpinned by national standards relating to cancer and cancer plan
• Path physiology of r common long term health problems including cancer with implications for treatment, management and nursing care

Nutrition

Examples of clusters:

• Science of nutrition
• The role of nutrition and diet in disease management
• Skills related to stimulating appetite and feeding a sick person
• The impact of poor nutritional status on health including both under and over weight.

**Nursing care will be based around client groups**

- Adult
- Child
- Mental Health
- Learning Disability

Examples of Clusters:

**Adult and Older Person**

- Adult Branch underpinned by NSF standards and benchmarks
- Multiple pathologies
- Whole patient experience
- Physical assessment skills
- Mental health – all nurses need to have knowledge and skills related to identifying and caring for older people with mental health problems
- Nurses require knowledge of the range of care and treatment options for older people with mental health problems
- Awareness of the needs of younger people with dementia as well as older adults
- Flexibility in working and communicating across organisational boundaries
- Knowledge and skill with relation to elder abuse – recognition and addressing potential and actual abuse
- Ability to assess and address the needs of vulnerable adults
- Clinical supervision /leadership
- Focus on the importance of user and carer involvement
- Management of Falls
- Rehabilitation skills
- Learning Disabilities
- Child Protection
- Conflict resolution training
- Stigma and attitude
- Understanding normal upset and emotion
- Therapeutic communication
- Skills to engage with clients
- Mental health promotion
- Self awareness, counselling and listening

**Child**

- Child Branch underpinned by NSF standards and core competencies
  - Communication
  - Development
  - Safeguarding and promoting the welfare of the child
  - Supporting transition to adult services
  - Multi agency working
  - Sharing information
  - Competencies related to child and adult mental health
  - Shared learning with mental health, education and social services
  - Management of minor injuries and illnesses
  - Management of the child in acute illness
  - Management of the child with a long term health problem
  - Managing the critically ill child
  - Managing the sick neonate
  - Family Centred Care, empowerment and ennoblement
  - Enabling effective parenting skills
Active listening – hearing the voice of the child, confidence to speak out and act on behalf of children
• Learning disabilities
• Child Protection
• Conflict resolution training
• Stigma and attitude
• Understanding normal upset and emotion
• Therapeutic communication
• Skills to engage with clients
• Mental health promotion
• Self awareness, counselling and listening

Mental Health

- Stigma and attitude
- View mental health as normal
- Understanding normal upset and emotion before studying mental illness
- Therapeutic communication
- Human relationship skills
- Conflict resolution training
- Developing the confidence to engage with clients
- Dealing with mental health problems
- Counselling skills
- Self harming behaviour and why people do this
- Serious and enduring mental health problems
- Teaching skills – cascading mental health skills to other groups e.g. health visitors
- Public health
- Sound assessment skills
- Long term conditions: dementia
- Knowledge of Suicide Prevention
- Knowledge and skill related to risk assessment related to self harm and suicide prevention
- Generic risk assessment and risk management skills
- Older people with mental health problems in a variety of settings
- Risk assessment and management
- Care programme approach – role of nurse
- Mental health Act
- Providing high quality nursing expertise that facilitates work of others in mainstream services
- Developing capacity of mainstream services to support those with complex needs
- Rehabilitation processes
- Therapeutic interventions
- Care coordination
- Skilled nursing assessment and treatment options proposed
- Mental Health promotion
- Supporting other services
- Roles of LIT’s and Partnership Boards
- Alcohol and substance misuse
- Child Protection

Learning Disability

- Knowledge of national policy related to the mental health services for people with learning disability
- Framework for comprehensive integrated mental health support services
- Person centred mental health care
- Supporting people to access mainstream services
- Working in partnership with users and carers - across agencies and services
- Working towards modernised/contemporary mental health service support for people with learning disability
• Providing high quality nursing expertise that facilitates work of others in mainstream services
• Developing capacity of mainstream services to support those with complex needs
• Benchmarking for good practice
• Supporting users to develop “an agenda for change”
• Inclusive practice
• Person centred mental health care
• Supporting people to access mainstream services
• Providing high quality nursing expertise that facilitates work of others in mainstream services
• Developing capacity of mainstream services to support those with complex needs
• Child Protection
• Conflict resolution training
• Understanding normal upset and emotion
• Therapeutic communication
• Skills to engage with clients
• Mental health promotion
• Self awareness, counselling and listening

End of Life Care

Examples of clusters:

• Evidenced based palliative care
• Understanding the role of alternative therapies
• Support for families and carers
• The hospice philosophy
• Ethics around bring life to an end

Information Technology

Students to acquire ECDL during programme
• Patient/clinical management system e.g. PAS/ APEX etc.
• National Care Records
• Record keeping
• Data analysis
• Innovation e.g. choose and book/ NHSD etc

Communication

Examples of clusters:

• listening,
• interpersonal communication;
• telephone skills;
• consultative skills;
• elements of counselling;
• breaking bad news;
• presenting skills
• Mentoring
• Delegation and supervision
• Teaching
• Giving Feedback

Management
Examples of clusters:

- Business Management (in the context of Foundation Trusts)
- Financial management
- Personnel Management
- Professional Management
- Changing management / clients/ caseloads – simulation
- Performance management and Audit
- Benchmarking
- Commissioning
- Quality control – understanding the health care commission
- National Management Competencies/NVQs
- Knowledge of CNST
- Service Improvement and management of change
- Challenging practice
- Management of complaints and compliments
- Workforce planning and redesign skills

Leadership

Examples of Clusters:

- Use of initiative, taking responsibility
- Influence and Negotiation
- Styles and behaviours
- Personal Development
- Empowerment
- Problem solving
- Management of change
- Self belief, awareness, management, drive for improvement, integrity
- Broad scanning; political astuteness; results and outcomes orientated
- Leading change, holding to account, empowerment, effective and strategic influencing
- Collaborative working
- How to be entrepeunial
- Programme should be reflect the competencies of the Leadership Qualities Framework

Research and Life Long Learning

Examples of Clusters:

- Understanding the research process
- Critiquing data
- Evidenced based care
- Developing learning organisations
- Knowledge Management and knowledge transfer
- Critical incident analysis and the reflection process
- Learning how to learn
- Understanding the knowledge and skills framework
- Mentorship and learning in and from practice
- Mentorship in the reality of delivering the service
- How to develop and contribute to an effective learning organisation
- Teaching and facilitating skills e.g. “clean your hands campaign”

Key Skills

Examples of clusters

- English Literacy
• Communication
• Numeracy
• Learning to Learn
• Handling equipment
• Information Literacy including an awareness and skills to use NHS resources.

Legal and Ethical Issues

Examples of Clusters

• Legal and ethical principles and rights regarding consent
• Principles of consent for all practice interventions
• Types and forms of consent
• Individual and team roles, responsibility and accountability regarding consent
• Knowledge and skills to facilitate informed consent for individuals
• Respect for and the management of refusal
• Documentation and recording
• Management of specific situations e.g. children and those not able to give consent
• Health Care Rationing
• Ethics related to clinical decision making regarding consequences of health choices
• Patient Rights Charter
• Exploration of values and beliefs

Team Working

Examples of Clusters:

• Team structure and process
• Team management
• Team roles
• Trust and nurses being trusted
• Communicate patient assessment and decision making process
• Interprofessional learning - how to transfer skills of IPL to continuing patient care (use case study approach), learning from the New Generation Project
• Working with other agencies – practical understanding of the independent Sector
• Enabling Early Discharge – early and effective communication
• Referral skills
• Awareness of risk and potential consequences of self-discharge
• Coordination of care packages

User Involvement

Examples of clusters:

• Set in context of Foundation Trust Status (statutory requirements, governors etc)
• Customer service approach
• Consent
• Patient Choice/ choose and book
• Expert Patient rights and responsibilities
• Teaching nurses how to engage and work with users
• Negotiation skills
• Patient expectation of quality and experience
• Role of Patient Groups

Medicines Management
Examples of clusters:

- Diagnosis, Prescribing; Medicine administration and medicines taking
- Clinical risk related to medicine
- Strategic medicines management
- Demonstrate an understanding and skill in the use of the British National Drug Formulary (BNF) when administering medicines
- Access and control issues
- Guidelines
- Management of Intravenous Infusions – competent to handle Intravenous Infusions; insert intravenous lines, and understand the principles of Patient Group Directives, independent and supplementary prescribing.
- National influences medication management
- One stop dispensing
- Concordance (50% of medicines are not taken properly)
- Patients own drugs and self medicating
- Compliance aids
- Principles of extended role and functions
- Educating the client
- Student learning by undertaking drug rounds and simulating
- Knowledge and skills for safe medication
- Handling and safe administration of drugs
- Enabling self administration of medicines
- Knowledge and causes and risks of medication errors and strategies for prevention
- Management of patients with allergies
- Knowledge of actions, contraindications and adverse effects of common drugs
- OSCE assessments.
- Numeracy and Drug calculations
- Be able to give medicines:
  1. orally
  2. IM
  3. SC
  4. TD
  5. Rectally
  6. Inhalation

Public Health

Examples of clusters:

- Change of philosophy underpinning cause from need and care to enablement and empowerment
- Teaching skills
- Ennoblement skills
- Nurses valuing own health
- Science of behaviour change
- Health Technology
- Epidemiology
- Health Inequalities
- Smoking cessation
- Management of obesity
- Enhanced sexual health
- Reducing harm by sensible drinking
- Community Based Practice
- Knowing the population
- The Community
- Demography
- Epidemiology

*Programme should meet the competencies of a Health Trainer*