Quality Assurance

BSc (Hons) Nursing (programme pathways: Adult, Mental Health, Learning Disabilities and Children’s)

Programme Specification Template: Undergraduate

Information for students: the programme specification is the definitive document summarising the structure and content of your degree programme. It is reviewed and updated every year as part of Keele’s Curriculum Annual Review and Development process. The document aims to clarify to potential and current students what you can expect from the study of the subject over the course of your programme.

<table>
<thead>
<tr>
<th>Names of programme(s):</th>
<th>BSc (Hons) Nursing (programme pathways: Adult, Mental Health, Learning Disabilities and Children’s)</th>
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<td>Mode of study:</td>
<td>Full time</td>
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<td>Single Honours/Dual Honours/Major-minor:</td>
<td>Single Honours</td>
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<td>Framework of Higher Education Qualification (FHEQ) level of final award:</td>
<td>Level 6</td>
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<tr>
<td>Duration:</td>
<td>The Nursing and Midwifery Council (NMC 2010) stipulates that the programme can be no less than three years or 4,600 hours in length. Graduates who successfully achieve all the programme requirements are eligible to apply for registration with the Nursing and Midwifery Council, and must do so within 5 years of programme completion.</td>
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Details of professional, statutory and regulatory body (PSRB) (If appropriate):
http://www.keele.ac.uk/qa/professionalstatutoryregulatorybodies/
http://www.nmc.org.uk/standards/
1. What is the Philosophy of the Programme?
Throughout this document the term “people” is used to refer to the diversity of groups nurses work with including patients, clients, service users, and children, young people and their families.

1.1 Nursing requires the ability to provide empathetic, responsive care to people and their families, to contribute to public health outcomes through education and preventative interventions and to undertake confident and well-informed decision making, while working autonomously and in teams. Nursing practice entails mastery of a range of skills for effective communication and partnership working with people, colleagues and members of multidisciplinary teams. The programme philosophy addresses contemporary challenges faced by health care practitioners in providing effective clinical care, recognising the key issues raised by Lord Darzi’s review of the NHS (Darzi 2008) through to the current Equity and excellence: Liberating the NHS (DH 2010).

1.2 Recent public inquiries and reports (CQC 2011; Parliamentary and Health Ombudsman 2011; Francis 2012) highlight the importance of the qualities of kindness, care and compassion that the programme philosophy makes explicit within pre-registration nurse education. These qualities will be instrumental for our students when developing their confidence and competence as professional nursing practitioners. We believe that valuing and respecting people’s individuality is a vital step to person-centred care. Listening and responding to how people’s experiences have shaped their lives in relation to their health and wellbeing, finding out more about their sources of support from family and community, and how they use them, enables the nurse to understand more about their hopes and concerns for the future. These beliefs are underpinned by the robust partnerships formed by our service user strategy embedded throughout the development of our curriculum. The programme strives to develop a person-centred graduate nurse who is an excellent communicator, possesses emotional intelligence, and has a strong sense of professional identity and values to safeguard the interests of people and promote high standards of care. In recognising the importance of research and evidence-based practice the programme will foster students’ ability to make sound clinical judgments and to continuously improve nursing care delivery through effective leadership skills. This programme reflects the aspirations shared across Keele University to equip students completing our programmes with a set of Distinctive Attributes (Keele 2010).

1.3 We have developed a curriculum model (Figure 1) which illustrates relationships between the components of the programme. Within the model the student is placed at the centre around which the objectives, content and mode of delivery of the programme are structured. The first ring from the centre represents the four domains of nursing practice as defined within the NMC Standards for Pre-registration Nursing Education (NMC 2010). These domains articulate the scope of nursing practice:

• Professional Values
• Communication and Interpersonal skills
• Nursing Practice and Decision-making
Leadership, Management and Team Working

1.4 The educational experience must, therefore, provide opportunities for learning the knowledge, skills, attitudes and behaviours that enable practice across the domains.

The content of the educational process is represented by the next ring, with three components which are delivered as year-long integrated modules; Module One: Knowledge for Professional Nursing Practice, Module Two: Developing Professional Nursing Practice and Module Three: Transition to Professional Nursing Practice. The next ring of programme content illustrates the mechanisms for delivery comprising of Construction, Collaboration and Consolidation.

The educational strategies adopted are informed by insights from social constructivist theory. The programme philosophy acknowledges that students are adults and bring to this educational experience a diversity of previous learning, experience and skills and that learning will be experienced and processed differently by individual students. The approach is learner-centred, acknowledging that learning is a social and active process (Giddens & Brady 2007; Loyens et al. 2009; Kala et al. 2010). The intention is to facilitate the learner in constructing rather than merely acquiring knowledge, developing new ideas using prior knowledge; sharing ideas and promoting learner self-management, through learning experiences which engage the whole person. Students will construct knowledge by engaging in verbal and written reflection, through self-assessment in theory and practice, and by participating in practice-focussed problem-solving activities and simulated scenarios (Brandon and All 2010). The construction of knowledge and skills will be further enhanced through inter-professional collaboration with people and students and practitioners from a range of professions. Such activities provide relevant, contextual learning opportunities and contribute to the promotion of collaborative practice at the same time as viewing students as active, self-directed participants rather than passive recipients of knowledge (Zachary & Daloz 2000).

1.5 The Construction element of the learning entails a joint effort by learners and teachers to build upon an existing scaffold the foundations of knowledge, skills, attitudes and behaviours required of a qualified nurse. The element of learning referred to as Collaboration prepares students to make use of a wide range of resources to make sense of the experiences and situations they are learning to manage, seeking to access and take account of the varied perspectives and contributions of people and other professionals when judging situations and acting on them. An important outcome of partnership working, highlighted within the service user strategy, is the value of nurses’ collaboration with people in meeting their care needs, rather than delivering care to people. The final element of the teaching strategy, Consolidation, entails an approach to students’ use of the skills of reflection and learning from experience. The re-evaluation and enrichment of experience through the process of reflection is a fundamental activity in professional practice and the part played by it within the learning process is well documented (Schön 1983; Kolb 1984; Boud et al. 1985a; Weir & McGill 1989). In most accounts, reflection is described as a student responding to and analysing their own experience.

1.6 In practice, student progress and performance will be assessed using Steinaker and Bell’s (1979) taxonomy, which aligns with and promotes the concepts of students.
constructing, and through collaboration, consolidating their practice, from initial exposure through to internalisation and dissemination.

Figure 1. Curriculum Model

1.7 The aims of the programme are to facilitate students’ achievement of the Nursing and Midwifery Council (NMC, 2010) standards of proficiency for entry to the Professional Register as a Nurse

- Develop nurses who apply a person-centred approach to care based on partnership, which respects the individuality of people and families
- Facilitate the development of a set of values that underpin nursing practice that is safe, caring and compassionate
- Enable students to acquire the knowledge, skills, attitudes and behaviours necessary to become thoughtful and effective professionals who provide high-quality care based on best evidence, responsive to the changing context of nursing practice, and delivered to standards agreed at national and local levels
- Provide challenging and broad-based education that develops students' personal, professional and academic competence and abilities
- Promote research awareness and its application to nursing practice
- Develop students’ clinical reasoning and decision-making skills to enable them to undertake best nursing practice
- Produce independent and motivated students with transferable skills who are prepared for graduate employment
- Develop nurses who have leadership qualities
• Develop nurses who promote ethical and non-discriminatory practices
• Enable students to work in collaboration with people, professionals and other agencies
• Develop the concept of life-long learning in students.

1.8 Studying Nursing at Keele

Keele’s main campus has the best of both worlds, from the beautiful estate with woods, lakes and parkland to a buzzing centre of shops, the Students’ Union, cafés and restaurants. The campus is home to around 70% of our full-time students, as well as a large number of staff and their families. There is a supermarket, bookshop, bank and newsagent on campus, as well as a health centre with doctors and a National Health Service dentist. We have extensive sports fields, tennis courts and indoor sports facilities including a state-of-the-art Fitness Centre, climbing wall and courts for basketball, five-a-side football, badminton, squash, netball, korfball, karate and aerobics. We also have an art gallery and ceramic collection, and the University’s arboretum boasts one of the largest collections of flowering cherry trees in the country. Keele also has a custom-built campus at the nearby Royal Stoke University Hospital, including a library, seminar rooms, laboratories and research facilities. Keele is the UK’s largest campus-based University and was founded on the principle that a different kind of University education was needed, one which produced distinctive graduates, who were able to balance essential specialist and expert knowledge with a broad outlook and independent approach. The School of Nursing & Midwifery, based at the Royal Stoke University Hospital site, remains committed to this approach.

Engagement with the programme will enable the student to develop intellectual, personal and professional capabilities and these form the ten key Graduate Attributes. These include independent thinking, synthesizing information, creative problem solving, communicating clearly and appreciating the social, environmental and global implications of their studies and activities. The educational programme and learning environment are designed to help the student to become a well rounded graduate who is capable of making a positive and valued contribution in a complex and rapidly changing world.

Keele’s professional student services empower the student to have the skills and confidence to make the most of their potential at Keele and beyond.

1.9 Keele University Teaching and Learning Strategy

The Keele Teaching and Learning Strategy (2011) not only promotes the development of the graduate attributes, but acknowledges the diversity of courses at Keele, including professional courses, such as nursing, which requires the alignment of theoretical learning, practice learning, evidence-based practice and research.

1.10 Nursing at Keele offers pathways in all four fields of nursing; Adult, Mental Health, Learning Disabilities and Children’s Nursing, delivering high-quality educational programmes which are evidenced by the regional outcomes of the West Midlands Strategic Health Authority (WMSHA, 2010) quality-monitoring process where Keele gained the highest quality indicator result. Furthermore National Student Survey results consistently rate student satisfaction highly. The school has excellent relationships with a range of NHS and non-NHS
organisations that provide clinical placements that support students in achieving an excellent standard of practice. Nursing students at Keele are fundamental to the wider Faculty of Health including Schools of Medicine, Pharmacy and Health and Rehabilitation (Physiotherapy) which enables facilitation of meaningful inter-professional working and learning. Thus, nursing students will work alongside students from medicine, physiotherapy, midwifery, operating department practice, pharmacy and social work in a planned programme in each module. In addition to this a number of innovative learning experiences are organised between specific professional groups but in particular with medical students within the clinical skills' laboratory setting. Students will be able to develop advanced clinical skills relevant to their field of practice using simulation within the clinical skills laboratories, which puts them at an advantage when seeking employment at the end of the programme. The School is committed to developing a vibrant and supportive environment for students which facilitates development of confidence and competence in academic studies and clinical practice performance, with attrition rates from the programmes being the lowest in the West Midlands (WMSHA 2010). In addition to studying at Keele University there are opportunities for students to undertake an international experience.

1.11 Students will learn

Preparation for nursing practice encompasses learning in the spheres of knowledge, skills, attitudes and behaviours. Content is driven by the NMC Standards for Pre-registration Nursing Education, QAA Academic and Practitioner Standards for nursing alongside the Distinctive Keele Curriculum (NMC 2010; QAA 2010; Keele 2010). It builds in terms of academic level, professional responsibility and technical complexity throughout the programme with key themes threaded throughout. Content will be delivered by means of an integrated framework which will include generic and field-specific learning throughout the programme underpinned by the skills of critical thinking and analysis required in degree-level study.

Programme Learning Outcomes

At the end of this programme, the student will be able to:

1. Deliver a high standard of nursing care, based on evidence and a sound understanding of the physiological, social and psychological dimensions of health and illness
2. Make effective use of communication skills throughout the health care journey
3. Assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care
4. Work in partnership with people requiring nursing care and other care providers to provide seamless care and appropriate interventions to people and their families
5. Where necessary, provide safe and effective immediate or emergency care to all people prior to accessing or referring to specialist services irrespective of their field of practice
6. Practise in a way which respects promotes and supports individuals' rights, interests, preferences, beliefs and cultures and maintain confidentiality of information
7. Practise in accordance with The Code: Standards for Conduct, Performance and Ethics (The Code) (NMC 2008), consistent with the legislation relating to nursing practice and other relevant legislation

8. Understand their responsibilities regarding safeguarding and know how to raise concerns when they believe people’s safety is at risk

9. Develop professional identity in order to make a positive contribution to interprofessional working

10. Undertake activity, such as audit and research, to monitor, evaluate and optimise the care received by people and their families

11. Support the creation and maintenance of environments that promote health, safety and wellbeing of people and contribute to enhancing the health and social wellbeing of individuals and their communities

12. Recognise the national and global and environmental context of nursing practice within 21st century health and social care

13. Demonstrate the development of skills in intellectual debate, knowledge and skills in clinical reasoning, structured evaluation and problem-solving

14. Utilise reflective strategies to maintain a professional portfolio which demonstrates effective self-appraisal and personal development planning

Key or transferable / employability skills:

1. Demonstrate effective use of Information technology
2. Engage with numerical data and calculation and understand their significance
3. Communicate effectively by written, spoken and other means using appropriate techniques including participation in group discussions, communicating ideas and presenting information to a variety of audiences
4. Work independently or as part of a team respecting other people’s contributions
5. Use problem-solving skills including generation of a variety of strategies to address a problem and design, implement and evaluate a solution that addresses the problem
6. Acquire, analyse, synthesise, summarise and present information and ideas from a wide range of sources
7. Promote evaluation and research skills, and their applications for nursing, personal and professional development
8. Critically appraise evidence and identify appropriate methods to answer a research question
9. Sustain motivation for an extended period of time
10. Demonstrate independent study skills and take responsibility for their own learning by reflecting on their strengths and weaknesses, and identifying appropriate courses of action

1.12  Keele Graduate attributes

Engagement with this programme will enable you to develop your intellectual, personal and professional capabilities. At Keele, we call these our ten Graduate Attributes and they include
independent thinking, synthesizing information, creative problem solving, communicating clearly, and appreciating the social, environmental and global implications of your studies and activities. Our educational programme and learning environment is designed to help you to become a well-rounded graduate who is capable of making a positive and valued contribution in a complex and rapidly changing world, whichever spheres of life you engage in after your studies are completed.

Please refer to the programme webpages for a statement of how you can achieve the Keele Graduate Attributes through full engagement in the programme and other educational opportunities at Keele.

2. How is the Programme taught?

2.1 Learning and Teaching Strategies

The Keele University Learning and Teaching Strategy 2011-15 (2011) supports and promotes all aspects of student learning in relation to six key themes:

- Keele Distinctive Curriculum
- Assessment and Feedback
- Research-informed Education and Inquiry
- Employability and Graduate Destinations
- Technology and the Learning Environment
- Quality Standards and Innovation in Learning, Teaching, and Educational Practice

The School of Nursing and Midwifery embraces this strategy and further addresses specific learning needs of students undertaking a programme of study leading to professional registration.

In order to prepare a practitioner who is able to contribute positively to delivering the health needs of communities, the educational and learning process will concern itself with the integration and application of theory to practice. Consequently, the student will develop the ability to reflect critically on practice and respond pro-actively to change, whilst maintaining quality within care.

Using the curriculum model, through construction, collaboration and consolidation, students will focus on learning outcomes in 3 year-long modules, as represented on the curriculum model (See Figure 1).

- Module 1 Knowledge for Professional Nursing Practice
- Module 2 Developing Professional Nursing Practice
- Module 3 Transition to Professional Nursing Practice

structured by the four nursing domains (NMC, 2010), also represented within the model:

- Professional Values
- Communication and Interpersonal Skills
- Nursing Practice and Decision-making
• Leadership, Management and Team Working.

These structures will enable dynamic content delivery to produce the person-centred graduate nurse at the heart of the curriculum model. Service user involvement in curriculum development has been a key feature, ensuring the concept of person-centredness is explicit within the curriculum model, and this is also reflected in a person-centred approach to learning and teaching, including the ‘hub and spoke’ approach in practice where students will gain an insight into people’s journeys through the health and social care system across a range of settings.

Thus, the course content is contemporary and aligns to professional, statutory and regulatory body requirements. Each module will encourage students to demonstrate deep learning that includes subject-specific knowledge and transferable skills. The delivery and assessment of the programme is structured to integrate theoretical and practice learning whilst ensuring that summative assessment occurs throughout the academic year to provide students with the best opportunities for successful progression.

Each 120-credit module will be structured so that students learn in both generic and field specific groups, whilst encouraging inter-professional learning with colleagues from other health and social care disciplines. Formal lectures will be used to impart information, stimulate interest and provide a medium for the considered application of theory to practice. Discussions, seminars and small group presentations will be used to explore the dynamics of clinical practice, and small field seminar groups will be facilitated to promote independent study in achieving the learning outcomes. Tutorials will be arranged with an emphasis on individual student support and development. Opportunity will be given to create a climate for learning through structured reflection on practice and the inter-relationship with knowledge, research and evidenced – based practice.

A variety of learning and teaching methods will be used throughout this programme in recognition of the range of subject matter and skills needed by students to develop competency for entry to the professional register. Teaching will be undertaken in both the University and clinical placement environments and will integrate theoretical and practice-based learning.

Students and mentors in clinical practice will be encouraged to structure learning and assessment around an adapted Steinaker and Bell framework (Steinaker & Bell 1979). This user-friendly framework will allow the students to self-assess and the mentors to formatively and summatively assess knowledge and skills in a valid and reliable manner. The ‘hub and spoke’ approach to practice will allow the students to be involved in a wide range of health care experiences, with an orientation to the service user’s experience, and will provide mentors with opportunities to enhance students’ on-going professional development.

It is expected that the students should be achieving ‘Internalisation’ (level 4) on the Steinaker and Bell framework by the end of their programme but minimum acceptable levels of advancement are provided as guidance to assist mentors in their decisions about a student’s progress throughout the programme at each progression point.
2.2 The learning and teaching methods that will be used during the programme to enable students to achieve the learning outcomes include:

- **Practice learning:** students will engage in both clinical and simulated practice to develop their clinical and nursing skills across a range of practice environments which reflects the diversity of clinical practice experiences in the student’s field of nursing. Learning in clinical practice is an essential and significant component of the programme.

- **Lead lectures:** the lecturer will impart information, stimulate interest and provide a medium for the considered application of theory to practice and provide students with a framework and context for further reading and independent study, to broaden and deepen their existing professional knowledge and understanding of the core principles of nursing.

- **Tutor-led tutorials:** the lecturer will focus on a topic of interest and relevance to the module with in-depth discussion in a small group to further develop students’ confidence, competence and communication skills. Tutorials will be arranged as both individual and small group sessions with an emphasis on individual student development and opportunity given to:
  - Explore specific learning intentions and/or any difficulties
  - Provide formative feedback and clarification of learning
  - Create a climate for learning through structured reflection on practice and the inter-relationship with knowledge, research and evidence-based practice
  - Provide effective support for students
  - Field-specific learning

- **Student-led tutorials:** the student will lead the discussion on a topic within a small group or on a one to one basis.

- **Problem-solving scenarios:** case-based scenarios will be used to focus students’ attention and develop their problem solving skills to facilitate linking of theory and practice.

- **Case study presentations:** the lecturer and/or students will present a specific case and use this as a vehicle for discussion and critical analysis.

- **Small group work:** students learn whilst working on a focused activity.

- **Service user involvement:** fields of nursing and topic areas will determine a variety of methods and levels of service user involvement enabling the student to develop their practice to fully engage with the service user with all aspects of their care, realising the impact interactions have upon individuals whilst receiving health care and focussing on person-centred care.
• Blended learning approaches: the University’s virtual learning environment will be used to facilitate online discussions, ‘blogs’, conditional release tasks and access to a wide range of learning resources and research tools

• Seminars and small group presentations: Small group work will be facilitated to promote independent study in achieving the learning outcomes

• Inter-professional learning: students have opportunities to focus on health-related scenarios and practice learning working within inter-professional groups of students to facilitate their understanding of each other’s roles and how they might communicate and work together as practitioners in partnership in the future to support and improve people’s experiences of health and social care

• Independent study: students will be self-directed in relation to the various study demands of each module and its assessment. This is particularly relevant to portfolio development and the dissertation in the final module

• Simulation: will expose students to a range of skills within a simulated environment

These learning and teaching methods enable students to achieve the programme learning outcomes in a variety of ways. For example:

Lead lectures and independent study enable students to broaden and deepen their existing professional knowledge and understanding of the core principles of their specific field of nursing

Lecturer and student-led tutorials and small group work enable students to explore a topic to considerable depth and to rationalise their opinions and actions within the safe, but challenging company of their peers. This further develops students’ confidence, competence and communication skills.

Case studies and case-based problem-solving scenarios facilitate linking of theory and practice; they encourage critical analysis and evidence-based discussion as students are drawn into the rhetoric / reality debate that such scenarios often generate.

Web-based learning facilitates breadth and depth of learning as participants engage in critical and challenging discussion with a large, multi-professional audience. Furthermore, communication skills are enhanced as students learn the nuances of web based communication with practitioners from a variety of disciplines.

Simulated activities allow students to practise skills, self-assess their knowledge, understanding and clinical skills alongside their ability to reflect in action, problem solve, and make decisions which in turn should build their competence and confidence.

Service user involvement will facilitate the students’ awareness of how they interact and involve the person with care delivery and the significance of meaningful involvement throughout a persons’ interaction with healthcare across a variety of services and organisations.
Clinical learning offers the opportunity for students to bring all their learning together and actually undertake nursing practice under supervision.

2.3 Teaching Staff

The School currently has 49FTE teaching staff in post and is in the process of recruiting to one clinical teaching fellow. All teaching staff hold active NMC registration as either a nurse or midwife; those from other Schools who contribute to the programme are registered with the appropriate professional body. The majority of staff have recordable teaching qualifications or are working towards achievement of this. Moreover, they have extensive experience of teaching at undergraduate and postgraduate level and many are external examiners. Some staff have dual qualifications; one member of staff also has registration as a social worker. Staff are actively encouraged to hold honorary contracts with health care provider organisations and to utilise this to ensure they remain updated with contemporary issues within their own field. A number of staff have additional roles or memberships with external organisations for example, Educational advisor for the UK Resuscitation Council, NMC Fitness to Practice Investigator, Member of RCN Education Forum Steering Committee, Member of NHS Ethics Committee, Supervisor of Midwives and Local Provider Committees.

The School has eleven staff that hold PhDs; 1 staff member that holds an MA; 3 holders of a Postgraduate in Professional Education with a further ten studying for PhDs; five studying towards an MA and 3 for Postgraduate Certificate in Professional Education. The School has a robust professional development strategy which includes an annual research and scholarship programme, alongside annual appraisal and personal development planning.

Honorary lecturers, visiting lecturers and leading clinicians are integral to the delivery of modules within the programme and are utilised where appropriate, in addition the School has a number of clinical staff on secondment to the School.

3. What is the Structure of the Programme?

The Programme is three calendar years in duration consisting of one 45-week module per year and offering one of four different pathways in either:

- Adult Nursing
- Mental Health Nursing
- Learning Disabilities Nursing
- Children’s Nursing

3.1 Adult Nursing

Graduate nurses will be the leaders who will fill and develop new posts as the nursing profession develops in the future within its global context.

The adult nursing programme adopts a contemporary person-centred approach to health care that prepares students to meet evolving health needs. The programme strives to develop nurses who place the patient at the centre of decision making, promoting dignity, care and compassion; delivering excellent evidence-based care in all care settings. Students will be encouraged and challenged to develop the ability to assess, plan, implement and
evaluate - and monitor care management effectively, while setting an example, as a registered nurse, for students and other health workers to follow. Clinical and academic skills will be developed so that, by the end of their programme, the graduate nursing student will have a range of key skills including, numeracy, critical thinking, cultural competence, IT and research, which will not only be applicable to a career in healthcare, but may also be transferable to other potential fields of employment.

The adult field programme has been designed to enable students to acquire the competencies required for registration as an adult nurse and to develop the knowledge, skills and attitudes that are required to deliver care in an evolving health care environment. Central to the focus of the adult programme is the person’s journey through their life continuum and their exposure to, and experiences of, different health care settings. Adult nursing students will explore how nurses engage with people who have differing physical and mental health needs, who have different values and beliefs and who come from ethnically diverse communities. The programme adopts a person-centred approach to care delivery encouraging people to work in partnership with health professionals to meet their physical, psychological and emotional needs.

The programme identifies the need for the students to assess the physical, psychological, social and spiritual needs of individuals and their families/carers in a range of primary and secondary care settings. Fundamental to the programme is recognition of the changing nature of contemporary health care provision with a move from hospital-based settings to more intermediate and community-based care provision. Students will, therefore, experience a range of clinical placements in which they will develop the requisite skills, knowledge and attitudes needed for contemporary nursing practice. Initially students will be challenged to adopt a person centred-approach to care delivery by integrating theory with practice and focussing on the health requirements of the individual and their own personal development. As the student progresses into their second and third modules they will develop their skills and abilities to assess and manage a group of people or individuals with complex needs whilst developing a strategic approach to care delivery.

Central to understanding the health needs of an individual and a community is developing an awareness of public health issues and current health challenges. ‘Our Health and Wellbeing Today’ (DH 2010) provides an overview of current health challenges. These include obesity, diabetes, cardiovascular disease, respiratory conditions, cancer and hypertension. These along with socio-cultural influences of health (e.g. diet, alcohol, smoking and poverty) have a profound effect on the health of an individual or a community. By embracing these challenges the adult nurse will be equipped to actively participate in and promote a healthier society whilst having the knowledge, skills and ability to assess, plan, deliver and evaluate care relating to specific disease processes.

The programme will provide opportunities for the student to acquire adult nursing knowledge and skills related to assessment, planning, implementation and evaluation of individuals’ families’ and communities’ needs across the lifespan from adolescence to older age and promoting health and wellbeing in partnership with people, families and carers. In addition the student will also gain knowledge and competence in managing, co-ordinating, and supporting continuity of care, referring people and families to relevant agencies using communication skills developed throughout their programme of study.
3.2 Mental Health Nursing

The mental health field of nursing is underpinned by contemporary policy that determines the competencies of the future mental health workforce. (NIHME 2004; DH 2006; SCMH 2008; DH 2011). Our mental health field programme will deliver a culturally competent practitioner who is able to work in partnership with service users, their families and the wider community, as well as with other agencies to provide a recovery focused service supported by evidence-based practice. The CNO review of mental health nursing (2006) included an extensive literature review which identified that service users and carers want mental health nurses to have positive human qualities, as well as a range of technical knowledge and skills. The programme welcomes and recognises feedback from service users and puts the service user at the heart of all our students’ learning.

No Health without Mental Health (DH 2011) sets out a vision for mental health services that identifies the promotion of positive mental health as a key intervention and especially recognises the importance of promoting resilience, early intervention and mental well being from birth and throughout the lifespan.

The mental health field programme will address these issues and commences with an exploration of mental health in its widest sense, and a focus on the characteristics of ‘positive’ mental health and strategies to achieve this through the age groups. Our aim is to develop future nurses who are self aware, reflective and who make the maintenance of their own mental & physical health a priority. We will prepare nurses who will be positive role models and use their health promotion and education skills at every opportunity in all aspects of their mental health practice.

We will facilitate an exploration of local community resources that are available to support people in distress and by doing so the student will gain knowledge and understanding of mental health services in the local area, many of which are non statutory and often led by service users. We will explore issues of resilience & early intervention in children, young adults, older adults and with older people, and introduce relevant theory to underpin practice. The field will develop nurses with strong therapeutic communication and core interpersonal skills .This theme will commence in Module One with the identification and practice of the core skills needed to engage service users in partnership. We will then develop more complex therapeutic skills, for example in motivational interviewing and cognitive behaviour therapy and will facilitate the development of these by simulated clinical skills practice sessions in the classroom. In this way the students will develop both competence and confidence in their abilities in a safe environment.

Using a ‘stepped approach’, our journey will take the student from promoting & maintaining their own and others’ positive mental health through to supporting a person in mental distress. The student will explore mental health and ill health in individuals and will study common mental health problems such as mild /moderate depression and anxiety. The nursing care of people with dementia and the support of carers will be a key feature of the programme, recognising that there will be over a million people with dementia by 2025 (Alzheimer’s Society 2010).

No Health without Mental Health (DH 2011) underlines the importance of physical health care in mental health settings and it is recognised that the physical health of those with 14
severe mental illness is often extremely poor (Nash, 2010). Throughout the programme, we will emphasise the importance of physical health in both assessment and treatment by use of case studies that have both physical and mental health components (e.g. diabetes & coronary heart disease). The skills laboratories will be used to practice physical assessment skills and this approach is mirrored by performance indicators in the summative practice assessment documentation.

As students progress through the programme to Modules Two and Three they will take an approach that explores more severe and complex mental health problems, including psychoses and dual diagnoses. In this context, issues relating to risk assessment and management will be explored further as will an understanding of the evidence-based interventions that relate to these mental health problems. Together with the associated legal, ethical and professional knowledge, this will assist students in promoting safety and appreciating the concept of positive risk taking.

As students develop the knowledge, skills and attitudes to work with people with more complex problems we will be also move from the perspective of the individual to the family and then to the community and wider society. We recognise that the social world in which we live impacts greatly on our mental health (Marmot & Wilkinson, 2006) and will explore issues of social inequality, social exclusion/inclusion and inequality in the development of mental health problems.

The programme will prepare mental health nurses who underpin their practice with best evidence and have the ability to: practice using high-level interpersonal skills within a recognised, values-based framework which promotes recovery; be involved with mental health promotion and illness prevention as well as the treatment of disease and / or disorder; recognise that the physical health and well-being of the person is equally important as the treatment of illness; think systemically and understand the relationship between culture, society, health and illness and deliver person centred mental and physical health care in a range of settings.

3.3 Learning Disabilities Nursing

The Department of Health identify that learning disabilities nursing is a person-centred profession with the primary aim of supporting the well-being and social inclusion of people with learning disabilities through improving or maintaining physical and mental health (DH 2007). This is further emphasised by the Royal College of Nursing who state that learning disability nurses play a central role in the lives of people with learning disabilities, particularly those with complex needs. (RCN 2011. pp5). People with learning disabilities are amongst the most socially excluded and vulnerable groups in Britain today. Very few have jobs, live in their own homes or have real choice over who cares for them. Many have few friends outside their families and those paid to care for them.

There has been much written about the physical and mental health needs of people with learning disabilities demonstrating that they experience a range of complex multiple health needs which are often significantly higher than those of the general population (See for example - Cooper et al 2004: Tyler et al 2007). It is also recognised that people with learning disabilities face serious health inequalities, partly arising from difficulties they encounter in using health services (Turner and Robinson 2011). Many also suffer higher levels of
poverty, mental health issues and social exclusion (Emerson 2011). In addition to this, people with learning disabilities are living longer and thus experiencing health needs associated with older age.

In order to face these challenges and make change, the Learning Disabilities (LD) nurse has a range of skills and roles to play in caring for and supporting individuals with learning disabilities and their carers (for example, that of advocate, teacher/educator, health facilitator, therapist,). By working in partnership with families, other professionals and people with learning disabilities as part of health and social care teams, the LD nurse can rise to these challenges and make change happen that will enhance the health status of people with learning disabilities. In order for the LD nurse to do this, they must place themselves in a person-centred culture. Person-centred care has been used extensively in learning disability services since the 1980’s and has gained significant presence over the last decade. There is already a range of well established approaches, tools and strategies when delivering person-centred care but they all place the person with learning disabilities at the centre and it is with this approach that the current curriculum begins – by placing both the person with a learning disability and student at the centre of care and education.

Hence, the 2012 Curriculum for the learning disabilities nursing field will build on the fundamental nursing knowledge and skills gained in the first module of the programme and will develop and build upon evidence-based knowledge and skills both in theory and placements in a range of settings including specialist services / nurses, residential settings, the private sector, special schools and families. By using a person-centred approach, at all times the student and the person with a learning disability will be at the centre of learning and care. To this end, the students will be prepared to be inquisitive, questioning, focused, clinically skilled and cognitively adaptable. This will result in nurses being able to respond to the individual needs of people with learning disabilities, their carers and services.

The following model (Figure 2) demonstrates how the nurse and the person with learning disabilities work together through a person-centred approach when meeting a range of complex health needs, challenges and expectations.
3.4 Children’s Nursing

The Children’s nursing programme has at its centre the child and young person reflecting Casey’s (1988) assertion that “the child is a unique entity: a developing human being” and as individuals, are functioning, growing and developing physically, emotionally, socially, intellectually and spiritually. Children and young people as members within families, communities, and society, have a range of care needs that evolve as they grow and develop through their life transition. The aim of the programme is to develop children’s nurses who are inquisitive, questioning, clinically astute and cognitively adaptable, and able to respond to current and future needs of health care delivery.

Children and young people have a right to be involved in decisions that affect them (UN 1989, ECM 2003, DOH 2010). During the children’s nursing field programme, students will develop practise that enables children and young people to be meaningful participants in their own care.

Fundamental to the programme is the enablement of partnership between the child, family and the children’s nurse which is driven by effective communication, negotiation and respect. Nothing matters more to families than the health and well-being of their children, and that children should, where possible, be cared for by people they know and within their home environment. The Children’s nursing programme reflects the changing delivery of health care, whereby services are designed around the needs of children, young people, and their families, with the service focussing on the whole child not just their illness. Children and young people receive nursing care in a range of settings including home, school and hospital. The programme will provide a wide range of practice placements throughout and create explicit connections through the use of a hub and spoke placement model.
The programme will reflect the multidisciplinary nature of children’s services and provide opportunities for student nurses to collaborate with the services around the child, young person and their family, such as education and social services.

Every child has the right to stay safe (DFES 2003) and the programme will emphasise throughout that a central role of children’s nurses is in the prevention and protection of children and young people from harm (NMC 2010, DOH 2010).

Children’s nurses need to identify the challenges of meeting a wide range of child care needs in diverse environments. Students will develop knowledge and skills to meet care needs ranging from the promotion of physical, mental, emotional and sexual health; the management of critical and acute illness; the management of long term conditions such as asthma and diabetes; to the provision of complex and technically demanding care involving rapid-response and high level decision-making.

To deliver care that makes a positive difference to children, young people and their families the programme will prepare children’s nurses to be confident, reflective practitioners who are effective communicators; able to practice with cultural competence in accessing appropriate services and care for children and their families; who have cultural sensitivity and respect for the context in which children and their families live and in which professionals work; and who are able to facilitate the delivery of optimum care to children young people and their families.

3.5 The example curriculum plan (Figure 3) shows blocks of theory and practice to enable students to fully engage with both their practice experiences, with a half-day reflective practice per practice week to facilitate reflective learning, portfolio development, and theoretical learning.

Following a University ‘Welcome Week, which orientates students to Keele University’s opportunities for extra-curricular activities, and also supports the students through an induction to the School and programme requirements, students undertake a ‘Learning to Learn’ week, which further supports the student’s induction to academic study, reflection and practice aspects of the programme. The reading weeks and consolidation periods enable students to further develop their studies, and will also support students needing to retrieve assessments or practice hours at the end of the module.

All four pathways contain generic and field-specific elements with assessment of both theory and clinical practice. All module learning outcomes must be successfully met in order to be eligible for academic award and professional registration with the NMC.

The Programme meets the professional requirement (NMC 2010) for a minimum of 4,600 hours over a 3-year period and for an equal emphasis to be placed on practice-based teaching and learning during clinical placements and on theoretical teaching and learning activities.

Successful completion of the Programme will lead to the award of BSc (Hons) Nursing (in the specific pathway as above) and the professional qualification of Registered Nurse. The Programme structure, divided into 3 modules, as represented within the curriculum model, is outlined in Table 1 overleaf. The programme hours are based on a 40-hour study week, and a 37.5-hour practice week:
Table 1. Programme Structure

<table>
<thead>
<tr>
<th>Module 1 – Knowledge for Professional Nursing Practice: Weeks 1-45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module: Knowledge for Professional Nursing Practice 120 Credits @ Level 4 (Certificate)</td>
</tr>
<tr>
<td>Theory: 920 hours</td>
</tr>
<tr>
<td>Practice: 675 hours</td>
</tr>
<tr>
<td>Welcome Week: 40 hours + Consolidation (Practice/Theory): 112.5 hours</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Module 2 – Developing Professional Nursing Practice: Weeks 1 – 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module: Developing Professional Nursing Practice 120 Credits @ Level 5 (Intermediate)</td>
</tr>
<tr>
<td>Theory: 800 hours</td>
</tr>
<tr>
<td>Practice: 825 hours Consolidation (Practice/Theory): 112.5 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module 3 – Transition to Professional Nursing Practice: Weeks 1 – 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module: Transition to Professional Nursing Practice 120 Credits @ Level 6 (Honours)</td>
</tr>
<tr>
<td>Theory: 680 hours</td>
</tr>
<tr>
<td>Practice: 900 hours Consolidation (Practice/Theory): 150 hours</td>
</tr>
</tbody>
</table>

This structure gives a total of 2,400 practice hours and 2,400 theory hours excluding consolidation periods.

Module 1  \[ 920 + 675 + 152.5 = 1747.5 \text{ hours} \text{ 120 Level 4 credits} \]
Module 2  \[ 800 + 825 + 112.5 = 1737.5 \text{ hours} \text{ 120 Level 5 credits} \]
Module 3  \[ 680 + 900 + 150 = 1730 \text{ hours} \text{ 120 Level 6 credits} \]
Total = 5,215 hours excluding annual leave (NMC requirement = 4,600 hours excluding annual leave)

The integrated module learning outcomes have been developed to represent the generic approach that the NMC has taken in developing pre-registration nursing competencies (NMC, 2010), focusing on person-centred care. The NMC domains, as represented within the curriculum model, have been used to structure the programme, while themes will be explored across the domains. The module outcomes are largely generic, and apply to all nurses across fields, as well being applied to their own field of nursing. Some field-specific
outcomes require the nurse to consider particular aspects and challenges within their own field of nursing.

3.6 Content has been identified as both generic and field-specific to help support application of the integrated outcomes, and to create a balance of learning across and within fields.

The balance between generic and field-specific theoretical learning is as follows:

<table>
<thead>
<tr>
<th>Module</th>
<th>Generic</th>
<th>Field-Specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Module 2</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Module 3</td>
<td>25%</td>
<td>75%</td>
</tr>
</tbody>
</table>

While the programme takes a generic approach to learning the principles of nursing, differentiation between fields of nursing is acknowledged through a person-centred approach.
Figure 3. Example of a curriculum plan

Total Theory = 920 + 800 + 680 = 2400 hrs  Total Practice = 675 + 825 + 900 = 2400 hrs (Hours Include Welcome week and 3+3+4 consolidation weeks)
Includes Christmas, Easter, 3 Weeks during summer break as A/L plus 3 weeks theory/practice consolidation
Includes reading weeks for all half term breaks
This gives a family friendly curriculum timetable and meets the required NMC hours without consolidation weeks.
This has been mapped against an overlay of cohorts 2012, 2013, 2014 to ensure that only 2 cohorts are in practice at any time

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3.7 Students must complete and pass all learning outcomes assigned to a module to successfully progress through the end-of-module progression point to continue with their studies. There is no compensation allowed within the Programme in line with Professional requirements. The twenty integrated module learning outcomes for each module have been mapped against:

- NMC Competencies for pre-registration nursing (NMC, 2010)
- NMC Essential Skills Clusters (NMC, 2010)
- QAA Nursing Benchmarks (QAA, 2001)
- Distinctive Keele Graduate Attributes (Keele, 2010)
- Programme Learning Outcomes and Employability Skills

Overleaf is a table of Programme Learning Outcomes and Employability Skills (Table 2) relating to Assessments for each module.

Students who leave the programme prior to completion will exit with the following awards:

Successful completion of Module 1: 120 Level 4 credits Cert HE

Successful completion of Modules 1 and 2: 120 Level 4 and 120 Level 5 credits Dip HE

*N.B. These awards will not contain ‘nursing’ within their titles due to the integrative nature of the module learning outcomes and professional requirements.*
Table 2.

<table>
<thead>
<tr>
<th>Programme Learning Outcomes (PLOs) assessed at Levels 4, 5, 6</th>
<th>Module in which this is delivered</th>
<th>Principal forms of assessment (of the Level Outcome) used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Module 1 (Yr1) Level 4</td>
<td>Module 2 (Yr2) Level 5</td>
</tr>
<tr>
<td>1 Deliver a high standard of nursing care, based on evidence and a sound understanding of the physiological, social and psychological dimensions of health and illness</td>
<td>All Modules</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Essay</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Communication Skills Case Study</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Reflective Analysis Practice Assessment Document (PAD) MCQ Practical</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>2 Make effective use of communication skills throughout the health care journey</td>
<td>All Modules</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Essay</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Communication Skills Case Study</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Reflective Analysis PAD</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
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<tr>
<td></td>
<td>PAD</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Practical</td>
<td>Communication Skills Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>3 Assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care</td>
<td>All Modules</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Essay</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Communication Skills Case Study</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Reflective Analysis PAD</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>PAD</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Practical</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Exam</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td></td>
<td>Portfolio</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>4. Work in partnership with people requiring nursing care and other care providers to provide seamless care and appropriate interventions to people and their families</td>
<td><strong>All Modules</strong></td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD MCQ Numeracy 1 Numeracy 2 Practical Exam</td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>5. Where necessary, provide safe and effective immediate or emergency care to all people prior to accessing or referring to specialist services irrespective of their field of practice</td>
<td><strong>All Modules</strong></td>
<td>Essay Case Study Reflective Analysis PAD MCQ Numeracy 1 Numeracy 2</td>
</tr>
<tr>
<td>6. Practise in a way which respects, promotes and supports individuals’ rights, interests, preferences, beliefs and cultures and maintain confidentiality of information</td>
<td><strong>All Modules</strong></td>
<td>Essay Case Study Communication Skills Reflective Analysis PAD</td>
</tr>
<tr>
<td>7. Practise in accordance with The NMC code of professional conduct: standards for conduct, performance and ethics (The Code) (NMC 2008), consistent with the legislation relating to nursing practice and other relevant legislation</td>
<td><strong>All Modules</strong></td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD Numeracy 1 Numeracy 2 Practical</td>
</tr>
<tr>
<td>Module</td>
<td>All Modules</td>
<td>Assessment</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>8 Understand their responsibilities regarding safeguarding and know how to raise concerns when they believe people’s safety is at risk</td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD Practical</td>
<td>Presentation Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>9 Develop professional identity in order to make a positive contribution to inter-professional working</td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD Numeracy 1 Numeracy 2 Practical</td>
<td>Numeracy Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>10 Undertake activity, such as audit and research, to monitor, evaluate and optimise the care received by people and their families</td>
<td>Essay Case Study Reflective Analysis PAD Portfolio</td>
<td>Presentation Critique Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>11 Support the creation and maintenance of environments that promote health, safety and wellbeing of people and contribute to enhancing the health and social wellbeing of</td>
<td>Case Study Reflective Analysis PAD Portfolio</td>
<td>Presentation Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>12 Recognise the national and global and environmental context of nursing practice within 21st century health and social care</td>
<td>Case Study Reflective Analysis PAD Portfolio</td>
<td>Presentation Exam Reflective Analysis PAD Portfolio</td>
</tr>
<tr>
<td>Employability Skills (ES)</td>
<td>Module in which this is delivered</td>
<td>Module 1 (Yr 1) Level 4</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1 Demonstrate effective use of Information technology</td>
<td>All Modules</td>
<td>Numeracy 1 Essay Communication Skills Case Study Reflective Analysis PAD MCQ Numeracy 2 Practical</td>
</tr>
<tr>
<td>2 Engage with numerical data and calculation and understand their significance</td>
<td>All Modules</td>
<td>Numeracy 1 Essay Case Study Reflective Analysis PAD Numeracy 2 Practical</td>
</tr>
<tr>
<td>3 Communicate effectively by written, spoken and other means using appropriate techniques including participation in group discussions, communicating ideas and presenting</td>
<td>All Modules</td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD Practical Exam Portfolio</td>
</tr>
<tr>
<td>4 Work independently or as part of a team respecting other peoples’ contributions</td>
<td>All Modules</td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD Practical Exam</td>
</tr>
<tr>
<td>5 Use problem-solving skills including generation of a variety of strategies to address a problem and design, implement and evaluate a solution that</td>
<td>All Modules</td>
<td>Essay Case Study Reflective</td>
</tr>
<tr>
<td>6 Acquire, analyse, synthesise, summarise and present information and ideas from a wide range of sources</td>
<td>All Modules</td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD MCQ Practical Exam Portfolio</td>
</tr>
<tr>
<td>7 Promote evaluation and research skills, and their applications for nursing, personal and professional development</td>
<td>All Modules</td>
<td>Essay Communication Skills Case Study Reflective Analysis PAD Practical Exam</td>
</tr>
<tr>
<td></td>
<td>All Modules</td>
<td>Essay</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Critically appraise evidence and identify appropriate methods to answer a research question</td>
<td>Case</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflective Analysis PAD</td>
</tr>
<tr>
<td>9</td>
<td>Sustain motivation for an extended period of time</td>
<td>Numeracy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Essay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication Skills Case Study</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflective Analysis PAD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numeracy 2 Practical</td>
</tr>
<tr>
<td>10</td>
<td>Demonstrate independent study skills and take responsibility for their own learning by reflecting on their strengths and weaknesses, and identifying appropriate</td>
<td>Essay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication Skills Case Study</td>
</tr>
<tr>
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<td>Reflective Analysis PAD</td>
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<td>PAD</td>
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<td></td>
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<td>Portfolio</td>
</tr>
</tbody>
</table>
4. How is the Programme assessed?

4.1 Assessment Strategy

The assessment strategy reflects the aims and philosophy of the programme whereby student nurses engage in educational activities that integrate the theory and practice of contemporary nursing and enable them to acquire the knowledge, skills, attitudes and behaviours for professional competence. A range of assessments reflects the requirements of professional, regulatory and statutory bodies (NMC 2010; QAA 2006; QAA 2008) and University Regulations, and is informed by service-users, clinical colleagues, students and the course development team. In accordance with Course Regulations, all modules have assessment of theory and practice, and students must be successful in both components in order to pass the module.

4.2 Assessment

In recognition of the varied learning styles of adult learners and the complex range of skills required of a registered nurse, a multi-method approach to assessment is used throughout the programme to test the application of nursing knowledge to practice as well as facilitating students' development and progression. The range of assessment methods include:

- Continuous assessment of practice
- Written assignments
- Practical examinations
- Reflective portfolio
- Individual presentations
- Unseen examinations
- Dissertation

Assessments are specified at the level ascribed to individual modules and reflect the increasing specificity and complexity of the learning outcomes that students will be required to achieve for the progression points. The dissertation is designed to provide students with an opportunity not only to explore literature relating to an issue in placement from a theoretical perspective but to relate that evidence to practice through work with local healthcare partner organisations. The schedule of assessments has been structured to give the students maximum opportunity to link their theoretical learning to their practice development. By staggering the submissions of theoretical assessments, the aim is to enable students to organise the workload and learning effectively. Formative assessment is a requirement of the programme and feedback provided will be invaluable for students' learning and progression.

Clear guidance on all assessments will be given to students within module handbooks and support will be available for students. Detailed, constructive and timely feedback will identify students' areas of strength and areas for further improvement. Students will be encouraged to reflect on their theoretical and practical learning using reflection to assess their own development. This will enable them to become more independent learners as they progress through their programme and build a sound foundation for autonomous practice.

Assessments have also been designed to facilitate the development of transferable skills that can be utilised in placement for the benefit of service users, relatives, carers and the student themselves. Similarly, the assessments will offer students the opportunity to demonstrate knowledge, evidence –
based practice and application of their developing research skills (i.e. literature searching and reviewing, application and critique of research methods and evaluation of evidence). To ensure that students are able to meet the minimum requirements of the University and in accordance with the School's marking criteria; the minimum pass mark for all summative assessments is 40% (pass). Failure to achieve a pass mark at the first attempt will lead to an automatic reassessment for which the maximum mark awarded will be 40% (pass). Failure to achieve 40% (pass) at reassessment will result in the student being referred to the Progress Review Panel. Students will also be required to undertake at least one unseen examination during the programme (NMC 2010, Keele Regulation 1A).

In order to successfully complete the award and apply for entry to the professional register the students must successfully achieve in each of the following areas:

- Summative module assessments
- Professional conduct
- Good health and good character.

Management of the assessment process will be in accordance with the University academic regulations.

4.3 Assessment of Clinical Performance

As 50% of the proposed programme is undertaken in the practice setting, student nurses will be placed with mentors who will guide and support them in the development of their nursing skills, by integrating theory and practice. For each year-long module, students will be provided with Practice Assessment Documentation (PAD) containing guidance for the student and their mentor along with the details of the skills and learning outcomes to be achieved during the placement and milestone achievement. As students progress from practice to placement, they will work with a number of different mentors and will be given the opportunity to learn by observation, direct supervision and participation in placement. Mentors will use the practice assessment documentation to continuously assess, provide feedback and record students’ achievements throughout their programme. Alongside this, students will also be required to successfully complete a milestone assessment in each module which is assessed by their mentor. The milestone assessment is a day-long episode of person-centred care which incorporates student self-assessment, peer assessment and mentor assessment against set domain-focused criteria.

Practice performance will be assessed both formatively and summatively in each module. The assessment process aims to ensure validity and reliability in the assessment of practice and support and guidance will be available to mentors and supervisors from link lecturers and personal tutors. Students will be encouraged to reflect on and discuss their learning needs with their mentor during placements. To support this dialogue, students will formatively self-assess their progress at the mid and final points of each placement to enable a development plan to be produced. They will provide mentors with evidence of their achievements in practice as part of the summative assessment of their placement, the development of their Professional Portfolio and achievement of progression point criteria. Mentors will use a variety of sources of evidence to assess the students’ achievements; such as feedback and testimonials from service users and their relatives, nursing colleagues in the hub and spoke placements, students’ own self-evaluation and reflection, and feedback from milestone assessments.

Mentors will assess students’ continuous progress and performance in meeting learning outcomes against an adapted Steinaker and Bell taxonomy (1979) ranging from ‘Exposure’ to ‘Dissemination’.

4.4 Progression

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To indicate student progression an On-going Record of Achievement will be completed as part of the practice documentation. At the end of each module there will be a progression point that students move through to enter their next level of academic study. The NMC first and second progression points have been incorporated to ensure that the students cannot progress to the next level unless the NMC requirements have been met.

5. What are the typical admission requirements for the programme?

5.1 Selection Procedures and Admissions

The School of Nursing and Midwifery Admissions Policy is developed in conjunction with clinical partners and with user / carer involvement, and is reviewed annually. The Admissions Policy is available on the School website: http://www.keele.ac.uk/nursingandmidwifery/prospectiveundergraduatestudents/admissionspolicy

5.2 Academic Entry Criteria

All candidates studying for qualifications covered by UCAS Tariff will be expected to meet a Tariff score of 260. The exact tariff score required will be determined by the student's educational profile and individual application.

5.3 Prerequisites for entry to Nurse Education

All candidates for the Pre-Registration Nursing programme are required to meet or exceed Nursing and Midwifery Council requirements, including literacy and numeracy skills.

In order to be accepted onto the programme, candidates must:

- meet the School's entry criteria
- demonstrate occupational health clearance by the University's Occupational Health Unit
- demonstrate good character through reference(s)
- demonstrate a satisfactory enhanced Disclosure and Barring Service (DBS) report
- provide evidence of minimum residency / English language requirements (see below).

All overseas applicants must have an appropriate level of English Language. If English is not their first language, students will normally be asked to pass a recognised English Language qualification:

- International English Language Testing System (IELTS) score = 7.0

5.4 Experiential Criteria

In addition to one or more of the above, some experience of care (e.g., work experience, voluntary work, caring for family members or care experience as part of a course) is desirable. For candidates who have the correct entry criteria but who have been out of study for five years or more, the School recommends that the candidate undertakes a return to study/refresher study skills activity. The School of Nursing offers a Return to Study programme.

5.5 APEL

The School recognises the value of previous learning gained from theory and practice. Robust systems for the award of academic credit for this learning have been developed by the School which are commensurate with University procedures and QAA guidelines. Students can be awarded APEL for up to
50% of the course from theory and / or practice elements of a programme that meets the requirements of NMC standards.

The School has expertise in recognising opportunities and developing APEL claims. Those wishing to apply for APEL are required to provide appropriate evidence to support their claim. A dedicated School APEL academic advisor offers support and guidance to potential applicants regarding their application. This may include initial advice on the opportunities for APEL as well as guidance on collating the evidence which will support the claim. Once the applicant has prepared their evidence it is submitted for assessment. Following assessment of the claim by an independent APEL assessor and an external examiner the claim is presented to the school APEL committee for consideration. The results are fed into assessment boards and recorded on the central University student records system with applicants being fully informed on progress throughout the process. A database of APEL claims is kept by the School APEL administrator.

5.6 Transfer between institutions

Students transferring between institutions will have their previous learning mapped against the new course. Additional learning opportunities will be provided to bridge any gaps in learning. This will enable students to meet all the necessary standards and requirements by the end of the course.
6. How are students supported on the programme?

Students are supported in their academic studies, in practice settings, and pastorally during their programme. All work submitted by students is given robust and constructive feedback to support academic development. In practice student progress is continually reviewed, and learning progression plans are developed to enable students to set goals for improvement of clinical performance. Below is a diagram (Figure 4) which indicates a range of student support structures, showing the personal tutor playing a central, pivotal role:

**Figure 4.**

![Diagram of Student Support](image)

6.1 Support from the Student Experience and Retention Lead

The School of Nursing & Midwifery aims to provide an outstanding experience which is rewarded academically while being personally fulfilling for students who achieve their potential and complete their nursing programme feeling a sense of fulfilment and pride in undertaking their experience at Keele. This in turn is reflected in a high level of student retention, demonstrated by our positive record for low attrition (WMSHA, 2011). The role of the Student Experience and Retention Lead monitors and evaluates the curricula and co-curricular activities including the engagement in the wider University to facilitate this positive experience. The School Staff / Student Liaison Committee ensures that the student’s voice contributes proactively to on-going curriculum implementation.

6.2 Support from Personal Tutors

A comprehensive package of personal Tutor support is provided to all students for the duration of their programme. All students registered on the BSc (Hons) Nursing programmes are allocated a Personal Tutor to provide support and advice. The Personal Tutor is normally a Lecturer from the appropriate field of nursing who is available to provide pastoral support and academic advice to their allocated students. In addition to providing support and advice, Personal Tutors review their students’ progress in theory and practice, and meet with each student formally at least three times per module. Personal Tutors are
allocated to students from the start of the programme and will remain their Tutor throughout their pre-registration studies in the School. All Personal Tutors are accessible to students by email and personal answer phones. Students are allocated an alternative tutor, should their Personal Tutor be absent from the School for a prolonged period of time.

Guidance Notes for Personal Tutors (Pre-registration Nursing) have been developed to assist new colleagues and to ensure a reasonable degree of consistency amongst all those undertaking the role. This guidance has been developed taking account of the relevant programme and the Guidelines and Code of Practice for Personal Tutoring in the University's Academic Quality & Standards Manual. (See University website for more information http://www.keele.ac.uk/media/keeleuniversity/academicservices/qao/AQSM2008.pdf)

6.3 Support from Module Lecturers

Module Lecturers will provide support to the student regarding specific aspects of learning and teaching. Module Lecturers may offer guidance on assessment work and may review 50% of assignment drafts but will not suggest likely grades.

6.4 Support from Link Lecturers

Each placement has a named Link Lecturer who provides advice, support and guidance to both students and Mentors in relation to learning and assessment during their placements and details of the link lecturers are made available to the students.

6.5 Disability Liaison Officer

School has a disability liaison officer whose role is to support students with disabilities and ensure reasonable adjustments are implemented.

This is a University role and involves liaison with Personal Tutors, student support services and occupational health.

6.6 Wider Network of Student Support

Students have access to a wide range of support within the University via Student Support and Development Services

The Students Union also offers support through their sabbatical officers and the Independent Advice Unit.

6.7 Support from Mentors

To support students in achieving their learning needs during placements, they will meet with their named Mentor early in the placement using their practice documentation for an initial interview during which they will be inducted to the placement environment, discuss the learning opportunities available and how these may be facilitated, and to identify and record in their practice documentation any areas for development that have been previously identified. To assist with their progression from one placement to the next, the student will use their practice documentation, ongoing achievement record and evidence from their portfolio to discuss with their Mentor their reflections and achievements from the current and previous placements along with areas of their practice that have been identified as requiring further development.

Mentors should be available for a minimum of 40% of a student's placement (NMC 2010).

6.8 Further Support in Practice
The Multi-disciplinary Team (MDT), including both nurses and other practitioners, and Clinical Placement Facilitators (CPF) also support student learning in practice.

7. Learning Resources

The School of Nursing and Midwifery has excellent facilities and is situated within the inter-professional Clinical Education Centre (CEC) at the Royal Stoke University Hospital and provides a state-of-the-art learning environment which is shared between the Schools of Nursing and Midwifery and Medicine. The teaching accommodation includes a lecture theatre, various size classrooms, seminar rooms, tutorial rooms and a clinical skills suite. The clinical skills suite has recently been extended, refurbished and equipped to a high standard to facilitate a wide range of clinical skills learning and simulation. The suite is jointly managed and resourced between the University Faculty of Health and Royal Stoke University Hospital postgraduate medicine which enables a greater range of equipment to be provided alongside enhanced inter-professional learning (IPL) activities to be undertaken. The school has purchased a range of electronic packages and licences to aid dynamic, flexible individualised learning including SafeMedicate drug calculation software, Lab Tutor and Pebble Pad e-portfolio.

In addition to the University Learning Resource Centre and Library facilities on main campus, the School provides excellent facilities with a 75-seated computer suite and multidisciplinary health library. This provides an extensive range of books, journals and electronic resources http://www.keele.ac.uk/healthlibrary/. Information skills training and academic writing skills sessions are available from library staff. The Library and IT Suite have extended open hours. The virtual learning environment will be utilised via Blackboard as a resource to support and complement the learning and teaching approach of the curriculum.

8. Other learning opportunities

8.1 Practice Learning

Practice Learning will be organised on a ‘Hub and Spoke’ model. Students will be allocated a base (hub) in their field of nursing and a range of settings relating to the hub and to people’s healthcare journeys (spokes). The development of a practice placement circuit that utilises a ‘Hub and Spoke’ method of allocating students in clinical areas is a way of expanding the capacity of the existing practice placement circuit, ensuring that the NMC (2010) and QAA (2002) aspects of placement learning are met, as well as enabling students to focus on people’s journeys through the complexities of the health and social care system. A diagram below (Figure 5) shows an example of a hub and spoke model from a mental health setting:
Practice constitutes a minimum 50% of the curriculum hours (2300 hours) (Standard 5 NMC 2010). In Module 3 when the students’ are considered to be in transition and working towards registration and graduate award, each student will undertake a sign-off placement which will be a minimum of 12 weeks (NMC 2010).

8.2 Field Placements

**Adult Nursing Placement Strategy**

The adult field pathway will provide the student with a range of practice experiences that will develop their professional values and nursing skills providing an opportunity to link theory with practice. Practice experience will be provided in partnership with local health care trusts and the independent sector, and will follow a hub and spoke model. Placements will reflect the curriculum model of construction, collaboration and consolidation of core and enhanced skills that the student will be able to use in a range of clinical settings e.g. intermediate care, community, acute care, exploring the integrated approach to modern healthcare provision, and people’s experiences of healthcare journeys through health and social care pathways, recognising people’s individual needs and choices (DH 2006).

Module One: Students will experience hub placements in medical, surgical or older person environments with spoke placements supporting these as appropriate, engaging with people’s healthcare experiences across the primary and secondary care interface and focussing on individualised person-centred care, professional values, high-quality nursing practice, communication, kindness, compassion dignity and respect.
Module Two: Students will continue to build on their Module 1 experiences with a community- focussed hub placement to further strengthen their understanding of community service provision, again supported by spoke placements. Students will have opportunities to develop confidence in their nursing skills, working under indirect supervision, focussing on quality monitoring, care planning and delivery, clinical, decision-making, leadership and management skills in preparation for their final module. There will also be an opportunity for students to undertake an elective placement within local health and social care provision towards the end of the second module.

Module Three: Students will again experience hub placements in a range of clinical environments with spoke placements supporting these as appropriate, working towards their final sign-off mentor placement. In the third and final module students will have the opportunity to work in acute and/or specialist clinical areas providing an opportunity to consolidate their knowledge and skills in relation to patients and clients with complex needs and focus on people’s experiences of healthcare, leadership, and service improvement in practice, which aligns with their dissertation. Module 3 will also provide an opportunity for students to experience an international elective, further enhancing their nursing development within a global perspective.

**Mental Health Nursing Placement Strategy**

The clinical placement plan aligns to the Standards for Pre-registration Nursing education (NMC 2010) and the future direction of mental health nursing as proposed by the new mental health strategy, No Health without Mental Health (DH 2011). Both publications stress the importance of health promotion, prevention, early intervention and inclusion. Attention across the lifespan is strongly advocated, particularly early childhood experience and at the opposite end of the spectrum, the older adult experience. The pregnant woman and peri-natal mental health have also been identified as being important areas for educational development and future service delivery. Consideration has therefore been given to these areas whilst developing the Mental Health Field placement plan.

The Field placement plan is designed to be incremental in experience aligning itself to the ‘stepped care approach’ of modern health service delivery (NICE 2010) whose emphasis is very much focused on service user self reliance and determination. To facilitate this, practice experience will be shared between hospital and community based practice settings, allowing the student to gain a greater sense of the overarching integrated approach to public health and wellbeing. Experience of inter-professional service delivery is deemed essential for the students’ practice experience and it will be provided throughout the three-year placement plan. In Module Three, it is envisaged that students’ practice placement experience will become more complex. Students will have the opportunity to carry a small service user caseload of their own; for which they will be responsible, or they will be able to develop their management and leadership skills in a hospital-based setting. Module Three practice experiences will align and augment the theoretical component of the programme i.e. the student will be situated appropriately in order to undertake a ‘service improvement’ project which it is envisaged will be supported by clinical mentors, managers and research departments alike.

To make possible the Field practice plan, the team have adopted a ‘hub and spoke’ model of placement allocation. It is envisaged that the model will facilitate a more flexible, inclusive approach for the students practice learning, one which will enable the student to follow the service users’ journey of recovery through both the health and social care setting. The movement away from a traditional static placement approach, to one which spans all relevant care settings, will allow for a more modern holistic approach to service user experience and a broader enhanced learning experience for the student nurse. The model will enable the student to gain a systemic understanding of the service users’

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cultural context of meaning within the lived experience of their own families, community and neighbourhood. The experience will highlight the relational nature of social context for the well-being of the service user and it will enable the student nurse to develop a more coordinated understanding of health and social care needs. Situating the student nurse across the health and social care context of service user experience is central to our programme. The intention is to develop culturally competent student nurses who are able to work in partnership with service users and who are also capable of working collaboratively across all relevant care settings and agency context.

**Learning Disabilities Nursing Placement Strategy**

The role and function of the learning disabilities nurse is currently undergoing major changes in line with current philosophy of care delivery. The Department of Health (2007) clearly state that learning Disabilities Nurses work in a range of settings and to be effective, have to work in real partnership with people with learning disabilities and their families, as well as other professionals, organisations and the wider community. In order to reflect and facilitate this, the principles of the “Hub and Spoke” system will allow students to gain their practical experiences from a range of settings including the family home environment: Services such as special schools: day care services: assessment and treatment units: semi-secure hospitals: Community Nursing services: prisons and a range of residential accommodation. In supporting the ethos of partnership and multi-agency working, these environments are located in the private, public and voluntary sectors of healthcare provision. In addition, the students will participate in the hub and spoke system of client attachment.

Through client attachment, the students learning process, both in theory and practice is delivered in a real learning disability environment. The underpinning philosophy of client attachment is that both the service user and the student will benefit from a longitudinal therapeutic relationship. It reflects the belief that shorter, location based experiences limit the therapeutic relationship because of the lack of continuity; the students tendency to become invasive into people lives and that “learning placements” ethically compromise the beliefs, values and attitudes which underpin the basic principles of nursing people with learning disabilities. It is the Learning Disability Team’s belief that a longer relationship with clients will enable the student to become more involved in a person’s care and develop contemporary RN(LD) skills and knowledge. Through the experience of client attachment, the student’s learning evolves in, and emerges from, practice.

In practice, during Module One and part of Module Two the students will have base placements and a range of spoke experiences which will expose them to the complexities of health care in learning disability and prepare them for their client attachment activity which will commence during the latter half of Module Two and throughout Module Three. As such, practice will be dynamic and reflect the contemporary needs and requirements of individuals with learning disabilities.
Children's Nursing Placement Strategy

The practice learning experience for the children’s nursing field programme has been developed to reflect the reality of the journey that children and young people experience when receiving health services in the local health care trusts, using the hub and spoke model. Reflecting the curriculum model the overall placement learning strategy will facilitate construction, collaboration and consolidation of core and enhanced skills that the student will be able to transfer safely and appropriately across a range of environments e.g. home, school, children’s centres, hospital.

Placements will be allocated as follows:

Module One:

There will be 2 hub placements of either a surgical or medical placement.

The spoke placement must include community experience in one of the following school health or health visiting, children's centre or nursery.

Module Two:

Available hub placements are: NICU, PICU, PAU/A&E, CCNT, DLT. All students must have a hub placement in either NICU or PICU.

All students must have either a spoke or hub experience with either CCN service or another community service related to the hub.

Module Three:

Students will have one year-long hub, spokes from the hub will be student - identified and directed with support from the sign off mentor.

8.3 Practice Quality Monitoring

An audit process is in place to ensure the maintenance of educational standards in practice as part of our practice placement quality systems. Implementation of the NMC standards to support learning and assessment in practice (NMC 2008) is overseen in partnership by the Practice Placement Quality Lead Lecturer and Clinical Placement Facilitators’ meetings.

Students will be supported in practice by a mentor in line with Standards to Support Learning and Assessment in Practice (NMC 2008).

There are sufficient mentors to support the number of commissioned students on pre- registration nursing courses, and a rolling programme of mentor updates and education ensures that there will also be sufficient mentors to meet future student nurse commissions. General information about the structure and content of the programme is incorporated into mentor updates (Standard 4 NMC 2010).

Moderation of practice assessment documents is undertaken on a regular basis to ensure compliance with NMC standards (NMC 2008) and course regulations. External Examiners regularly visit placement areas as part of their external moderation responsibility.

Working in partnership with placement providers, mentor update registers are sent to enable providers to maintain their live registers of mentors. At the present time the majority of Trusts maintain these.

Managers use a system as part of their contractual obligation to ensure their mentors update regularly to remain on the live register.
8.4 Inter-professional Learning in the Pre-Registration Curriculum

The NHS Plan (DH 2000), called for partnership and co-operation at all levels to ensure a seamless service to patient-centred care. Inter-professional education is seen as giving everyone working in the NHS the skills and knowledge to respond effectively to the individual needs of the patients. These propositions are spelt out in the NHS Workforce Strategy (DH, 2000), which calls for education and training which is genuinely multi-professional, to promote:

- Teamwork
- Partnership and collaboration between professions, agencies and with patients
- Skill mix and flexible working between professions
- Opportunities to switch training pathways and expedite career progression

It has been recognised however, that team working, integration and workforce flexibility could only be achieved if there was widespread recognition and respect for the specialist base of each profession. Therefore, inter-professional education has developed over the years in the UK to:

- Modify negative attitudes and perceptions
- Remedy failures in the trust and communication between professionals
- Reinforce collaborative competence
- Secure collaboration to implement policies, to impose services and to effect change
- Cope with problems that exceed the capacity of any one profession
- Enhance job satisfaction and ease stress
- Create a more flexible workforce
- Counter reductionism and fragmentation as professions proliferate in response to technical advance
- Integrate specialist and holistic care

At Keele University, the Faculty of Health is committed to inter-professional education in both principle and practice. We are in a fortunate position as a HEI to have educational provision for Nurses, Midwives, Operating Department Practitioners, Physiotherapists, Doctors, Pharmacists and Bio-medical scientists, all of which participate in the IPE strategy for the Faculty. The School of Nursing and Midwifery is a major contributor in terms of numbers of students and lecturers involved in the initiative. IPE also permeates all three modules of the pre-registration nursing programme.

The aims of our IPE programme are;

- To develop of mutual understanding and respect between professional groups
- To promote of inter-professional learning and teaching in undergraduate and post graduate education across the Faculty
- To facilitate the incorporation of interdisciplinary learning and teaching in health disciplines across the University, for example, through collaboration with other Faculties plus the local NHS Trusts
- To identify opportunities for shared learning and teaching in line with Government and University policy
- To enhance the knowledge, skills and attitudes for professional roles

Inter-professional education is integrated into the pre-registration nursing curriculum in every module of their programme. IPE1 runs during Module One and assigns the students, who are allocated into multi profession groups, the task of tracing the patient's care pathway in an inter-professional group setting. It includes a variety of teaching and learning methods including lectures, small group work (tutor or student led), individual study and the outcome is a group poster presentation.

During Module Two, IPE2 focuses on patient/client safety and aims to increase student’s understanding of the importance of good communication and teamwork, in the safe and effective
delivery of health care. Each multi-disciplinary group of students consider a scenario in which there has been a care delivery problem, which has compromised patient safety, resulting in a “significant event”. Students learn how to carry out an investigation using “root cause analysis”. The outcome is a group report and portfolio development.

During the final module the IPE3 learning outcomes are achieved from working together in clinical practice. Evidence for the achievement of the learning outcomes is gathered and recorded in the CPD portfolio whilst on clinical placement. These objectives focus on observing inter professional working; both effective and in effective, participate in inter professional practice and team working and the involvement in inter professional discussion and decision making.

Also during their final module, the pre-registration students will participate in an inter professional care planning day, which builds on IPE perspectives covered during the first two modules and also contributes and supplements the IPE 3 learning outcomes. Areas covered include discharge planning, communication and transition of care and multi-disciplinary ward meetings. They also learn about process mapping and how to implement this in clinical practice.

Inter professional education in the School of Nursing and Midwifery, for the pre-registration nursing students is part of a dynamic and ever-developing area of education, which is essential to equip them for today’s working environment in the health service. IPE initiatives are continually evaluated and new initiatives being developed.

Please see website for more details http://www.keele.ac.uk/health/inter-professionaleducation/

8.5 Internationalisation

There are considerable opportunities and challenges posed by the increasing globalisation and information base of the world economy and political agendas. Keele has developed a framework which is regularly updated, within which it endeavours to strategically address the international and globalisation requirements through the delivery of key strategic objectives.

- The International Strategy had six priority objectives:
  - Identify Keele’s place and strengths in the global knowledge economy, in both research and learning
  - Identify and develop strategic institutional collaborations: focused, multi-functional, and appropriately funded
  - Develop global dimensions to the curriculum
  - Develop a modern languages strategy
  - Review and continually update our international recruitment strategy
  - Internationalise the student [and staff] experience

The role of School International Champion is to provide an internal structure to enable key individuals responsible for internationalisation to have a link person within each School to share best practice, provide information on international opportunities and recruitment, raise awareness of current and planned activities and ensure that a consistent international approach is adopted across Schools.

The School of Nursing and Midwifery has been proactive in developing the international perspective and has a growing focus with well-established partnerships with a number of institutions, see examples in Table 3. (See school website for more information http://www.keele.ac.uk/nursingandmidwifery/international/.) These enable both staff and student opportunities for exchanges and electives. Students on the nursing programme will explore global health issues, international health targets and international health care policies within the curriculum.

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using a variety of learning and teaching methods. In addition to this students will be given the opportunity to undertake an international placement either in one of the School’s link institutions, via a recognised placement organisation or following appropriate approval processes, a placement they have identified.

Within the School of Nursing and Midwifery many students have experienced short and long placements in a variety of countries (some with Erasmus funding). The School also welcomes a number of students from other countries to spend a period of study here which has evaluated extremely positively and benefits the student group as a whole. An annual event is scheduled where health care students within the Faculty reflect on their international experiences as part of the “Keele International Festival”.

Table 3. Examples of International Placements

<table>
<thead>
<tr>
<th>Country</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Queensland Health, Gold Coast Hospital</td>
</tr>
<tr>
<td>Canada</td>
<td>York University and hospitals in Toronto</td>
</tr>
<tr>
<td>Turkey</td>
<td>Ankara University - Agreement for Teaching Mobility &amp; Student Mobility.</td>
</tr>
<tr>
<td>Sweden</td>
<td>University of Gothenburg - Agreement Teaching Mobility/Admin Mobility/Student Mobility</td>
</tr>
<tr>
<td>Iceland</td>
<td>Agreement Teaching Mobility</td>
</tr>
<tr>
<td>Range of countries for example Nepal, Sri Lanka, and Tanzania</td>
<td>Work the World Organisation</td>
</tr>
<tr>
<td>Spain</td>
<td>University Nebrija Madrid - Possible new area in EU for 2012</td>
</tr>
</tbody>
</table>

9. Quality management and enhancement

9.1 Programme Management

The Programme is led by an Award Lead (AL) with responsibility for providing academic and managerial leadership for the programme and assuring compliance with NMC standards.

Each field of nursing will have a Professional Lead (PL) with responsibility for maintaining the integrity of professional content relevant to each field and the appropriate delivery of programme content for specific fields.

Operational decisions about programme delivery and organisation will be undertaken by Field Teams and Module Teams, consisting of lecturers involved in delivery of programme content, support and assessment of students and review of student, external examiner and lecturer feedback and evaluation.

The Programme is managed by an Award Management Committee (AMC) which meets three times per year. Membership consists of the Award Lead, School Examinations and Assessments Lead, Module Leads and Module teams, student representatives (StARS), managers representing partner Trusts, mentors, Clinical Placement Facilitators and other individuals co-opted for attendance as required. Portions of the meeting may be closed to student representation.

The AMC has responsibility to monitor and co-ordinate course content based on best evidence according to local and national need, monitor and co-ordinate course delivery and curriculum compliance, monitor
the consistency, equity and effectiveness of assessment processes, receive and discuss examination questions/assessments prior to approval by external examiners on an annual basis (March meeting), receive and discuss course plans on an annual basis (March meeting), monitor and develop the effectiveness of clinical placement provision, monitor and act on student issues, monitor student recruitment and retention.

An **Annual Programme Review** is conducted in the summer term of each year to facilitate the opportunity for a representative sample of senior staff from providers of NHS commissioned services and university staff to mutually take stock, review and agree action required to ensure that course content and delivery is suitable for ensuring a workforce that is fit for purpose. The review will take account of relevant regulatory and professional requirements, national/contemporary issues and developments in health and social care alongside local service delivery needs. The meeting will review student feedback and evaluation, receive an overview of current of programme content, identifying areas of best practice and those requiring enhancement, receive an overview of anticipated national and local service delivery developments and needs and determine areas of course content and delivery that require revision and agree plan of action to facilitate these changes.

9.2 Quality monitoring and enhancement is led by the School's Head of Quality, and encompasses both internal and external quality developments and reviews.

9.3 **External Quality Review NMC Reviews:**

The School has reviewed positive outcomes following NMC quality monitoring processes (Full reports available on the NMC website).


**Education Commissioning for Quality Framework (ECQ)**

The Education Commissioning for Quality Framework (ECQ) is a Department of Health requirement for non-medical education quality assurance in relation to commissioned education providers. The process is undertaken with all Higher Education Providers on an annual basis. It is designed to ensure that the provision of healthcare education is reviewed, quality assured, performance managed, and is meeting the requirements of NHS Deaneries. In the West Midlands, the Health Education West Midlands undertakes the process on behalf of the West Midlands health economy. In the 2013-14 process, Keele University (School of Nursing and Midwifery and School of Health and Rehabilitation), achieved an overall average score of 89% for programme quality (the second highest average score of all the West Midlands HEIs); and 100% achievement against previous reporting years' action plan (2012-13). More information and the final report are available on the Health Education West Midlands website:


9.4 **Keele Internal University Processes**

Individual modules and the programme as a whole are reviewed and enhanced every year as part of the University's Curriculum Annual Review and Development (CARD) process. The results of student evaluations of modules are reported to module leaders and reviewed by the Teaching Team as part of the CARD process. CARD reports are reviewed by School, Faculty and University Learning and Teaching Committees.
Internal Quality Management Process

Internal Quality is managed by the Head of Quality & Programme Teams.

9.5   Mechanisms for review and evaluation of teaching, learning and assessment

In respect of its pre-registration programmes, the School has in place robust, rigorous and responsive review and evaluation processes that take account of the views of students, clinicians, teaching staff, stakeholders, External Examiners and regulatory bodies. These processes include:

Students’ evaluation of individual modules and their respective clinical placements

- Compilation of module report by module leader
- Report of actions from module evaluation reports presented at School Assessment Group & Learning and Teaching Committee
- Students’ individual and anonymous evaluations of clinical placements for each module
- Collation of placement evaluations by Practice Placement Quality Lead
- Clinical colleagues receive placement evaluations via Link Lecturers and Clinical Placement Facilitators
- Actions taken as a result of module and placements presented at Staff-Student Liaison Committee
- Meetings with Personal Tutors and Link Lecturers

Quality management of assessments:

- Management of assessments is overseen by the School Examination and Assessments Lead
- Assessment titles align with module aims and learning outcomes
- Titles and markers’ guides are scrutinised by the relevant External Examiner prior to use
- Submitted work is marked and moderated by academic staff, and scrutinised and approved by the External Examiner
- Written assessments are anonymous to the marker unless otherwise specified in the Module Proforma. The practice of the School’s Awards Board in respect of double marking is that written summative assessments are marked in batches by a team of markers and a sample of papers subsequently reviewed and moderated by a different member of academic staff. Where this is not possible (e.g. for oral presentations), work is marked and moderated either by two lecturers present at the assessment, or by reviewing filmed footage of the assessment
- Assessment of students’ practice is subject to quality procedures outlined in the School’s Practice Placement Quality System
- Practice Assessment Documents are moderated and external examiners are invited to attend Moderation of Practice meetings
- Student practice evaluations are discussed with Senior Nurse Representatives and Placement Quality Lead tri-annually
- Assessment Committee meetings are held at the end of each module to discuss assessment processes and confirm results

Quality monitoring processes:

- All clinical placements areas are audited by School staff in collaboration with clinical colleagues
- Partnership meetings take place with the School, representatives of the commissioning body and local health care provider partners
- External Examiners report on each module’s assessment and annually on the conduct of assessments
- Annual staff appraisals
- Annual Report submitted to the Nursing and Midwifery Council
- Annual Quality Review (Education Commissioning for Quality) by the Strategic Health Authority
- University Internal Quality Audit of School of Nursing and Midwifery (UNIAC) 2014-15
- Curriculum annual review and development process (CARD)
- UCIG – ongoing strategic service user involvement and action planning
Committees with responsibility for monitoring and evaluation of quality and standards:

- Course Management Team
- Assessment Committees
- Staff-Student Liaison Committee
- School Learning & Teaching Committee
- School Award Boards (Nursing; and Midwifery)
- Field Team Meetings
- Practice Partnership Meetings

9.6 Staff development includes:

Staff are encouraged to engage in a range of Professional Staff Development Opportunities offered within the School and at Keele University Centre for Professional Development, for example:

- Seminars
- Workshops
- E-learning developments
- Research Sessions
- As part of their scholarly activity, staff are encouraged to attend a series of scholarship sessions which are targeted around the key Learning and Teaching requirements of the School Learning and Teaching Strategy
- Academic staff have the opportunity to hold honorary contacts with relevant NHS Trusts to update their clinical skills
- Staff have access to a wide range of literature both hard copy and on-line in the Health Library in the Clinical Education Centre
- The School operates a mentoring system to support new staff in their role development
- Academic staff have access to the NHS Trust Intranet for up-to-date clinical information.

10. The principles of programme design

10.1 Keele University policies and procedures have been utilised in the design of the programme and are referred to in the relevant sections, however in addition to this specific national and local health drivers alongside professional requirements have been factored into the proposal. This has been achieved through the establishment of a curriculum steering group which involves key stakeholders, alongside a range of curriculum development subgroups and consultation meetings. The NMC Standards for pre-registration nursing education (NMC 2010) have shaped the curriculum development process and are dealt with throughout the PST. An initial reference document page has been provided to sign-post readers to the specific sections of the documentation. The school has utilised the findings from an Access and Progression into Nursing project (Figure 6) undertaken by Keele, and funded by the WMSHA to inform future APEL processes.
QAA subject benchmarks for nursing are met and a mapping exercise of these and NMC competencies are provided. Some additional NMC requirements that are not within specific sections of the PST are detailed below:

10.2 Stakeholder Engagement The School of Nursing and Midwifery has well established relationships with local stakeholders, which are operationalised on a number of levels including:

- Keele and Trust Partnership meetings, where senior School and placement provider representation meet bi-monthly
- Award Management Committee
- Placement Quality Partnership meetings between the school PQL and local CPF’s
- Annual Programme Review
- Student Evaluation Review
- meetings between PQL and relevant trust education lead
- moderation of practice assessment meetings
- Service users and care engagement
- Students

In addition to this the Head of School is a member of the Staffordshire Director of Nursing forum and meets with the Chief Nurse or Director of Nursing on a one to one basis every six weeks.

Consultation on curriculum development has taken place via all these mechanisms. An initial series of practitioner consultation meetings was undertaken and has been followed by ongoing involvement through the Developing Professional Practice sub-group. The field-specific curriculum planning sub-group meetings include practitioners at various levels.
10.3 Safeguarding of the Public

Safeguarding the public is a prime duty of academic education providers and is achieved as part of the admissions process via occupational health clearance, references and a satisfactory criminal record bureau check. Any prospective student who has any identified health issues that may impact on their ability to engage with the programme and/or criminal conviction will be reviewed by the school CRB and Health panel which has senior NHS trust representation. Subsequently the student is required to identify any change in circumstances in a timely manner alongside completion of an annual self-declaration form.

The University Fitness to Practise procedures ensure that any concerns regarding student conduct are dealt with appropriately in a manner that is fair and equitable whilst protecting the public (See website for more details http://www.keele.ac.uk/regulations/regulation18/).

Students are made aware of their responsibilities and know how to raise concerns (NMC 2015) when they believe the safety of service users is at risk. The School has developed a safeguarding policy within a local multi-agency partnership which focuses on safeguarding and child protection and is led by the School lead for Safeguarding.

10.4 Equality and Diversity

“As a leading example of an open and integrated community Keele University strives to be a place where learning, living and working is a positive experience for all.

Equality and Diversity is a core value underpinning the University’s mission to be the UK’s leading open, integrated, intellectual community – the ultimate campus University for the 21st Century. The University’s core mission and Strategic Plan 2010-2015 are strongly underpinned by the University’s core values as a diverse, inclusive and professional academic community that respects individuals and enables them to strive for success in order to contribute positively and sustainably to the local region, wider society and the national economy.

This Equality and Diversity Strategy sets out core principles and priorities for Keele University in support of this commitment, and provides an underpinning foundation for the development of a range of complementary policies, practice and procedures.”

(Keele University Equality & Diversity Strategy 2011)

The School of Nursing and Midwifery is committed to operationalising principles of equality and diversity throughout our programmes. The aims and objectives of the University Strategy are mirrored in the School approach to Equality and Diversity. The School’s Student Support and Guidance Lecturer (SSGL) is also designated Disability Liaison Officer (DLO) and School Equality and Diversity representative (EDR). This enables congruence between the support available to students and the requirements of the Public Equality duty.

We support a range of Widening Participation initiatives, as part of the Faculty of Health Widening Participation and Schools and Colleges Liaison Strategy. We work closely with local healthcare providers; the private, independent, and voluntary sector; schools and colleges; and many other organisations to facilitate and encourage prospective candidates from a range of backgrounds to enter Higher Education. The Faculty of Health Widening Participation and Schools and Colleges Liaison team engages in many outreach activities across the region aimed at promoting awareness of the benefits of Higher Education.

The School’s admissions team of regular interviewers has undergone Equality and Diversity training for the selection of pre-registration students.
The School's policies and procedures are subject to Equality Impact Assessments through Keele University Human Resources Unit. Many staff within the School are trained to undertake Equality Impact Assessments on the School’s policies and procedures with Keele University Equalities and Workforce Planning Manager.

The role of the Disability Liaison Officer in relation to the protected characteristic of Disability:

The School has a designated Disability Liaison Officer. The main responsibilities of the role are:

- Liaison with Disability and Dyslexia Support Services on main campus
- Management of reasonable adjustments for disabled and dyslexic students for both theory and practice, within the School of Nursing & Midwifery
- Provision of support and advice for disabled students and for members of staff within the School

The School has funded training in literacy development and dyslexia support to enable the DLO to offer onsite support for students with Specific Learning Difficulties. This support complements that available through central services and is convenient for students to access.

A Clinical Needs Assessment Tool and process has been developed to enable reasonable adjustments in clinical practice for students with disabilities. The process enables the student, clinical mentor and lecturer to identify:

- elements of the student’s clinical performance that require support
- the reasonable adjustments that would be most supportive
- who will be responsible for putting these adjustments in place
- the effectiveness of the reasonable adjustments through evaluation.

The Clinical Needs Assessment can be used to support any disabled student and facilitates continuity of support as students move through the placement circuit.

10.5 Service user and Carer Involvement

Nationally, professional and regulatory bodies have adopted policies that ensure that user consultation and participation is central to development in policy, practice and education (Developers of User and Carer Involvement in Education 2009). A vitally important driver for change in curricula is the service user and carer’s voice (Griffiths et al. 2011). The benefit of user involvement in education has been described in several reports in general nursing (Flanagan 1999; Costello & Horne 2001; Repper & Breeze 2007), mental health nursing (Hanson & Mitchell 2001; Downe et al. 2007; Lathlean et al. 2006: Repper & Breeze 2007; Rush 2008; Speers 2007), children’s nursing (Sawley 2002) and learning disabilities nursing (Atkinson & Williams 2011). Griffiths et al. (2011) has identified in a recent study that above all else service users wanted nursing to return to the care and compassion of the past. The publication of the new standards for pre-registration nurse education (NMC 2010) is a key driver to ensure that the qualities service users seek in nurses are enhanced by appropriately designed graduate programmes (Griffiths et al. 2011).

A User and Carer Implementation Group (UCIG) was formed within the School in 2007 which involved a range of users and carers and academics. This group of people who had been meeting for some time formalised their involvement and produced a User and Carer Strategy with the aim of co-ordinating a School-wide approach to the involvement of users and carers across all School business (See Figure 7).
The UCIG has grown to include students and a wider population of service users as sub-groups have developed in recognition of the diversity of the fields of nursing. The UCIG has been acknowledged by NHS West Midlands Innovation and Notable Practice Health Education Case Studies (2011:58).

The School recognises the importance of effective and collaborative working between student, service user and carer, professionals, fields of nursing and midwifery and healthcare providers. The statutory annual monitoring processes have previously identified user and carer involvement in the School of Nursing and Midwifery as best practice and recommended that this approach be embedded across the Faculty of Health (OQME 2008; NMC 2008). This work in addition to further developments has been disseminated across public arenas (Ashby et al. 2007; Ashby & Maslin-Prothero 2010; Gibbs & Read 2010; Read & Corcoran 2009; Read & Maslin-Prothero 2011; Parkes & Read in press; Read, Nte & Corcoran in press).

Recognising and respecting the individuality of a person is a key component in the provision of healthcare and supporting health and well-being across the fields of nursing. The diversity of service user/carer needs is also reflected by the specific fields of nursing.

Please refer to the Service User and Carer Portfolio which has been informed by international, national and local policy and guidance acknowledging the:

- macro perspective e.g. User and Carer Steering Group membership
- meso perspective e.g. involvement with teaching, learning and assessment
- micro perspective e.g. the voice of the individual

and details how the School is: developing a culture of participation, listening and responding to the voice of service users and carers and recognising diversity by adopting a 'kaleidoscope' of service user and carer involvement and future plans to evaluate the benefits to both academia and service users and carers.
11. Programme Version History

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