

PROGRAMME SPECIFICATION – BSc(HONS) SPECIALIST COMMUNITY HEALTH CARE NURSING STRUCTURE AND CONTENT

<p>1. Qualification BSc (Hons) Specialist Community Health Care Nursing Either District Nursing or General practice Nursing</p>	<p>2. Programme Title BSc (Hons) Specialist Community Health Care Nursing</p>	<p>3. UCAS Code</p>	<p>4. Programme Type Undergraduate degree programme Full and Part time</p>
<p>5. Main Purposes and Distinctive Features of the Programme <u>The programme aims to:</u></p> <ul style="list-style-type: none"> • Provide a high quality educational programme for health care practitioners to sustain and enhance their professional development, which meets the needs of their sponsoring employers [fitness for purpose], the requirements of the NMC [fitness for practice], and QAA benchmarks applied within the University's academic regulations [fitness for award]; • Provide a curriculum within a modular scheme which is responsive to individual practitioners' needs and interests in the changing context of health care provision; • Provide a supportive and stimulating learning environment for students in which each person's knowledge, expertise and experience is utilised to encourage discussion and debate, and to foster critical thought and inquiry; • Produce graduate and post graduate practitioners in specialist community nursing who are equipped with the specialist knowledge, intellectual aptitude, enhanced professional awareness and key skills to meet the needs of their communities/patients/clients and to rise to the challenge of contemporary health care in the community. 			
<p>6. What a graduate should know and be able to do on completion of the programme</p>			
<p><u>Knowledge and understanding in the context of the subject(s)</u></p> <p>Demonstrate:</p> <ul style="list-style-type: none"> • a systematic understanding of key aspects of the community public health and primary care, including acquisition of coherent and detailed knowledge, at least some of which is at, or informed by, the forefront of aspects of developments in the practitioner's specified area of specialist practice <p>conceptual understanding that enables the</p>	<p><u>Subject-specific practical/professional skills</u></p> <ul style="list-style-type: none"> • the ability to work with others to identify their own learning and development needs, to manage their own learning and develop their competencies and demonstrate achievement of the Standards for Community Specialist Practice and Nurse Prescribing ii an ability to use interpersonal and facilitation skills and to accurately deploy established techniques of needs assessment, planning, implementation, evaluation and management of care for individuals, families and groups in diverse settings and contributing to improvement of public health as appropriate 		

<p>student:</p> <ul style="list-style-type: none"> to devise and sustain arguments, and/or to solve problems, differentiating values, policy frameworks, and using conceptual frameworks, ideas and techniques some of which are at the forefront of contemporary practice in the practitioner's specified area of specialist practice nursing; and to describe and comment upon particular aspects of the development and use of evidence bases for specialist nursing practice <ul style="list-style-type: none"> <u>Cognitive skills in the context of the subject(s)</u> <p>Demonstrate an ability to:</p> <p>an appreciation of the contested nature of concepts, policies and practices that characterise the uncertainty, ambiguity and limits of knowledge for specialist nursing practice</p> <p>critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to frame appropriate questions and make judgements that can be accounted for on rational, ethical and professional grounds with application to practice situations</p>	<p>and</p> <ul style="list-style-type: none"> to undertake enquiry into policy and evidence based approaches to the provision and management of care; and to make use of scholarly reviews and primary sources (e.g. refereed research articles and/or original materials) as well as local data. <p>apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge, skills and understanding</p> <ul style="list-style-type: none"> demonstrate higher level clinical skills in the context of community health care settings to initiate, carry out and contribute to the leadership and management of projects that aim to develop practice and improve health and wellbeing in a defined group or setting <p>act as a change agent at strategic and operational levels through collaborative working and communication of information, ideas, problems, and solutions to both specialist and non-specialist audiences such as service users and carers and other relevant stakeholders in varied settings;</p> <p><u>other skills (e.g. key/transferrable) developed in subject or other contexts</u></p> <p>Demonstrate:</p> <p>qualities and transferrable skills necessary for employment requiring:</p> <ul style="list-style-type: none"> the exercise of initiative and personal responsibility for ethically justified interventions and approaches that value service user and community members' experiences and that promote equity for health; decision-making involving members of
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	<p>the public and relevant stakeholders in complex and unpredictable contexts; and</p> <ul style="list-style-type: none"> the learning ability needed to undertake appropriate further training of a professional or equivalent nature.
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7. Qualities, Skills & Capabilities Profile			
<i>A Cognitive</i>	<i>B Practical</i>	<i>C Personal & Social</i>	<i>D Other</i>
Higher order skills of critical reflection.	Investigative, evidence based approach to practice.	Form effective therapeutic and team relationships for collaborative working.	Ethical and accountable practice.
Analysis and synthesis of knowledge derived from research, theory and practice.	Employ a range of clinical, educational and public health interventions in a skilled and sensitive manner appropriate to the domain of practice.	Relate across organisational, professional and cultural boundaries.	Commitment to quality and humanity in professional practice.
Formulation of new perspectives to underpin 'new ways of working'.	Care and Programme management within the context of organisational settings and policy/legal frameworks.	Oral and written communication skills in academic and professional contexts.	
Systematic and rigorous approach to planning and evaluation of care and care programmes.	Leadership within appropriate team situations.		
	Prescribe within the parameters of current legislation.		
	Development of practice with colleagues and learners.		

8. Duration and Structure of Programme/Modes of Study/Credit Volume of Study Units

40 weeks full-time or equivalent part-time over two academic years.
 2 academic semesters
 Study units comprise 20 credits.

Number of units = 5 (4 X 20 and 1 X 40).

APL of 240 credits for BSc (Hons)

Part II

<p>H6 Honours Modules</p>	<p><u>Core Modules (20 credits)</u> Leading Health Promotion</p> <p>Leading and managing teams</p> <p><u>Specialist Practice Modules</u></p> <p>Principles and Practice for Specialist Community Nursing Practice (40 credits)</p> <p>Integrated Care delivery for long Term Conditions (20 credits)</p>	<p><u>Options</u> (normally 20 credits each)</p> <p><u>NONE for professional award</u></p>	<p><u>(Supporting Skills Module)</u></p> <p>Critical Evaluation of Evidence and Practice</p>
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<p>9. Learning, Teaching and Assessment Strategy</p> <p><u>Learning and Teaching Methods</u></p> <p>Teaching methods will predominantly consist of student centred approaches, therefore allowing students to both build on and share their knowledge and skills. These approaches will include:</p> <p>Analysis of case material/practice scenarios; lectures; seminars; group discussions/work; role play; critical analysis of major issues; video; micro teaching; group/individual tutorials; reflective practice; pre-briefing and debriefing; reflective diaries; learning contracts; practising; reviewing and evaluating skill development; web supported learning; Problem based learning, workshops</p> <p>Assessment Methods</p> <p>Assignments: (Usually 4,000-5,000 words) Literature review; Independent enquiry; Case study; Examination re: epidemiology; Report; Prescribing exam & case study; leadership development; All outcomes of assessment incorporated within Portfolio including Practice Assessment Schedule. Provision for formative assessment throughout all elements.</p> <p>Assessment Classification System</p> <p>At level 6, assessment applies graduated criteria ranging from 40% for borderline pass to 70%+ for first class work.</p> <p>Honours Classification Bands</p> <p>70%+ First class quality; 60-69% Upper Second class quality; 50-59% Lower Second class quality; 40-49% Third class quality.</p>	<p>10. Other Information (<i>including compliance with relevant University policies</i>)</p> <p><u>Date programme first offered</u></p> <p>Specialist Practice programme - 1996 In modified form – September 2001 & 2004</p> <p><u>Admissions Criteria</u></p> <p><i>Standard Requirements</i></p> <ul style="list-style-type: none"> • APL of 240 credits (120 level 1 and 120 level 2) for BSc Hons • Normally 1 year post registration professional experience • Entry on Part 1 of the NMC register • Support from NHS employer providing practice placement (including police clearance procedures). <p><u>Indicators of Quality and Standards</u></p> <ol style="list-style-type: none"> 1. Formal validation where a panel composed of independent internal and external representatives approved the curriculum submitted against its set of standard criteria as applied to all such degree scheme proposals. 2. Compliance with NMC standards 3. An external examining system whereby all student work and teaching is monitored by a team of external examiners. 4. Regular formal and informal dialogue with health managers, Strategic Health Authorities and NMC visitors on the development of the programme. (Annual monitoring Review in partnership with Trusts and Strategic Health Authority) 5. Peer observation of teaching. 6. Student evaluations linked to action plan where there is a need to change practice. 7. Annual formulation and monitoring of quality enhancement plan from previous year. 8. Review – This achieved a statement of “confidence” in 2005. 9. NMC Annual Monitoring and review. 2006- all standards met and good practice identified
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