SCHOOL OF NURSING AND MIDWIFERY

FACULTY OF MEDICINE AND HEALTH SCIENCES

VOLUME A

Bachelor of Science (Hons):
  Adult Nursing
  Children’s Nursing
  Learning Disabilities Nursing
  Mental Health Nursing

CURRICULUM FRAMEWORK

September 2011
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Structure of the Documents</td>
<td>3</td>
</tr>
<tr>
<td>1.2 Background and Context to Approval and Validation</td>
<td>3</td>
</tr>
<tr>
<td>1.3 Curriculum Development Process</td>
<td>5</td>
</tr>
<tr>
<td>2.1 Core Curriculum Beliefs and Values</td>
<td>9</td>
</tr>
<tr>
<td>2.2 Aims of the Programme</td>
<td>10</td>
</tr>
<tr>
<td>2.3 Learning Outcomes of the Programme</td>
<td>10</td>
</tr>
<tr>
<td>3.1 Admission Processes</td>
<td>10</td>
</tr>
<tr>
<td>3.2 Accreditation of Prior Learning (APL) and Transfers into the Programme</td>
<td>12</td>
</tr>
<tr>
<td>4.1 Curriculum Framework</td>
<td>13</td>
</tr>
<tr>
<td>4.2 Teaching and Learning Strategy</td>
<td>23</td>
</tr>
<tr>
<td>4.3 Interprofessional Learning</td>
<td>25</td>
</tr>
<tr>
<td>4.4 Practice Learning Opportunities within the Programme</td>
<td>26</td>
</tr>
<tr>
<td>4.5 Preparation of Mentors for the Teaching, Learning and Assessment in Practice</td>
<td>27</td>
</tr>
<tr>
<td>5.0 Overview of Programme Assessment Strategy</td>
<td>29</td>
</tr>
<tr>
<td>5.1 Principles</td>
<td>29</td>
</tr>
<tr>
<td>5.2 The Use of Formative Assessment</td>
<td>31</td>
</tr>
<tr>
<td>5.3 Summative Assessment</td>
<td>34</td>
</tr>
<tr>
<td>5.4 Grading of Assessment Components and Classification of the Final Award</td>
<td>35</td>
</tr>
<tr>
<td>5.5 The Summative Assessment Scheme</td>
<td>36</td>
</tr>
<tr>
<td>5.6 Progression</td>
<td>37</td>
</tr>
<tr>
<td>6.1 Student Support and Guidance</td>
<td>37</td>
</tr>
<tr>
<td>7.1 Learning Resources</td>
<td>38</td>
</tr>
<tr>
<td>8.1 Quality Management and Enhancement</td>
<td>39</td>
</tr>
<tr>
<td>8.2 Evaluation Strategy</td>
<td>40</td>
</tr>
<tr>
<td>9.1 References</td>
<td>41</td>
</tr>
</tbody>
</table>

### Tables

- Table 1: Distribution of Study Themes Over the 6 Modules
- Table 2: Module Overview of the Programme
- Table 3: Distribution of Curriculum Hours
- Table 4: Module Outlines
- Table 5: Example of Working Weeks in Theory for Each Year of the Programme

### Diagrams

- Diagram 1: Bronfenbrenner’s Bio-ecological Model

### Appendices

- Strategic Plan for the preparation of mentors for September 2011 Nursing Curriculum
- Implementation Plan for Grading of Clinical Practice

### Enclosure

- Statement of Compliance
INTRODUCTION

1.1 Structure of the Documents

**Volume A**: Outlines the educational principles and rationale that underpin the programme. In addition, it presents an overview of the programme, in the form of a curriculum framework.

**Volume B**: The curriculum is offered as one programme with four fields. Accordingly, a single programme specification has been provided. The University allows for ‘routes’ to be defined within a ‘programme’, and each field will be treated as a separate ‘route’. Each ‘route’ has a ‘diet’ of modules that must be undertaken by students, and the details of these are contained within the programme specification.

**Volume C**: Mapping of NMC competencies, curriculum learning outcomes and QAA benchmark statements.

**Volume D**: Student handbook for the 3 year BSc (Hons) Nursing (D1, D2, D3, D4 - one for each field of nursing).

**Volume E**: Student guidelines for summative assessment and appendices, which include portfolio requirements, and practice assessment documents.

**Volume F**: Skill Development Profile.

**Volume G**: Core Handbook for Pre-Registration Nursing, Midwifery, Operating Department Practitioners and Paramedics.

**Volume H**: Provides information related to School strategies and polices along with key documents used within the pre-registration nursing programmes. This document aims to illustrate the wider School structures which support these programmes.

**Volume I**: Curriculum vitae of key personnel involved in the programme.

As Guernsey is not within the United Kingdom a separate Endorsement event will be held in July 2011 following the validation of this programme. Therefore, although a collaborative approach has been taken to the development of the new curriculum and reference is made within these documents to the student experience in Guernsey, more detail about the comparability of arrangements and any minor modifications required will be provided in the documents prepared to support the Endorsement event.

1.2 Background and context to approval and validation

Healthcare is becoming increasingly complex and registered nurses
need to exercise sophisticated clinical reasoning, to work more independently and in a range of nurse-led settings demonstrating compassionate and technical competence as well as the ability to continuously improve and develop their practice. ‘High Quality Care for All’ (DH, 2008), ‘Transforming Community Services’, (DH, 2009), ‘Equity and Excellence: Liberating the NHS’ (DH, 2010a; 2010c) and ‘Healthy Lives, Healthy People’ (DH, 2010b) set key vision and direction for the challenging ambition of putting quality, effectiveness and the patient experience at the heart of health care delivery, balancing meeting the needs of people with complex and long-term needs with a preventative and public health agenda. Registered nurses will be working within a healthcare economy where flexibility, lean, effective working and innovative solutions to support providing high quality care which is good value for money are crucial.

Government initiatives such as Quality Innovation Productivity and Prevention make it clear that the nurse needs to be highly skilled, interpersonally effective and to exercise leadership. Registered nurses will, in future, be smaller in number, working within changing teams, for example with Assistant Practitioners, social care and 3rd sector organisations. The curriculum detailed in the following documents reflects the key priorities and direction of travel of nursing and healthcare. We recognise the continuing importance of attracting and retaining applications from potential students from diverse backgrounds including mature candidates, those with non-standard qualifications and those who have undertaken Assistant Practitioner preparation to access these programmes and develop their careers.

The School of Nursing and Midwifery (NAM) has produced graduates from pre-registration nursing programmes since the early 1990s and Trust partners have employed these nursing graduates within their workforce. Thus the UEA and partner organisations have considerable experience in preparing and subsequently employing graduate nurses so that the national move towards all graduate nursing is consistent with the way our pre-registration programme has evolved over the last 10 years. Additionally, the School has considerable experience since 1994 of delivering post-registration programmes to registered practitioners at both undergraduate and postgraduate levels. This has both supported the provision of effective services as well as making a significant contribution to developing the current nursing workforce and mentor pool to graduate level and beyond. We are therefore confident of our state of readiness to support and implement programmes leading to all graduate output.

A strategy to support this curriculum and our partners and stakeholders which includes the Norfolk County Workforce Group and local Trusts has been agreed by the Joint Education Forum and a subgroup dedicated to supporting the move to all graduate nursing is taking on the strategic work required. This will be supported by all the Directors of Nursing and their designates, and will address 8 key project work streams including
NAM has been highly rated for the excellence of its provision by the HPC and NMC as well as the East of England Strategic Health Authority (EoESHA), particularly in the areas of partnership working, interprofessional learning and quality processes. The School is pleased also to have shown a high ranking by being 2nd for Nursing and Paramedical Sciences (Guardian University Guide 2011). The UEA has been rated as 3rd overall for student satisfaction (National Student Survey) and is a World Top 200 University (Times Higher 2010).

In the light of this the EoESHA requested that the UEA work towards early implementation of the recently published Nursing and Midwifery Standards for pre-registration nursing education (NMC 2010). A statement of compliance accompanies this document.

NAM, alongside the Norwich Medical School and the School of Allied Health Professions, forms part of the Faculty of Medicine and Health Sciences. As well as being evaluated as a leading provider of high quality pre- and post-registration education, the School and Faculty have a proven track record in making a significant contribution to improving the evidence base to support health care delivery, service improvement, leadership and innovation through engagement, enterprise, research and consultancy.

The Faculty reflects an ethos of inter-and intra-professional working and there are robust and active partnerships with local service partners in the areas of student recruitment, teaching, learning and evidence-based developments. It is within this collaborative dynamic that this new pre-registration curriculum has been developed.

The programme described in the following documents build on curriculum development experience relating to previously validated pre-registration nursing programmes. The most recent of these in 2007 incorporated a new partnership arrangement between NAM within the Faculty of Medicine and Health Sciences (UEA) and, the Institute of Health and Social Care Services (IHSCS) in Guernsey. Following consultation with stakeholders, the new curriculum offers a pre-registration degree programme in all four fields of nursing in Norwich and in Adult and Mental Health Nursing in Guernsey.

### 1.3 Curriculum Development Process

The curriculum has been developed together with our service provider partners, clinical practice colleagues (including mentors), students and service users and carers.

The curriculum development process has been led by the Directors for Pre-registration Nursing (NAM/IHSCS), the Course Directors for Adult
and Mental Health (NAM/IHSCS), Learning Disabilities and Children’s Health fields, the School’s Placement Officer as well as the Director of Examinations and Assessments (NAM) who have together formed the overarching programme curriculum development group. The curriculum was developed from the Standards for pre-registration nursing education (NMC 2010) translating the generic and field competencies, year end and essential skill clusters progression points into module learning outcomes. These are situated under the umbrella of the programme learning outcomes and aims. The learning outcomes have been aligned with the teaching and assessment strategy.

The programme reflects the University’s Common Course Structure which is evident through the semester and assessment structure, requirements for student engagement, progression, accreditation of prior learning, student contact time and ratio of this to credit awarded.

The continuing evolution, implementation and management of the curriculum will be characterised by an inclusive partnership approach which values the views of the stakeholders, service users and carers and actively seeks to address their requirements and incorporate their visions of a rapidly changing NHS. The School has appointed a lead for service user/carer involvement (who is working closely with the Faculty Service User lead) and his input will be increasingly important in further developing both Faculty and School service user strategies. The priorities for service user involvement are recruitment and selection, programme delivery including assessment and programme development and management.

Throughout the programme development NAM and the IHSCS have consulted widely via:

- Attendance at NMC events by faculty and practice partners
- Ongoing dialogue with External Examiners
- Whole school curriculum development workshops for lecturers in October 2010
- Formal representation of stakeholders including NHS Trusts, the Guernsey Health and Social Services Department (HSSD) and the private and independent sector at curriculum development workshops in November 2010
- Involvement of the Staff-student liaison committee in the early stages of curriculum development and ongoing collaboration. For example, presentation and discussion of the new NMC standards in September 2010, student critical read of curriculum documents, student participation in the learning and teaching committee, liaison with cohorts that students represent
- Consultation with service users and carers via the NAM service user and carer forum in December 2010 and February 2011
- Programme committees where service partners, practitioners and students contribute to curriculum development
• Regular ongoing presentations to and dialogue with Directors of Nursing and senior nursing groups
• Feedback on draft curriculum documents from critical readers including service users, practice partners and students.
• Joint Education Forum (JEF) and Strategic sub-group of JEF
• Feedback from mentor update sessions.

Additionally the developmental process was informed by a critical review of the following influential factors:

• Recent annual monitoring and review activities undertaken by the Nursing and Midwifery Council in 2010
• The findings of Major Review undertaken by the Quality Assurance Agency in June 2006
• Ongoing student evaluations of the current pre-registration curriculum
• Current professional, educational and service drivers
• A critical review of the Nursing and Midwifery Council Standards for pre-registration nursing education (NMC 2010)
• A review of the Nursing and Midwifery Council Advice and guidance for implementing NMC standards for the Pre-registration nursing education (NMC 2010).

The above have informed the development of the new curriculum. In addition, the programme team’s experiences of developing and managing the current three year pre-registration nursing programme has led to the incorporation of a number of the successful elements into this curriculum.

The curriculum presented for approval and validation builds on the firm foundation of the current pre-registration nursing programmes, recognising present strengths, but recognising new opportunities and key elements needed to meet the new NMC standards and requirements of the future.

**Key elements retained from the current programme:**

• Regular practice learning opportunities from the outset of the programme to facilitate the integration of theory and practice
• A continued value placed on service users and carers’ input into the programme
• Interprofessional teaching and learning
• A strong and early emphasis on the acquisition of essential nursing skills
• Assessment strategy that is valid and reliable across all nursing programmes and also consistent with other programmes within the School
• A focus on intra-assessor and inter-assessor reliability, particularly for the assessment of practice
• Recognition of the logistical problems created by large student numbers and/or changing placement availability, and the need to find solutions that safeguard the quality of the practice learning experience
• Retention of the student Ongoing Achievement Record via the student assessment of practice documentation and Skill Development Profile
• Practice documentation reflecting the need for a Sign-Off Mentor at the end of the programme
• The opportunity for students to change nursing field subject to SHA contractual arrangements.

Features of this Programme

The curriculum outlined below fully reflects the beliefs and values inherent within the NMC 2010 standards. Balancing the generic and field specific components has been a key focus in the development of this curriculum; this has been met with widespread approval and recognises the current gaps in care so often experienced by individuals who have multiple and complex needs (e.g. Michael Report DH 2008). The curriculum enables community and out of hospital practice learning opportunities with an enhanced emphasis on health and wellbeing taking a pathway and lifespan approach. Pivotal features include:-

• The programme commences on the same date as other undergraduate UEA programmes. This will allow NAM students to attend Fresher’s Week and embrace student opportunities across the wider University.
• The organisation of the programme into 6 sequential integrated theory practice modules. Within this programme a module is equal to a semester in length.
• Responding to the need to increase service users and carers involvement with student recruitment, programme design, delivery and assessment.
• A blended learning approach to the teaching and learning strategy.
• Shared learning across the four fields for the duration of the programme, reflecting the raised emphasis on the acquisition of generic nursing skills and knowledge.
• The inclusion of independent learning weeks (in addition to the required NMC hours) in which students can make up either theory or practice time (should they need to), undertake additional skills practice or independent study/reading.
• A hub and spoke approach to student practice learning opportunities.
• Longer practice allocations to enable students to enhance relationships with staff, service users and increase practice learning opportunities.
• The inclusion of two generic placement learning opportunities in the first two years of the programme. These relate to practice environments, where skills, nursing attributes and technical abilities required by all student nurses, regardless of chosen field, can be acquired and demonstrated.
• The inclusion of simulated practice weeks.
• Inclusion of a three week local, national or international elective practice learning opportunity at the end of Year Two.
• The inclusion of two progression points that divide the pre-registration nursing programme into three parts. Progression requirements must be met to enable students to progress onto the next stage of the programme.
• A clear formative assessment strategy for both theory and practice which encourages reflection and self-assessment, enabling students to identify strengths and weaknesses in their own learning and to build on these experiences in preparation for summative assessment.
• The nursing attributes element of the assessment of practice will be graded valuing not only competency but how practice is performed.
• A Skill Development Profile which is common to all four fields of nursing with the opportunity to record additional field-specific skills should they arise.

2.1 Core Curriculum Beliefs and Values

As the White Paper ‘Liberating the NHS: Developing the Healthcare Workforce’ (DH, 2010) indicates, education is key to providing the right number of staff with the right abilities and values to ensure high quality care. We have developed the curriculum for the new pre-registration programmes to model and develop the ‘right’ underpinning values, beliefs and attributes. These underpin the whole approach to the curriculum model, core content and assessment as well as the teaching and learning strategy. Service users and carers tell us that compassion, respect and sensitivity towards them are crucial (in the context of this curriculum, the term service user refers to those otherwise known as patients, clients, their family and significant others.) In response to this feedback self-awareness and effective communication are central to the programme learning outcomes and will be developed throughout the three years of the programme.

Safe practice is emphasised throughout the programme. Central to the curriculum is the integration of theory and practice. The service users’ and carers’ experience of health care delivery is at the heart of the programme. An emphasis is attached to individuals’ health care needs in the context of their everyday lives.

This BSc (Hons) programme values the eclectic mix of evidence informing best practice drawing on the health and social sciences. The essence of nursing as an art in which interpersonal interactions, emotional intelligence and professional resilience are fundamental is fully recognised. This is important within a programme where new technologies and evidence-based practice play a vital role. The delivery of effective contemporary healthcare requires inter-professional education to be an essential part of the programme.
Students are empowered within the education process. We believe in effectively harnessing the abilities and life experiences that individual students bring to their healthcare role with service users, carers, their peers and colleagues. The programme team’s role is to enable students to develop confidence and competence in learning how to learn, and in becoming lifelong learners with a personal and professional investment in fulfilling their potential.

Students are encouraged both to question and challenge appropriately, whilst demonstrating ability in searching for and critically appraising evidence to support effective care interventions. It is important that leadership skills are fostered from the beginning of the student’s engagement with their learning. Pivotal to the curriculum is supporting students to develop reflexivity and flexibility to respond to the changes and challenges of the care environment with a readiness to innovate and improve service delivery and service user experience.

The programme team believes their role is to develop safe, versatile nurses who can work in a person-centred way across a range of fields and healthcare settings.

2.2 Aims of the Programme

Please see Section C1 of Programme Specification (Volume B).

2.3 Learning Outcomes of the Programme

Please see Section C2 of the Programme Specification (Volume B).

3.1 Admission Processes

A strategic approach is employed to ensure widening participation and access for students from non-traditional backgrounds. The success of this approach is reflected in NAM’s wide entry gate with 17.1% of students recruited from post codes representing areas of social deprivation making the School the highest contributor to the University’s Widening Participation Agenda. Activities build on the strong links that exist between NAM, the NHS and educational partners and involve collaboratively delivered outreach activities aimed at widening participation from local schools, service providers and FE colleges. The programme entry requirements reflect a wide range of academic and vocational qualifications thereby encouraging flexible entry routes for school leavers, mature applicants, and healthcare workers. Entry requirements are reviewed annually by the Recruitment, Selection and Marketing Committee and relevant stakeholders to reflect the rapid changes in academic and vocational qualifications available nationally and internationally.

An efficient and effective system for accrediting prior learning (APL) eases access for students with foundation degrees and those
transferring from other HEI’s. Additionally, NAM works closely with the University Outreach Office and the Faculty Outreach Officer engaging in a full and diverse programme of events aimed at raising the aspirations of local young people who irrespective of background, schooling or income, would benefit from access to higher education. Activities include events for ‘Gifted and Talented’, ‘Hands on Health’ and ‘Aim Higher’.

The University holds a series of well attended open days which prospective students and their families are encouraged to attend. In addition to the open days, the School has run a number of “Taster Days” where prospective students can get a flavour of the role of the nurse from a number of sessions conducted by lecturers and practitioners. Opportunities to access wider University support services are available on these days for prospective students with additional learning needs. These open and taster days enable applicants to make an informed and educated decision on their application. For the Endorsed programmes, advertisements are placed in Guernsey newspapers and lecturers attend careers fairs across the island to generate interest in the programmes.

In the academic year 2009-2010 the total number of applications received increased by 41% from the previous year and consequently the ratio of applications to places available increased from 4.6 to 6.3. This demonstrates the popularity of programmes provided and the result of a concerted marketing strategy at both the Faculty and School level.

All applications to the pre-registration programmes are shortlisted by a member of the relevant field team and applicants are interviewed jointly by an academic member of staff and a practitioner. Admissions have always involved service users to review admission processes on an annual basis. Service user involvement is being developed further for all fields of nursing.

All service staff will have undergone recruitment and equality training within their Trusts and all academic staff will have undertaken annual ‘safeguarding’ training. A mandatory programme for academic staff has been developed and will commence in summer 2011 for academic staff and this will consist of recruitment, interviewing and equality training and a record of attendance will be maintained.

Applicants’ documentary evidence of eligibility to enter the programme is carefully authenticated. All Admissions Officers and two administrative staff within the admissions team have been trained by the NHS counter fraud service. Once an applicant has accepted a place on the programme an Enhanced Criminal Bureau (CRB) and Protection of Vulnerable Adults (POVA) Check is undertaken and these are checked by a member of the Admissions team. Students are not allowed to undertake practice placements until clearance has been obtained from the latter two. The same recruitment processes are used for the
Endorsed programmes, although applicants become salaried employees.

Once applicants have accepted a place on the pre-registration programmes, they are required to complete a health questionnaire, which has to be countersigned by their General Practitioner. Those individuals with a health issue highlighted on the questionnaire will have either a telephone or face-face interview with a member of the University’s Occupational Health team. Where necessary, further assessments are also undertaken. All students have a programme of immunisations and vaccinations and this includes Hepatitis B.

The early identification of prospective students with additional learning needs during the application process enables the School and Dean of Students’ Office support services to initiate bespoke learning support plans.

3.2 Accreditation of Prior Learning (APL) and Transfers into the Programme

NAM is committed to promoting and facilitating flexible entry to pre-registration nursing programmes through a variety of routes (Volume H, Section 4). The School has a long history of managing robust Accreditation of Prior Experiential (APEL) and Certified Learning (APCL) and has a dedicated pre-registration APL Officer. NAM works closely with partner Further Education colleges to ensure smooth access for prospective students from appropriate access and entry routes. This supports effective career development avoiding unnecessary repetition.

In accordance with the NMC (2010) requirements (3.5), this programme includes opportunities for accreditation of prior learning (APL) which reflect recognised best practice principles (QAA 2004). APL is used as an all-encompassing term which allows for the recognition of both certificated and experiential prior learning.

The University (and School) APL policies and the NMC permit up to 50% of learning to be accredited although smaller amounts are likely to be the norm. However where the applicant is already a registered nurse there is the potential for a greater allowance. The particular circumstances and learning needs of each individual are considered alongside APL opportunities to achieve the best outcome for each student. The provision of admission with credit to pre-registration courses therefore recognises that some applicants at the point of selection will be able to meet some of the outcome requirements of the programme. APL may therefore be awarded where students demonstrate clearly through certification and/or experience and a portfolio of evidence mapped to relevant outcomes that they have met the requirements for identified complete modules.
In the last academic year (2009-2010) 8 students transferred their nursing programme to NAM at the UEA from other AEIs (Approved Education Institutions). Additionally 8 students received admission with advanced standing and 4 students undertook a shortened programme since they already held a UK registration with the NMC as a nurse in a different field of nursing other than that they wished to study.

APL accredited students can enter the programme at the beginning of modules two, three or four. In all cases an individual academic plan will be developed, as is current practice, to enable students to successfully achieve the field standards of competency.

The provision of credit for the students leaving the programme prior to its completion is also covered within the scope of the above policy. At key points within the three-year programme students may exit and be awarded academic credits for the theory and practice undertaken within the programme but will not be eligible to apply to the NMC for entry to the Register (Volume H, Section 3).

4.1 Curriculum Framework

There are four themes of study within the programme based on the NMC domains; professional values, communication and interpersonal skills; nursing practice and decision making and leadership, management and team working. In addition, three other essential themes of lifelong learning, research and nursing skill acquisition are included within the programme (Table 1). They are interwoven within the programme along a continuum and are incorporated within each module of study. The nature of the content moves from mostly generic to mostly field specific, although in module 6 there is sharing of generic material in preparation for future practice. The themes have been considered by the Curriculum Development Group and subject specialists and serve as a template to plan both generic and field specific theory content.

Each theme is present throughout the three years of the programme although the emphasis varies according to the module learning outcomes. Professional values and communication, interpersonal skills, research and lifelong learning will remain a constant theme. The nursing practice and decision making theme is highly evident in the early part of the programme, the leadership, management and team working domain is introduced and expanded as learning progresses. The programme learning outcomes are embedded within the four domains which will include generic and field specific competencies, essential skills clusters and the requirements of progression.
Table 1: Distribution of Study Themes Over the 6 Modules

<table>
<thead>
<tr>
<th></th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MODULE 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Values</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifelong Learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Practice &amp; Decision Making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership, Management &amp; Team Working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Skill Acquisition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication &amp; Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The themes of the 6 modules offer the opportunity to develop nursing practice reflecting development from essential nursing practice to managing complex care within the context of contemporary health care systems. Each module’s development has been influenced by Bronfenbrenner’s ecological systems theory and bio-ecological model (Diagram 1, Bronfenbrenner, 2004). This has enabled the development of a curriculum that places person-centeredness as its core, exploring the inter-relationship of the individual and their environment, representing the complex nature of life. It reflects our thinking in developing a curriculum that reflects engagement with a range of people, with a range of needs in a variety of settings.

Bronfenbrenner’s model of human development has provided a very useful framework to organise content as it considers the influences and independence between an individual’s experiences of health and the varying family, community, social and environmental contexts thus enabling students to adopt a developmental approach in learning about people’s journeys through health and illness. Students may begin a module by learning how an individual’s experience of health and illness might be influenced by bio-psychosocial processes and then go to explore the relationship between the individual experiences and organisational and societal/policy influences. Below is a worked example of the concept demonstrating how the content is mapped through the six domains/themes of the curriculum.
## Worked Example

### Module 3: Health and Well Being

<table>
<thead>
<tr>
<th>Professional values</th>
<th>Family &amp; Peers</th>
<th>Community</th>
<th>Health Systems &amp; Organisations</th>
<th>Society/Public Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ethics of health promotion at individual level</td>
<td>• Safety planning for DV</td>
<td>• Ethics of screening</td>
<td>• Ethical theory utilitarianism and deontology</td>
<td></td>
</tr>
<tr>
<td>• Managing the personal and professional interface of domestic violence (DV)</td>
<td></td>
<td>• Safeguarding children in DV</td>
<td>• Legal and professional frameworks in working with DV</td>
<td></td>
</tr>
<tr>
<td>Lifelong learning</td>
<td>Reflects on theories of social learning, self efficacy, locus of control and motivation in relation to self</td>
<td></td>
<td>• Explores cognitive dissonance in relation to conflicting personal perspectives and organisational perspectives</td>
<td></td>
</tr>
<tr>
<td>Nursing practice</td>
<td>Human development from pregnancy to adult incorporating genetics, physiology of pregnancy, child physical, emotional and psychological development</td>
<td>Principles of community practice</td>
<td>Public health (PH) policy and nursing, Health child programme</td>
<td>The family, Sociological perspectives on illness, disability and the sick role</td>
</tr>
<tr>
<td></td>
<td>Understanding human behaviour incorporating psychological theories of behaviour change, psychology of stress and coping, Understanding the impact of poverty through psycho-social pathways</td>
<td>Social support, Relationship between lifestyle and health</td>
<td>Community development</td>
<td>The role of the nurse as health promoter, PH approaches to addressing inequalities in health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Inequalities in health</td>
</tr>
<tr>
<td>Curriculum Framework – September 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Immunology and immunisations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessing need at individual level using nursing models</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessing health needs of diverse groups of people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Epidemiology and using health statistics to respond to changes in population health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Screening as public health practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Risk assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessing risk in relation to community practice such as lone worker policies, infection control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessing risk in relation to PH epidemics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vulnerability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Power imbalances in relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Domination as PH issue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sociological perspective of domestic violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Motivational interviewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Principles of CBT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Empowerment as a process of communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Empowerment as a process to communicate health promotion messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Empowerment as a process to communicate health promotion messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sociological perspective of domestic violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Theory of learning such as social learning theory, self efficacy, locus of control, learned helplessness, motivation, empowerment at individual level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The role of nurse as health promoter in developing health promotion strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Critiques research on individual approaches to behaviour changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Engages with statistical data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please refer to the programme specification, Volume B, Section G2 for a list of detailed content under each theme heading for every module of the programme.

This programme has been designed to meet the requirements of the University, the Nursing and Midwifery Council (2010, including EU directive NMC 2005/36 for Adult Nurses), and the QAA (2008) Benchmark Statement for Nursing and thus ensures that students will be safe and effective nurses at the point of registration. Mapping of the programme learning outcomes against the aforementioned documents is contained within Volume C. The programme is full time, consisting of 6 sequential compulsory modules of integrated theory and practice, each worth 60 academic credits (Table 2). A module in this programme is equal to a semester in length (in accordance with the University’s Common Course Structure). Students gain 120 credits in each year of study: 120 Certificate Credits in Year 1, 120 Diploma Credits in Year 2 and 120 Degree Credits in Year 3. Successful completion of all modules will result in the student being eligible to apply to the NMC for entry to the Register, together with the academic award of Bachelor of Science (Hons). Students will be informed of the process of applying for entry to the Register and the timeframes in which these have to be completed (Vol D).

Table 2: Module Overview of the Programme

<table>
<thead>
<tr>
<th>Year One (Certificate Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Semester 1</strong></td>
</tr>
<tr>
<td>Module Title</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year Two (Diploma Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Semester 3</strong></td>
</tr>
<tr>
<td>Module Title</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year Three (Degree Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Semester 5</strong></td>
</tr>
<tr>
<td>Module Title</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

This module structure facilitates longer periods of practice learning opportunities, that is, 12 weeks to enhance the building of relationships with service users, the following of patient pathways and the diversification of the assessment process, in response to student and mentor feedback. In addition the two modules per year structure offers discrete modules with clearly identified outcomes that will facilitate APL.
and intercalation. A slight variation in the semester length across the programme accommodates student engagement with University life and is mindful of equality and diversity in relation to student study and practice periods.

The programme comprises a 50/50 split of School/practice time across the 3 years. Curricular hours are calculated on a notional learning week of 37.5 hours, resulting in 63 weeks theory (2362.50 hours) and 63 weeks practice 112.5 hours of which are simulated practice (2362.50 hours) and 4725 hours for the programme as a whole (Table 3).

### Table 3: Distribution of Curriculum Hours

<table>
<thead>
<tr>
<th>Hours</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Module 1</td>
<td>Module 2</td>
<td>Module 3</td>
<td>Module 4</td>
</tr>
<tr>
<td>Theory</td>
<td>442.5</td>
<td>420</td>
<td>427.5</td>
<td>397.5</td>
</tr>
<tr>
<td>Practice</td>
<td>450</td>
<td>360</td>
<td>360</td>
<td>390</td>
</tr>
<tr>
<td>Simulated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td>37.5</td>
<td>37.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total in weeks</td>
<td>20</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>% Theory:</td>
<td>Theory 56%</td>
<td>Theory 52%</td>
<td>Theory 42%</td>
<td>Practice 44%</td>
</tr>
<tr>
<td></td>
<td>Practice 44%</td>
<td>Practice 48%</td>
<td>Practice 58%</td>
<td></td>
</tr>
</tbody>
</table>

Curricular time is divided into:

- Theory hours which includes study within NAM/IHSCS, directed and self-directed study activity, which may take place either in or away from the campus, and
- Practice hours, which will take place in practice and simulated practice within NAM/IHSCS.

Each module follows a pattern of a period of theory followed by a period of practice (see Table 4 for module outlines). The curriculum fulfils the requirement of an equal balance of theory and practice learning. Percentages of theory and practice learning in each part of the programme are indicated in Table 3. The programme in Guernsey will follow the same pattern.
### Table 4: Module Outlines

#### SEPTEMBER 2011

<table>
<thead>
<tr>
<th>YEAR 1 MODULE 1</th>
<th>YEAR 1 MODULE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>Sept</td>
<td>Oct</td>
</tr>
<tr>
<td>Theory</td>
<td>Practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR 2 MODULE 3</th>
<th>YEAR 2 MODULE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td>Sept</td>
<td>Oct</td>
</tr>
<tr>
<td>Theory</td>
<td>Practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR 3 MODULE 5</th>
<th>YEAR 3 MODULE 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>Sept</td>
<td>Oct</td>
</tr>
<tr>
<td>Theory</td>
<td>Theory</td>
</tr>
</tbody>
</table>

- Theory
- Practice
- V Vacation
- Simulated Practice
- Dissertation reading week
The programme structure facilitates smooth progression between each module and each year. This structure enables students’ development from knowing very little about nursing to dealing with complex cases/management issues within their chosen field thus ensuring fitness for practice. The structure will also:

- Facilitate shared learning across the fields of nursing and the Centre for Interprofessional Practice
- Embrace the underpinning curriculum teaching and learning strategy of blended learning and allowing periods of time for reflection
- Enable the complexity/variety of student’s clinical experiences to be fully integrated with the theoretical content
- Enable a spread of the assessment load across the modules allowing students to consolidate and apply clinical experiences before submitting associated academic work
- Allow sufficient time for students to use University facilities such as the library and access academic support when students’ clinical placements are dispersed across a wide geographical area
- Enable mentors in differing practice areas to review the student’s previous experiences throughout the module lending structure to the current learning experience for both the student and mentor.

There are three independent learning weeks annually, at the end of each academic year (in addition to the required NMC hours) in which students (should they need to) can make up practice or theory time, undertake additional skills practice or independent study/reading. At the end of the second year students will use this time for a 3-week local, national or international elective placement learning opportunity.

The curriculum philosophy supports the development of ‘graduateness’. This is achieved through the teaching and learning and the formative and summative assessment strategies. These focus on developing the independence of the learner taking a lifelong learning approach.

Students will be taught in mixed field groups across the 3 years but as the programme progresses there is an increased focus on their chosen field. A person centred approach facilitates breath of knowledge across fields and depth within a field. To enable this approach module teaching teams will be comprised of representatives from each field.

Direct contact time reduces over the three years to promote independent learning. Table 5 indicates how this will approached in a notional working theory week.
Table 5: Example of Working Weeks in Theory for Each Year of the Programme

Year 1 Working Week (Theory) from Week 7

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Theory session</td>
<td>Directed Study</td>
<td>School Simulated Practice session</td>
<td>Directed Study</td>
<td>School: Theory session</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self directed study</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>following IPL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Theory is based on a two week timetable pattern: 50% contact time (50% Enquiry Based Learning tutorials, 25% lectures and 25% small group/seminars). Non-contact time is divided into 40% directed study and 10% self directed. The balance between generic and field content is notionally 80:20.

Year 2 Working Week (Theory) from Week 1

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directed study</td>
<td>School: Theory session</td>
<td>Self directed study</td>
<td>School: Theory session</td>
<td>Directed study</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Theory is based on a two week timetable pattern: 40% contact time (notionally 40% Enquiry Based Learning tutorials, 30% lectures and 30% small group/seminars). Non-contact time is divided into 40% directed study and 20% self directed. The balance between generic and field content is notionally 50:50.

Year 3 Working Week (Theory) from Week 1

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Theory session</td>
<td>Directed study</td>
<td>School: Theory session</td>
<td>Self directed study</td>
<td>Self directed study</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Theory is based on a two week timetable pattern: 40% contact time (notionally 50% Enquiry Based Learning tutorials, 25% lectures and 25% small group/seminars). Non-contact time is divided into 20% directed study and 40% self directed. The balance between generic and field content is notionally 20:80.

A student is expected to attend and participate in all theory and practice days. If a student is absent for any reason (including sickness and approved exceptional circumstances), for more than 8 days of theory and 8 days of practice this time must be made up in accordance with the NAM making up time policy (Volume H, Section 4).
4.2 Teaching and Learning Strategy

The School and Faculty are making a considerable investment in a range of initiatives. These include the appointment of e-learning technologists, appointment of clinical skills technicians and the purchasing of contemporary resources to support and reinforce learning and the development and consolidation of effective clinical skills.

Examples of these are: Authentic World: Safe Medicate, SIMMAN, SIMBABY, and Clinical Skills Net. These will enhance and supplement the use of the virtual learning environment Blackboard, and are central to our teaching and learning strategy. Self-directed learning (eg using computer-assisted learning and CD-Rom packages) will also be incorporated.

The employment of increased technologies to enable remote synchronous/asynchronous engagement, for example Elluminate, lecture capture technology, recorded presentations and masterclasses and digital and web-based media will enhance directed and self-directed student learning at times that are appropriate for the learning; promoting pre-session preparation, post-session reinforcement and remote group working as needed. So, whilst quality monitoring has recognised the quality of our learning resources, the School aspires to further develop these. Working with dedicated library staff and book publishers, the team is continuing to support access to digital resources and media.

Other technologies and resources will explicitly support simulation, reinforcement and assessment of clinical skills. We are particularly aware, for example, of the impact of drug errors and difficulties in the area of medicines management, and have taken the initiative to purchase both Authentic World: Self Medicate and Clinical Skills Net.

The teaching and learning strategies employed in these programmes can be broadly described as “blended learning”. This blended learning approach will encourage students to develop skills that will support their lifelong learning and promote independent learning and ability to access and effectively use a range of current and evidence-based media.

Across the six modules of the programme a variety of pedagogical approaches are employed in order to effectively respond to the varied learning styles of students. Methods used include lectures, small group teaching, seminars, enquiry based learning, experiential learning and simulated practice. A balance between lecturer-led learning activities and experiential student-led learning strategies will help the student to develop as an effective independent practitioner with the capability to identify and meet their own learning needs, and to engage in continuous professional development and lifelong learning within the constantly evolving nature of nursing practice. Activities will be more greatly structured and lecturer-led at the beginning of the programme with the
balance moving towards student-led and student structured as the programme progresses.

Alignment between the learning outcomes, teaching methods and assessment is achieved within each module. There will be cross field teaching in mixed field groups for the duration of the programme. Students will also spend time in field specific groups which across the programme.

In Year 1 students will be given more structure and direction in their learning to support their establishment of the boundaries of nursing practice and the foundations of underpinning theory and evidence to a more self-directed approach with less direct School contact time in Year 3. In the third year students will, in class and in the practice environment, support skills acquisition and development for first year students using a range of strategies such as role play, skills demonstration, discussion and presentations. This will address the learning outcomes of both groups of students. The programme team recognises the key importance of the learning process and the requirement to support learning with structured and directed learning activities that gradually enhance the scope for learner-led approaches as the student appreciates the scope of nursing practice, the nature of the underpinning knowledge and core nursing attributes.

Within this programme the enquiry-based learning (EBL) element uses learning packages each containing a scenario that the students use as a focus usually over a two week period with scenario exploration in week one and feedback at the end of week two. Lecturers will develop the EBL packages in collaboration with service users, carers and practice colleagues. The scenarios will provide exemplars of clinical situations and patient presentations will stimulate students to engage in “as if”/“for real” situations. These will be used to structure learning sessions or to integrate curriculum themes. The use of EBL will encourage the students’ skills of enquiry, reflection, decision making, problem solving and of team working. Reflection and reflexivity are central to professional practice and clinical decision making; also to flexibility in learning and problem solving. EBL encourages independent learning facilitating analytic and critical thinking skills and the ability to find evidence systematically from diverse sources, to appraise the evidence and present this to peers. The curriculum supports complex decision-making by moving student thinking from simple/concrete to critical/analytic approaches.

The acquisition and development of skills is a key feature of the nursing programme. Prior to each practice learning opportunity in modules 1, 2 and 6 students will participate in a week of simulated practice skills in preparation for practice; this is in addition to skills teaching that is integrated within the EBL scenarios. Essential and complex nursing skills are practised in the skills labs whilst in School and reviewed and practised whilst on placement. Additionally, students in modules 1 to 4
return to School once a week during practice learning time for study days. The Skill Development Profile (Volume F) is divided into the 5 NMC Essential Skills Clusters and reflects the yearly NMC progression requirements, ensuring safe practice across the fields.

Students are provided with three reading lists, a programme reading list, a module reading list and one specific to a core lecture and/or learning package. These will provide pre- and post-session reading and activities that will be supported by the use of E-learning using the Blackboard environment. Thus the students learning, use of computers and IT, and management of study time will be structured and supported to ensure that all students, despite the breadth of access, are able to gain and assimilate the foundations of nursing theory and practice in a managed way.

4.3 Interprofessional Learning

The Centre for Interprofessional Practice (CIPP) at the UEA was founded in 2002 with the aim of developing an Interprofessional Learning (IPL) programme at both pre- and post-registration level. CIPP is thus committed to improving standards of patient care through collaboration in learning and practice.

CIPP runs a pre-registration IPL programme in which students from all health professional training programmes have the opportunity to work together. The principal aim of the programme is to foster the skills, knowledge, attitudes and behaviour required for effective interprofessional team working.

The learning objectives of the pre-registration IPL programme are for the students to:

- identify key principles that facilitate successful interprofessional team working;
- reflect on why improvements in Interprofessional Practice (IPP) are important to patients;
- reflect on their own role as health professionals and begin to learn about the role of other health professions;
- begin to understand the benefits and constraints of interprofessional team working.

In Year one, for example, students work in interprofessional groups, around a case scenario and discuss issues relating to interprofessional working. Student groups work together during seven weeks and are supported by an educational facilitator who will be present at some of the IPL group meetings. Membership of the student IPL groups is drawn from students of Nursing, Midwifery, Medicine, Pharmacy, Occupational Therapy, Physiotherapy, Speech and Language Therapy and Operating Department Practitioners.
Each student group, as part of the IPL programme assessment, produce a joint management report based on a case scenario and a short presentation to peer groups is given at the final plenary. A Student Guide with more details about the IPL programme is given to all students at the outset of their IPL programme (Volume H, Section 9).

The joint management report and presentation form part of the formative assessment process within Nursing, Midwifery and Operating Department Practitioner Programmes and do not contribute to any summative grades.

4.4 Practice Learning Opportunities within the Programme

Practice is a vital part of the programme, providing 50% of the students’ learning experience. The sub-strategy group of the Joint Educational Forum is working to develop and implement a strategic plan relating to practice learning capacity in liaison with the County Workforce Group. The role of the sub-strategy group is to action the Learning Development Agreements and monitor their efficiency and effectiveness. Whilst we are unable to predict the impact of future changes in health policy, there is a commitment to managing mentor availability and practice learning at a strategic level.

Practice Education Facilitators (PEFs), the School Placement Officer and field leads work strategically and operationally: their activity includes liaising with Directors of Nursing and their designates, the development of Trust mentorship policies; scoping of new practice learning opportunities, developing hub and spoke learning and joint delivery of mentor updates. Staff in practice areas, including mentors, are being engaged for the successful implementation of this curriculum by the course team which includes link lecturer activity and mentor updates.

Practice learning opportunities are carefully selected from across the East Anglia region to ensure that they provide safe and supportive environments in which students are exposed to meaningful learning opportunities that are congruent with the focus, theoretical content and the learning outcomes of the module. Practice learning opportunities are organised using a “hub and spoke” approach. Students will spend the majority of their practice time during a module in a primary ‘hub’ practice setting. The spoke constitutes any additional practice learning opportunities that students need in order to experience relevant patient journeys and achieve all the practice learning outcomes, the mentor in the hub will retain overall responsibility for the student.

The range of placement learning opportunities embraces primary, secondary and tertiary care, using a variety of health and social care institutions and agencies that include NHS trusts, HSSD, primary care, social services and education services, as well as those in the voluntary and independent sectors. The School has access to 364 practice areas.
in total (Volume H, Section 6). The IHSCS has access to 33 practice areas with a further 2 being developed.

Students will experience the ‘24-hour and seven-day week’ nature of health care. Further information can be found on the School’s Intranet Site at www.uea.ac.uk/nam/ueanetwk. Where the practice learning environment operates a shift system, students are required to work the shifts to which they have been allocated, facilitating at least 40% access to their mentor.

All practice learning opportunities are preceded by School-based preparation which will include simulated practice in modules one, two and six. In addition practice learning in the first year will include weekly simulated practice study days in School and theoretical study days in Year 2. Placement learning opportunities from module 2 onwards are 12 weeks in duration to enhance students’ ability to build relationships with staff and service users and facilitate a valid and robust assessment of practice. During the first 2 years of the programme all students, whatever their nursing field, will experience 2 generic practice learning opportunities where the skills, attributes and technical abilities required by all student nurses can be acquired and demonstrated. In the last year of the programme all practice learning opportunities will be within the students’ chosen field, facilitating the acquisition of knowledge, skills and attributes that students must acquire in order to practise safely and effectively in their chosen field of nursing.

There is the prospect within the 3 independent learning weeks at the end of year 2 for students to attend an elective practice learning opportunity either locally, nationally or internationally. Over the coming years we want to expand pre registration international practice opportunities into longer periods of time that are not just purely observational in nature. At the current time the curriculum development team and our service partners feel until organised international partnerships are established that the risks particularly in the reliability of the assessment of practice outweigh the benefits to longer international electives.

The detail of placement experiences is expanded upon in the individual field student handbooks (Volume D).

The quality of the practice learning environment is maintained through a two yearly monitoring and evaluating cycle and supported by an exceptional incident reporting system to identify any concerns that may evolve in between times (Volume H, Section 6). This information is recorded centrally on a database, held within NAM.

4.5 Preparation of Mentors for the Teaching, Learning and Assessment in Practice

The School has been offering Mentor Preparation Programmes for approximately 17 years. The programme is available to nurses,
midwives, community specialist public health nurses, operating
department practitioners (ODPs), paramedics and emergency care
practitioners (ECPs). The programme has consistently been well
evaluated by students and there is continued support for these
programmes from local NHS Trusts. The programme is offered to
between 200 and 300 practitioners annually. The School is approved to
run both credited and non-accredited routes to mentor preparation and is
in the process of developing the curriculum for approval of an open
learning mentor preparation module as well as a Master’s level route.
The above approaches take account of the need to enable flexibility of
access as well as taking account of the diminishing number of
commissions for level 2 (Diploma Level) mentor preparation and the
growing pool of nurses entering the Register with a graduate
qualification. The breakdown of mentors for each of the fields is Adult
1,534, Children’s 104, Learning Disabilities 95 and Mental Health 367.

The programme lead and mentor preparation team, together with the
Deputy Head of School and Practice Education Facilitators (PEFs) work
closely with Trust education leads to monitor mentor capacity, to agree
cycles and modes of updating for mentors and to support the agreement
and implementation of policies and processes to support practice
learning experiences, placement capacity and mentor capability. The
strategic sub-group of the JEF is tasked with setting and monitoring the
strategic and longer term direction and actions to support this.

A communication strategy is in place and, for example, a newsletter
focused on this curriculum and a series of Question and Answer sheets
have been developed and disseminated for Trust and mentor information
(Volume H, Section 6). The core template for mentor updates has been
amended to facilitate exploration of key changes related to this
curriculum.

The current mentor preparation programme provides the details of both
the preparation of mentors and sign off mentors. The placement
providers determine those mentors who meet the necessary additional
criteria and are eligible to sign off a student’s proficiency. Teaching
teams across the pre-registration nursing and mentor preparation
programmes are fully integrated sharing teaching and marking
responsibility across both programmes.

Regular review and updating of the Live Mentor Register is undertaken
in partnership with service providers and the number of mentors and
practice learning experiences is kept under constant review.

Mentors undertake annual updating (NMC 2008). Update sessions
focus on key areas of teaching, learning, assessing and supporting
students and address the following:

• The programme learning outcomes and assessment strategy
• Assessing practice at certificate, diploma and degree level
• Reflective practice
• Identifying and using learning opportunities in a hub and spoke approach to practice learning opportunities
• The assessment documentation
• Motivating the challenging student
• Enabling students to take responsibility for their own learning
• Failing students and use of a learning contract/action plan
• Giving feedback
• Using support mechanisms.
• The role of the Sign off Mentor.

The grading of practice by mentors will be included in update sessions as part of the implementation of this curriculum – Appendix 1 (Strategic Plan for the preparation of mentors for September 2011 Nursing Curriculum) and Appendix 2 (Implementation plan for the grading of practice).

Once a practice learning opportunity is identified for module 6 and a Sign-off Mentor has been allocated to an individual student, the information will be forwarded to the relevant Course Director. There are currently 487 Adult, 23 Children’s, 16 Learning Disabilities and 29 Mental Health Sign-off Mentors.

It is the Course Director who is responsible for checking the name and live-status of the identified Sign-off Mentor against the mentor register database held in the school. In addition, the relevant Practice Education Facilitator linked to practice will receive a list of all the student names and their allocated practice settings. The practice education facilitators will check the Sign off Mentor status in each of the identified areas.

5. Overview of Programme Assessment Strategy

5.1 Principles

Assessment is an essential part of the learning process. Both formative and summative elements facilitate meaningful feedback, monitoring of student development and identification of learning needs and strengths, thus focusing student learning and supporting student progression. Summative assessment enables judgements to be made regarding the student’s academic, clinical and professional abilities. Thus the cumulative goal of the assessment process is to test that student’s practice safely and effectively at the point of registration. The assessment strategy has been designed to address a clearly visible integration of theory and practice across the programme, in line with the programme structure. It has been informed by the standards for pre-registration nursing education (NMC, 2010) and by recent and current pre-registration nursing programmes in the School. Revisions and developments suggested by ongoing course review and discussion with stakeholders have also been incorporated.
A number of strategic aims are articulated in the School’s Assessment Strategy (2009, see Document H, Section 8) and have informed this curriculum as follows:-

1. **Validity.** The assessments test relevant and important aspects of professional theory and practice. They demonstrate achievement of relevant professional requirements and are linked to the intended learning outcomes. High-validity assessment methods, including assessment of practice in practice, portfolio, and OSCE, are utilised, alongside assessments that offer a high degree of reliability, such as essays and examinations. Strategies are being developed to ensure that the service user experience is measured through their involvement in formative and summative assessment (Volume H, Section 8).

2. **Reliability.** Care has been taken to devise assessments that ensure consistency of approach, within and between the different programmes, while allowing students to reflect on, where appropriate, their individual professional experience. Assessment methods that minimise opportunities for plagiarism and collusion have been employed, including an invigilated written examination. The triangulation of assessment decisions has been improved through the increased involvement of stakeholders.

3. **Sufficiency.** Sufficiency of assessment has been ensured following the mapping of assessments against the learning outcomes (Volume C).

4. **Integrated.** The curriculum reflects a strong commitment to the integration of theory and practice. Each of the six modules contains assessment elements in three broad categories, each attracting an equal share of the overall number of credits allocated to the module. These three categories are applied theory, practice and integrated assessment.

5. **Balanced.** The assessment strategy provides a balance of assessments. This helps achieve validity and reliability and enhances student motivation. Moreover, equity is achieved for students who may have preferences for or strengths in different forms of assessment. The matrix demonstrates the different forms of assessment.

6. **Developmental.** The learning outcomes, the assessments which test them and the feedback provided to students, facilitate progression throughout the programme. Care has been taken to ensure the alignment of this strategy with the teaching and learning strategy. A variety of forms of assessment complement the use of enquiry-based learning, which emphasises process skills and self-directed, co-operative learning. Formative assessment is used to
focus learning, to provide feedback to students and lecturers and to help prepare students for summative assessments.

7. **Inclusive.** Equality impact assessments have been incorporated into our assessment strategy without compromising academic and professional standards (Volume H, Section 2). Where appropriate, reasonable adjustments will be made.

8. **Explicit.** Assessment processes and policies are accessible and clearly explained. The assessment details relating to a specific module, including dates of submission and resubmission of work, will be made available to students on, or in advance of, the commencement date of the module.

9. **Practicable.** Some forms of assessment (e.g., Objective Structured Clinical Examinations) make particular demands on available academic and administrative resources. Accordingly, the resource implications of the proposed scheme of assessment have been considered by the relevant module teams (in conjunction with the relevant team leader) and taken to the NAM Teaching Committee.

### 5.2 The Use of Formative Assessment

We recognise that the provision of formative feedback (with its emphasis on improvement rather than judgement) is a crucial component of learning. Feedback is designed to be constructive and interactive, enhancing engagement and knowledge of progress as well as aiming to increase students’ insight. This insight can then be harnessed for reflection and to foster further development. Properly conducted, feedback is invaluable for enhancing deep learning, confidence, motivation and performance. It also provides the opportunity for ‘learning about learning’ and this, in tandem with the encouragement of the self-assessment aspect of formative assessment, has the potential to improve employability. The employability issue stems from the increased ability to learn informally on a lifelong basis, through the development of evaluative skills and the ability to work with and learn from others.

We therefore believe that informal formative assessment should be a central, everyday feature of students’ learning, both in theory and practice settings. Examples of how this will be enabled include:

- Feedback from peers, lecturers, service users, practice colleagues and mentors (this will usually be delivered verbally and interactively, but may also be summarised in writing)
- Service users observing and advising on assessment e.g., OSCE
- Regular opportunities for self-assessment and reflection.
Having stated our commitment to informal formative assessment, it is also our intention to formalise opportunities for students to learn from formative assessment. The following examples are provided:

- As students work through each enquiry-based learning (EBL) package they will, under the guidance of the facilitator, share their findings with one another. They will also reflect, and offer feedback on, their own contributions and those of their peers.
- All students will be given structured formative feedback relating to their practice competence and attitude at the midpoint of each practice learning opportunity by their mentor. They will also be asked to assess their performance and provide evidence that they have sought and reflected upon 360° feedback from team members and service users. Asking for and learning from service user feedback provides good congruence with the underpinning philosophy of this curriculum, that nurses respect and seek to empower service users, working collaboratively and actively seeking to find out from them ‘what works’. In this way there is a clear alignment between formative and summative assessment.
- Students will be provided with opportunities for ‘rehearsal’ in anticipation of summative assessments such as the OSCE (end of Year 1), the written examination (end of Year 2). Formative feedback will be provided on these occasions.
- In the case of numeracy and drug calculations, formative assessments will take place in Modules 1, 3 and 5 (again, in anticipation of summative assessment of these skills which will require a 100% pass mark).
- Each student is allocated an academic adviser and there is a written protocol in place which clearly outlines students’ eligibility for feedback on written work to be submitted for summative assessment (Volume H Section 4).
- Each student will be required to maintain a portfolio of learning and achievement throughout the programme. This will be subject to formative assessment at the mid-point of each year, and to summative assessment at the end of each year.
- The curriculum puts great emphasis on preparing students to deliver safe practice. It also acknowledges the importance of the aesthetics of nursing. Therefore students will have opportunities for skills practice and role play built in to the timetable for every module. The provision of formative feedback is integral to this learning and practitioners, lecturers, peers and service users may make a contribution.
- All students will give and receive peer feedback and reflect on experiences in practice though participation in group clinical supervision sessions interspersed throughout the programme.
- Each student will undertake a dissertation in Year 3 of the programme. Formative feedback will be given on the detailed proposal for this, supplemented by further feedback on an individual and group basis.
Overview of Formative Assessment

| Module 1 – Foundations of Nursing | Safe Medicate  
EBL presentation feedback  
Clinicalskills.net  
Portfolio development  
Practice assessment |
| Module 2 – Essential Nursing Practice | Group presentation feedback  
Mock OSCE  
Safe Medicate  
Clinicalskills.net  
Practice assessment |
| Module 3 – Health & Wellbeing | Portfolio development  
Mock report  
Research critique activities  
Mock exam questions  
Clinicalskills.net  
Practice assessment |
| Module 4 – Long Term Conditions | Practice exam papers  
Safe Medicate  
Clinicalskills.net  
Practice assessment |
| Module 5 – Meeting Complex Needs | Dissertation proposal  
Safe Medicate  
Clinicalskills.net  
Portfolio development  
Practice assessment |
| Module 6 – Preparation for Future Practice | Dissertation presentation  
Safe Medicate  
Practice assessment |

**Worked Example of Integration of Formative and Summative Assessment – Medicines Management**

Our approach to skills acquisition is multi-dimensional and proactive to ensure that different aspects of medicines management are developed and assessed. Patient safety is paramount. The use of the Safe Medicate comprehensive web-based package promotes supported learning and the assessment of drug calculations and competencies in understanding the problem, undertaking accurate calculations and application to technical competence (eg IM Injections). This is further supported by the Clinicalskills.net clinical procedures package.

The practice assessment and Skill Development Profile involve mentors in assessing students’ competence in the practice setting and ensuring safe and effective practice at each progression point. More in-depth assessment will take place within the standardised OSCE situation; this supports assessment in practice and enhances the reliability and validity of assessment.
This key area of safe practice is assessed in the following ways:

**Formative Assessment**

*Safe Medicate* - Modules 1, 3 and 5

Clinicalskills.net online clinical skills resource

Mock OSCE

Ongoing Achievement Record

Portfolio

Simulation.

**Summative Assessment**

OSCE Stations 2 & 4 - end of Year 1. The pass mark for Station 4 (drug calculations) is 100%

Practice assessment of specified skills (Skill Development Profile)
- by end of year 1 progression point
- by end of year 2 progression point
- by end of year 3 (sign-off)

Portfolio – *Safe Medicate* - module 6 (Students must demonstrate 100% accuracy in this)

Practice assessment learning outcomes
- eg Learning Outcome 8 Module 1

Simulation.

**5.3 Summative Assessment**

Within the assessment strategy equal weighting has been attributed to theory and practice with respect to the final award. Emphasis has been placed on the integration of theory and practice. Accordingly, within each module the following kinds of summative assessments have been utilised:-

- **Applied theory assessment** (eg essay; examination; classroom presentation)
- **Practice-based assessment** (ie assessment of practice in practice)
- **Integrated assessment** (eg OSCE, portfolio)

Specific skills will be assessed based on the NMC (2006) Essential Skills Clusters (Volume F). The Skill Development Profile itemises the skills
that the programme team feel are crucial and fundamental to the role of the nurse across the four fields of nursing. The student and practice mentor will review this document, at the beginning of a practice learning opportunity to identify learning needs and at the end to review progress made. The Academic Adviser will also participate in the review of this profile during end of year meetings with their students. Students will also be able to have skills signed off during stimulated skills sessions in school.

5.4 Grading of Assessment Components and Classification of the Final Award

The question of grading of practice and the contribution of this to the classification of the final award has been carefully considered. We have taken the view that the grading of practice is not only desirable, but also that it is practicable, within certain parameters and limitations. The aesthetics of nursing have been selected as the aspect of practice that is graded. This is because student progression and the achievement of safe practice are ensured through the use of the Ongoing Achievement Record, the Skill Development Profile, the maintenance of the portfolio and the end of year review. In other words, students are either competent or not. In our view there is merit in making additional qualitative judgements which extend beyond what is done to qualitatively evaluate how it is done (Koithan 1996). This view has also been widely articulated by service colleagues and service users consulted during the process of designing this curriculum. As we have acquired extensive experience of an attitudinal assessment tool adapted from the work of Knight (1998), this experience has been built upon to devise a tool used to generate a grade. We have identified this as an assessment of ‘nursing attributes’ and a strategy for preparing mentors for this has been developed – Appendix 1 (Strategic Plan for the preparation of mentors for September 2011 Nursing Curriculum) and Appendix 2 (Implementation plan for the grading of practice).

Successful completion of each year contributes 120 credits at Certificate, Diploma, and Degree level respectively. Grades awarded in Year 1 do not contribute to the classification of the final award. In Years 2 and 3, all summative assessment elements are graded and contribute to the classification of the final award, on a pro rata basis according to their credit rating. There is, accordingly, consistent weighting within and between modules in Years 2 and 3 with respect to the classification of the award.
### 5.5 The Summative Assessment Scheme

<table>
<thead>
<tr>
<th>Module</th>
<th>Credit</th>
<th>Assessment</th>
<th>Weighting towards credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60</td>
<td>Communication assignment</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td>Level 1</td>
<td>Practice assessment 1</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Portfolio</td>
<td>1/3</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>Group Presentation (EBL)</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td>Level 1</td>
<td>Practice assessment 2</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OSCE</td>
<td>1/3</td>
</tr>
<tr>
<td>3</td>
<td>60</td>
<td>Empowerment assignment</td>
<td>1/2</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>Practice assessment 3</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Report</td>
<td>1/6</td>
</tr>
<tr>
<td>4</td>
<td>60</td>
<td>Examination</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>Practice assessment 4</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Portfolio</td>
<td>1/3</td>
</tr>
<tr>
<td>5</td>
<td>60</td>
<td>Practice assessment 5</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>Dissertation</td>
<td>2/3</td>
</tr>
<tr>
<td>6</td>
<td>60</td>
<td>Practice assessment 6</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>Service improvement proposal (based on dissertation)</td>
<td>1/3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Portfolio</td>
<td>1/3</td>
</tr>
</tbody>
</table>

**Key**

- Applied theory assessment
- Practice-based assessment
- Integrated assessment

The combination of applied theory, practice-based, and integrated assessment ensures that there is an equal contribution of theory and practice to the credit required for the final award.
5.6 Progression

There will be two progression points, at the end of Years 1 and 2. In order to progress, each student must meet the requirements of the programme in terms of summative assessment of theory and practice, and the award of the associated credit.

NMC requirements for progression will be confirmed by an appropriately qualified mentor within the assessment of practice process at the end of Years 1 and 2. Additionally, Standards for pre-registration nursing education (NMC 2010) will be assessed and documented at the end of Year 3 by a Sign-off Mentor.

6.1 Student Support and Guidance

The School takes a particular pride in the guidance and support that is available to all students and this is acknowledged in the National Student Survey. Support and guidance commences with the recruitment process and continues throughout the programme. The responsibility for overseeing student support and guidance and ensuring that students receive an equitable experience regardless of gender, age and culture rests with the pre-registration Senior Adviser.

In addition all students benefit from a range of support systems offered by the School, UEA and the Union of Students. Students also benefit from the occupational health safeguards provided by the UEA and the IHSCS.

Academic Advisers perform a pivotal role in ensuring students can access and receive appropriate academic, pastoral and professional support and guidance (Volume H, Section 4). A member of faculty from within the student’s chosen field of nursing is assigned to each student, ideally for the duration of his/her programme. This fosters a long-term relationship that is conducive to development and that is necessary in order to monitor progress. This arrangement also fosters a sense of field identity and helps each student to apply nursing concepts to his or her field - something that is especially important given the generic nature of a significant proportion of the programme.

Practice learning opportunities present students with professional dilemmas as well as learning challenges. While the primary role of the link lecturer is to support the mentor and liaise between the practice environment and the School, students may access the link lecturer for additional support and guidance. Students are supported by the link lecturer in relation to escalating concerns (NMC 2010) (Volume H, Section 4). All other support and guidance services including those of the academic adviser remain available to students during their practice learning.
A variety of policies and procedures enable Course Directors to respond sensitively and effectively to a range of student centred issues, including any student whose performance is adversely affected by special circumstances or who needs to intercalate. These policies and procedures are available in student handbooks and available from the NAM intranet. The student handbooks remain a major source of information and guidance (Volumes D and G).

All students are further supported by an expanding range of learning resources and curriculum content devoted to the development of learning essential and complex nursing skills, managing self as a person and a professional, literacy and numeracy and key professional concepts.

Administrative and technical members of staff are also available to assist students. Financial help and advice is available from the Dean of Students' Office. Members of the technical staff are at hand to assist with computing tasks and audiovisual equipment.

The University provides a variety of support services that are organised centrally and available to all UEA students. In addition to the Dean of Students’ Office, these services include:

- Student advice centre
- Counselling service
- Chaplaincy
- Careers service
- Learning support service
- 24 hour computing facilities
- SportsPark.

A range of informative and user-friendly handbooks, leaflets and meetings communicate the above support services to students and provide explicit and concise guidelines for responding to situations that they may encounter. The learning activities early within the programme support transition to Higher Education. The programme is structured to facilitate the development of academic skills including ICT and independent learning. At the beginning of each year there is a focus upon transition to a more advanced level of academic skill.

### 7.1 Learning Resources

As discussed in section 4.2 the School has invested in e-learning skills technicians and a range of contemporary resources to support learning. This includes specific resources to enable simulated practice, for example, Authentic World Safe Medicate, SIMMAN, SIMBABY, Clinical Skills Net. The use of virtual learning environments eg Blackboard, is central to our teaching and learning strategy, facilitating the use of multimedia and distance learning material, together with interactive internet-mediated resources.
The main library collection is multi-disciplinary and is located in the University Library on campus. As well as physical resources, the library provides access to over 2000 electronic journals and many electronic databases and digital books with library staff offering a wide range of teaching and support sessions for students.

Teaching on both the Norwich and Guernsey sites takes place in modern purpose-built facilities, equipped with classrooms, videoconferencing facilities, skills labs with the most up-to-date resources.

Risk management is undertaken with regard to the room size, manual handling and moving of teaching equipment, and changing single use items following skills sessions. We have an arrangement with a local NHS trust to undertake annual electric equipment checks and other items such as hoists and beds are under service contract.

All students have 24-hour access to IT and Internet facilities. A range of formal IT support is provided by the School/IHSCS to facilitate the use of Blackboard and electronic library resources. Nursing students benefit from the use of Blackboard in every module of the programmes, providing opportunities for dissemination of information to students (which students can print off if they wish) and the sharing of teaching material and student presentations.

Some clinical environments offer students access to their own intranet and Trust based resources. Where there is access to the internet, students and mentors can now access course information through the student and placement website.

8.1 Quality Management and Enhancement

Quality management and enhancement is assured through:

- An inclusive and coherent management system
- A rigorous and transparent evaluation strategy
- A robust and transparent system for monitoring and improving assessments
- A comprehensive approach to monitoring and enhancing the quality of the learning environment
- An effective system for responding to public and statutory body reviews
- An ongoing programme of staff development
- Annual monitoring by the NMC or its agents.

The programme benefits from a robust quality management and enhancement system, the structures and processes of which is clearly defined and closely monitored by NAM Teaching Committee (Volume H, Section 10) and NAM/IHSCS field committees. These safeguard the
integrity of the programme while maintaining coherence across all fields and congruence with post-registration education within NAM/IHSCS.

The quality management and enhancement system is designed to ensure:

- The programme conforms to the standards and requirements of the NMC/HLSP/QAA precepts and Benchmarks and the University’s code of practice for Assuring and Enhancing Teaching Quality
- The programme remains responsive to trends in workforce planning and service needs, the needs of the students and to developments in nursing, health care, education and research
- The assessment strategy remains valid, reliable and fair
- All students’ benefit from a comparable and equitable experience
- Parity within and across fields
- Coherence within and across fields
- Progression within the programme
- Appropriate and efficient use of shared learning
- Continuity with post-registration education
- The quality and efficient use of learning resources
- Innovation is encouraged and facilitated.

8.2 Evaluation Strategy

The programme is evaluated using the University’s Quality Assurance processes, with data from students, mentors and lecturers. This informs both curriculum development and programme management. The same evaluation strategy is applied to all fields and consists of a range of tools that focus on different aspects of the curriculum and from a variety of perspectives for both theory and practice. The philosophy of student centred learning and valuing individuals extends to student contribution to programme evaluation. Students are encouraged to feedback their experiences and views through several processes which influence their programme of study. The forums that are available for students to feedback to the School are:

- Staff-Student Liaison Committee
- module evaluation of both theory and practice.
- field committees and the Teaching Committee
- programme evaluation via the National Student Survey
- feedback from External Examiners.

The Staff-Student Liaison Committee is an official and highly-valued communication channel between the School and the student body. All nursing students are encouraged to become involved in the Staff-student Liaison Committee. Each cohort usually nominates a representative as a voice between the cohort and the Staff-Student Liaison Committee. Issues are raised by students at the Staff-Student Liaison Committee
and passed through appropriate channels within the School for action where indicated.

The individual field programme committee has representation from each field cohort. This committee meets twice a year to monitor and review the programme and in addition considers student evaluations. Students have the opportunity to raise issues and contribute to the work of the committee, thus having a direct influence on the evolution of the programme.

Each module whether theory or practice is evaluated using a set of questionnaires. These are given to students, placement staff and the module leader (Volume H, Section 10). These evaluations and statistical data, together with analysis of module assessment results and data collected from educational audits, form the basis of the annual module leaders report (MM1). The module reports are subsequently collated into an annual course report by the relevant course director (CU1). These reports are considered by NAM Teaching Committee (Volume H, Section 10) and action taken as required. The above chain of events, collates the information required for the Schools' Annual Report sent to the NMC.

External Examiners are actively involved in all aspects of the assessment of theory and practice including presence at Objective Structured Clinical Examinations (OSCE). External Examiners have commented positively on their role in the NMC approved programmes and amongst their many commendations, have highlighted the strength of the assessment strategies (integration of theory and practice) and the arrangements for the assessment of practice in practice areas.

The Chair of the Board of Examiners collates the responses/comments from the annual reports from External Examiners and a report of this, together with an action plan is presented to the School Board. In addition, the Faculty has a robust system for processing annual reports of External Examiners. This involves a peer-review of these reports which helps to achieve a multi-professional perspective and the sharing of good practice amongst a range of professionals.

9.1 References


Department of Health (2010a) Equity and Excellence: Liberating the NHS. London: DH.
Department of Health (2010b) Healthy Lives, Healthy People. London: DH.

Department of Health (2010c) Liberating the NHS: Developing the Healthcare Workforce. London: DH.


Nursing and Midwifery Council (2008a) Standards to Support Learning and Assessment in Practice. NMC Standards for Mentors, Practice Teachers and Teachers. London: NMC.


Nursing and Midwifery Council (2009) Guidance on professional conduct for nursing and midwifery students. London: NMC.


## Appendix 1

### STRATEGIC PLAN FOR THE PREPARATION OF MENTORS FOR SEPTEMBER 2011 NURSING CURRICULUM

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>Action by</th>
<th>Action Required</th>
<th>In Progress/ Completed</th>
<th>Notes</th>
</tr>
</thead>
</table>
| All partners * will agree and action the implementation plan for the preparation and support of Mentors and Sign-Off Mentors | Strategic Group - Placements & Mentor Work stream (sub group of the Norfolk County Workforce Group Joint Education Forum) | • Implementation plan developed  
• Communication strategy agreed with Trust Education Leads  
• Dissemination processes agreed intra-Trus and between UEA and service providers (including the private sector) | 31 July 2011 | Strategic Group – Placements and Mentors work stream – meeting schedule in train |
| The communication strategy will ensure that all Mentors and Sign-Off Mentors will be informed of key curriculum requirements | Trust Education Leads, PEFs, Deputy Head of School, Mentor Preparation programme Lead, Link Lecturers | • Develop New Curriculum folder for the Mentor website [http://www.mentorsandpracticeeducators.info/](http://www.mentorsandpracticeeducators.info/)  
• Update and Re-distribute New Curriculum Qs and As  
• Integrate information into PEF’s monthly Newsletter  
• Develop bespoke Mentor handbook  
• Map Trust Structures for communication flows  
• Development sessions for Link Lecturers  
• Update resources ‘box’ and covert to digital for mentor Website  
• Agree timetable for planned and prioritised mentor updates (prepare according to student flow through placements  
• Agree role of PEFs in maintaining the quality of the | July 2011 | Mentors website launched; new curriculum folder under development |
<p>| | | | September 2011 | Develop monthly updates for PEF newsletter and Mentors website |
| | | | July 2011 | FAQs sheet disseminated and has received positive feedback from education leads and mentors |
| | | | | Course Directors and Mentor |</p>
<table>
<thead>
<tr>
<th>Learning Environment using the SHA Clinical Learning Environment Outcomes</th>
<th>On-going</th>
<th>Preparation Lead will continue to attend appropriate Trust meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned and targeted preparation for Sign-Off Mentors</td>
<td>On-going</td>
<td>Mentor updates already programmed for the year</td>
</tr>
<tr>
<td>Regular attendance at senior Trust meetings by pre-registration course directors (supported by PEF)</td>
<td>8 June 2011</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td></td>
<td>Sept 2011</td>
<td>In train</td>
</tr>
<tr>
<td></td>
<td>July 2011</td>
<td></td>
</tr>
</tbody>
</table>

**Mentors and Sign-Off Mentors will be involved in developing and dissemination of resources to support them in their role**

<table>
<thead>
<tr>
<th>Strategic Group-Placements &amp; Mentor Work stream</th>
<th>Recruitment of representatives in train; draft work plan developed for 1st meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor/sign-off mentor representatives attend Strategic Group and relevant theme group activity to identify mentor needs and requirements</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td>Link Lecturers cascade and facilitate communication of information and resources</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td>Key mentor(s) in each hub identified to develop hub and spoke specific resources and to disseminate to colleagues with support from PEF and Link Lecturers</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td>Strategic and educational leads to agree use of Trust intranets</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
</tbody>
</table>

**Mentor Updates will focus on:**
- Generic and field foci
- Hub and spoke placements
- Grading of practice and criteria for this
- Support mechanisms, problem-solving
- How mentors will revise welcome packs to reflect hub and spoke approach

<table>
<thead>
<tr>
<th>Mentor Preparation Programme Management Team and Mentors from Strategic Group</th>
<th>Recruitment of representatives in train; draft work plan developed for 1st meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and implement agreed template and resources across all fields</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td>Certification for updates (mentors are identified at audit with no proof that they have completed an update).</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
</tbody>
</table>

**Mentor Preparation Programme (all routes) will offer the required preparation for the new**

<table>
<thead>
<tr>
<th>Programme Lead and Team</th>
<th>Recruitment of representatives in train; draft work plan developed for 1st meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review curriculum</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td>Add bespoke EBL scenario</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
<tr>
<td>Continue to encourage multi-professional access to mentor preparation programme</td>
<td>Recruitment of representatives in train; draft work plan developed for 1st meeting</td>
</tr>
</tbody>
</table>
| nursing curriculum | • Develop distance learning and masters routes, ensuring multi-professional accessibility and appropriateness  
• Monitoring of mentor effectiveness within appraisal and triennial review (informed by student feedback and evaluations) | year 2011-12 |
| --- | --- | --- |
| Preparation of non nurses | Director of Post Registration Studies, Programme Lead for Mentor Preparation, Faculty Director of Placements | • Review short courses for AHP educator preparation (1 day and 2 day)  
• Continue to publicise and market unaccredited mentor preparation route and distance learning courses to non nurses  
• Link Lecturers undertake bespoke preparation  
• Continue Annual Multi-professional Placements conference | Academic year 2011-12 |
| Annual Review of Mentor Preparation plan | Strategic Group and Programme Lead | • Action Log and evaluation presented to Joint Educational Forum with specific review and feedback at Annual Placements Conference | July 2012 |
## Implementation Plan for Grading of Practice

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action required</th>
<th>Person(s) Responsible</th>
<th>Time scale</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will be prepared for their role</td>
<td>Briefing sessions will be held at the beginning of the programme and prior to each period of practice learning</td>
<td>Director of Examinations &amp; Assessments, in liaison with Module Leads</td>
<td>Sep 2011 and at the beginning of each subsequent semester</td>
<td></td>
</tr>
<tr>
<td>Mentors will be prepared for their role</td>
<td>Explore issues of validity and reliability in Mentor Preparation Programme and in Mentor Update sessions. Develop scenarios that will enable exploration of issues relevant to grading</td>
<td>Mentor Prep team</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Link Lecturers will moderate grading of practice on a sampling basis</td>
<td>The School will identify a sample of 20% of students per module for this purpose. Lecturers to attend and moderate formative and summative assessment interviews. Link Lecturers will receive preparation and written guidelines for this role.</td>
<td>Placement admin staff, Director of Examinations &amp; Assessments, et al</td>
<td>Ongoing (process already in place), Ongoing (already happens), June 2011 (already scheduled)</td>
<td></td>
</tr>
<tr>
<td>Mentor representatives will participate in intra- and inter-cohort moderation</td>
<td>Identify suitable mentors. Arrange moderation meetings. Devise process format for reporting.</td>
<td>Module Leads, Director of Examinations &amp; Assessments</td>
<td>Jan 2012, Sep 2011</td>
<td></td>
</tr>
<tr>
<td>Academic Advisers will review documentation submitted by individual students</td>
<td>Academic advisers will receive assessment documentation prior to confirmation of result by Exam Board</td>
<td>Academic Advisers</td>
<td>Ongoing (already happens)</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Results will be reported and analysed annually</td>
<td>Data will be reported and analysed via the annual Module Monitoring and Course Monitoring processes</td>
<td>Module Leads, Course Directors, Teaching Director</td>
<td>Part of annual monitoring</td>
<td></td>
</tr>
<tr>
<td>External Examiners will scrutinise the process and the associated documentation and evidence</td>
<td>External Examiners will be provided with opportunities to visit placement learning areas and meet with mentors and students. External examiners will be provided with examples of students' portfolios, which will contain detailed documentary evidence of the process and of the individual student's 'journey'</td>
<td>Course Directors</td>
<td>By June 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Examinations &amp; Assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Board of Examiners will maintain scrutiny of the overall process and of the results</td>
<td>All grades, together with relevant statistical analyses, will be reported to the Board of Examiners</td>
<td>Chair, Board of Examiners</td>
<td>Each meeting of the Board of Examiners</td>
<td></td>
</tr>
<tr>
<td>The entire process will be reviewed on an annual basis</td>
<td>A report will be presented to School Teaching Committee</td>
<td>Director of Examinations &amp; Assessment</td>
<td>June 2012 and annually thereafter</td>
<td></td>
</tr>
</tbody>
</table>