

File

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IN DEPT.

For the submission to the SAC - Nursing:

A new undergraduate general nursing course is being offered at Bedford College culminating in a Bsc in Nursing Studies which incorporates SRJ qualifications. It claims to be able to offer educational advantages called for as a result of nursing's contemporary orientation and that are not possible within the traditional apprenticeship system .

Academic methods as well as academic studies will be employed in the teaching of nursing activities so that in the clinical areas students from early on in their education may be involved in the total care of patients and or clients carefully selected for that purpose. This is planned in the belief that this will be an effective preparation for the team role that nurses will occupy within health care delivery and medical services.

Contemporary nursing no longer confines itself to the care of individuals who are sick. It is now characterised by a combination which provides care for the sick towards maximum recovery; in the case of this being or becoming problematic, nurses' role is one of attempting to maintain physical and 'psychosocial' comfort; nursing is also concerned in education and intervention to provide preventive care towards the promotion and maintenance of health. All of its activities are intended to be delivered at a level of both comprehensive and individualised care. Arising out of this are three main implications for curriculum development:

- 1) nurses work in co-operation with other members of the society, both within and outside the formalised health-care-delivery team .
- 2) nurses must be prepared to provide nursing skills in any situation where individuals have nursing needs; in peoples' homes, in hospitals, in the streets, wherever. Therefore, non-hospital aspects of nursing care, i.e. 'community nursing' will become part and parcel of each nursing experience.
- 3) that nurses' basic knowledge must encompass a continuum covering normal-abnormal aspects of behaviour and biological functioning; an appreciation of society's economic, social and political structure and an awareness of their own ( nurses' ) historical place and development.

The aim is to produce first-level (critical) practitioners of nursing who will be essentially so-called generalists, who will be contributing in areas of health care delivery from their background of sound education and who by developing techniques of self-assessment will acknowledge their limitations.

Specialised nursing expertise, whether this applies to research and or practice is assumed to become part of post-basic nursing education not included in this particular course.

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Hours:

Part of the degree will be the nursing study units their construction of which is to be visualised as discrete units, which as individual building blocs, over the four years of the course, form into one coherent whole.

In contradistinction to the remaining unit components of the degree, the nursing study units will contain clinical nursing practice:

	<u>no of hours:</u>
Year 1	
2	
3	
4	

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Assessment:

In principle it is continuous throughout the course, although each term's units are finally evaluated at the end of this term, when they will receive a grade which represents a proportion of the total grade possible. Since no one method of assessment has been shown to be entirely valid and reliable by itself, a variety will be employed.

For each unit the methods are dictated by the type of material being covered and by the type of learning to be expected. For example, log-books will contribute towards assessments as they contain skills of acquisition of factual knowledge and their appropriate application in the clinical area exhibiting reporting, observation, and reasoning skills.

Range of methods of assessments:

essays, short-answer tests, multiple choice question tests, tutorial papers and oral presentations, oral participation in group tutorials, log-books, nursing care studies (written), nursing care performance, ability to be critical of self and others.

Failure: -----

All units in any of the given areas are progressive. The prerequisite of admission to the following year is a pass in the previous year. Work for a unit should be completed by the end of the term in which the unit is offered. Extension of time to complete requirements is offered in exceptional circumstances, such as illness or other types of social *dis*abilities. Care will be taken to avoid overloading the student who may be facing assessments in several areas.

Structure of the course:

1st year:

{ Fundamental course: }  
{ Nursing 1 }

{ Anatomy and }  
{ physiology }

{ Sociology. }  
{ ( }

2nd year:

{ ~~Fundamental~~ <sup>Course: V</sup> }  
{ ~~Nursing 1~~ }  
{ Nursing of the adult }  
{ surgical/medical, }  
{ Nursing II }

{ Microbiology }  
{ Pharmacology }

{ Sociology }  
{ Research methods }  
{ Communication skills }  
{ Social policy }

{ Nursing III }  
{ psychiatric nursing }

3rd year:

{ obstetric nursing }  
{ nursing IV }

{ sociology }  
{ psychology }

{ paediatric nursing }  
{ nursing V }

{ social policy }  
{ research methods }

{ geriatric nursing }  
{ nursing VI }

4th year:

{ Nursing administration }  
{ nursing VII }

{ Sociology of health- }  
{ care. }

{ Nursing option }  
{ nursing VIII }

{ Nursing history }  
{ nursing IX }

{ Extended essay }

Characteristics:

The first year's nursing study unit will be characterised by fundamental components believed to be both basic and common to all other nursing study units, *to be continued into the second year.*

As each subsequent nursing study unit will cover specific areas of expertise reference will be made to the fundamental core course, and where necessary and appropriate <sup>COMPLEMENTARILY</sup> supplementary and additional work will be incorporated to ensure students' high level of performance. This will apply particularly to communication skills and to the ability to develop a systematic nursing care programme.

Clinical practice begins in the first term of the first year and is closely integrated with nursing study units. The first year clinical practice will take place mainly in institutional settings apart from the hospital, such as: Doctors' surgeries, Health Centres, school nursing; occupational nursing, womens health centres, nursing in patients' homes, (district nursing), etc. The skills to be developed during the first year will be mainly observational: for example: what type of health and social services are available, what is the level of access by the patient/client to the services, specific home conditions from which potential patients come and to which hospital patients will return, the effect of illness on patients and families, etc.

To the extent that students will develop nursing skills, this will depend on the specific situation to be agreed upon by both student and supervisor.

The end of the first year will see a continuous practice of nursing experience in the hospital; skills to be developed in accordance with the following general principles:

- 1) that nursing skills are all encompassing; ~~that there exists no division between basic and technical skills~~; that skills are not divisible into higher level skills and lower level skills, *nor basic and technical skills.*
- 2) students should be educated to set and realistic objectives and that an evaluation of the degree to which these objectives have been met become an inbuilt mechanism.
- 3) that guidelines should be agreed between student and supervisor (lecturer, clinical teacher, ward-sister, nurse-tutor) so that parameters on which assessment are based are commonly accepted.
- 4) that assessment should be simultaneously by the supervisor and the student, both arriving at a compromise grade.

The bulk of the clinical experience will take place during the second and third year. The specific areas of obstetric, paediatric and geriatric nursing will receive their main consideration during the third year because of the belief that those areas merit special attention, maturity and expertise. The fourth year will be both a period of experimentation in the form of an elective option which may include an independent clinical opportunity, and a consolidation practice after the completion of all examinations.

Nursing tutorials will eventually turn into clinical experience workshops to provide opportunity for students to assess their theoretical nursing background and clinical skills in co-operation with staff members. If required, individualised ~~six~~ study programmes should be arranged.

#### Integration:

The nursing degree programme is predicated on the assumption that its success as an adequate preparation for a first-level practicing nurse is through its methods of integration. The term implies an appreciation and a demonstration of the necessity of establishing links between the various elements composing the curriculum.

Integration takes place at various levels: one is at the level of each term and year where all of the course components will be drawn together in nursing seminars to facilitate the use of sociological tools and sociological 'microscopes' with which to analyse nursing . Nursing seminars will also demonstrate the application of the knowledge from the other components in order to understand and to enhance nursing practice. Conversely, instances of nursing practice and understanding of such practice will be used to clarify sociological understanding . Longitudinal integration will take place during the presentation of the ' extended essay ' when all of the knowledge of the course should be displayed. Integration will also take place in clinical practice when information and understanding will contribute to analysis and practice from other areas . Integrative nursing seminars will demonstrate how unique and discreet areas of knowledge become absorbed and amalgamated to gain a unified view of nursing . For example: One aspect of nursing care is the feeding of patients which is related to satisfying the basic need for nourishment . Nursing studies will concern itself with the science of nutrition which will include factors controlling the acceptance or rejection of food, considering social and cultural implications of nutrition. This will be augmented by the biological sciences in which the anatomy and physiology of the digestive system is presented .

#### Clinical experience:

The traditional ' trial and error' learning experience is to be displaced by carefully structured and closely supervised clinical experiences. Student status permits selection of experience without disrupting service needs. Supervision of the students in the clinical area by the same staff who have taught both the theoretical background and the clinical skills should ensure sound learning practice .

While the beginnings of clinical practice should be closely supervised, later, students should become increasingly responsible for their own assessment with reference to planning, implementing and ~~evalua~~ evaluating of nursing care . As independence and self-evaluation is the goal to be achieved, clinical supervisors will discuss the care given by students, so as to compare evaluation of the students as they each see it . Since time for clinical experience is limited, students have to make up time, that is missed .However, it must be stressed, that students' progress through the course is on the basis of demonstrating competency, and not on the number of hours given in any situation . A more competent student should be able to accelerate, or even to maintain an accelerated course, while keeping back a less competent student for further practice .

Progression through the course is from provision of complete care for one patient to the involvement in team nursing for a number of patients. For the care that students give, they should be responsible to the ward-sister supervised and negotiated initially with members from the Nursing Studies Department .