

National Minor Illness Centre
Nurse Specialist Minor Illness Course
www.minorillness.co.uk

Accreditation Plan

Please see the Course Schedule for all dates and deadlines

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Clinical Placement dates

- 8 weeks observation
- 10 weeks supervised
- 8 weeks solo

We recommend that you organise weekly 4 hourly clinical observation and supervised sessions with your mentor. Ideally patient appointment times should be 15 minutes to allow teaching time. It is helpful to keep a log of your course activities. This enables you to demonstrate that you have fulfilled the University requirements and makes it easier for you to target your learning to your remaining needs.

Written Assignments

Completed assignments can be emailed to jill.fenwick@nhs.net. All printed assignments should be in no less than 12pt size, posted with two copies. Make sure you keep your original in case they are lost in the post. Any student wishing to defer must agree a later date in advance. Failure to hand in on time will result in marks deducted. Please ensure you use correct postage, as we are not responsible for underpaid mail.

To obtain a successful outcome for this course the University requirement is a D-pass mark on the University's 16-point marking system (40%) for the Pharmacology assignment and for all written assignments overall, and signed clinical competency in at least 70% of the conditions listed in the skills manual.

General Guidelines

Style

Presentation matters when it is an indicator of clinical precision. These are some examples: a clear structure, plain English, correct spelling (especially of drug names), correct dosage and Système International units, text that reflects what you would actually do in clinical practice. You can adopt any style you wish if it achieves these aims. Fashions change in scientific writing and the only thing that matters in the end is that it should be good communication. For example, you may choose to write in the first or third person, active or passive voice.

References

The Faculty of Health Sciences uses the 'Harvard' method of citation. See the Referencing Guidelines for details.

Confidentiality and Consent

It is essential that you maintain patient confidentiality.

Either:

- make all assignment documents (including the example prescription) anonymous by using a false name and ***declaring that it is fictitious***
- or*
- if a patient can be identified in a case study then it must be accompanied by informed consent signed by the patient.

Note that surprisingly little information is needed to identify someone, e.g. an unusual occupation together with the location of the student would be enough. Information on the consent form would have to explain that a marking team including examiners from the University will be reading their case details.

Any video or audio recordings are not mandatory for this course, but you may find this very rewarding to hone your consultation skills. GP educators usually have the necessary equipment and a well-established protocol. Signed, informed consent is required before the recording is made and afterwards to ensure the patient remains happy with their decision. Patients have the right to review the recording and should be aware of the time when it will be erased.

Recording security policy should as a minimum ensure that:

- recordings are kept in a locked cabinet
- all are done with informed consent
- tapes are all erased at the end of a course (maximum life of a recording is therefore 6 months)

There is no formal marking of your consultations. You will get the most out of them if you agree to review them with your mentor or another practitioner experienced in assessing consultation skills.

Statistics

A basic understanding of statistics is necessary for these assessments, particularly the one on evidence-based practice. We are all medical professionals – very few are statisticians as well! If you have a keen interest in this subject and extensive knowledge, by all means use it.

Assignment Guidelines

Pharmacology

You will be allocated a specific set of 15 scenarios. Note that these will have been drawn from a large bank of scenarios and therefore the numbers of the one you receive will not be in sequence. Please ensure that you give each of your answers the number that corresponds to the scenario, otherwise your efforts will be unmarkable.

These brief scenarios outline practical problems in prescribing, each of which can be answered in a number of ways. One major aim of the assessment is to encourage you to use resources available in the formulary and other reference sources such as the BNF. Answers may be in the form of a short paragraph or two to each question and it should include your course of action and your reason(s) for that both in terms of the clinical pharmacology and the more general aspects of primary care. **You do not need to give supporting references for standard knowledge such as that available in the BNF**, but any unusual evidence that you rely on in support of your management should be referenced.

How much detail is expected? The answer to this is to provide enough to explain your course of action. The best responses to scenarios have included answer of one line, one paragraph, and one page. A simple clear statement about your proposed action is usually a good start. Here is an example.

Scenario

A normally healthy 45-year-old truck driver arrives one morning saying he feels too tired and ill to work. He has had a hacking cough for over a week despite treating himself with lots of doses of Benylin Chesty Cough mixture. You examine him but find no abnormal signs.

Answer

Stop the cough medicine and advise rest for a week until he feels fully recovered. The most likely cause of a cough in a previous healthy adult is a viral infection. As he now has no clinical signs, no fever, a normal pharynx and normal chest examination, the acute infection has resolved. However he is taking an expectorant. These promote cough by increasing the volume of bronchial secretion, so his coughing may be ongoing because of the medicine he is taking. Furthermore, the one he chose also contains the highly sedative H₁-receptor antagonist, diphenhydramine, which may account for his tiredness. It has a long half-life of 32 hours, so he will need a

week off work before he can drive a heavy goods vehicle safely again, especially as it sounds as though he has been exceeding the usual dose.

Please attach a cover sheet to your answers which states your name, course date and venue and the set of scenarios that you are answering, A, B, C or D.

Deadline: 4 weeks after the start of the seminar week

Case Studies

Choose two **minor illness cases** that you have managed personally, one adult and one child under the age of 14. Note that each case must present with symptoms of an acute illness, so a health check, chronic disease monitoring or contraception request would not be suitable. Each study should be a minimum of 700 words. **One** of your studies must contain a **hand written** prescription. Please do not send a prescription that could actually be used. Mark the prescription as “example”. We recommend that you hand write a prescription, include a photocopy in each of the two copies of your case study, and then destroy the original.

You will be assessed on your description of the patient’s problem(s), the management plan and its justification, the outcome for the patient and your prescription writing. Choose a case that will allow you to demonstrate the theory that underpins your depth of knowledge and critically evaluate the outcomes of the management plan.

- Was it the correct management?
- What worked , what did not?
- What would you do again
- Firm evidence with supporting references

Deadline: 12 weeks after the start of the seminar week

Organisational Skills

Write a protocol for the establishment or development of a minor illness clinic in your place of work. It can consider the setting up of a completely new clinic, or concentrate on one aspect. Make use of at least one management tool. Even if you have not used one before, the aim is to save you time and improve your organisational skills.

Consider possible problems that might arise with:

- Patients
- Reception staff
- Other nurses
- Doctors

The usual length of this assignment is 1200 words, but this is only a guideline. A variety of different approaches are acceptable. You can choose to use Gantt charts or diagrams with fewer words if preferred. Consider the problems that may arise in **your**

particular working environment and how you propose to overcome them. Aim to demonstrate a clear structured approach to change, drawing on the literature and research that underpins the change cycle.

You will be assessed on the relevance of your protocol/plan to your working environment, problem identification, plan of management and review, and use of literature. Although the deadline for this is a long way off, it is strongly recommended that you begin this assignment as early as possible and talk to key stakeholders who will be involved in implementing or using your new service.

Deadline: 19 weeks after the start of the seminar week

Evidence Based Practice

This assignment requires you to complete the EBP Assignment that is on the CD. Part one asks you to access and report on a Cochrane Review. Note that you are asked about the limitations or flaws of the research studies included in the review. You are not expected to criticise the Cochrane Review itself, which will be of high quality. Part two is a critical appraisal of a fictitious article about a new drug 'Stoppit'. Please complete the pro-forma and either send it by email or post two copies.

Deadline: 23 weeks after the start of the seminar week

Clinical Competence

Practical skills are assessed by the use of a skills manual, which should be completed by you during the entire course. You must be assessed competent for a minimum of 70% of the conditions under each of the learning outcomes listed in the skills manual. The aims are to demonstrate a practical clinical ability based on a sound theoretical understanding.

Deadline: 27 weeks after the start of the seminar week

University Requirements

In exceptional circumstances a deferment date can be agreed with the course co-ordinator. Written assignments submitted after this date will be subject to a 5% per day marks deduction. Any assignment submitted more than seven days late will be an automatic failure.

The results of all your written assessments will be returned to you on specific marking sheets. The time for the notification of results will normally be one month after the assessment has been submitted. Each assessment must be attempted and a minimum overall pass mark of **D-** (40%) achieved. Unsuccessful students will be referred to the

team members for planning to retake part or all of the course with appropriate further experience in the student's place of practice.

The written assessments of the students forms part of the University assessment process and will be presented to the Examination Board and External Examiners in Primary and Public Health. This is the main reason for the required deadlines.

Assignments will be kept for one year for purposes of handling appeals or quality control audit.

Contact

Please email your course mentor rather than telephoning.

This enables us to give you a better service because your question will be directed to the person who knows you and your progress to date. They may be difficult to reach by telephone given their other clinical and administrative commitments.

Course Mentor:

Amber Kelly amber.kelly@nhs.net

Course Tutors:

Ian Hill-Smith ian.hill-smith@nhs.net

Gina Johnson gina.johnson@nhs.net

If you have no access to email either via your work or home, you can leave a message on 01582 399442. We will get back to you as soon as possible. Remember to leave your contact number!