

OUTLINE CURRICULUM

COURSE CONTENT

APPENDIX 1

SKILLS

KNOWLEDGE

ATTITUDES

	Principles and practice of district nursing techniques. Development of social policy.	
1. Information gathering	Interviewing methods. Principles and problems of confidentiality.	Awareness of the need to preserve confidentiality.
2. Observation	Effect of the environment on the individual. Sociological concepts and their significance in health and disease.	Respect for the values held by all persons with whom she comes into contact.
3. Assessment of physical, social and emotional needs	Criteria for assessment of total needs of individual and groups of patients. Normal and disordered body functions. Psychological concepts and their significance in health and disease. Needs of crisis groups.	Demonstration of an enquiring mind.
4. Planning of care	Problem solving techniques. Programmes of care to meet assessed needs. Referral techniques.	Respect for the patients and carers perception of their needs.
5. Implementing care	Organisation of the nursing environment. Dietetics. Drugs and other therapeutic measures for conditions commonly met in the community. Rehabilitation.	Respect for patients property.

SKILLS

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| 6. Evaluation | <p>Methods of evaluating care.</p> <p>Prevention of further ill health.</p> <p>Promotion of health.</p> | <p>Awareness of the need for continual reassessment of care provided and willingness to modify previously made plans.</p> |
| 7. Supportive care | <p>Determinants of stress in the family situation.</p> | <p>Acceptance of professional responsibility for the welfare of people other than patients.</p> |
| 8. Imparting skill and knowledge | <p>Introduction to principles of learning and teaching.</p> <p>Skills analysis.</p> <p>Demonstration and teaching techniques.</p> <p>Self analysis.</p> <p>Assessment of performance of others.</p> <p>Programmes of nurse education and training.</p> | <p>Understanding of the importance of teaching and willingness to accept this responsibility.</p> <p>Appreciation of the value of health education in its widest sense and the need to develop an individual approach as necessary.</p> <p>Willingness to learn and relearn.</p> |
| 9. Communication | <p>The basic principles of written and verbal communication.</p> <p>Record keeping.</p> <p>Report writing.</p> | <p>Awareness of communication as an important part of total patient care.</p> |
| 10. Establishment and maintenance of effective relationships. | <p>The dynamics of individual and group relationships.</p> <p>The psychological and social needs of families.</p> <p>The role and function of the primary health care team.</p> | <p>Acceptance of her responsibility as clinical nursing expert within the primary health care team.</p> |

SKILLS

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ATTITUDES

10. (continued)

The management structure of the National Health Service.
An outline of central and local government.

11. Co-ordination of services.

The policies, structure and contribution of other health, social and voluntary services.

Appreciation of, and respect for, the skilled contribution of others concerned with patient care.

12. Organisation and supervision of the nursing team.

The principles of management as adapted to the needs of community care.
Basic understanding of the principles of motivation.

Appreciation of the importance of teamwork. Willingness to accept managerial responsibility.

13. Appreciation of methods of critical investigation.

Development of new procedures and techniques.
Information retrieval and use of resources.
Ethical, legal, professional implications of research.

Awareness of the value of research and its contribution to better patient care.

Respect for human dignity.

DETAILED GUIDE TO THE OUTLINE CURRICULUM

OBJECTIVE 1 At the end of the course the nurse will be able to assess and meet the nursing needs of patients in the community.

SKILLS

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Principles and practice of district nursing techniques. Development of social policy.
Patterns of use of health and social services by different social groups.

1. Before first visit.

All available information about the patient is gathered together from;

- a. other members of the primary care team,
- b. any available notes, records, reports etc,
- c. other relevant sources.

Local communication and information systems; principles and problems of confidentiality.
The role of members of the primary care team.

Is aware of the importance of preserving the patient's confidence and of her role as one of a team.

2. During the first visit.

Systematic observation on the environment are made such as:

- a. the general environment in which the patient lives ie the neighbourhood,
- b. the immediate environment, ie the house, garden and other living accommodation,
- c. the immediate personal environment of the patient, ie the room in which he is found,
- d. the general impression conveyed by the patient, (whether he be ambulant, chair-fast or in bed), his state of consciousness, cleanliness, apprehension, well-being.

Effect of environment on the individual.
Significance of environment as a source of information

Preserves an open mind in her approach to people and situations. Is aware of, and respects, the values of different patients and their families.
Demonstrates sensitivity to verbal and non verbal cues.

SKILLS

3. Before making a detailed assessment of the patient's needs relevant information is gathered from the patient and/or his carer about:
 - a. the onset of the present illness,
 - b. previous illnesses,
 - c. doctors orders,
 - d. medication taken,
 - e. mode of life prior to present illness,
 - f. patient's attitude to illness.
4. General observations are made, eg appearance, temperature, pulse, respiration, blood pressure.
5. A detailed systematic assessment is made of the patient's physical, mental and emotional state looking at:
 - a. cardiovascular system, eg temperature, pulse, blood pressure, venous pressure, colour of skin and extremities, oedema,
 - b. respiratory system, eg respiratory rate and depth, dyspnoea, cough, sputum, wheeziness,
 - c. skeletal system, eg general posture, mobility, deformities and contractures,

KNOWLEDGE

Interviewing methods. Basic understanding of normal and disordered body function and its treatment. Significance of work and leisure. The process of becoming ill; the sick role; the influence of the emotions on health and disease.

Principles of homeostasis, the way in which the body systems maintain homeostasis. Psychological concepts and their significance for nurse, patient and carer. Early psychiatric illness.

ATTITUDES

Displays interest and sympathy for the patient's condition and concern for his and the carer's problems. Demonstrates an enquiring mind.

Demonstrates an awareness of the essential relationship of theory and practice. Displays an orderly mind. Has a respect for the dignity of the patient. Can tolerate unusual behaviour patterns. Signifies a readiness to become involved in the patient's concerns.

SKILLS

- d. neurological system, eg level of consciousness, pain, movement, functioning of special senses, wasting, strength of grip, tremor,
- e. gastrointestinal system, eg dentition, appetite, dysphagia, digestion, elimination, nutritional state, halitosis,
- f. genito-urinary system, eg continence, frequency, dysuria, discharges, pruritis, sores and spots,
- g. skin, eg general condition, abrasions, bruising, colour, redness, pressure sores, hydration,
- h. endocrine system, eg jaundice, hypo- or hyper-activity, excessive thirst,
- i. mental state, apprehension and anxiety, euphoria or depression, friendliness or aggression, confusion, realism.

In making these observations the nurse's eyes, ears, nose and hands are used.

KNOWLEDGE

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6. When all available information is assembled a preliminary assessment of patient's needs can be made.

The nursing process. Problems solving techniques.

SKILLS

7. An assessment is made of the social environment in which the patient finds himself. This includes:
- a. the physical environment such as the bed/chair, room, including its furnishings and its relation to the rest of the house, other rooms to which either the nurse or the patient may require access, safety aspects,
 - b. the economic environment, including an evaluation of visible evidence as well as an enquiry into financial circumstances and means of support,
 - c. the care context as found. An evaluation of the possible contribution of any member of the family who is present, taking into consideration both physical and mental characteristics. Also other sources of help whether family, voluntary or other professional agencies.

KNOWLEDGE

Elementary ergonomics. The influence of space, furniture and equipment on patient care. Principles of budgeting. Sources of financial aid. Family dynamics and kinship networks. Statutory and voluntary services.

ATTITUDES

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8. From the information now available a revision is made of the original assessment of the patient's needs dividing them into those to be met by:
 - a. the patient and his family,
 - b. the nurse,
 - c. the nurse in consultation with other members of the primary care team,
 - d. intervention of others with different skills.
9. Assessment is discussed with the patient and carer and modifications made to the plans as necessary.
10. The nurse, patient, and carer agree plan of care which should have time based objectives and a date for the review of plans.
11. Included in the plan of care are the needs of the carer.
12. A therapeutic relationship is established which, if successful, will engender a therapeutic environment.

Communications theory, elementary learning and teaching skills.
Principles of delegation.

Preparation of care plans.
Referral techniques.

Interpersonal dynamics. Biological and psychological determinants of stress.

Is aware of and accepts her personal and professional limitations and displays regard for other people's professional competence.

Respects the patient's and carer's perception of their needs.

Accepts professional responsibility for the welfare of people other than patients.

Adopts a flexible leadership function.

SKILLS

13. The patient's basic needs are met according to the agreed plan including **assisting with, as appropriate:**
- a. **breathing normally,**
 - b. eating and drinking adequately,
 - c. eliminating body waste,
 - d. moving and maintaining desirable postures,
 - e. sleeping and resting,
 - f. selecting suitable clothes,
 - g. maintaining body temperature
 - h. keeping the body clean and well groomed,
 - i. avoiding dangers in the environment and avoiding injuring others,
 - j. communicating with others in expressing emotions, needs, fears, and opinions,
 - k. worshipping according to one's faith,
 - l. working so that there is a sense of accomplishments,
 - m. playing and participating in various forms of recreation,
 - n. learning, discovering or satisfying curiosity.

KNOWLEDGE

Henderson V. The Nature of Nursing.
Appropriate underlying sciences, eg

microbiology, physiology of respiration, digestion etc, ergonomics, nutrition, home economics, budgeting.
Cultural and psychological determinants of basic needs.

Techniques for meeting basic nursing needs and adaptations for the domiciliary situation. Health education.

Promoting communications as a professional.

ATTITUDES

Is aware of the complexity underlying simple things.
Recognises the limitations of her personal knowledge.

SKILLS

14. Patient is helped to carry out the therapeutic plan by:
 - a. technical procedures,
 - b. administration and supervision of drugs,
 - c. Diet,
 - d. posture, movement and simple physiotherapy,
 - e. rehabilitation,
 - f. "disengagement".
15. Negotiation takes place with carers and patient for the continuation of care plans in the nurse's absence:
 - a. by teaching the why, what, when and how of the plan,
 - b. by giving information on the role and skills of colleagues and others involved in the plan.

KNOWLEDGE

Pathology and multipathology.

Modern technical procedures in use in nursing and in general practice. Principles of asepsis.

Doses, effects and side effects of drugs in common use.
Reference sources.
Iatrogenic disease.

Applied dietetics.

Rehabilitative techniques.
Availability and correct use of equipment.

Degenerative and terminal illness.
Resource personnel and literature.

Interpersonal dynamics.
Skills analysis.
Learning processes and teaching techniques.
Knowledge of roles and functions of members in the primary care team and of others.
Team functions and relationships.
Group dynamics and leadership skills.

ATTITUDES

Is willing to use appropriate technical equipment as a means of assisting in giving nursing care.

SKILLS

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16. Carer's dependency needs are met by selecting the appropriate approach:

- a. fostering increasing independence,
- b. giving the amount of support requested by carer,
- c. giving more support than requested,
- d. providing necessary support to carer irrespective of patient need, eg following bereavement.

Cultural definitions of health and illness. Psychological defence mechanisms. Early manifestations of physical and mental breakdown; needs of bereaved persons.

Can examine her own as well as the patient's and carer's emotional needs and accepts primacy of their needs.

17. An evaluation of the patient's condition will be undertaken at each visit and the plan modified as necessary.

Office procedure, record keeping and recording systems. Principles of written communication.

Recognises the dynamic nature of care. Is willing to modify previously made plans.