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1. INTRODUCTION

1.1 Introduction to Course

Addenbrooke's Hospital is a large teaching hospital in the East of England. In 2007 the Trust scored excellent for the quality of its service. This rating identifies the hospital as one of the best in the country.

Addenbrooke's Hospital has developed a set of 5 priorities which are focused on improving the service but which together also act as the impetus for the Trust to develop and excel as an organisation of innovation and excellence in health and care:

Improving the experience of patients
Improving patient care and safety
Ensuring clinical excellence and effectiveness
Valuing our staff and partners
Striving for innovation in all we do

The Emergency Department (ED) saw 90,000 new patients between 2008-2009, with 25% of these treated by Emergency Nurse Practitioners (ENP).

The hospital has a dedicated Emergency Nurse Practitioner service which was introduced to the Emergency Department 8 years ago. Today it is an efficient, effective team of 15 ENPs with a wealth of knowledge and experience which covers the hours of 0800 – 0000 daily. The service is modelled on the 5 priorities of Addenbrooke's Hospital.

Currently ENPs see a wide range of patient groups and provide a high standard of treatments including all musculoskeletal injuries and primary care. The service's scope of practice is continually evolving. Over the last 2 years this has expanded to include shoulder relocation, Colles' reduction and facial injuries.

In September 2009 our first Emergency Nurse Practitioner Module was set up and run. The aim was to provide high quality Emergency Nurse Practitioners and help standardise the training. The course proved to be a great success, with very positive feedback from the 10 students. When asked on their final evaluation 'would you recommend this Course to other people' the response was:

'Absolutely, 100%
'Yes already have'
'Definitely'
'Started doing that in September'

1.2 Staff Profiles

The course leaders will be Nick Pettit and Matthew Whattam.

Matt has worked in Emergency Nursing for the past 15 years and has been working as a full time Emergency nurse Practitioner for the past 8 of those years. Matt is responsible for mentorship and supervision of the trainee Emergency nurse Practitioners within his current department and has a special interest in the assessment process and the fundamentals of advanced assessment in autonomous practice.

Matt's qualifications include:

Registered Nurse of Adults, ENB 199 (A&E), ENB 998, A33 and BSC in Emergency Nursing, Non-Medical Prescribing, Minor Illness Adult/Paed

Nick has been working for the past 15 years in the Emergency Department of Addenbrooke's Hospital. He previously worked as a charge nurse within Accident and Emergency for 6 years. Nick has been practicing as a full-time ENP for the past 7 years. He has been responsible for the running of the "in house" Nurse Practitioner programme over the past 4 years.

Nick's qualifications include:

RGN, ENB 199, ENB 998, A33 and BSc in Emergency Nursing.

1.3 Contacting Staff

Telephone: 01223 257145, 01223 217118 or 01223 596133

Email: eau-enp.courses@addenbrookes.nhs.uk

Address: Box 87
Emergency Department
Addenbrooke's Hospital
Hills Road
Cambridge
CB2 2QQ

2. MODULE AIMS

2.1 Aims of Module

The aim is to prepare experienced registered nurses working within emergency, primary care and walk-in environments to provide a high level of autonomous care for patients presenting with minor trauma.

2.2 Learning Outcomes of Module

On successful completion of this course the student will be expected to be able to:

- Demonstrate accurate history taking.
- Perform a thorough and skilled clinical assessment in order to make an appropriate diagnosis.
- Critically apply relevant knowledge in anatomy, physiology and pathophysiology in the care of patients with minor injuries.
- To document methodically and accurately the assessment, diagnosis, treatment and management of the patient using evidence based practices.
- To provide up to date health promotion and education when managing minor injuries.
- Diagnose accurately and understand when to refer to appropriate specialities.
- Understand the basic principles of radiology and the skills required to interpret X-rays accurately.
- Critically analyse and reflect on the role of the ENP in the care of patients with minor injury.
- Understand the autonomous role of the ENP and the legal aspects that come with the role.

3. COURSE DESIGN

3.1 Overview of Course

- The course will comprise a total of 400 hours.
- 150 hours will be based at Addenbrooke's Hospital for lectures, OSCEs and case presentations.
- 37.5 hours of this time will be supervised practice in the Emergency Department. The hours need to be worked alongside the student's allocated ENP mentor.
- 150 clinical hours within students own working area.
- 100 hours self directed study.
- The course will be delivered over 4-5 months.
- The course design will be three one-week blocks based in the clinical school at Addenbrooke's Hospital.
- It will run from Monday to Friday from 08.30 to 16.30 (this may change to accommodate outside speakers).

3.2 Practice Placement

- Each student will be allocated 37.5 hours of supervised practice. The student will be allowed to manage patients with a variety of minor trauma under the supervision of an experienced ENP working in the Emergency Department. This will involve history taking, assessment, diagnosis, treatment, referral and discharge. This is compulsory.
- The student will be expected to work for 150 hours in their own working area. They will need to identify a suitable supervisor to the course leaders at the beginning of the module. This supervisor should be an SpR, GP or an ENP with at least one year's experience in minor injuries. It is important that the student is working in a suitable clinical area to provide maximum exposure to minor trauma patients.
- The individual student will be allocated a designated mentor. The mentor will be an experienced full time ENP, qualified at degree level and experienced in mentorship. In addition course leaders will liaise with mentors providing information and support. The mentor will be asked to feedback to the course leaders for discussion with the course committee.

3.3 Assessment Information

Modes of Assessment

- Observed Structured Clinical Assessment (OSCE).
- Case presentation.
- Supervised practice at Addenbrooke's Emergency Department.

Observed Structured Clinical Assessment

- OSCE with 8 separate assessment stations.

Case Presentation

- There will be individual case presentations of approximately 20 minutes each.

Clinical Placement

- Each student will be required to see 15 patients with a set variety of presentations. Each patient seen will be under the supervision of their mentor.
- Each patient's assessment, diagnosis and management will be documented in a handbook.
- The student will be required to reflect on the management of these patients using evidence based practice.

Marking Criteria

Assessment Criteria for Observed Structured Examination

- All students will perform **8 OSCE** stations.
- The course leaders will oversee the running of the OSCEs.
- There will be a variety of injuries for each station.
- The student will be given **10 minutes to take a history, assessment and plan**. Then a further **10 minutes to document the history, assessment and plan of care**.
- **A 2 minute warning** will be given prior to the end on each station.
- The student will be assessed using a specially designed proforma.
- All students **must achieve 80% pass rate on each assessment station**.

- If the student fails a station they will be referred to the course leaders.
- The student will be given one more opportunity on the day to perform each of the failed OSCEs. If the student fails this they will be given the opportunity to re-sit on a future date.
- If the student fails 4 or more skills stations they will be automatically referred to re-sit on a planned future date.
- If the student does not achieve 80% pass rate after these further two attempts then they will have failed the OSCE.

Assessment Criteria for Case Presentations

- Each student will be expected to present a patient with a minor injury that they have dealt with during their placement at Addenbrooke's Emergency Department.
- The presentation can be of any injury type.
- The presentation needs to be 20 minutes in length.
- The content must include assessment, diagnosis, treatment and management using evidence based practice.
- The presentation will be delivered to the course leaders and fellow candidates.
- The course leaders will individually mark the case presentation using a structured criteria.
- The student will be marked as a pass/fail.
- If the student fails they will be given an opportunity to re-present on a given date.

Successful Completion of the Course

- The student will be expected to achieve 80% on each of the 8 OSCEs.
- The student will be expected to pass the case presentation. They will be expected to give the course leader a copy of this presentation.
- The student will be expected to see 15 patients with a variety of conditions with their individual mentors.

- The student will need to present their handbook to their mentor and course leaders at the end of the course.
- The student will be expected to provide reflective documentation for the patients that they see.

Awards

- Following successful completion of the course the student will be awarded 45 credits at level 3, and will be sent a certificate.

3.3 Resources

Emergency Department

- Emergency Nurse Practitioners
- Internet access within the department
- Journals and reference books within the department
- Discussion with ED Specialist Registrars and ED Consultants

Clinical School

- Access to clinical school library which is based at Addenbrooke's Hospital.
- It is advisable that an Athens account is obtained via the clinical school library or by following the link <http://www.library.nhs.uk/Default.aspx> to enable access to current journals, research and articles.

I.T.

- Support will be provided by Andrew Carr (ED I.T. lead) Andrew.carr@Addenbrookes.nhs.uk

Attendance

- Students must attend a minimum of 384 hours of the 400 hours to complete the course successfully. Any missed lecture days must be supplemented by collecting lecture notes and seeking tutorial support.

4. Course References

4.1 Journals

- Advanced Clinical Nursing.
- British Journal of Nursing.
- British Medical Journal.
- Emergency Nurse.
- Evidence Based Nursing.
- International Journal of Nursing studies.
- Nurse Practitioner.
- Nursing Times.
- Practice Nurse.

4.2 Web sites

- Clinical evidence: www.clinicalevidence.org
- Department of health: www.doh.gov.uk
- <http://www.eyecasualty.co.uk/>
- National Electronic library for Health: www.nelh.nhs.uk
- National Institute for Clinical Evidence: www.nice.org.uk
- Nursing and Midwifery Council: www.nmc-uk.org.uk
- Internurse: www.internurse.com
- Prodigy: www.prodigy.nhs.uk
- Royal College of Nursing: www.rcn.org.uk
- Athens: www.library.nhs.uk/Default.aspx

5. Learning Outcomes for Sessions

5.1 The Emergency Nurse Practitioner, Professional and Legal Issues

Following this session the student will be able:

- To have an historical insight into the development of the ENP and the autonomous role.
- To have the knowledge to develop the ENP role/service within their own working environment.
- To have an understanding of the legal issues in relation to the autonomous role of the ENP.
- To be able to critically evaluate clinical practice in the management of minor trauma patients.

Suggested Reading:

Ashburner L, Birch K, Latimer J, and Scrivens E. (1997) *Nurse Practitioners in Primary Care*, Centre for Health Planning and Management, Keele Univ.

Barnes, H. Crumby, A. Carlisle, C. and Pilling, D. (2004) Patients' Perception of "uncertainty" in Nurse Practitioner Consultations, *British Journal of Nursing*, 13 (22) p1350 – 1354.

Baxter, C., Brennan, M. G. & Caldicott, Y. (2002) *The Practical Guide to Medical Ethics & Law*. PasTest.

Bland, A (1997) Developing the Emergency Nurse Practitioner Role in Accident and Emergency: a Bottom-Up Approach. *Accident and Emergency Nursing*. 42-47.

Byrne G, Richardson M, Brunson J, Patel A (2000) Patient Satisfaction with Emergency Nurse Practitioners in A&E. *Journal of Clinical Nursing*. 9. 83-93.

Cable, S. & Dolan, B. (2000) Nurse Practitioners. In Dolan, B & Holt, C. editors. *Accident and Emergency: Theory into Practice*. Baillere Tindall. Edinburgh. 485 – 493.

Cooper I (1996) Nurse Practitioners in A&E: Literature Review. *Emergency Nurse*. 4. (2) 19-22.

Cox, C. (2000) A Lesson in the age of Litigation. *Nursing Standard*. 14: 19 (61).

Dimond, B. (2000) Legal Issues in Community Nursing 5 (sic): Nurse Prescribing. *British Journal of Community Nursing*. 5(4). 186 – 9.

Martin J (2005) Clinical Negligence and patient Compensation. *Nursing Standard* 19, 25: 35-39.

Montague, A. (1996) *Legal Problems in Emergency Medicine* Oxford: Oxford University Press.

Summer A. (2006) So you have been called to court. *Emergency Nurse*. 14.1: 10-15.

Nursing and Midwifery Council (2004) *The NMC Code of Professional Conduct: Standards for Conduct, performance and ethics*. NMC.

Tachackra, S. & Deboo, P. (2001) Comparing Performance of ENP's and SHO's. *Emergency Nurse* 9. 7. 36 – 39.

Tingle J: Cribb A (1995) *Nursing law and Ethics*. Oxford. Blackwell Science.

Tingle J (1997) Clinical Guidelines: Legal and Clinical Risk Management Issues, *British Journal of Nursing* (6) 11 639-641.

Tye. C. C.; Ross, F. M. (2000) Blurring Boundaries: professional perceptions of the ENP in the A&E department. *Journal of Advanced Nursing*. 31. 5. 1089-1096.

Walsh, R. (2001) Patient satisfaction with emergency nurse practitioners. *Emergency Nurse*. 8. 23-29.

5.2 History Taking, Assessment and Documentation

Following this session the student will be able to:

- Take a clear and accurate history.
- Document all aspects of their consultation in a methodical and logical format.
- Understand the importance of comprehensive documentation.

Suggested Reading:

Apley A G, Solomon L (1997) *Physical Examination in Orthopaedics*. Butterworth-Heinemann, Oxford.

Bickley L S (1995) *Physical Examination and History taking*. 3rd Edition. Lippincott Williams and Wilkins. USA.

Bickley, L. S. (1999) *Bates 'Guide to Physical Examination'*. 7th Edition. Lippincott. Philadelphia.

Cox, C. L. (1997) *Advanced Practice: Physical Assessment*. City University Press. London.

Epstein, O; Parkin, G. D.; De Bono, D. P; Cookson, J. (1997) *Clinical Examination*. 2nd Edition. Mosby. London.

Guly H R (1996) History Taking Examination and record keeping in Emergency Medicine. Oxford University Press. Oxford.

Myerscough PR (1996) Talking With Patients: A Basic Clinical Skill. Oxford: Oxford Medical Publishing.

Purcell. D. (2003) Minor Injuries: A Clinical Guide for Nurses. Churchill Livingstone. London.

Richards, S. & Gregory, S. (2005) Developing Consultation Skills. *Practice Nurse*. 29: 11 (13-20).

Spragg, D. (2005) Consultation skills for Nurse Practitioners. *Independent Nurse*. June 28-29.

Walsh M (1999) Nurse Practitioners: Clinical Skills and Professional issues. Oxford. Butterworth Heineman.

5.3 Radiography

Following this session the student will be able to:

- Demonstrate core knowledge of anatomy of the human skeleton.
- Recognise when radiography is required in assessment and diagnosis.
- Perform a methodical interpretation of an X-Ray.
- Recognise abnormal X-Rays.

Suggested Reading:

Adams J Yates D (1995) ABC of Emergency radiology. BMJ Publishing Group, London.

Freiji, R. M. Duffy, T. Hackett, D, Cunningham, D. & Fothergrill, J. (1996) Radiographic interpretation by nurse practitioners in a minor injuries unit. *Journal of Emergency Medicine*. 13 (1), 41-43.

Lumley J (2002) Surface Anatomy. The Anatomical Basis of Clinical Examination. 3rd Edition Churchill Livingstone.

McRae R (1994) Practical Fracture Treatment. 3rd Edition. Churchill Livingstone. Edinburgh.

Morris, P. W. (2006) *Limb X-Ray Interpretation*. Whurr publishers Ltd
Raby N, Berman L, De Lacey (1995) *Accident and Emergency Radiology- A Survival Guide*. Cambridge University Press.

Tachakra (2002) Diagnosing Radiological abnormalities. *Emergency Nurse* 10, 5 34-38.

5.4 Upper Limb

Following this session the student will be able to:

- Identify the bones, muscles and nerves of the upper limb.
- Perform a thorough examination of the upper limb.
- Identify common injuries.
- Describe appropriate management and follow up.
- Be able to document appropriately.

Suggested Reading:

Anderson M K, Hall S J, Martin M (2000) *Sports Injury Management*, 2nd Edition, Lippincott Williams & Wilkins, USA.

Apley A G, Solomon L (1997) *Physical Examination in Orthopaedics*. Butterworth-Heinemann, Oxford.

Dean C, Pegington J (1996) *Core Anatomy for Students. Volume 1*. WB Saunders, London.

Ellis, H. (1983) *Clinical Anatomy*. 7th Edition. Blackwell, Oxford.

Hodgkinson S (1994) ABC of Emergency Radiology- The Wrist. *British Medical Journal*. 300(12) 464-468.

Jarmey C (2003) *The Concise Book of Muscles*. 1st Edition. Lotus Publishing.

Kessel L (1986) *Clinical Disorders of the Shoulder*. Edinburgh: Churchill Livingstone.

Massey P (2004) *Sports Pilates, How to Prevent and overcome sports Injuries*. 1st Edition. Cilo Books, London.

Marieb E (1995) *Human Anatomy and Physiology*. 3rd Edition. Benjamin-Cummings Publishing Co Incorporated, California.

McRae R (1994) *Practical Fracture Treatment*. 3rd Edition. Churchill Livingstone. Edinburgh.

5.5 Hand/Digits

Following this session the student will be able to:

- Identify the bones, muscles and nerves of the hand and digits.
- Perform a thorough examination of the hand and digits.
- Identify common injuries.
- Describe management and follow up.
- Be able to document appropriately.

Suggested Reading:

Apley A G, Solomon L (1997) *Physical Examination in Orthopaedics*. Butterworth-Heinemann, Oxford.

Bruser P, Gilbert A (1999) *Finger, Bone and Joint Injuries*. 1st Edition. Informa Health Care.

Larson D (2002) *Assessment and Management of Hand and Wrist Fractures*. *Nursing Standard*. 16 (36) pages 45-53.

Martin D S, Collins E D (1998) *Manual of Acute hand Injuries*. Mosby.

McKenna D (2006) *Hand Assessment*. *Emergency Nurse*. 14(6) pages 26-35.

Wilson G R, Nee P A, Watson J S (1997) *Emergency Management of Hand Injuries*. Oxford University Press. Oxford.

5.6 Lower Limb

Following this session the student will be able to:

- Identify the bones, muscles and nerves of the lower limb.
- Perform a thorough examination of the lower limb.
- Identify common injuries.
- Describe appropriate management and follow up.
- Be able to document appropriately.

Suggested Reading:

Anderson M K, Hall S J, Martin M (2000) Sports Injury Management, 2nd Edition, Lippincott Williams & Wilkins, USA.

Apley A G, Solomon L (1997) Physical Examination in Orthopaedics. Butterworth-Heinemann, Oxford.

Dean C, Pegington J (1996) Core Anatomy for Students. Volume 1. WB Saunders, London.

Ellis, H. (1983) Clinical Anatomy. 7th Edition. Blackwell, Oxford.

Jarmey C (2003) The Concise Book of Muscles. 1st Edition. Lotus Publishing.

Kerkhoffs GMMJ, Rowe BH, Assendelft WJJ, Kelly K, Struijs PAA (2002) Immobilisation and Functional Treatment of Acute Lateral Ankle Ligament Sprains in Adults. John Wiley & Sons, Ltd.

Massey P (2004) Sports Pilates, How to Prevent and overcome sports Injuries. 1st Edition. Cilo Books, London.

Marieb E (1995) Human Anatomy and Physiology. 3rd Edition. Benjamin-Cummings Publishing Co Incorporated, California.

McRae R (1994) Practical Fracture Treatment. 3rd Edition. Churchill Livingstone. Edinburgh.

5.7 Knees

Following this session the student will be able to:

- Identify the bones, muscles and nerves of the Knee.
- Perform a thorough examination of the knee.
- Identify common injuries.
- Describe appropriate management and follow up.
- Be able to document appropriately.

Suggested Reading:

Anderson M K, Hall S J, Martin M (2000) Sports Injury Management, 2nd Edition, Lippincott Williams & Wilkins, USA.

Apley A G, Solomon L (1997) Physical Examination in Orthopaedics. Butterworth-Heinemann, Oxford.

Dandy D J, Edwards D J (1998) Essential Orthopaedics and Trauma. 3rd Edition. Churchill Livingstone, Edingburgh.

Dean C, Pegington J (1996) Core Anatomy for Students. Volume 1. WB Saunders, London.

Ellis, H.(1983) Clinical Anatomy. 7th Edition. Blackwell, Oxford.

Jarmey C (2003) The Concise Book of Muscles. 1st Edition. Lotus Publishing.

Massey P (2004) Sports Pilates, How to Prevent and overcome sports Injuries. 1st Edition. Cilo Books, London.

Marieb E (1995) Human Anatomy and Physiology. 3rd Edition. Benjamin-Cummings Publishing Co Incorporated, California.

McRae R (1994) Practical Fracture Treatment. 3rd Edition. ChurchillLivingstone. Edinburgh.

5.8 Wounds/Burns

Following this session the student will be able to

- Identify anatomy and physiology of the skin.
- Demonstrate knowledge of specific types of wounds.
- Demonstrate evidence based knowledge of different dressings and wound care.
- Describe appropriate management and follow up.
- Be able to document appropriately.

Suggested Reading:

Morgan D (2002) Wounds-What Should a Dressings Formulary Include? *Hospital Pharmacist. Vol.9. Pages 261-266.*

Riyat M, Quinton D (1997) Tap Water as a Wound Cleansing agent in Accident and emergency. *Journal of Accident and Emergency. 14. Pages 165-166.*

Trott A T (1997) Wounds and Lacerations Emergency Care and Closure. 2nd Edition. Mosby, St Louis.

Wardrope J, Edhouse J A (1999) The Management of Wounds and Burns, 2nd Edition. Oxford University Press. Oxford.

5.9 Eyes

Following this session the student will be able to:

- Identify anatomy and structure of the eye.
- Perform a thorough examination of the eye.
- Identify common injuries.
- Describe management and follow up.
- Be able to document appropriately.

Suggested Reading:

Eagling E M, Roper-Hall (1986) Eye Injuries. An illustrated Guide. Gower Medical publishing limited, Kent.

Eyecasualty.co.uk

Khaw P T, Elkington A R (2000) ABC of Eyes. 3rd Edition. BMJ Publishing Group, London.

Mclean H (2001) The eye in primary care: A symptom-based approach. Oxford: Butterworth-Heinmann Ltd.

Parr J (1989) Introduction to Ophthalmology. 3rd Edition. Oxford University Press, Oxford.

5.10 Ear and Nose trauma

Following this session the student will be able to:

- Identify anatomy and structure of the ears and nose.
- Perform a thorough examination of the ears and nose.
- Identify common injuries.
- Describe management and follow up.
- Be able to document appropriately.

Suggested Reading:

Bull T (2003) Colour Atlas of ENT diagnosis. New York: Thieme Medical Publisher.

Dean C, Pegington J (1996) Core Anatomy for Students. Volume 1. WB Saunders, London.

Reynolds T (2004) "Ear, Nose and Throat Problems in Accident and Emergency. *Nursing Standard, Vol.18, no. 26, pages 47-53.*

5.11 Maxillo-facial

Following this session the student will be able to:

- Identify anatomy and structure of the head and face.
- Perform a thorough examination of the head and face.
- Identify common injuries.
- Describe management and follow up.
- Be able to document appropriately.

Suggested Reading:

Dean C, Pegington J (1996) Core Anatomy for Students. Volume 1. WB Saunders, London.

Hawkesford J, Banks J G (1994) Maxillofacial and Dental Emergencies. Oxford University Press, Oxford.

Kinsey T (1998) Fractured Zygoma: A case study. *Emergency Nurse.6(8). Pages 23-26.*

5.12 Minor Injuries in Paediatrics'

Following this session the student will be able to:

- Take a detailed History, specific to the Paediatric patient.
- Be able to examine a child with confidence.
- Identify common injuries.
- Feel comfortable interpreting a child's X-ray.
- Describe appropriate management and follow up.
- Be able to document appropriately.

Suggested Reading:

Davies F C. Smith A. Robson J. (2003). *Minor Trauma in Children: A Pocket Guide*

5.13 Social Issues

- Be aware of 'red flags', and the possibility of child abuse.
- Understand the procedures to be taken if you have any concerns of abuse or neglect.
- Understand the complications of domestic violence.
- Understand the procedures to be taken if you are suspicious of domestic violence.
- Be able to document appropriately.

Suggested Reading:

Cawson et al., 2000, Child Maltreatment in the UK: A Study of the Prevalence of Child Abuse and Neglect, NSPCC.

www.nspcc.org.uk/inform

www.core-info.cardiff.ac.uk

Boyle A. Robinson S. Atkinson P. (2004) Domestic Violence in emergency medicine patients. *BMJ*.

6. Submission Details

- OSCE – Date and Time to be confirmed.
- Case presentation- Date and Time to be confirmed.

7. Resubmission Details

- The individual students need to pass all three components.
- It is expected that the candidate will have seen 15 patients, reflected on these patients and will have completed their handbook.

- If a student fails OSCE then a second attempt will be taken that day with involvement of course leader. If a fail on the second attempt the student will be invited back on a separate day - Date and time to be confirmed.
- If a student fails the case presentation they will be invited back on a separate day - Date and time to be confirmed.

8. Quality Assurance

- Each student will be given an evaluation form to complete at the end of each day and at the end of the course.
- Committee meeting on a monthly basis to discuss issues throughout the course.
- End of course committee meeting and evaluation.
- Independent review from named ARU academic staff.
- Student review and end of course feedback.
- Review of course content and assessment procedure at the end of each course.