MODULE SPECIFICATION

Part 1: Basic Data						
Module Title	Remote Clinical Decision Making (Hear and Treat)					
Module Code	UZYSWW-20-M		Level	M	Version	1
UWE Credit Rating	20	ECTS Credit Rating	10	WBL module?	No	
Owning Faculty	Faculty of Health and Applied Sciences		Field	Allied Health Professions		
Department	Allied Health Professions		Module Type	Standard		
Contributes towards	CPD					
Pre-requisites	None		Co- requisites	None		
Excluded Combinations	UZYSWN-20-3		Module Entry requirements	HCPC Registered Paramedic NMC Registered Nurse (or equivalent)		
First CAP Approval Date	23 March 2015		Valid from	June 2015		
Revision CAP Approval Date			Revised with effect from			

Review Date	

Part 2: Learning and Teaching	
Learning Outcomes	On successful completion of this module students will be able to: 1. Demonstrate an in depth understanding of clinical decision making software (CDMS) used within remote clinical triage (Component B). 2. Critically evaluate evidence based best practice models and system-based approaches that can be used in conjunction with CDMS within remote clinical decision-making (Component B). 3. Demonstrate competence in clinical reasoning skills for common presentations found within remote clinical triage whilst managing the associated clinical risk (Component A and Component B) 4. Explore and critically appraise the legal and ethical principles that relate to remote clinical triage in relation to a common clinical presentation (Component A and Component B) 5. Critically evaluate the roles and responsibilities of the remote clinical advisor (component B) 6. Demonstrate an in depth understanding of the communication skills needed for remote clinical triage (Component B) 7. Critically evaluate clinical decisions made in conjunction with clinical decision making software, evidence based best practice models and system-based approaches (Component A and Component B)
Syllabus Outline	

Remote Clinical Decision Making in Practice:

- Existing triage tools used in Remote Tele-Health

- Advantages and limitations of Computer Lead Clinical Decision Making Software (CDMS)

- Applying Clinical Reasoning, Evidence Based Practice and Tacit Knowledge in Remote Clinical Decision Making

- Managing common Remote Tele-health presentations (acute pain, falls, mental health crisis call, frequent caller, complex social needs)

- System based approaches to Remote Clinical Decision Making

- Supporting the best patient outcomes through appropriate dispositions

- Managing and mitigating clinical risk

Professional Issues:

- Remote Tele-health and its importance nationally with the provision of healthcare and managing NHS capacity issues

- The role and responsibilities of the Remote Clinical Advisor within provision of urgent and emergency care services

- Practicing within a framework of professional ownership, accountability and responsibility

- Develop clinical leadership and communication skills

- Evidence Based Medicine within clinical decision making

- The importance of research and clinical audit within Remote Clinical Decision Making to promote individual and service improvement

- Continuing Professional Development

- Staying well, developing and maintaining psychosocial resilience

Communication:

- Developing therapeutic relationships with patients, family, guardians and friends

- Crew consultations and referring patients

- Communicating across inter-professional boundaries

- Managing challenging callers

- Supporting concordant clinical decisions

- Working with professional colleagues to support appropriate patient outcomes

Safe Working Practice:

- Legal and ethical responsibilities within Remote Clinical Decisions Making

- Managing feedback and the complaints process

- Managing frequent callers

- Managing and evaluating clinical risk

- Safe Guarding

Contact Hours	The module will be delivered via approximately 48 hours of contact time; this will be over a block of approximately 11 weeks. Contact time includes face to face sessions as well as synchronous and asynchronous online learning.
Teaching and Learning Methods	The total notional study time for each module is calculated to be 200 hours, divided between student independent time (152 hours) and student/lecturer interaction time (48 hours). The programme will be entirely delivered using a blended learning methodology; incorporating technology enhanced learning material, online web content, video presentations, lectures and seminars. **Scheduled Learning** includes lectures; case based learning including small group work and seminar discussion. **Independent Learning** includes essential reading, assignment preparation and completion, presentation preparation and completion. These sessions constitute an average time per level as indicated in the table below.
Key Information Sets Information	Key Information Sets (KIS) are produced at programme level for all programmes that this module contributes to, which is a requirement set by HESA/HEFCE. KIS are comparable sets of standardised information about undergraduate courses allowing prospective students to compare and contrast between programmes they are interested in applying for. **Key Information Set - Module data** *Number of credits for this module* 20

Hours to be allocated	Scheduled learning and teaching study hours	Independent study hours	Placement study hours	Allocated Hours
200	48	152	0	200

The table below indicates as a percentage the total assessment of the module which constitutes a -

Coursework: Written essay
Practical Exam: Structured Oral and Practical Exam (SOPE)

Please note that this is the total of various types of assessment and will not necessarily reflect the component and module weightings in the Assessment section of this module description:

Total assessment of the module:

Written exam assessment percentage	0%
Coursework assessment percentage	50%
Practical exam assessment percentage	50%
	100%

Reading Strategy	**Core Reading** Essential reading will be clearly indicated in the module handbook, which will be available via Blackboard. A suggested selection of texts will be chosen either in hard copy or as e-books. Reading lists will be reviewed annually by the librarian in order to ensure currency of information. Reading strategies will be outlined during the module

	introduction lecture. **Further Reading** Further reading is strongly recommended. Students will be directed to a variety of sources including on-line materials via the module handbook. Additional reading materials will also be available through Blackboard. **Access and Skills** Formal opportunities for students to develop their library and information skills are provided through the Library Services web pages, including interactive tutorials on finding books and journals, evaluating information and referencing.
Indicative Reading List	*The following list is offered to provide validation panels/accrediting bodies with an indication of the type and level of information students may be expected to consult. As such, its currency may wane during the life span of the module specification.* *However, as indicated above, CURRENT advice on readings will be available via other more frequently updated mechanisms.* Telephone Triage and Clinical Decision making Blank. L. and Coster, J. (2012) The appropriateness of, and compliance with telephone triage decisions: a systematic review and narrative synthesis. *Journal of Advanced Nursing.* 68 (12) pp. 2610–21. Gladwell, M. (2005) *Blink.* New York: Little, Brown and Company. Health Care Professions Council (HCPC) (2012) *Standards of Conduct, Performance and Ethics.* London: HCP Huibers, L. and Smits, M. (2011) Safety of telephone triage in out of hours care: a systematic review. *Scandinavian Journal of Primary Health Care.* 29 pp. 198‑209. Nagel, D.A., Pomerleau, S.G. & Penner, J.L. (2013). Knowing, caring and tele-health technology: going the distance in nursing practice. *Journal of Holistic Nursing.* 31 (2) pp.104–12. Maguire, P. (2002) *Communication Skills for Doctors Oxford University press*, New York: Inc. Thomson, C. and Dowding, D. (2002) *Clinical Decision Making and Judgment in Nursing.* Edinburgh, Churchill Livingstone. Wheeler, S.Q. (2009) Telephone triage protocols for adult populations. New York: McGraw Hill. General Indicative Reading Coiera, E. (2003) *Guide to Health Informatics.* London: Arnold. Department of Health (2003) *NHS Code of Practice, Confidentiality.* London: DOH Ellis, R. Gates, B. and Kenworthy, N. (2003) *Defining Communication, Interpersonal Communication in Nursing: Theory and Practice.* Sussex: Routledge Herring, J. (2008) *Medical Law and Ethics.* Oxford: Oxford University Press. Kluge, E. (2003) *Handbook of Ethics for Health Informatics Professionals.* London: British Computer Society. McGee, S. (2007) *Evidence Based Physical Diagnosis in Primary Care.* (2nd ed.)

	Edinburgh: Elsevier.
	Websites and links
	JRCALC (2006) Clinical Practice Guidelines http://jrcalc.org.uk/guidelines.html
	NHS Clinical Knowledge Summaries http://www.cks.nhs.uk/home
	Resuscitation Council UK (2010) http://www.resus.org.uk/SiteIndx.htm
	SIGN [Scottish Intercollegiate Guidelines Network] http://www.sign.ac.uk/

Part 3: Assessment	
Assessment Strategy	The assessment strategy for this module is in the form of a reflective essay and Structured Oral and Practical Exam (SOPE).
	The summative assessments allow the student to demonstrate that they recognise the importance of clinical decision making software within remote clinical triage but have the confidence and competence to also make autonomous clinical decisions. These decisions need to be supported by evidenced based best practice and/or systems based approaches in order to manage/mitigate clinical risk whilst upholding fundamental principles pertaining to ethical, operational and legal factors.
	Component A – A Structured Oral and Practical Exam (SOPE) (30 minutes)
	Rationale: To allow assessment of a broad syllabus to ensure that students have the underpinning knowledge necessary for remote clinical practice.
	Component B - A 3000 word reflective account of a remote patient consultation where the Remote Clinician was able to influence a non-conveyance to an Emergency Care setting or Ambulance dispatch.
	Rationale: Students will be asked to reflect on a remote patient consultation, which resulted in either a non-conveyance to an Emergency Department setting and/or non-despatch of an Ambulance resource. The alternative patient disposition might include an appropriate direct referral to ward or specialist team, referral to an urgent care setting or team, discharge with suitable advice and/or treatment strategy.
	Formative assessments will take place through supervision of group work and discussion, also tutorial support and reading by personal tutors of draft work.

Identify final assessment component and element	**Component B element 1**	
	A:	**B**:
% weighting between components A and B (Standard modules only)	**50%**	**50%**

First Sit	
Component A (controlled conditions) **Description of each element**	**Element weighting** **(as % of component)**
1. A Structured Oral and Practical Exam (SOPE) (30 minutes)	100%
Component B **Description of each element**	**Element weighting** **(as % of component)**

1. 3000 word reflective case study	100%

Resit (further attendance at taught classes is not required)	
Component A (controlled conditions) **Description of each element**	**Element weighting** **(as % of component)**
1. A Structured Oral and Practical Exam (30 minutes)	100%
Component B **Description of each element**	**Element weighting** **(as % of component)**
1. 3000 word reflective case study	100%

If a student is permitted a retake of the module under the University Regulations and Procedures, the assessment will be that indicated by the Module Description at the time that retake commences.