

Module specification

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Module Code	NHS7B6
Module Title	Minor Illness Assessment and Management
Level	7
Credit value	20
Faculty	FSLS
HECoS Code	100260
Cost Code	GANG

Programmes in which module to be offered

Programme title	Is the module core or option for this programme
MSc Advanced Clinical Practice	Option
Standalone Module	Option

Pre-requisites

This minor illness module is suitable for nurses, paramedics, pharmacists, physiotherapists and other allied health professionals working in primary care centres, urgent and out of hours care, walk in centres, minor injury units, emergency departments and pre-hospital settings. Students must have 2 years post-registration experience as a Registered Health Care Professional in an unscheduled or Scheduled care settings. Please state your experience on your application form.

Breakdown of module hours

Learning and teaching hours	66 hrs
Placement tutor support	0 hrs
Supervised learning e.g. practical classes, workshops	0 hrs
Project supervision (level 6 projects and dissertation modules only)	0 hrs
Total active learning and teaching hours	66 hrs
Placement / work based learning	60 hrs
Guided independent study	74 hrs

Module duration (total hours)	200 hrs
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Initial approval date	15/07/21
With effect from date	01/09/21
Date and details of revision	03/03/22 – amended learning and teaching hours. 05/06/2024 – updated assessment element from Poster Presentation to Presentation from September 2024.
Version number	3

Module aims

To enhance the practitioners' expertise in the assessment and management of minor illness and prepare them to function effectively, efficiently and with accountability in contemporary healthcare provision. To evaluate the influences on management of minor illness through evidence based teaching, enabling an aspiration towards becoming an autonomous responsible practitioner. This module coexists in the MSc in Primary Health Care and the MSc Advanced Clinical Practice programmes but can also be offered as a stand-alone module.

Module Learning Outcomes - at the end of this module, students will be able to:

		Education Pillar	Research Pillar	Leadership Pillar	Clinical Pillar
1	Demonstrate a systematic understanding of related anatomy and physiology in assessing and managing individuals presenting with minor illness.				
2	Critically evaluate knowledge and clinical reasoning of pathophysiology and the current best-evidence management of minor illness and self care				
3	Justify decision making in the assessment and management of minor illness with reference to ethical and legal accountability.				
4	Examine existing theoretical discourses and practices related to minor illness.				
5	Explore complexities of inter-professional working in the prevention and management of minor illness.				

Assessment

Indicative Assessment Tasks:

This section outlines the type of assessment task the student will be expected to complete as part of the module. More details will be made available in the relevant academic year module handbook.



Presentation to peers and managers based on a case management approach that can be used back to their community of practice.

Assessment number	Learning Outcomes to be met	Type of assessment	Weighting (%)
1	1 - 5	Presentation	100

Derogations

Any work submitted, however competent from an academic viewpoint, which omits or includes information which would indicate unsafe practice by the student or in any way breaches confidentiality will be deemed a 'refer'. Students who fail to demonstrate competence or endanger patients by acts or omissions in practice may be subject to Wrexham University's Suitability for Practice Procedures as well as any invoked by their employer. Any decision to invoke the Suitability for Practice Procedures will be taken by the Programme Leader in consultation with the Professional lead, following discussion with the student, Practice Mentor and the Service Manager.

There will be no condonement allowed for any assessment, thus all elements of a module must be passed.

Learning and Teaching Strategies

The learning and teaching strategy aims to foster a student centred, creative approach, as students taking this programme will be qualified and experienced, it is essential that the approach to learning and teaching used, throughout reflects and builds upon students' prior learning and clinical experience. The module will consist of clinical assessment, diagnostics and clinical reasoning. We will revisit and explore with more complexity using the spiral curriculum.

Students will be in both classroom-based lectures and on-line delivery, using flipped classrooms, scale up, discussions, seminars, workshops, tutorial sessions, together with case-based learning and simulation based education.

The practice element, will employ an experiential strategy, including observation and supervision working towards practice competencies. Simulation based education is an important part of the teaching strategy and this will help the students to practice clinical skills, enhance practice (as they are already experienced clinicians), acquire skills and improve decision-making, in a safe educational environment.

Synchronous and asynchronous teaching both online and on campus, within our active learning framework will be essential to our blended learning approach. The students will be expected to access the many resources in an asynchronous way, to complement their learning journey and their personal and employment circumstances. A key component of online learning and effective pedagogy is the construction of a community of enquiry (Garrison et al., 1999).

The community of enquiry model supports a social constructivist approach and attempts to create an effective learning experience, through the adoption of the three interdependent

elements – social, cognitive and teaching presence. Critical thinking and a social presence will start in the classroom or simulation suite and continue in the discussion groups. The programme team will facilitate and direct the course of study to build the community of enquiry.

Indicative Syllabus Outline

- Principles of assessment and management of minor illness.
- Pathophysiology of minor illness in adults and children aged 1-16 years.
- Clinical History taking, interprofessional communication and referral of minor illness presentations in all relevant settings.
- Diagnostic reasoning.
- Therapeutic intervention and health promotion.
- Clinical diagnostics.
- Introduction to critical theory and discourse analysis of the 'sick role'.
- Professional issues surrounding this advancing role will be discussed in context.
- Legal and ethical accountability in advanced practice

Indicative Bibliography:

Please note the essential reads and other indicative reading are subject to annual review and update.

Essential Reads

Johnson, G., Hill-Smith, I., Ellis, C. (2012) *The minor illness manual*. 4th ed. Oxford: Radcliffe Medical Press.

Johnson, G. (2017) *Minor illness in the Under Fives*. USA: On demand Publishing LLC

Other indicative reading

Ankrett V, and Williams, I. (1999) *Quick Reference Atlas of Dermatology*.

Bethal, J. (2008) *Paediatric Minor Emergencies*. Keswick: M&K Publishing.

Ebook and print copies in stock

Drennan, V. and Goodman, C. (2014), *Oxford Handbook of Primary Care and Community Nursing*. Oxford: Oxford University Press.

Print copies in stock

Greenstein B and Gould D. (2004) *Trounce's Clinical Pharmacology for Nurses*. 17th ed. Edinburgh: Churchill Livingstone.

- Guillebaud J. (2007) *Contraception Today: A Pocketbook for Primary Care Practitioners*. London: Informa Healthcare.
- Greenhalgh T. (2006) *How to Read a Paper: The Basics of Evidence-Based Medicine*. Chichester: Wiley Blackwell;
- Herring, J. (2020) *Medical Law and Ethics*. Oxford: Oxford University Press.
- Hopcroft, K., Forte, V. (2014) *Symptom sorter*. Fifth Edition. Oxford: Radcliffe Medical Press.
- Moulds, A., Martin, P., Bouchier -Hayes, T. (2003) *Emergencies in general Practice*. London: Kluwer Academic Publishers.
- Morris-Jones, R.(2014) *ABC of Dermatology*. 6th ed. Chichester: Wiley Blackwell.
- Neal MJ. (2005) *Medical Pharmacology at a Glance*. Chichester: Wiley Blackwell.
- Pease A, Pease B. (2004) *The Definitive Book of Body Language: The secret meaning behind people's gestures*. New York: Bantom Dell.
- Rushforth, H. (2014) *Assessment Made Incredibly Easy*. London: Lippincott, Williams and Wilkins.
- Smith,L. and Coleman,V. (2010) *Child and Family Centred Healthcare. Concept, Theory and Practice*. London: Palgrave. MacMillan.
- Talen, R. and Burke, V. (2013) *Integrated Behavioural Health in Primary Care Evaluating the Evidence, Identifying the Essentials*. New York: Springer Science.