

**Semester description for the Bachelor's
Degree Programme of Nursing**
Department of Nursing

Semester 4
Spring 2019

Clinical management of patient and citizen care



Colophon

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Semester description for the Bachelor's Degree Programme of Nursing

Department of Nursing, Metropolitan University College

Semester 4

Curriculum 2016

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Semester description

1. The overall theme for Semester 4: Clinical management and citizen care

This overall theme for the semester focuses on patient/citizen care across the health services' professions, sectors and institutions.

The focus is on you acquiring knowledge, skills and competencies in the clinical management of care and treatment of the patient/citizen, in relation to the life situation of the individual experiencing health challenges and disease correlations.

The semester consists of theory classes corresponding to 17 ECTS and clinical training corresponding to 13 ECTS. There are two compulsory study activities and a final exam.

The study programme is structured around a series of interconnected professional activities that transcend both semesters and the programme as a whole. Two of the interconnected activities in particular: *Clinical decision-making* and *Clinical management*, constitute a general framework for nursing activities in all semesters. The other interconnected activities are included at different levels in *Clinical decision-making* and *Clinical management*.

The following table shows how the ECTS for Semester 4 are divided among the interconnected activities:

Teaching area	Clinical training 13 ECTS	Theory 17 ECTS
Clinical knowledge and patient/citizen care	4	7
Research, methodology and theory of science	2	2
Person-centred care – patient/citizen involvement	3	4
The overall health service	2	3
Technology/documentation/quality assurance and quality enhancement	2	1

The 30 ECTS in Semester 4 include an optional element corresponding to 10 ECTS and an integrated interprofessional element corresponding to 5 ECTS.

1.1 Semester structure

The semester is divided into four sub-themes. You will work on the following sub-themes in clinical and theory classes:

- Sub-theme: Encounters in the local authority health service with citizens, relatives and healthcare professionals
- Sub-theme: Coherent patient/citizen care, including interprofessional collaboration
- Sub-theme: Healthcare challenges and disease correlations in different life situations and contexts
- Sub-theme: Health initiatives for selected population groups: Children and families

The semester has two tracks: 4.1 and 4.2. The structure for Semester 4 in spring 2019 is shown below:

Week	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Track 4.1	Theory						Optional elements		Teaching-free day	Clinical training								Theory	Optional elements	Exam	
Track 4.2	Theory	Clinical training							Theory	Teaching-free day	Theory			Optional elements			Exam				

2. Focus areas

The focus areas are based on the overall learning outcomes for the semester, as stipulated in the 2016 curriculum¹. In Semester 4, you will work on the following focus areas:

1. The ability to analyse and use forms of knowledge, knowledge of patients/citizens, experience-based knowledge and research-based knowledge in clinical management. You can analyse and use this knowledge in the care and treatment of patients in and across professions, institutions and sectors.
2. The ability to plan, enter into, reflect on and evaluate professional relationships and communication with citizens, in which you use knowledge of them and their relatives in difficult and conflictual situations.
3. The ability to take into account the life situations of citizens and their relatives, including social and cultural conditions, in clinical decision-making and clinical management.
4. The ability to independently describe, reflect on and apply selected elements of knowledge about illness, e.g. citizens with multiple comorbidities, chronic disease and dementia.
5. Knowledge of frameworks for delegation, as well as knowledge of and the ability to describe, reflect on and dispense medicine in selected types of citizen care in the primary sector.
6. The ability to independently apply and evaluate knowledge of health promotion, prevention of illness, rehabilitation and palliation related to clinical decision-making and clinical management in selected situations with patients and relatives.
7. The ability to use and reflect on knowledge of the health service's organisation, ways of working and division of responsibilities in and across sectors. You will base this on legislation, ethical responsibilities and social conditions in the clinical management of

¹ See Appendix 1 for the learning outcomes for the semester.

citizen care. This also includes the ability to apply knowledge of ethical and legal issues in relation to citizens

8. The ability to apply, evaluate and communicate technologies, including telemedicine, innovation, forms of documentation and quality assurance in and across sectors.
9. The ability to search for, summarise and evaluate selected national/international research knowledge and apply selected quantitative methods to describe the state of the population's health.
10. The ability to use and evaluate selected quantitative research and quantitative data in clinical decision-making
11. The ability to apply and evaluate academic methodologies, argue rigorously and transparently, and take responsibility for your own learning processes.
12. The ability to independently assess, evaluate and adjust nursing interventions related to clinical decision-making and clinical management. You are able to do this in selected forms of citizen care, in interaction with citizens, relatives and other healthcare professionals at local and global level.

3. Semester content

The teaching starts with a joint introductory course for both tracks, which introduces you to the local authority health service and to current legislation on the areas in which nurses work, including the home as a workplace, public health and the local authority's health profile, quantitative research, project work, group processes and internationalisation.

3.1 Sub-theme: Encounters in the local authority health service with citizens, relatives and healthcare professionals

You acquire the knowledge, skills and competencies required for clinical management and decision-making in interaction both with the individual patient/citizen and with groups of patients/citizens and their relatives, taking into account social and cultural aspects in a variety of contexts. You also learn to utilise knowledge of methods of involving citizens and relatives, and knowledge of health inequalities, in order to enter into professional relationships and to incorporate considerations of the individual's life situation when making clinical decisions and managing clinical care.

3.2 Sub-theme: Living with health challenges and disease correlations

You acquire the knowledge, skills and competencies to make clinical decisions and manage clinical care in interaction with patients/citizens and relatives whose lives are characterised by challenges associated with normal ageing, dementia, chronic illness, multiple comorbidities, falls and polypharmacy. This involves expanding perspectives on the patient/citizen so that the whole of the individual's life situation is taken into account in the clinical decision-making and management of clinical care, including their need for prevention, rehabilitation, health promotion and palliative nursing.

3.3 Sub-theme: Coherent patient and citizen care

You acquire the knowledge, skills and competencies required to reflect critically on the general operation of the health service, and the allocation of responsibilities in and between professions and sectors, based on legislation, ethical responsibilities and social conditions. You acquire knowledge of interprofessional and intersectoral co-operation, in particular working together on citizen care in the primary sector. You can acquire knowledge and skills in using selected technologies and types of documentation, and knowledge of unintended events, both in the primary sector and between sectors.

3.4 Sub-theme: Children and families

You acquire knowledge of and skills to reflect on the particular problems faced by children, young people and families, as seen in a social and cultural perspective. You acquire the competencies to reflect on the provision of health services to pregnant women, children, young people and families in the nurse's sphere of activity.

3.5 Optional elements

During the semester, you must work on an optional element concurrently with the sub-themes. The optional element runs through the whole semester and is linked to the project work for the semester. Optional elements give you the opportunity to work on complex healthcare challenges and disease correlations, which need to be described, analysed, understood, prevented, treated and cared for in the context in which they occur. This requires the ability to apply knowledge from different academic areas, reflect on possible consequences, and incorporate these considerations into clinical decision-making and the management of clinical care for the individual citizen.

Working on optional elements develops your ability to think critically about the many ways in which the health service is organised and their effects, as well as the allocation of responsibilities between professions, within and across national borders and sectors, on the basis of legislation, ethical responsibility and social conditions. You also develop skills in planning, implementing, assessing, evaluating and adjusting clinical decisions and clinical management, as well as the ability to reflect on health challenges and disease correlations, based on forms of knowledge, knowledge of the patient/citizen and experience- and research-based knowledge.

You must choose one of the optional elements listed below before the start of the semester:

Transitions in adulthood and their significance for global health challenges and disease correlations

This optional element introduces you to theoretical and practical perspectives on transitions in adulthood that are important to health challenges and disease correlations.

Life's transitions – big and small – all entail something new entering our lives and something else being lost. During some of these transitions, the joy of what is to come will be at the forefront. In others, what we are about to lose overshadows everything else – e.g. the transition from good health to illness, from rehabilitation to palliation, from sick leave back to work, or to having children or losing a loved one. Other transitions are more diffuse, like when we move from one stage of life to another, e.g. from childhood to adulthood, or from middle age to old age.

The teaching is based on the latest research and knowledge and helps you to analyse and reflect on opportunities and correlations during the various transitions.

The importance of family, relatives and networks for health challenges and disease correlations

This optional element introduces you to the importance of family, relatives and networks for health challenges and disease correlations, and to how these concepts are defined in the light of the structure and development of society. Understanding these factors is crucial, because they influence your ability to work with family/relatives and other healthcare professionals, and also inform the clinical decision-making process. It also equips you to manage clinical care within the prevailing frameworks, terms and conditions within society. You learn about the significance of factors such as socio-economic, demographic and cultural conditions, as well as the importance of networks to the health challenges and disease correlations that people face. You also have the opportunity to reflect on and discuss potential nursing interventions in that light. Your focus may be on the elderly,

adults, young people or children, and on problems like working with the parents and relatives of people who are experiencing chronic illness or other health challenges.

The impact of urbanisation on health challenges and disease correlations

Urbanisation is a significant national and global trend. The number of cities with a population of more than 10 million increases every year. This has significant consequences for health. The rising number of people living in major urban conurbations leads to more pollution, more traffic, greater difficulty in finding suitable accommodation and problems with infrastructure and waste management, to name but a few of the many issues. Urbanisation leads to new ways of living – and of living together – and therefore different challenges and disease correlations in the urban population. Metropolitan populations are heterogeneous, consisting of children, young people, old people, families with children, single adults and people with different ethnic and cultural backgrounds. Big cities attract marginalised people, e.g. homeless people, people with mental health issues and illegal immigrant. As such, urbanisation is also about differences in health and illness, and about social inequality. Urban health is now a relevant concept in its own right – it is defined as the combination of factors that influence the health of residents of big cities. Associated problems include air pollution and traffic, housing and slums, space for recreation and physical activity, psychological and social spaces, and whether the city's residents feel safe or avoid specific areas as a result of drug dealing, gangs, etc. On this optional element, you will have insight in some of the perspectives of urbanisation and urban health as an inspiration for your choice of optional element. Have you for instance considered why there is a difference of five years in middle life time depending on which part of the city you live in ?

The importance of globalisation for citizens' health challenges and disease correlations

This optional element is designed for those going on exchange visits during Semester 4.

Globalisation has led to large numbers of people moving across borders, and Denmark receiving large numbers of refugees and immigrants from very different parts of the world. Many of them settle in Denmark, stay here for the rest of their lives and help to make it a multicultural society.

The concept of global health, which has emerged in the wake of globalisation, describes health problems that transcend national borders and are best countered by working together and by professional intervention at global level. In a globalised world, it is no longer good enough merely to look at Danish health issues in isolation. The element may focus on epidemics, e.g. Ebola, the Zika virus and multiresistant tuberculosis. Many diseases spread extremely rapidly and pay no heed to national borders. Similarly, lifestyle diseases like cancer, dementia and various forms of chronic illness are encountered all over the world.

3.6 Internationalisation

All of the elective elements include a focus on the management of clinical care in a global and local perspective. The objective is to give you an international and cultural perspective on the profession and on the work done with the optional element.

3.7 Interprofessional partnerships

Both the theoretical teaching and the clinical training involve work on the sub-theme: *Coherent citizen care*. You acquire knowledge of and the skills to engage in interprofessional and intersectoral partnerships and understand the importance of this for the citizen in the primary sector. You reflect on how the citizen works with health

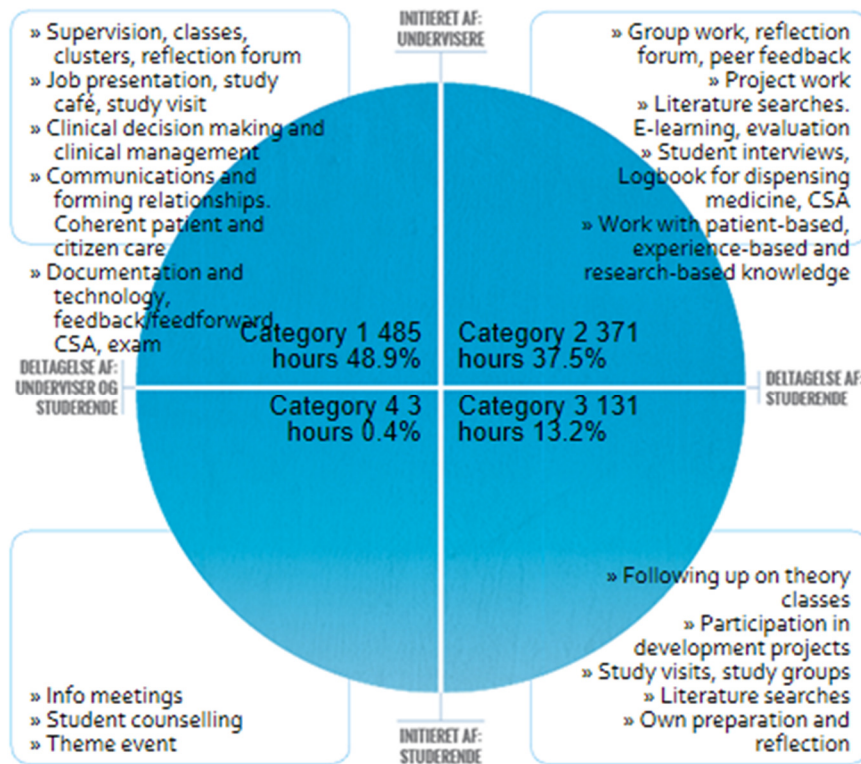
professionals in various contexts, as well as the inherent opportunities and limitations of partnerships.

4. How the teaching is organised in Semester 4

During Semester 4, the learning process consists of a collaboration between you, your lecturers, clinical supervisors and fellow students, and entails a high level of study intensity and individual responsibility. Personal preparation, commitment and the ability to work with others are important prerequisites for the quality of both the teaching and your own learning.

4.1 The study-activity model

The programme entails a high level of commitment, in terms of the total amount of study time. On average, you should expect to spend 41.25 hours per week on your studies. The study activity model below shows how the various study activities are distributed throughout the semester and what is expected of you.



4.2 Theory classes

During Semester 4, the teaching alternates between classes, simulations, teaching in smaller units (clusters), group work and supervision.

Simulation involves you training in and practising practical clinical skills relevant to the semester, either in classes or in clusters.

Clusters consist of half a class working in-depth on clinical decision-making in relation to selected health challenges and disease correlations and/or skills training.

The teaching methods consist of explaining and studying health challenges and disease correlations in order to facilitate critical reflection and changes of perspective.

Throughout the theoretical part of the semester, project work is done in groups with supervision. A digital reflection forum also facilitates peer feedback.

Project work

During Week 1, you form groups of 4–6 students for the optional element you have chosen. A supervisor is assigned and provides guidance on effective group work. Each group is offered five supervision sessions and a “study café”.

Peer feedback and feedback via digital reflection

The project work involves the use of the reflection forum, a digital learning tool in IntraPol (a communication and digital learning platform). The teacher sets up the reflection forum, the purpose of which is to focus and improve your reflective learning processes.

At the end of the teaching in a sub-theme, the project groups go through reflective learning processes designed to ensure that the theory taught is relevant to both the optional element and the group's project work.

In the reflection forum, 4–5 project groups from the same optional element and a supervisor all work together. The groups share knowledge and give peer-to-peer feedback, while the supervisor provides feedback on the whole reflection process.

4.3 Clinical training

The clinical training in Semester 4 takes place in the primary sector. You will work with the clinical supervisor/nurse/health visitor on the following within the four sub-themes below:

Encounters in the local authority health service with citizens, relatives and healthcare professionals

- to reflect on encounters with citizens, taking into account the significance of age, living conditions, culture, language, gender and social inequality, and the citizen's perspective on health and illness
- to work with relatives
- to reflect on the significance of technology to these encounters, e.g. documentation tools, telemedicine, welfare technology, Joint Medicine Card (FMK).

Coherent patient and citizen care

- to acquire knowledge about the structure of the local authority health service and what is offered to citizens at local, regional and national level
- to acquire knowledge about and the ability to use clinical decision-making and the clinical management in your own nursing practice, in collaboration with citizens and their relatives in a range of contexts, e.g. nursing clinics, rehabilitation centres, nursing homes, the individual's own home or on the streets
- to reflect on opportunities for and limitations on coherent patient/citizen care, including how the patient/citizen experiences them
- to enter into interprofessional and intersectoral partnerships
- to dispense medicine, including acquiring knowledge of the framework for delegation.

Healthcare challenges and disease correlations in different life situations and contexts

- to work with clinical decision-making and the clinical management of nursing care for selected patients with health challenges and disease correlations, e.g. dementia, cancer, polypharmacy, malnutrition, chronic illness and multiple comorbidities
- to apply knowledge of health promotion, prevention, rehabilitation and palliation in clinical decision-making and clinical management
- to use and justify clinical methods, e.g. motivational dialogue, screening, early detection, assessing functions and basic value measurements.

Health initiatives for selected population groups: Children and families

- preventive health services for children and young people, including pregnancy care, health screening and vaccination programmes (from national guidelines to local authority initiatives to local practice)
- health inequality, including reflection on children's and families' conditions and health options in the local area
- reflect on encounters with families, including the importance of living conditions, culture, language and gender.

4.3.1 Frameworks for clinical training

Certain frameworks and requirements apply to clinical training throughout the study programme, e.g. compulsory attendance, shift work, study interviews, drawing up individual study plans, dispensing medicine, preconditions for clinical training and the allocation of roles and responsibilities between you and the clinical supervisor.

See [Frameworks and requirements for clinical training on the nursing programme](#).

4.3.2 The work of health visitors

The clinical training provides you with insight into the legal, ethical and moral frameworks for the work of the health visitor. You spend three days working with a health visitor. At the start of the semester, you are presented on IntraPol with an e-learning assignment concerning the work done by the health visitors. The assignment must be completed and uploaded to IntraPol in the group 4. semester (semester 4), under Opgaver (assignments) before the end of the clinical training.

4.3.3 Student interviews and individual study plans

You will attend four student interviews with your clinical supervisor, either individually or in groups.

You must submit your individual study plan no later than two days after the study interview and continuously update it on the Clinical Training Portal.

Read more about student interviews and individual study plans in *Frameworks and requirements for clinical training on the nursing programme*: <http://kurh.dk/retningslinjer>

4.3.4 Logbook for dispensing medicine

The logbook for dispensing medicine is a study and learning tool designed to support your learning about dispensing medicine during the programme's clinical training activities. In Semester 4, you must study 1–2 patient/citizen care cases and describe their medication on documentation sheets, which you then upload. For each patient/citizen care case, you must look in depth at three new medicines with which you have not previously worked on the programme. You are responsible for following up on this.

See the *Logbook for dispensing medicine*:
<http://kurh.dk/retningslinjer/medicindispensering+og+retningslinjer>

4.4 Feedback and feedforward

As an integral part of the learning activities, you are offered regular feedback and feedforward throughout the semester. As part of the two compulsory study activities (CSAs), you participate in a reflection forum in which you receive oral feedback from your fellow students, your clinical supervisor and your teacher.

The project work involves a digital reflection forum, in which groups of students and the lecturer provide written feedback to each other. Feedback and feedforward is also offered as part of the supervision of the project work.

5. Compulsory study activities

Semester 4 includes a compulsory study activity that must be completed before you are able to sit the exam at the end of the semester.

CSA Clinic covers a nursing intervention and must be completed during the eight weeks of clinical teaching.

5.1 Compulsory study activity: Clinical management in coherent citizen care²

The study activity takes place as part of the clinical training and consists of clinical management of a selected citizen case, a written presentation and an oral discussion in the reflection forum.

The objective is that you learn to analyse and apply patient/citizen knowledge, experience-based knowledge and research-based knowledge in order to make clinical decisions and manage clinical care in a specially selected citizen care case.

Together with the clinical supervisor, a citizen care case is selected. Based on this case, you write a presentation, which must include:

- The citizen's cultural and social context.
- The citizen's perspective on their health challenges and disease correlations.
- An analysis and critical assessment of the case, including supporting initiatives and limitations that affect the citizen.
- A relevant quantitative research article.
- Bibliography.
- Annex with the search protocol and abstract of the selected research article.

The presentation must be max. 4,800 characters (two standard pages) incl. spaces. The presentation must follow the technical and legal guidelines. You must submit the written presentation in the Clinical Training Portal under 4. Semester - compulsory study activity - clinical management in coherent citizen care: Submission of the written presentation, at least **three weekdays** before the oral reflection forum.

2

In coherent citizen care, there is coherence between the various services offered to citizens, for example by the local authority (nursing, home care, training, activities), general practice and across sectors (discharge from hospital to home or from a rehabilitation centre to a care centre). Coherent citizen care requires interprofessional and cross-sectoral collaboration. The citizen's perspective is key. (KL 2014: Next practice – development of local health services through better health-education programmes)

The clinical supervisor offers one hour of supervision for the preparation of the paper. For guidelines in literature search, please refer to the educational institution's library and theoretical instruction.

Along with the clinical supervisor, you must organise a reflection forum (30 minutes per student including feedback and feedforward) involving your clinical supervisor, a lecturer from the educational institution and a group of students (2-5 students). All students in the reflection forum are responsible for sharing, reading and relating to each other's written presentations. Before the reflection forum, the clinical supervisor must ensure that the student takes time during the clinical training to prepare the reflection forum.

At the reflection forum, you must:

- Briefly introduce your selected citizen care case, including accounting for how you applied the quantitative research article.
- Present one area of your critical evaluation and discuss clinical decisions and clinical management with the group.
- Prepare 1-2 questions for each of your fellow students' assignments in the reflection forum.
- Provide feedback and feedforward to fellow students on the written as well as the oral presentation.
- Receive feedback and feedforward from students, clinical supervisor and teacher.

Documentation for the compulsory study activity:

- The reflection forum must be approved by the clinical supervisor and lecturer from the educational institution via the Clinical Training Portal.
- Late and incorrect submission triggers the same procedure as for absence due to illness.
- If you are absent at the reflection forum due to illness, but have made your written presentation, you must subsequently submit all the above items from the reflection forum in writing. This must not exceed 4,800 characters (two standard pages), follow the technical guidelines and be uploaded in the newly created field in the Clinical Training Portal. The deadline is agreed with your clinical supervisor and is subsequently approved by the clinical supervisor and teacher.

6. The Semester 4 exam

The semester culminates in an internal exam. The purpose of the exam is for you to demonstrate that you have acquired the knowledge, skills and competencies to analyse, discuss and put into perspective the clinical management of care and treatment of the patient/citizen in relation to their life situations, health challenges and disease correlations.

The exam has a written part and an oral part.

Your optional element serves as the basis for a written project. You must incorporate the semester's focus areas into the project in various different ways.

You are automatically registered for the exam at the start of the semester, as per the Exam Order (Ministerial Order no. 1500 of 02/12/2016).

You must complete and be able to document the two compulsory study activities for the semester and comply with the compulsory attendance requirement during the clinical training in order to sit the exam.

You may only withdraw from the exam in the event of documented illness or maternity/paternity leave, as per the Exam Order (Ministerial Order no. 1500 of 02/12/2016).

6.1 The written part of the exam:

The criteria and frameworks for the written part of the exam are detailed below.

6.1.1 Criteria for the written part of the exam (project assignment)

The written project must include the following:

1) A clinical nursing problem

Arguments in favour of the choice of the problem, its context and relevance, and how it relates to your optional element.

2) Scope

You must justify the scope of the project problem within one or two of the semester's sub-themes, including on the basis of the digital reflection forums.

3) The purpose of studying the problem

4) Problem statement

A brief 1–5-line outline of the question or hypothesis examined in the project.

5) Methodology and analysis

The problem statement must be examined on the basis of quantitative data. You may select one of the following approaches to data:

1. Collate your own data, e.g. using a questionnaire. The analysis of the questionnaires must show the potential trends and correlations that can be inferred from a quantitative overview of the data (e.g. using percentages and averages).

The analysis must contribute to a discussion of the problem statement.

2. Use existing evidence- and research-based knowledge in the area, based on articles that present quantitative studies. Search relevant databases for existing evidence and research-based knowledge. You must describe your search process and analyse each article (4–5 articles that present data from quantitative studies) with a focus on its findings and any bias.

The analysis must contribute to a discussion of the problem.

6) Discussion

The discussion must include critical considerations of clinical decision-making and management in relation to the optional element.

This includes discussion of and critical reflections on:

1. The findings of the analysis in relation to other studies and/or theories
2. Assessment of the chosen methodology, its potential and limitations.

7) Conclusion

A summary of the analysis and discussion that clearly presents the answer to the problem formulation.

8) Putting into perspective

You must put the project results into perspective in relation to the quality of the nursing care within the limits of the sub-themes chosen, and also incorporate knowledge of local and global conditions.

6.1.2 Frameworks for the written presentation – Project assignment

The assignment is produced in groups of 4–6 students. It must be max. 25 standard pages (60,000 characters including spaces) and comply with the technical guidelines.

Plagiarism control

The assignment will be checked for potential plagiarism when it is uploaded to IntraPol. If any plagiarism is identified, there may be consequences for you (see the Exam Order – no. 1500 of 02/12/2016, section 20).

Submission

You/your group upload the assignment to IntraPol on the date stipulated.

6.2 Criteria and frameworks for the oral part of the exam

The criteria and frameworks for the oral part of the exam are detailed below.

6.2.1 The oral part of the exam is taken individually.

The written presentation is included in the assessment of the oral group exam.

The exam includes the following:

- Five-minute individual presentations by each student
- Joint discussion and exam, based on the group project and focus areas for the semester, corresponding to 10 minutes per student
- 30 minutes for deliberation, individual grading, feedback and feedforward.

6.3 Assessment criteria

Based on the group's written presentation and your oral performance, you will be assessed on the extent to which you have achieved the overall learning outcomes for the semester. The assessment criteria are as follows:

1. The ability to analyse and apply forms of knowledge, knowledge of patients/citizens, experience-based knowledge and research-based knowledge to clinical management of citizen care and treatment, in and across professions, institutions and sectors
2. The ability to plan, enter into, reflect on and evaluate professional relationships and communication with citizens, in which you use knowledge of citizens and their relatives in difficult and conflictual situations
3. The ability to take into account the citizen's and their relatives' life situation, including social and cultural conditions, in clinical decision-making and clinical management
4. The ability to independently describe, reflect on and apply selected elements of knowledge about illness, e.g. citizens with multiple comorbidities, chronic disease and dementia.
5. Your knowledge of the framework for delegation, and whether you have acquired knowledge of and can describe and reflect on dispensing medicine to selected citizens in the primary sector
6. The ability to independently apply and evaluate knowledge of health promotion, prevention of illness, rehabilitation and palliation related to clinical decision-making and clinical management in selected situations with patients and relatives.
7. The ability to apply knowledge of and reflect on the organisation of the health services and the allocation of responsibilities in and across sectors, based on legislation, ethical responsibilities and social conditions in the clinical management of citizen care, as well as ethical and legal issues in relation to the citizen's life situation
8. The ability to apply, evaluate and communicate selected technologies (including telemedicine), innovations, forms of documentation and quality assurance in and across sectors

9. The ability to search for, summarise and evaluate selected national/international research knowledge and apply selected quantitative methods to describe the general health of the population
10. The ability to use and evaluate selected quantitative research and quantitative data in clinical decision-making
11. The ability to apply and evaluate academic methodologies, argue rigorously and transparently, and take responsibility for your own learning processes.
12. The ability to independently apply, evaluate and adapt nursing interventions related to clinical decision-making and management in selected citizen care cases, in interaction with citizens, relatives and other professions at local and global level.

The exam has two assessors.

The written project and the oral presentation are part of an overall evaluation of the extent to which you have achieved the learning outcomes. The exam is assessed internally according to the 7-point grading scale, cf. Ministerial Order no. 114 of 03/02/2015.

6.4 Feedback and grading

All students are present during the collective feedback and individual grading. Each student receives individual feedback.

If you do not wish to receive your individual grade in front of the group, you must inform your supervisor no later than the day before the exam.

Individual feedback

After the exam, you will be offered individual feedback focusing on your future studies and learning objectives. It is up to you whether you want to receive this individual feedback – if so, you must contact your supervisor no later than three days after the exam. The individual feedback is given within 14 days of the exam.

Assessment criteria

Grade 12 is awarded for an excellent performance, demonstrating a complete fulfilment of the assessment criteria, with no or only insignificant shortcomings. This is represented by:

- demonstrating knowledge of and reflecting on a clinical nursing problem related to the optional element, covering one or two of the semester's themes, in a confident manner and with only a few or minor deficiencies
- demonstrating knowledge of and reflecting on the clinical nursing problem concerned, with a focus on the citizen's life situation, health challenges and disease correlations, as well as nursing interventions related to the themes of clinical decision-making and clinical management of citizen care, in a confident manner and with only a few or minor deficiencies
- reflecting on and applying knowledge of the way in which the health service is organised, as well as social conditions in clinical management of citizen care in relation to the clinical nursing problem concerned, in a confident manner and with only a few or minor deficiencies
- demonstrating understanding of and reflecting on forms of knowledge, on the basis of knowledge of the citizen/patient, experience-based knowledge and research-based knowledge, in relation to the clinical nursing problem concerned, in a confident manner and with only a few or minor deficiencies.

- searching for, summarising and evaluating selected national/international research knowledge, and using selected quantitative methods to describe the general health of the population, in a confident manner and with only a few or minor deficiencies.
- applying and evaluating academic ways of working and arguing stringently and transparently in both the written and oral presentations, in a confident manner and with only a few or minor deficiencies.

Grade 02 is given for an adequate performance demonstrating the minimal acceptable level of achievement of the assessment criteria. This is represented by:

- demonstrating the minimum acceptable knowledge of and the minimum acceptable ability to reflect on a clinical nursing problem related to the optional element within one or two of the sub-themes for the semester
- demonstrating the minimum acceptable knowledge of and the minimum acceptable ability to reflect the clinical nursing problem concerned, with a focus on the citizen's life situation, health challenges and disease correlations, as well as nursing interventions related to clinical decision-making and clinical management of citizen care
- demonstrating the minimum acceptable knowledge of and the minimum acceptable ability to reflect on the way in which the health service is organised, as well as social conditions in clinical management of citizen care in relation to the clinical nursing problem concerned
- demonstrating the minimum acceptable understanding of and the minimum acceptable ability to reflect on forms of knowledge, on the basis of knowledge of the citizen/patient, experience-based knowledge and research-based knowledge, in relation to the clinical nursing problem concerned
- demonstrating the minimum acceptable knowledge of and the minimum acceptable ability to summarise and assess selected national/international research knowledge, and using selected quantitative methods to describe the general health of the population
- demonstrating the minimum acceptable knowledge of and the minimum acceptable ability to apply and evaluate academic ways of working, and to argue stringently and transparently both in writing and orally.

6.5 Make-up exams and resits

If you are unable to sit the exam due to illness, you must submit medical documentation to Student Services, as per the current rules, no later than three days after the exam. See additional information on IntraPol > Information and guidance > Help to > Ill during exams. If you miss an exam due to illness, you will be given the opportunity to sit it again as soon as possible, as per Ministerial Order no. 1500 of 02/12/2016 Section 7. Contact Student Services for information about make-up exams.

If you do not pass the exam, you will automatically be registered for the next planned make-up exam or resit. To find out when they will take place, check IntraPol or ask Student Services or the study-year coordinators.

7. Evaluation

The nursing programme places great emphasis on students' evaluations of the teaching and exams. You can contribute by responding to the evaluation at the end of the semester. This takes the form of an online questionnaire on IntraPol. Knowledge derived from evaluations is used to improve and develop both the individual semesters and the programme as a whole.

You can read [minutes of decisions from previous evaluations on IntraPol](#).

At the end of the clinical training period, you will also receive a questionnaire from UDEVA.

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Spring 2019

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Litteratur til de valgfrie elementer

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Appendix 1: Learning outcome

After completing the semester, the student will have achieved the following learning outcome, expressed as knowledge, skills and competences

Knowledge

Has knowledge about, can describe and reflect on the patient/citizens mental health, experiences and reactions on health challenges, disease correlations and loss, as well as having knowledge about, being able to describe and reflect on having a professional relation with patient/citizen and relatives in difficult and conflictual situations

Has knowledge about, can describe and reflect on situations based communication, teaching and guidance as a pedagogical intervention focused at nursing to patient/citizen and relatives in relation to health challenges and disease correlations inter professionally and across sectors

Has knowledge about and can describe clinical decision- making and clinical management and can reflect on health challenges and disease correlations, rehabilitation and palliation, as well of health promotion and prevention I relation to life challenges as well as the individual and group life situation and cultural situation.

Has knowledge about and can describe dispensation of medicine within the framework of delegation

Has knowledge about, can describe and reflect on selected technologies, including telemedicine, innovative forms of documentation and quality assurance in and across sectors.

Has knowledge about, can describe and reflect about ethics and actual legislation within the nursing in primary health care or other local or international contexts

Has knowledge about and can describe descriptive and explanatory research design and methods, including methods for description of state of the populations health

Has knowledge about and being able to describe an evaluation of selected quantitative research and requirements for quantitative research .

Skills

Can plan and participate in professional relations and professional communication with patient/citizen as well as relatives about the individual mental health, experiences and reactions to health challenges and disease correlations

Can plan, apply, assess evaluate and adjust clinical decision making and clinical management and being able to reflect on health challenges, disease correlations,

rehabilitation and palliation, including pedagogical interventions in relation to life conditions as well as the individual and group life situation based on while integrating knowledge of patients/citizens, experience-based knowledge and research-based knowledge,

Can analyse and apply knowledge of patients/citizens, experience-based knowledge and research-based knowledge, in working with clinical management of care and treatment in and across professions, institutions and sectors

Can apply clinical management targeting patient/citizen pathways in and across professions and sectors in relation with patient/citizen and relatives

Can apply, assess and communicate elements of knowledge about illness in the field of anatomy, physiology, pathophysiology, and pharmacology, dispensation of medicine, health prevention, palliation, and rehabilitation related to clinical decision-making and clinical management.

Can evaluate and disseminate selected technologies, including telemedicine, innovation, documentation, quality assurance and quality development within and across sectors

Can apply knowledge about ethical and legal issues in relation to patient / citizen in and across sectors

Can search, summarize and evaluate selected national / international research knowledge and apply selected quantitative methods

Can apply and evaluate academic working methods and argue strictly and transparently and take responsibility for your own learning process

Can apply and evaluate selected quantitative research and quantitative data in clinical decision making

Competences

Can use situational communication, teaching and guidance as pedagogical intervention aimed at patient / citizen care and relatives in relation to health challenges and disease contexts in and across professions and sectors

Can handle medication in selected stable and complex care and treatment courses

Can take responsibility for and critically reflect on planning, conducting, assessing and advocating for situational communication and educational interventions

Can handle medication in selected stable and complex care and treatment courses

Can take responsibility for and critically reflect on planning, conducting, assessing and advocating for situational communication and educational interventions

Can independently apply knowledge about selected subjects in the field of medical science, anatomy, physiology, pathophysiology, pharmacology, medicine management, nutrition, health promotion and prevention related to clinical decision making and clinical leadership in selected patient / citizen situations

Can assume responsibility for establishing, maintaining, completing and assessing professional relationships in difficult and conflicting situations as well as in loss situations

Can assume responsibility for planning, maintaining and arguing for selected nursing interventions, including self-sustaining situational communicative and educational interventions in the near health care

Can critically reflect on the organization, functioning and responsibilities of healthcare in and between professions, in and across sectors based on legal basis, ethical responsibility and social conditions