



Bournemouth
University



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Department of Nursing Science

BSc (Hons) Children's & Young People's Nursing

What is Nursing.....?



Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN, 2002)

ARE YOU MAN ENOUGH...

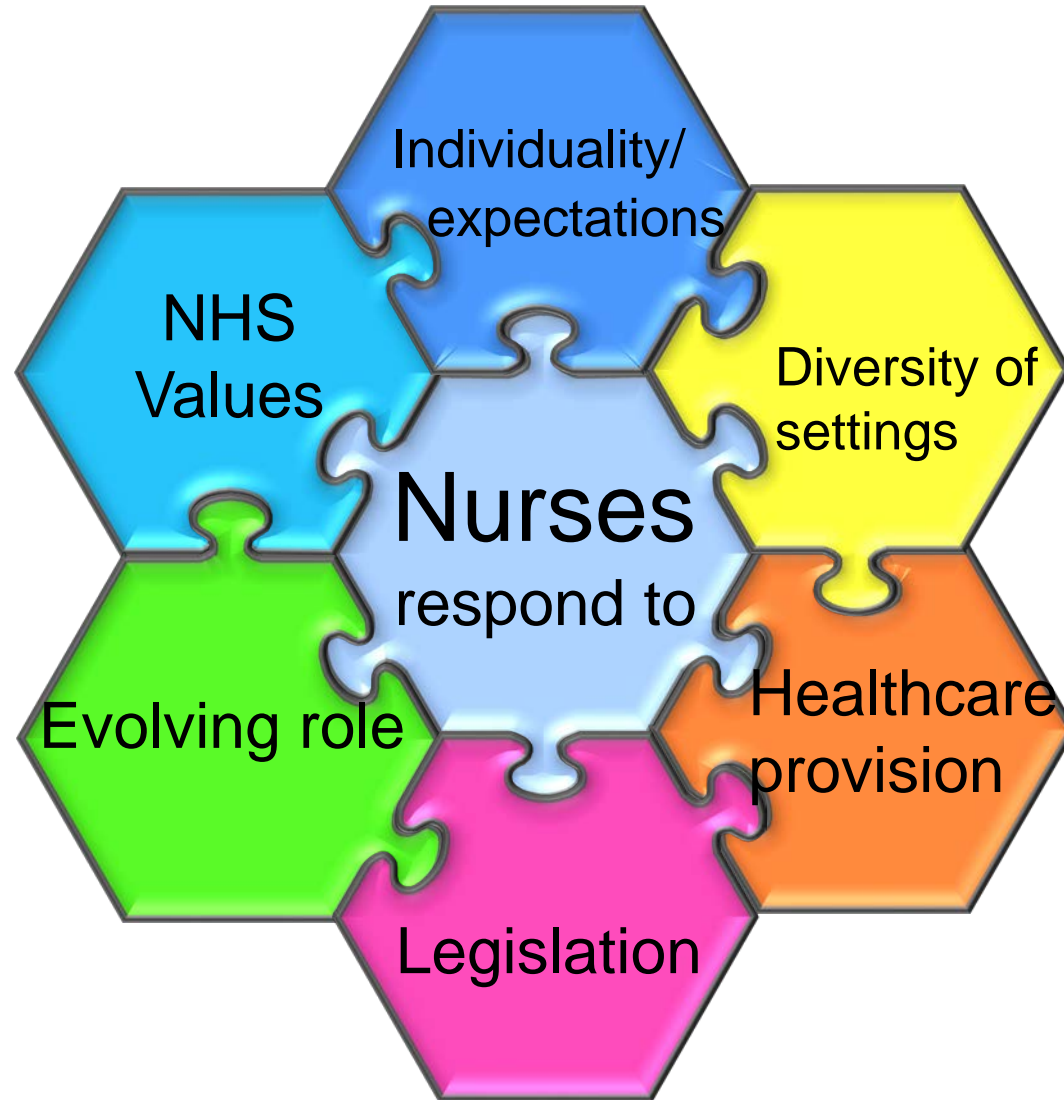
...TO BE A NURSE?

Want a **career** with **unlimited opportunities** that will challenge your **intelligence, courage and skill, be a nurse.** For information about the exciting possibilities in the nursing profession, including links to educational & financial resources, go to www.WorkforceCentralFlorida.com/PHC

ICN International Council of Nurses
Workforce Central Florida
Florida Department of Education

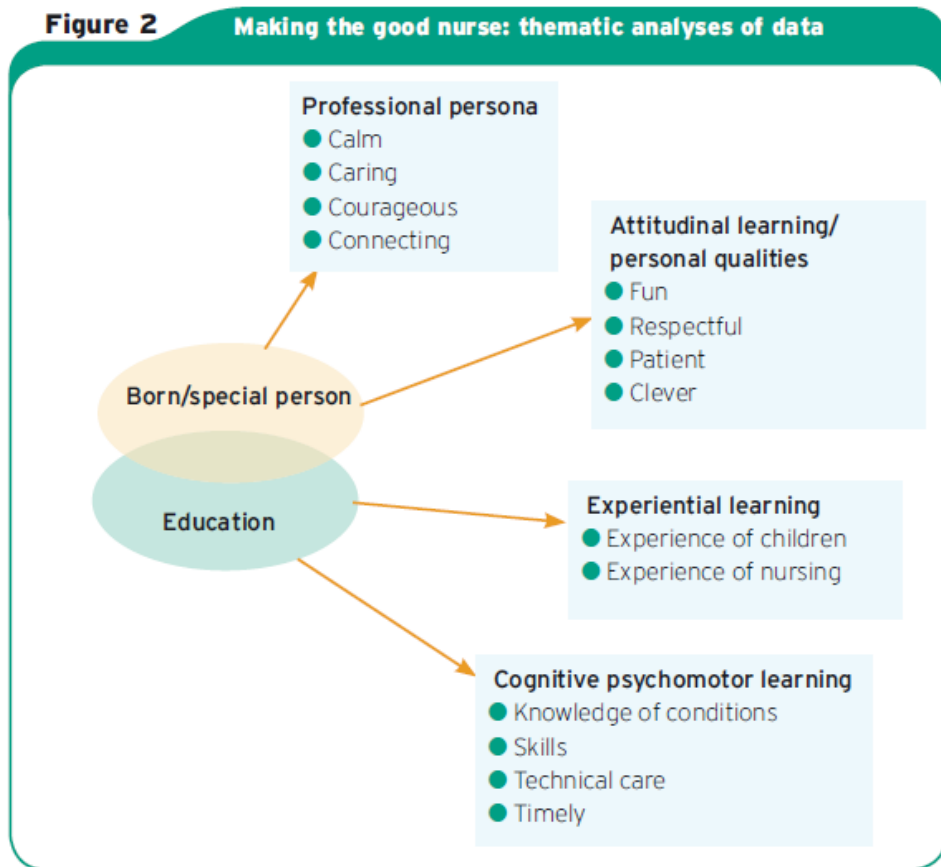
Or as Randall 2016 puts it

“Children’s nursing is about facilitating children who live with illness to live a childhood, which as far as is possible is similar to that of their peers, in their communities”



Key Skills and Qualities: What makes a good children's nurse?

Figure 2 Making the good nurse: thematic analyses of data



Box 3 Phrases selected most often as top three descriptors (sessions 5 and 6)

'Good' nurse

Gives you what you need when you need it.
Trustworthy.
Understands you.
Lets you be private.
Makes the bad stuff seem better.
Kind and thoughtful, cares about you.
Professional looking, smart, clean.
Treats you like a patient, not friend or family.

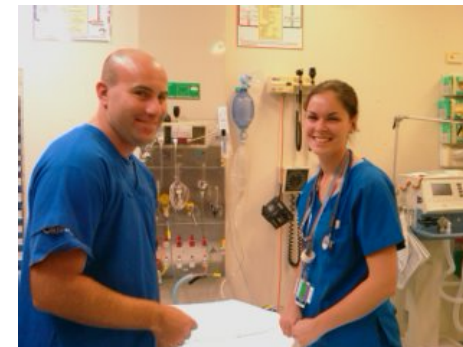
'Not so good' nurse

Doesn't know what they are doing.
Leaves you waiting.
Bad tempered.
Tired or stressed.
Gossips about you.
Humiliates or embarrasses you.
Shouts.
Smelly, messy.
Too friendly.

(Randall and Hill 2012)

Nurses work in.....

- Children's homes
- Health Centres
- Community settings
- Hospitals
- GP surgeries
- Independent
- Private sector
- Overseas
- Education
- Research
- Paediatric Assessment Units
- Schools
- Special Schools
- Children's hospices
- Neonatal intensive care unit
- Special care baby unit
- Health visiting
- Day surgery
- High dependency, acute and emergency care
- Paediatric Intensive Care Units



Shift Patterns...

You will be required to work a variety of shifts;

- Long days
- Early
- Late
- Nights
- Weekends
- Bank Holidays

These shift patterns will mirror your practice assessors in order to maximise learning opportunities



I am a children's nurse (RCN 2017)



Pay

Band	Role	Pay Band
5	Qualified Nurse	24,907 – 30,615
6	Health Visitor, Nurse Specialist, Team Leader	31,365 – 37,890
7	Health Visitor Specialist, Advanced Nurse, Nurse Team Manager	38,890 - 44,503
8a	Nurse Practitioner/Modern Matron	45,753 – 51,668
8b	Nurse Practitioner	53,168 – 62,001
8C	Associate Director of Nursing	63,751 – 73,664

Why choose BU?

Our nursing courses received commendations from the NMC for;

- The coherent and seamless infrastructure for student support
- Working relationships with stakeholders
- The high commitment to working with SU (patients) to humanise care through training and dealing with real people

More than 95% of our nursing students are working or studying 6 months after graduating

(Destination of Leavers from Higher Education (DLHE) 2019)



BU
Bournemouth
University

**Health & Social
Sciences Careers Fair**
27 November 2019,
11.00 - 15.00

CareersBU
Lansdowne Campus area:
Citygate Centre,
138A Holdenhurst Rd,
Bournemouth BH8 8AS

**40+ employers
recruiting and
offering advice**

No need to book.

Open to
all BU
students

View **MyCareerHub** - 'On Campus Events' for more information

New home for Faculty of Health & Social Sciences

Bournemouth Gateway Building



New facilities



Promoting Nurse Scholarship

- Phi Mu Chapter (England) of Sigma Theta Tau International (STTI), Honour Society of Nursing
- Opportunities to publish as a single or co-author
- Opportunities to engage in research as student research assistants and participants
- Present at nursing conferences
- Local & national awards

Real world challenges in delivering person-centred care: a community-based case study

Sylvia Rising, Nikki Glendening, Vanessa Heaslip

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Caring for someone is not the straightforward task it first appears (Thompson, 2013). Recognising that everyone has individual preferences and personalities and putting them at the heart of nursing care is essential (Tubbs et al., 2009; Tubbs et al., 2012; Hommes et al., 2012), but, for many reasons competing priorities can mean it is not the priority of fully humanised care. How we, as a society and as healthcare professionals, care for the most vulnerable was brought into sharp focus by the Francis Report (2013). In it, Francis describes a culture of lack of care, perpetrated by a focus on finances at the patients' expense. He holds senior management to account for ignoring the warning signs in favour of pursuing national productivity targets. Again, in February 2017, Francis warned that another care scandal is inevitable if the NHS continues to same process with finances and external targets instead of

prioritising patient care (Ford and Linnars, 2017). This is underlined by Professor Peter Griffiths, who states that the lessons learnt are too soon forgotten, particularly those regarding safe staffing ratios (McKendall, 2017). Add to this concerns about 'bed blocking' and older people feeling that they are somehow not worth high quality care (Storr et al., 2013) and it is easy to understand how some older patients might feel very vulnerable if they find themselves in need of ongoing healthcare. No one has individual preferences and personalities and recognising these and putting them at the heart of nursing care is essential (Tubbs et al., 2009; Tubbs et al., 2012; Hommes et al., 2012). It matters that care is compassionate, humanised and empathic, and underpinned by mutual respect (Peters and Moore, 2013).

It is against this background that we discuss Jane's story (Table 1) and through it explore some of the factors that contribute to the provision of high-quality care. We suggest that truly humanised care is not only a moral professional and legal obligation, but is also ultimately guided by the personal commitment of, and decisions made by, the healthcare worker (Dun, 2013), who also personalised and owned themselves also experience vulnerability and oppression as they strive to meet competing demands (Dun and Frank, 2013).

It will be argued that this directly affects the quality of care provided and is, in turn, dependent on a high degree of self-awareness and courage, underpinned by unconditional positive regard of both self and others, which perhaps explains how care can be of such variable quality, even in the same environment (Dun, 2013) – and which has led to the cultural pressures of which Francis (2013) speaks.

Nurses' challenges: courage to practice with humanity
The community nursing team met at 08.30 to discuss the day and any particular concerns. They were evidently concerned about Jane's apparent non-compliance and if at ease with his recent official complaint. This was regarding a visit made by the community nurse some weeks previously when his wife had been unwell and was asleep upstairs. Jane felt that the two

ABSTRACT

Community nurses face many challenges when trying to practice evidence-based, person-centred care. Despite concerns regarding the impact of the 2013 Francis Report (Ford and Linnars, 2017) suggest that individualised and holistic care is an impossible dream, one made harder when the client appears uncooperative. This paper presents a case study that sets out how some of these challenges were met in a potentially difficult situation experienced by a student nurse and her mentor in practice, in which the student was supported to further examine and explore issues that may have influenced the situation. In this instance, the solution came with the recognition that the client had expertise and knowledge that needed to be taken into account, alongside that of the nurses looking after her. His care became a partnership, not an imposition of expertise, a principle which is transferable to many other situations. Underpinning it was the recognition of our shared humanity, whereas his was the experience of truly holistic care, and student nurses learning to, through the guidance and support of their mentors

KEY WORDS

• person-centred care • humanised care • power • vulnerability • nursing values • community nurses

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WELCOME LEAD

See the person behind the patient

Charlotte Collins reflects on caring for a terminally ill patient whose final wish was to marry her partner



Charlotte Collins is a first-year adult nursing student at Bournemouth University

During my first clinical placement on a surgical ward, I helped care for a female patient with peritoneal cancer. The patient, who I will call Jane, was about 60 years old and was receiving palliative care.

I had been caring for Jane for about two weeks and we had built a strong nurse-patient relationship. Before her condition started to deteriorate, we spoke a lot about her past and what she used to enjoy.

One of Jane's last requests was to get married to her partner, and she was married on the ward with her family present. The ward sister contacted the hospital catering department who prepared plates of food, and her daughters brought in her wedding outfit and a beautiful bouquet with her favourite flowers in it.

The ceremony was also attended by myself and other members of staff. It was an emotional experience.

Jane had a syringe driver in situ for pain relief, and could speak very little. I was aware that she only had days to live, and tried to make her as comfortable as possible. I thought it would be nice to pamper her, so the following day I brought in my nail varnish, along with some hand cream and nail files, and offered to give her a manicure, which she accepted. I also spent time with her and held her hand. The day after that, I was on a bank shift on another ward. On my break, I thought I would go over to see how Jane was doing. I was told by a staff nurse that she had passed away in the early hours of the morning. Her husband was in the room with her, and I went in to comfort him and say goodbye to her.

Jane's husband asked if I could come back in about an hour, as their daughters wanted to see me. When I returned, the daughters thanked me, and told me how grateful they were that I had spent quality time with their mum towards the end of her life.

I had looked with Jane's family while caring for her, keeping them informed of her condition, and I am glad I was able to offer them some comfort after her death.

Learning curve
This experience taught me the importance of offering emotional support and company to terminally ill patients and their families, and I learned that non-verbal communication skills, such as eye contact, touch and active listening, are vital in end of life care.

Looking after Jane also showed me the true nature of person-centred care. Delivering care tailored to individual needs can help relieve anxiety and improve emotional well-being, enabling patients to find some peace at the end of life.

No matter what health condition someone has, there is always a person behind the patient.

The courses at BU



- September intake:
 - BSc (Hons) Adult Nursing
 - MSc Adult Nursing
 - BSc (Hons) Children's & Young People's Nursing
- 3 Years FT (BSc)
- 7 weeks Holiday each year (Christmas = 2 weeks; Easter = 2 weeks & Summer = 3 weeks)
- Placements continue throughout the year (45 week year course)
- Theory completed in study blocks and study days

Sept 20 BSc cohort	Developing a Literature Review	Placement 6: Nursing Practice & Nursing Skills 3	Developing a Literature Review	Holiday	Applied Health Care Sciences 3	EXAM WEEK	Caring for People with Complex Health Care Needs	Holiday	Study week	Clinical Leadership and Management	Placement 7: Nursing Practice & Nursing Skills 3	Study weeks	Holiday
	Team Working for Service Improvement		Applied Health Care Sciences 3			Team Working for Service Improvement	Therapeutic Communication and Interpersonal skills for nursing practice					placement PT	

Placement lines

Line A (5 students)						
Year 1	Placement 1	Medical	Placement 2	Surgical		
Year 2	Placement 3	Community	Placement 4	Medical	Placement 5	Acute (S)
Year 3	Placement 6	Surgical (S)	Placement 7 (consolidation)	Acute		

Line B (5 students)						
Year 1	Placement 1	Surgical	Placement 2	Medical		
Year 2	Placement 3	Community	Placement 4	Acute	Placement 5	Surgical (S)
Year 3	Placement 6	Acute (S)	Placement 7 (consolidation)	Medical		

Line C (5 students)						
Year 1	Placement 1	Medical	Placement 2	Surgical (S)		
Year 2	Placement 3	Acute	Placement 4	Community	Placement 5	Acute (S)
Year 3	Placement 6	Surgical	Placement 7 (consolidation)	Medical		

Line D (5 students)						
Year 1	Placement 1	Surgical	Placement 2	Community		
Year 2	Placement 3	Medical	Placement 4	Acute	Placement 5	Medical
Year 3	Placement 6	Acute (S)	Placement 7 (consolidation)	Surgical (S)		

Line E (5 students)						
Year 1	Placement 1	Medical	Placement 2	Community		
Year 2	Placement 3	Acute (S)	Placement 4	Medical	Placement 5	Surgical (S)
Year 3	Placement 6	Acute	Placement 7 (consolidation)	Surgical		

(S) = Please try to place in Southampton

BSc (Hons) in Children & Young People's Nursing

Year 1	Year 2	Year 3
Foundations of professional practice and research (20 credits)	Research for professional practice (20 credits) *	Teamworking for service improvement (20 credits)
Nursing theory and application 1 (20 credits)	Nursing theory & application 2 (20 credits)	Clinical leadership & management (20 credits)
Applied healthcare science 1 (40 credits)	Applied healthcare science 2 (20 credits)	Applied healthcare science 3 (20 credits) *
	Improving safety & quality of care (20 credits)	Developing a literature review (20 credits)
Communication skills for nursing practice (20 credits)	Acute & long-term health challenges (20 credits)	Therapeutic communications and interpersonal skills for nursing practice (20 credits)
Developing skills for health & wellbeing (20 credits) *	Clinical pharmacology & medicines management (20 credits)	Caring for people with complex healthcare needs (20 credits)
Nursing practice & nursing skills 1	Nursing practice & nursing skills 2	Nursing practice & nursing skills 3

Placement Experience



A Helping Hand.....



- Personal Academic Advisor
- Academic Assessor
- Programme Team
- Practice Assessor & Practice supervisors
- UPLA
- AskBU
- Learner Resource Centre
- 24hr IT Support Team
- 24hr Library Facilities
- BU wide student support services

Please do get in touch

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