

School of Health Nursing and Midwifery

Statement of Support

Required for the Graduate Certificate Unscheduled Care & Clinical Assessment Module NURS 09155.

Clinical Supervision is required for the following modules within the Graduate Certificate Unscheduled Care:

Core Module: Clinical Assessment

Option modules: Common Presentations

Minor Injuries

The Graduate Certificate programme is suitable for Registered Nurses/Paramedics who fulfil the entry requirements of UWS, and who work in an area where they can develop both the skills of clinical assessment and management of common unscheduled care presentations. It is important that the opportunity for regular assessment of unscheduled presentations is part of the prospective students' day-to-day practice in order to develop safe and competent practice.

Prospective students are required to develop competency in the following areas:

History Taking, Initial Assessment and Risk Stratification.

Assessment and presentations will include the following: Cardiovascular, Respiratory, Abdominal, Musculoskeletal, Neurological, and ENT. The Programme also covers key aspects of Mental Health Assessment, Child Protection and Vulnerability.

It is a key requirement for all students to have a Clinical Supervisor and this is usually an ANP, Consultant or GP. Prospective students must have the support of their employer and have an identified clinical supervisor for the assessment of clinical competencies. The clinical supervisor must hold current professional registration with the GMC, NMC or HCPC. The clinical supervisor must also be employed and have relevant experience in the clinical field, in order that assessment of competency can be undertaken. All supervisors shall be provided with guidance for each module, once the Programme commences.

This statement of support requires that all details are completed and signed by both the clinical supervisor and the line manager, and must be uploaded online via the UWS online applications system as part of the admission process. It is the responsibility of the prospective student to provide all of the required information.

Only those applications containing an appropriate statement of support shall be considered.

Prospective Student Name:

Prospective Student NMC or HCPC Pin No:

Clinical Supervisor Name & Signature:

Line Manager Name & Signature:

Please do not hesitate to contact me directly, if you have any queries.

Thank you

Jan Meechie

Programme Leader Unscheduled Care

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