



WHO Europe Dispensary Nursing in Primary Health Care Curriculum

WHO European Strategy for Continuing Education for Nurses and
Midwives

2003

Keywords

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Introduction

This Dispensary Nursing in Primary Health Care curriculum has been prepared for WHO Europe as one of several post-qualifying curricula, requested by some Member States, to assist them in their progress towards implementation of the WHO European Region Continuing Education Strategy for Nurses and Midwives (WHO 2003). The Dispensary Nursing in Primary Health Care curriculum document therefore commences with a description of the context for the Continuing Education Strategy.

Context

The WHO European Region Continuing Education Strategy for Nurses and Midwives is set firmly within the context of the Second WHO Ministerial Conference of Nursing and Midwifery in Europe, which addressed the unique roles and contributions of Europe's nurses and midwives in health development and health service delivery (WHO 2001). At that Conference of Ministers of Health of Member States in the European Region, the Munich Declaration "Nurses and Midwives: A Force for Health" (WHO 2000a) was signed, and this key document, together with the WHO European Strategy for Nursing and Midwifery Education (WHO 2000) form the context for the Continuing Education Strategy.

The need for a Continuing Education Strategy

Nurses and midwives together constitute the largest proportion of the health care workforce in all Member States of the WHO European Region, numbering approximately six million at the start of this new century. The service they provide covers 24 hours on every day of the year. It is imperative that they are competent to provide the highest quality of nursing and/or of midwifery care. In order to do this, their initial nursing and midwifery education must be such that the people of their nation can be assured of their competence to practise on entry to their professions of nursing and midwifery, and that the foundation has been laid for them to continue to learn throughout their professional lives. Maintenance and further development of competence is essential to the ongoing provision of high quality nursing and midwifery care. In the rapidly changing health care services of today, with the knowledge explosion and the impact of technology upon health care, many nurses and midwives are increasingly called upon to work in expanded, specialist and/or advanced practice roles. The WHO European Strategy for Continuing Education for nurses and midwives has been developed in order to assist Member States to ensure the continuing competence of their nursing and midwifery workforce. In some cases this will be by developing new knowledge for specialist fields of clinical nursing and midwifery practice, in others by deepening their knowledge of an existing field of practice, and in yet others by gaining new competencies in the field of nursing and/or midwifery education, management or research.

The Continuing Education Strategy does not stand alone. Firstly, it builds upon the firm foundation provided by the WHO European Strategy for Nursing and Midwifery Education (WHO 2000), in which the link between initial and continuing education is clearly stated:

The initial programme of education must prepare nurses and midwives who are not only competent to practise in today's health services, but who value and are committed to maintaining that

competence. This they will achieve through continuing to update their knowledge, skills and attitudes, in order that they can continue to meet the changing health priorities and needs of the people of the Member States (WHO 2000).

Secondly, its principles are in harmony with continuing education developments in nursing more generally in Europe and worldwide and with the growth of specialization in nursing. The International Council of Nurses (ICN) considered specialization as implying a deeper level of knowledge and skill in a specific aspect of nursing than would be acquired in initial nursing education (International Council of Nurses 1987 and 1992). The European Commission's Advisory Committee on Nursing (Commission of the European Communities 1994) recommended that specialist educational preparation was necessary in order to prepare qualified nurses to continue to meet the changing and increasingly complex needs of patients for whom advanced technology was enabling new treatment regimes, with resulting advanced practice roles for nurses. ENNO, the European Network of Nursing Organizations (2000) advocates a European Framework for Specialist Nursing Education, in recognition of the reality that the field of nursing knowledge and skills has become too vast and complex for any one individual to master in full. If quality of care is to be ensured, then specialization within nursing is essential, and they cite European Directives 89/48/CEE and 92/51/EEC, as amended in 1997, as the directives which are appropriate for specialist nurses (European Network of Nursing Organizations 2000).

The aim and purpose of the Continuing Education Strategy

The key aim of the strategy is to ensure fitness for purpose of each Member State's nursing and midwifery workforce. Ongoing competence to practise can only be achieved by a commitment to lifelong learning on the part of all nurses and midwives. However, that personal and professional commitment can only be realized if each Member State accepts its obligation to ensure, or set in place plans to ensure that opportunities for continuing education are provided, and that the requirement for nurses and midwives to maintain their competence is regulated under legislation, in order to support safe, up-to-date and evidence-based practice.

The purpose of the Continuing Education Strategy is therefore twofold; it is both visionary and pragmatic. It provides the vision that will help shape the philosophy of continuing education in nursing and in midwifery, often termed continuing professional development, and it outlines and/or confirms some fundamental guiding principles. If followed, these principles should enable Member States to set up, or further develop existing systems of continuing education. In turn, this will enable nurses and midwives to maintain their competence and so feel confident that their knowledge, skills and attitudes are "fit for purpose" in the multiprofessional team in the health care services of which they are an essential part.

Background to the Continuing Education Strategy

Of crucial importance to the implementation of the Continuing Education Strategy is the implementation by Member States of the WHO Education Strategy for initial nursing and midwifery education. Of equal importance is the belief, which underpins both strategies, that education and practice are very closely related. Education and practice must move ahead together, in mutual respect and partnership, with shared values and goals. This is essential to the provision of an appropriate quality of cost-effective and efficient nursing and midwifery care and of health promotion for all the people of the Member States of the WHO European Region. This

progress and partnership must be achieved within the changing structures of health care priorities and provision in the different Member States, many of which are undergoing major political, economic, social and demographic change and are in the midst of health care reforms. Although some of these differences can be significant, the shared values were clearly demonstrated at the Second WHO Ministerial Conference on Nursing and Midwifery in Europe (WHO 2001) when, in The Munich Declaration (WHO 2000a), Ministers of Health stated their belief that:

Nurses and midwives have **key and increasingly important roles** to play in society's efforts to tackle the public health challenges of our time, as well as in ensuring the provision of high quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address people's rights and changing needs (WHO 2000a).

In the "Munich Declaration" which was issued by Ministers at the Conference all relevant authorities were urged to "step up their action" in order to strengthen nursing and midwifery by:

- ensuring a nursing and midwifery contribution to decision-making at all levels of **policy** development and implementation;
- addressing the **obstacles**, in particular recruitment policies, gender and status issues, and medical dominance;
- providing financial incentives and opportunities for **career advancement**;
- improving initial and continuing **education** and access to higher nursing and midwifery education;
- creating **opportunities for nurses, midwives and physicians to learn together** at undergraduate and postgraduate levels, to ensure more cooperative and interdisciplinary working in the interests of better patient care;
- supporting research and dissemination of information to develop the **knowledge and evidence base** for practice in nursing and midwifery;
- seeking opportunities to establish and support **family-focused community nursing and midwifery** programmes and services, including, where appropriate, the Family Health Nurse;
- enhancing the roles of nurses and midwives in **public health, health promotion and community development** (WHO 2000a).

Of the above actions, those of direct relevance to the Continuing Education Strategy are the need to improve continuing education and access to higher nursing and midwifery education; to create opportunities for nurses, midwives and physicians to learn together at both undergraduate and postgraduate levels in order to ensure more cooperative and interdisciplinary working in the interests of better patient care; to support research and dissemination of information in order to develop the knowledge and evidence base for practice; to provide financial incentives and opportunities for career advancement; and to ensure nurses and midwives contribute to decision-making at all levels of policy development and implementation.

On a worldwide basis, at the Fifty-fourth World Health Assembly in May 2001, delegates from the 191 countries present stressed the crucial and cost-effective role of nurses and midwives in reducing mortality, morbidity and disability in populations, in caring for those who are ill and in promoting healthier lifestyles (WHO 2001a).

If nurses and midwives are to fulfil these key roles to their maximum potential, if they are to work effectively in partnership with others in the health care team, then it is imperative that they build systematically upon their initial nursing and midwifery education, continuing their professional education in ways which ensure they maintain competence to meet the needs of the people of their nations for health care.

The Health Care context

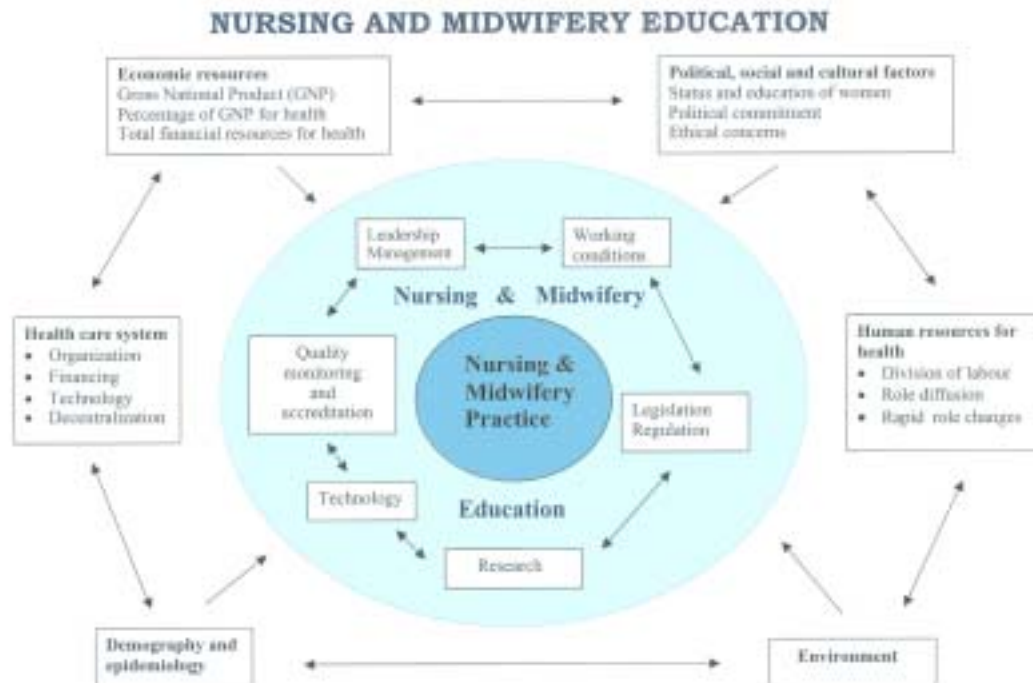
As the Continuing Education Strategy was being prepared, all governments across Europe continued to face a wide range of complex health problems. Although in each Member State the existence and the severity of these problems varies, they include environmental pollution; the increasing gap between the rich and the poor; unacceptable levels of maternal and child morbidity and mortality; and a resurgence of diseases thought to have been conquered such as, for example, tuberculosis, cholera, typhoid fever and malaria. There are increases in the level of chronic illness, including cancer, cardiovascular diseases and mental health disorders; in lifestyle-related problems such as unhealthy diet, lack of exercise, smoking, alcohol and substance misuse and in sexually transmitted diseases. In some parts of the Region, wars and ethnic conflict continue to cause intense suffering, increasing numbers of refugees and homeless people and disruption to society's essential infrastructures. There are also the major challenges for health care systems which are inherent in the changing demography, i.e. the steady increase in the proportion of elderly people in the population which, in some Member States, is compounded by a gradual decrease in the proportion of those who normally contribute to the gross domestic product through working.

The future is likely to see continuing reforms of the health sector. These include a greater involvement of citizens and the community in decision-making about care; more people cared for at home and therefore a growing demand for community-based health services; a steady increase in the availability of new treatments and therapies; increasing costs of providing care; and more and more ethical challenges. However, whatever the reforms and changes, care which is centred upon the individual will remain the starting point of the health care organization and of the work of all nurses and midwives.

Continuing advances in practice, in the evidence-base and in the quality of care required make it imperative that the capabilities of the nursing and midwifery workforce are regularly updated, and that there is a commitment by Member States to ensure provision of appropriate continuing education. Effective implementation of the role of the nurse and of the midwife as outlined in the Strategy for Nursing and Midwifery Education is the essential first step. Effective implementation, or setting in place of plans to achieve implementation of the Strategy for Continuing Education is also essential if the workforce is to be prepared for the necessary specialist and advanced practice roles which the developments outlined above demand. Member States will be required to regularly evaluate and, if necessary, update their existing continuing education provision, to keep pace with the priority of maintaining a nursing and midwifery workforce which is fit for purpose, and which remains fit for purpose.

Just as "health care does not take place in isolation from political, economic and cultural realities" (WHO 1996), so nursing and midwifery education and practice do not take place in isolation from the political, social, economic, environmental and cultural realities of the Member States; neither must they be seen in isolation from the various stages of health care reform and the dynamic nature, or otherwise, of progress. Figure 1 depicts that complexity.

Figure 1. The dynamic context of nursing and midwifery education
Adapted from WHO 1996



Likewise, nurses and midwives do not practise in isolation from their colleagues in the other health care professions. Although each profession contributes unique knowledge and skills to health promotion, the care of patients and to the health care system as a whole, there is a need for much more multidisciplinary and interdisciplinary work, in a spirit of recognition and respect for each other's authority, responsibility, ability and unique contribution. Thus, nurses and midwives must continue to build upon their initial professional education so as to continue to take their full part as members of the multiprofessional health care team, sharing both in decision-making and, when appropriate, in taking responsibility for leadership of the team and for the outcomes of the work of the team.

The Member States of the WHO European Region need well prepared, up-to-date, competent nurses and midwives, who participate in lifelong learning and who are able to work confidently, maintaining professional standards of care as the sound basis for multiprofessional collaboration and partnership with patients, healthy individuals, families and communities.

Dispensary Nursing in Primary Health Care Curriculum

All Member States are reminded that this is a sample curriculum. It should be used as guidance and be adapted as necessary to meet the Member State's specific priorities and needs for Dispensary Nursing in Primary Health Care.

1. Dispensary Nursing in Primary Health Care*

Worldwide, health care reforms, including the trend towards early discharge of patients from hospital, have resulted in a steadily growing increase in the numbers of patients who are cared for in their own homes. This has created the requirement for an expansion in the provision of primary health care services. In some of the Member States of WHO's European Region a community or primary health care nursing service is relatively well developed, whereas in others it is either nonexistent or at a very early stage of development (WHO 2001c).

The very existence of nurses who are qualified to work in the primary health care service, and indeed the roles and functions of those nurses who are working within primary health care therefore vary across the Member States, depending not only on the resources available, but also on the models of health care provision which have been adopted within a country. Where primary care services are provided, there is variation in the balance of provision of nursing care in the patient's own home, for example community nursing/home visiting, and provision of care within health centres, for example clinic-based/dispensary-based nursing care.

In meeting the often complex needs of patients who are being cared for in their own homes or attending a clinic, whether that be in an urban or rural setting, and in frequently working for periods of time as the sole health care professional responsible for a patient's care, the dispensary nurse must be able, where relevant, to adopt an independent and autonomous role. Of equal importance however is that the dispensary nurse must be able and willing, where relevant, to work in close collaboration with the Family Health Nurse and the community or home care nurse, as well as with all members of the primary health care team. Dispensary nurses require a well-developed knowledge base, along with specialist skills in both the technological and caring dimensions of Primary Health Care nursing. They must be equipped with the expertise to make sound clinical judgements and to recognize and deal with the ethical issues inherent in providing care in the home or clinic environment.

This curriculum, which aims to produce nurses able to meet such demands, focuses on the education of the primary health care nurse who works within the health centre, clinic or dispensary – terms which tend to be used synonymously. The WHO Curriculum for Community Nursing (WHO 2001c) and for the Family Health Nurse (WHO 2000b) focus more on the home visiting role.

* Hereinafter, for brevity, the terms Dispensary Nursing and Dispensary Nurse will be used.

1.1 Definition of Dispensary Nursing and the Dispensary Nurse

Dispensary Nursing is defined as nursing which is primarily concerned with the health and nursing care of a geographically defined population, who attend a particular health centre, clinic or dispensary. The dispensary nurse has successfully completed specialist post-qualification education in dispensary nursing, which builds upon initial generalist nursing education. This enables the nurse, in addition to her/his generalist role, to work in a specialist role which, for the dispensary nurse, involves a wide remit, and includes responsibility for health promotion, health education, health surveillance and screening, disease prevention and care of those who are ill but who do not require hospital admission. The nurse's role and function may also include providing first aid for injuries, treating patients suffering from minor ailments, and providing advice and care for patients with certain chronic diseases, for example diabetes, or those with mental or physical disabilities. The dispensary nurse works closely with the family health nurse, the community or home care nurse, the family doctor and other professionals who provide health care in the community as well as with lay members of the community.

2. The Dispensary Nursing course

2.1 Aims

The aims of the course and of the curriculum are to enable the dispensary nurse to:

- provide a high standard of care so that people can aspire to and be assisted to achieve their full health potential;
- practise in a manner which recognizes the need for concerted and coordinated action to improve health and incorporate biomedical and social action perspectives, for example by being proactive in the provision of clinics, such as health screening, well women clinics and/or well men clinics;
- develop her/his knowledge and understanding of health policies and systems relevant to the development and provision of primary health and dispensary nursing care nursing services of the country and their impact for the population of her/his particular geographic location;
- seek out and utilize research findings in practice and adopt strategies for systematic investigation which will promote evidence-based nursing practice;
- collect, collate and analyse information to ascertain the health needs of actual and potential users of the primary health care services and contribute to the consequent development of the dispensary nursing service;
- provide leadership which is appropriate in the context of dispensary nursing and which is underpinned by knowledge and understanding of relevant nursing and social theories and conceptual frameworks;
- contribute to the evaluation of the dispensary nursing services being provided to the population of the geographic location of her/his practice.

2.2 Structure, length and mode of delivery

The curriculum is structured in modules or units of study, several of which combine both theory and practice elements. The length of the course must be sufficient to enable the student, on successful completion, to achieve the specified competencies or learning outcomes, the academic award and the specialist nurse qualification relevant to the course, and is normally of 40 weeks. Each week of the course is calculated as comprising 30 hours, which gives a total of 1200 hours. The preferred mode of delivery is full-time. Flexibility to deliver the course in a part-time mode or by distance/on-line learning should be open to negotiation, depending upon each Member State's resources.

The course is based on the philosophy of the dispensary nurse as a reflective, lifelong learner (Figure 2, Section 2.6). It emphasizes the importance of the integration of theory and practice, which should be, wherever possible, evidence-based.

2.3 Entry requirements

Course participants will be nurses who have successfully completed an initial nursing education programme, as described in the WHO European Strategy for Nursing and Midwifery Education entitled "Nurses and midwives for health: A WHO European strategy for nursing and midwifery education" (WHO 2000) or its equivalent. They should have a minimum of two years post-qualifying experience.

2.4 Competencies or learning outcomes

The competencies or learning outcomes of the course have been developed to demonstrate achievement of both theoretical and clinical learning in the following areas:

- Specialist clinical practice
- Care and programme management
- Clinical practice leadership
- Clinical practice development.

These are detailed in the Continuing Education Strategy (WHO 2003) and are based upon the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1998) standards for specialist education and practice, as adapted to dispensary nursing. Underpinning knowledge will be delivered in the theoretical component of the course and the students will be expected to integrate and apply this knowledge in dispensary nursing practice.

On successful completion of the course, the student will be able to contribute positively and effectively to the development, delivery, management and evaluation of all aspects of dispensary nursing, including:

- health promotion and health education
- health surveillance and screening
- first aid for injuries and treatment of minor ailments
- advise and provide nursing care for people with specified chronic diseases

- advise and provide nursing care for people mental and physical disabilities
- accurate and timely completion of nursing and related epidemiological documentation
- empowerment of patients
- recognition and support of patients' rights.

2.5 Curriculum Content

The curriculum will be delivered in a series of eight modules. In order to complete the course, the student must successfully complete all modules. While all of the modules offer the knowledge needed to develop a reflective and competent dispensary nurse, modules one, three, four and six specifically focus on generic transferable knowledge and skills which are applicable for all nurses working in a specialist role. These modules form the “core curriculum” and feature as part of all the other WHO European Specialist Nursing curricula.

2.6 Teaching/learning and assessment strategies

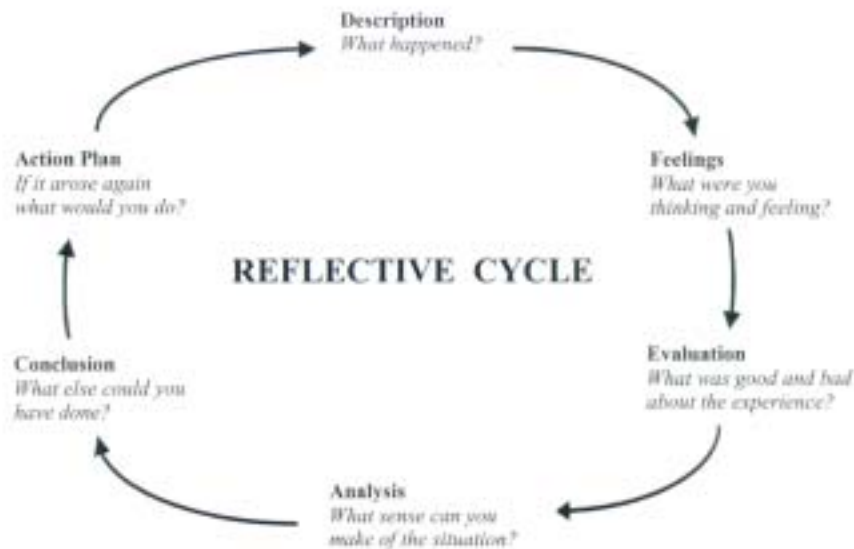
These strategies will stimulate learning at all six levels of cognitive skills, as described by Bloom (1956) in his seminal text. The teaching/learning and assessment strategies employed in the course should be congruent with the principles of andragogy, the rationale for which is that teachers and students will bring to the course existing competencies – relevant knowledge, skills and attitudes – to contribute to a mutually educative process. Overall, emphasis will be placed on interactive approaches. Active student participation, facilitated by nurse teachers (who have a role both in the university setting and in clinical practice) and by mentors (in practice/clinical areas) is considered to be the optimum way of achieving learning outcomes. There will continue to be a place for the didactic lecture, but it is envisaged that this will constitute a relatively minor proportion of the curriculum. The latest educational technology available in the particular Member State, including where feasible on-line or E-learning and video-conferencing, should be used to enhance teaching and learning.

A key objective will be the use of “reflection” as a means of learning from and developing expert practice (Figure 2). This will require the student to maintain a reflective diary/journal for the duration of the course. Case studies, critical incidents and care scenarios will form the focus for a reflective, problem-solving approach to learning.

Assessment methods should be supportive of the adult learning approach, should promote the integration of theory and practice, be research/evidence based and include a variety of methods. Assessment will enable the measurement of the student's progress and achievement in relation to the prescribed competencies/learning outcomes of the dispensary nursing course.

The success of the teaching/learning and assessment strategies will depend critically on the availability and deployment of appropriately qualified and prepared nurse educators who are committed to the philosophy of adult learning approaches. In addition, such interactive and problem-solving approaches must be supported by an environment which is conducive to learning. This must include attention to the provision of adequate space, library facilities and other technological resources, all of which should be borne in mind at the planning stage.

Figure 2. The Reflective Cycle
Gibbs 1988



2.7 Supervision of practice

Clinical practice should be undertaken under the auspices of a suitably experienced dispensary nurse, who will ensure that the students gain the relevant experience during the period of clinical practice. The clinical practice assessment should be designed to demonstrate achievement of the clinical learning outcomes.

Supervisors are responsible for guiding students through clinical practice periods as well as making an assessment of the student's competence to practise by the end of the clinical experience. The course leader should retain responsibility for the student throughout this period and should liaise with the student and supervisor as appropriate.

2.8 Optimum student intake and teacher/student ratio

As interactive adult teaching/learning and assessment strategies will be used throughout the course, which will include the requirement for clinical supervision, the optimum intake per course is likely to be 30 students. The ideal teacher-student ratio should not exceed 1:10, i.e. one teacher per ten students.

2.9 Accreditation with ECTS points

Each module is assigned credit points using the European Credit Transfer System (ECTS). The ECTS system has been chosen because the European Community Directives guide nursing and midwifery education for all European Union (EU) countries and those accession countries which become members of EU (European Commission 1989). Credits are "a numerical value allocated to course units (modules) to describe the student workload required to complete them" (European Commission 1995). In other words the number of points does not reflect only the direct contact hours, e.g. while the student is attending a lecture, seminar, practical skills

demonstration or tutorial and is in direct contact with the teacher, but also includes the number of hours which the student is expected to devote to independent study or practising of skills. Credit points take into account the learning in both the university, i.e. the theory component of a module, and in practice placements. The total number of ECTS credits for an academic year is 60. Their apportionment per module reflects the length of that module, calculated in weeks and number of hours. A week is taken as comprising 30 hours, and 20 hours equates to one ECTS credit point. Thus, a two-week, 60-hour module earns three credit points and a 16-week, 480-hour module earns 24 credit points. The overall length of the course is 40 weeks or 1200 hours which equate to 60 ECTS credit points. Further information on this system and its application to nursing education can be found in Section 8 of the Guidelines prepared to assist Member States with implementation of the initial Education Strategy (WHO 2001b).

2.10 Quality control and evaluation

External audit will be essential to evaluate the quality and standards of the course, as evidenced by the curriculum design, the teaching/learning strategies, the marking of student assessments and the results in both academic work and in practice learning outcomes. Curriculum evaluation should be carried out by teachers, students and also by those providing the service, i.e. dispensary nursing managers and existing dispensary nurses.

3. Teachers and mentors

The types of teaching/learning and assessment strategies considered essential for this curriculum are challenging for teachers, mentors and students. It is therefore important, if they are to be effectively delivered, that only qualified nurse teachers and mentors are involved. The setting up of structures to ensure peer group support and close liaison between teachers and mentors will be particularly important in the early years, as there may be no role models either in education or in practice.

Teachers of the dispensary nursing course must:

- hold a degree at an academic level equivalent to the requirements for university or equivalent Institute teachers in the country;
- hold a teaching qualification in order to apply appropriately the full range of research-based teaching, learning and assessment strategies within the theory and clinical components of the curriculum;
- hold the qualification to which the programme leads, or be able to provide evidence of updating of knowledge, skills and attitudes relevant to dispensary nursing;
- teach and/or work within dispensary nursing;
- take responsibility for the clinical supervision of the nurse on practice placement, and share this responsibility with their clinical mentor.

The dispensary nurse who is acting as mentor must be experienced in dispensary nursing and must hold the appropriate academic qualification.

4. Location of the course

The theoretical component of the course should be delivered in a university or equivalent institute. Practice elements will take place in health centre, clinic and dispensary settings.

5. Qualification on successful completion of the course

On successful completion of the curriculum the nurse will receive the specialist qualification and post-graduate academic award of “Dispensary Nurse in Primary Health Care”. The specialist qualification will be formally recorded in accordance with the country’s legislative and regulatory system for nursing and nurses.

6. Course content – Modules One to Eight

An overview of the curriculum, and descriptions of the modules which comprise the curriculum are given in the following pages. It should be noted that a number of concepts and subjects introduced in one module are revisited and further developed in another. As knowledge and experience are gained, students will be able to view these concepts and subjects from different aspects and build upon their earlier learning and experience.

DISPENSARY NURSING CURRICULUM

OVERVIEW

Module One

INTRODUCTORY MODULE:
Concepts, Practice and Theory

2 weeks – 60 hours
ECTS credits – 3

Module Two

DISPENSARY NURSING I
Primary Health Care –
Scope and Concepts

6 weeks – 180 hours
ECTS credits – 9

Module Three

INFORMATION MANAGEMENT
AND RESEARCH

2 weeks – 60 hours
ECTS credits - 3

Module Four

DECISION-MAKING

2 weeks – 60 hours
ECTS points – 3

Module Five

DISPENSARY NURSING II
Ascertaining health needs

6 weeks – 180 hours
ECTS credits – 9

Module Six

LEADERSHIP AND MANAGING
RESOURCES

2 weeks – 60 hours
ECTS points – 3

Module Seven

DISPENSARY NURSING III
Nursing Practice in
Dispensary Nursing settings

10 weeks – 300 hours
ECTS credits – 15

Module Eight

DISPENSARY NURSING IV
Community-based and
Dispensary-based
Nursing Practice

10 weeks – 300 hours
ECTS credits – 15

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE ONE

Title: Introductory Module
 Concepts, Practice and Theory

Duration: 2 weeks – 60 hours

ECTS Credit points: 3

Module Content Summary

This module introduces the student to the key concepts which have shaped the dispensary nursing curriculum. The approach will encourage the student to build upon, integrate and expand their existing knowledge, skills and experience using the new knowledge and experiences which will be gained as a result of studying the curriculum. The close relationship between the practice of nursing and the theoretical and research knowledge related to nursing will be explored using examples from dispensary nursing. The teaching and learning strategies will encourage the nurse to get to know her fellow students and to share professional knowledge and experiences. The value of debate about the relevance of the theoretical content to dispensary nursing practice will be explored.

This module will take place in the university or equivalent institute setting.

Syllabus

The Dispensary Nurse
Typical clinic and care scenarios
The competency-based and research-based curriculum
Concept of competence
Androgogy – appropriate teaching and learning strategies for students and for adult patients
Facilitation of learning
Problem-solving
Teamwork
Debating as a form of constructive challenge
Analytical and critical thinking and its relationship to the practice of dispensary nursing
Continuing professional development/lifelong learning

Competencies or Learning Outcomes

On completion of this module, the student will be able to demonstrate:

- understanding of how previous learning and experience can inform and enrich the new knowledge and skills necessary for the practice of dispensary nursing;
 - knowledge of a variety of teaching and learning strategies which may be appropriate to the education of nurses and of patients and their carers;
 - an understanding of competence and its relevance in nursing practice and in the team approach to care;
 - an analytic and critical approach to discussion and constructive debate about nursing issues;
 - a commitment to lifelong learning and continuing professional development.
-

Reading List

WHO publications
National and international literature covering the syllabus
Where accessible – on-line and distance learning materials

Teaching/learning Strategies

Lecture (key concepts)	Case studies
Reflective exercises	Seminars
Group work	Debate and discussion

Assessment Methods

Dates on which assignments are due:

Format of assignment:

Examination – multiple choice and short answer questions – 50% of whole

Short essay – approximately 600 words – 50% of whole

The student will choose a concept from those listed in the syllabus and discuss the relevance of the chosen concept to her personal understanding, at this early stage of the course, of what will be expected of her as a qualified Dispensary Nurse.

Examination: Mark awarded%

Essay: Mark awarded%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE TWO

Title: Dispensary Nursing I
Primary Health Care – Scope and Concepts

Duration: 6 weeks – 180 hours

ECTS Credit Points: 9

Module Content Summary

This module aims to provide the student with the opportunity to develop their knowledge and understanding of health policies and systems to the development and provision of nursing services within primary health care settings, including dispensaries.

66% (two weeks) of this module will be based in the university or equivalent institute setting.
34% (one week) of this module will constitute supervised observation in dispensary nursing settings.

Syllabus

Concepts of health and wellbeing
Concepts of illness and disability
Public Health
Epidemiology
Inequalities in health
Health improvement
Health surveillance and screening
Creating services responsive to people's needs:
Central concepts – individuals, families, communities and populations, citizenship and needs
Health care systems and provision – national and international perspectives
Primary health care – national and international perspectives
Social and welfare services
Challenges for nursing:
 The nature of nursing
 Utility of conceptual frameworks
 Roles and functions of professional and legislative nursing organizations
 Ethical and legal issues
 Responsibility and accountability
 Confidentiality and record keeping
 Empowerment of patients

Competencies or Learning Outcomes

On completion of this module, the student will be able to:

- identify the social, political and economic factors which influence health and nursing care and demonstrate understanding of the impact of these factors on the health of individuals and populations;
 - advise on the range of services available at local, regional and national levels to assist with care;
 - maintain up-to-date knowledge of these services and of the advice given to patients on how to access and use the services;
 - support and empower patients and, where relevant, their carers to influence and use available services to the full and to participate in decision-making concerning their care;
 - recognize ethical and legal issues which have implications for dispensary nursing practice and take appropriate action.
-

Reading List

WHO publications
National and international literature covering the syllabus
Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures	Analysis of case studies
Reflective exercises	Discussion
Tutorials	Observation visits

Assessment Methods

Dates on which assignments are due:

Format of assignments:

Examination – multiple choice and short answer format (40% of whole)

Write two short reports approximately 1000 words each (60% of whole, i.e. 30% from each report). The student will prepare a report on the first topic listed below, and chose one other from the list.

Compulsory topic – For a selected community within the geographical location of the dispensary, compile a report which highlights current epidemiological status and the demographic, environmental and socioeconomic factors of relevance to the health of that community.

Select one from the following three options:

Comment on the availability of health care services for the population of the nurse's location – *or*

Explain ways in which people within the location are able to influence the planning, development, management and provision of dispensary nursing services – *or*

Identify a situation observed in practice which highlights either an ethical or a legal issue with implications for dispensary nursing practice and discuss what might constitute “appropriate action”.

Examination: Mark awarded.....%

Report One: Mark awarded.....%

Report Two: Mark awarded.....%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE THREE

Title: Information Management and Research

Duration: 2 weeks – 60 hours

ECTS Credit Points: 3

Module Content Summary

This module will enable students to extend their knowledge in relation to applied aspects of information management and research. It will develop their understanding of approaches to information management and the research process, ethical issues in relation to obtaining informed consent from participants in research, confidentiality and security of data and the communication of results of relevance to practice. The research component will have a particular focus on studies which contribute to knowledge within the field of dispensary nursing with the aim of promoting evidence-based practice within dispensary nursing.

80% of this module will be based in the university or equivalent institute setting.
20% of this module will be practice-based.

Syllabus

Sources/types of information, knowledge and evidence
Information management and information technology
Analytical and critical thinking, critical appraisal and constructive questioning of practice
Evidence-based practice
The research process, research design and methods
Basic statistics – interpreting demographic and statistical data, summarizing data and drawing conclusions
Identifying and measuring outcomes
Documentation – structure and standardization
National and local information systems
Literature searching
Report writing
Core/minimum data sets
Ethical issues, confidentiality and security of data/records

Competencies or Learning Outcomes

On completion of this module, the student will be able to demonstrate the ability effectively to:

- analyse different sources of information and apply as appropriate to practice;
 - seek out and interpret relevant statistical data and research of relevance to critical care nursing;
 - set measurable outcomes for nursing practice;
 - appraise and appropriately utilize developments in information technology;
 - maintain accurate, clear and timely records;
 - maintain confidentiality of data;
 - define possible research questions arising from day-to-day practice;
 - conduct a literature search and report findings;
 - utilize knowledge and information gained through the practice of nursing in an ethical manner;
 - promote evidence-based practice.
-

Reading List

WHO publications

National and international literature covering the syllabus

Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures

Group work

Student-led seminars

Discussions

Case study presentations

Mentor support

Assessment methods

Date on which assignment is due:

Format of assignment: Essay – either a critical review of a research study relevant to dispensary nursing or an analysis and critique of epidemiological data related to the incidence of national health care priorities (100% of whole).

Mark awarded.....%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE FOUR

Title: Decision-making
Duration: 2 weeks – 60 hours
ECTS Credit Points: 3

Module Content Summary

This module will enable students to extend their knowledge of decision-making processes, typology and skills in preparation for their future role as dispensary nurses.

66% (two weeks) of this module will be based in the university or equivalent institute setting.
34% (one week) of this module will be practice-based.

Syllabus

Decision-making – theories, processes, skills
Diagnostic reasoning, therapeutic, clinical
Concepts of accountability, responsibility and autonomy in decision-making
Critical thinking in practice
Ethical issues and involvement of the patient and carer in decision-making
Strategic decision-making
Prioritizing care
Rationing care
Legal aspects in relation to practice
Decision-making in the dispensary setting

Competencies or Learning Outcomes

On completion of this module, the student will be able to:

- demonstrate an understanding of the complexities of clinical decision-making;
- analyse and describe examples of decision-making in relation to her/his care of patients attending the dispensary;
- describe the exercise of accountability and responsibility in relation to her/his care of patients attending the dispensary;

- differentiate between strategic and clinical/ethical decision-making in nursing;
- discuss the rationale for involving patients and carers in decision-making about their care, ways of doing so and the implications of such involvement;
- state the key principles which guide the rationing and the prioritization of care in the student's country;
- outline the law in relation to nursing in her/his country and the implications for dispensary nursing.

Reading List

WHO publications
National and international literature covering the syllabus
Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures	Discussions
Group work	Case study presentations
Student-led seminars	Mentor support

Assessment methods

Date on which assignment is due:

Format of assignment:

Examination – multiple choice and short answer questions – 00% of whole

Mark awarded.....%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE FIVE

Title: Dispensary Nursing II
Ascertaining health needs

Duration: 6 weeks – 180 hours

ECTS credit points: 9

Module Content Summary

This module aims to provide the student with the opportunity to apply the knowledge gained in Modules two and three to the detailed study of the health care needs of the population served by the dispensary in which s/he works. The student will seek, systematically collate and analyse the local information in the light of the country's national trends. Independently and with other members of the multidisciplinary team, the student will be encouraged to implement health promotion and illness prevention strategies and to recommend potential service developments, which are based on sound evidence.

66% (four weeks) of this module will be based in the university or equivalent institute setting.
34% (two weeks) of this module will take place within the dispensary setting and in the community it serves.

Syllabus

In relation to the local population within the area served by the dispensary, and in comparison to national statistics and trends:

Population – local and national

Proportion by gender in different age groups – pre-school children, young people in full-time education, working population, older people

Risk groups – e.g. unemployed, homeless

Groups with risk behaviours – e.g. alcoholics, drug addicts.

Health care requirements of particular population groups:

People with physical or sensory disabilities

People with mental health problems

People with communicable diseases

People with chronic, noncommunicable diseases

Health promotion and illness/impairment prevention:

Educating for health and for empowerment

Healthier living and maximizing health potential

Promoting healthy nutrition
A healthy and safe physical environment
Prevention of injuries from violence and accidents
Reducing harm from alcohol, drugs and tobacco
Sexuality and sexual health

Competencies or Learning Outcome

On completion of the module, the student will be able to:

- collect, synthesize and present relevant information to describe the demographics of the local population, and compare that information with the national picture;
 - collect, synthesize and present data on the composition of the local population in relation to their health care requirements, including those of the specific groups listed in the syllabus;
 - assist with health surveillance and screening clinics, including referral decisions for appropriate follow-up;
 - using knowledge of adult education principles, prepare and deliver health education sessions, evaluating these sessions at regular intervals;
 - analyse and contribute to discussions in the primary care nursing and multidisciplinary teams about options for the development and implementation of strategies to improve the health of particular local population groups;
 - contribute to the implementation of strategies to promote health and prevent illness/impairment;
 - propose evidence-based possibilities for practice and service development to enhance the provision of services matched to ascertained health needs.
-

Reading list

WHO publications
National and international literature covering the syllabus
Where accessible – on-line and distance learning materials

Teaching/learning strategies

Lectures
Group work

Practical sessions working with data
Participation in health education work

Assessment Methods

Date on which assignments are due:

Profile of population served by the dispensary, to include recommendations for priorities for service development – 60% of whole

Preparation of teaching plan for health education session with a specific at risk group within the dispensary's population – 40% of whole

Population profile and recommendations: Mark awarded%

Teaching plan: Mark awarded%

Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE SIX

Title: Leadership and Managing Resources

Duration: 2 weeks – 60 hours

ECTS Credit Points: 3

Module Content Summary

This module will enable students to explore aspects of leadership and of management which have relevance in dispensary nursing practice. Key principles of effective multidisciplinary team working will be analysed and applied to dispensary nursing practice, and students will gain an understanding of the complex nature of organizational change.

50% of this module will be based in the university or equivalent institute setting.
50% of this module will be practice-based.

Syllabus

The concept of leadership – theories, processes and skills
Management – theories and processes
Managing human resources
The patient and her/his family as a resource
Organization and management of the dispensary nursing service
Care management
Budgetary control
Time management
Management of change
Working as a multidisciplinary team member
Working with statutory, voluntary and private agencies involved in primary health care service provision
Standard setting and quality assurance systems

Competencies or Learning Outcomes

On completion of this module, the student will be able to:

- demonstrate an understanding of management principles and processes and their application in to the organization and management of the dispensary nursing service;
 - analyse the relative merits of different methods of work load measurement, in relation to the dispensary setting;
 - utilize the dispensary's staffing protocols in scheduling adequate staffing cover, reporting when safe levels cannot be achieved;
 - demonstrate knowledge of different methods of care management;
 - appropriately manage her/his time both when on duty in the dispensary setting and when studying;
 - show awareness of how the dispensary nursing service budget is managed;
 - play a full part in maintaining standards and in contributing to quality assurance monitoring;
 - demonstrate in practice the team member role of the dispensary nurse.
-

Reading List

WHO publications
National and international literature covering the syllabus
Where accessible – On-line and distance learning materials

Teaching/learning Strategies

Lectures	Discussions
Practice in scheduling work rotas	Mentor support

Assessment methods

Date on which assignment is due:

Format of assignment: Essay of 1000–1500 words focusing on analysis of one concept from the syllabus and its application to practice in the dispensary nursing environment – 100% of whole

Mark awarded.....%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE SEVEN

Title: Dispensary Nursing III
Nursing Practice in Dispensary Nursing settings

Duration: 10 weeks – 300 hours

ECTS credit points: 15

Module Content Summary

This module will provide the student with the underpinning knowledge and opportunities to apply that knowledge in supervised, evidence-based practice of dispensary nursing interventions. By the end of the module the student will be able to practise autonomously, in the assessment, implementation and evaluation of nursing interventions. The emphasis will be upon holistic and individualized practice, taking into account the life circumstances of the patient.

20% of this module will be based in the university or equivalent institute setting.
80% of this module will be based in the dispensary setting.

Syllabus

Assessment and diagnosis in dispensary nursing
Triage and referral where appropriate to other members of the nursing and multidisciplinary dispensary team or to hospital
Provision of first aid and treatment of minor injuries
Pharmacology including drug reactions and interactions
Immunization and vaccination
Anaphylaxis
Hygiene principles and infection control
Management of patients with chronic disease, both communicable and noncommunicable, disability and/or mental health problems
Nursing documentation in dispensary nursing
Liaison with hospital and other agencies

Competencies or Learning Outcomes

On completion of the module, the student will be able to:

- assess the health status and needs of patients attending the dispensary;
- assume increasing responsibility for the provision of nursing interventions in the context of dispensary nursing, including triage and subsequent provision of first aid and treatment of minor injuries;
- devise and deliver programmes of immunization and vaccination; providing appropriate education and support for those attending;
- recognize and deal quickly and appropriately with a patient in anaphylactic shock;
- provide appropriate nursing care to meet the health needs of chronically ill or disabled patients, taking account of their environment and family circumstances;
- ensure appropriate referral, where necessary, to other members of the dispensary team, to hospital and/or other appropriate agencies;
- use informed judgement and decision-making skills to distinguish between health and social needs;
- maintain accurate nursing documentation, including arrangements for patient follow-up where relevant;
- keep up to date with developments in dispensary nursing;
- contribute effectively as a member of the nursing and multidisciplinary team of the dispensary or clinic.

Reading list

WHO publications
National and international literature covering the syllabus
Where accessible – on-line and distance learning materials

Teaching/learning Strategies

Tutorials	Multidisciplinary seminars
Autonomous practice	Reflection on practice
Observation, demonstration and supervised practice	

Assessment methods

Date on which assignments are due:

Assessment of competency in performing the nursing interventions in practice – 50% of whole
Examination – 50% of whole

Assessment: Mark awarded%
Exam: Mark awarded%
Aggregate mark for module (out of 100%)%

**WHO Regional Office for Europe
Dispensary Nursing Curriculum**

MODULE EIGHT

Title: *Dispensary Nursing IV*
Community-based and Dispensary-based Nursing Practice

Duration: *10 weeks – 300 hours*

ECTS credit points: *15*

Module Content Summary

This module will provide the student with opportunities to practise in a manner which recognizes the need for concerted and coordinated action to improve the health and well-being of the community which the dispensary serves. The student will be enabled to play a full part as a member of the dispensary multidisciplinary team and to contribute to the evaluation of nursing interventions and overall service delivery in the dispensary and in the wider primary health care service of the country. The module will provide opportunities for the student to take responsibility for health education and health promotion initiatives and their evaluation.

20% of this module will be based in the university or equivalent institute setting.

80% of this module will be based in the dispensary and local community settings.

Syllabus

Advances in primary health care provision which impact on dispensary nursing

Impact of advancing technology on care provided in the dispensary and in the patient's home

Trends in chronic illness and priorities for action in the local community

Social action perspectives:

National policies for community development

Health inequalities and discrimination

Inter-professional, interagency and intersectoral cooperation

Partnership in caring – practical strategies to promote realistic initiatives with patients and their families

Working with survivors of substance abuse, i.e. from drugs, alcohol and smoking, and of domestic abuse

Counselling techniques, including bereavement counselling

Dealing with aggression

Competencies or Learning Outcomes

On completion of the module, the student will be able to:

- evaluate professional and national/political issues of relevance to the provision of dispensary nursing services;
- identify effective approaches to working with patients which take account of both advancing technology and social action perspectives;
- provide evidence-based health surveillance and health education programmes;
- assess the need for and provide sensitive counselling for patients in need;
- target “at risk” groups to provide a prioritized health promotion service when resources are limited;
- justify decision-making re prioritization of care based on sound evidence;
- together with patients attending the dispensary and members of the community the dispensary serves, analyse the contribution which they can make to the improvement of the service they receive and ensure strategies are in place for regular dialogue between professionals and these members of the public;
- search out and critically review literature to underpin the development of evidence-based nursing practice;
- provide supervision and mentoring for nurses entering the dispensary nursing course;
- together with other members of the dispensary multidisciplinary team, systematically evaluate the provision of the nursing and related services and implement improvements as necessary.

Reading list

WHO publications

National and international literature covering the syllabus

Where accessible – on-line and distance learning materials

Teaching/learning Strategies

Tutorials

Multidisciplinary problem-based learning

Attendance at public meetings

Multidisciplinary seminars

Autonomous practice

Assessment methods

Date on which assignments are due:

Assessment of competency in the creation and conduct of a health surveillance or health promotion activity – 50% of whole

Essay (approximately 1500 words) focused *either* on preparation of a practical programme to ensure partnership with patients is a reality within the community served by the nurse's dispensary *or* on a case study of a patient with a chronic disease which commonly occurs in the nurse's country. – 50% of whole

Competency assessment: Mark awarded%

Essay: Mark awarded%

Aggregate mark for module (out of 100%)%

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Glossary

For more detail on all these terms, please refer to the Guidelines to the WHO European Strategy for initial education for Nurses and Midwives (WHO 2001b)

Academic level

The level of difficulty of a subject. For example level one is commonly used to describe the first year studies in a baccalaureate degree, with levels two, three and four describing second, third and Honours year respectively. Masters level describes postgraduate studies at Masters degree. Doctoral level describes study at Doctor of Philosophy/Doctor of Science level. In general, the higher the level of difficulty, the more requirement there is for demonstration of analytical, critical, evaluative and innovative thinking.

Accreditation (of an institution, programme or curriculum)

A process, based on a system of external peer review, and using written standards, by which the quality of a university's activities and its educational programmes are assessed and, if satisfactory, approved.

Authority

The rightful power to take action. This subsumes the right to make decisions on what action is appropriate.

Clinical Supervision

A clinically focused professional relationship between a practitioner and appropriately prepared clinical supervisor.

Competencies

Broad composite statements, derived from nursing and midwifery practice, which describe a framework of skills reflecting knowledge, attitudes and psychomotor elements. The term "Learning Outcomes" is often used synonymously with "Competencies".

Competent

A level of performance demonstrating the effective application of knowledge, skill and judgment.

Continuing education

Education that builds on initial professional or vocational education.

Credit points

See Accreditation of prior learning.

E-learning

E-learning means electronic learning, (just as e-mail means electronic mail). E-learning is a form of distance learning. Course materials are on-line, students communicate with their lecturers via e-mail, lecturers give feedback via e-mail, assignments are sent in via e-mail and comments returned to students via e-mail. Systems may be set up to enable several students and their

lecturers to communicate via “chat rooms”, i.e. where questions and discussions can take place through e-mailing.

Fitness for purpose

Employers are primarily concerned about whether nurses and midwives are able to function competently in clinical practice. The speed of change in the context and content of health care makes it difficult to define fitness for purpose. Its meaning cannot be fixed. Fitness for purpose depends on the commitment of employers and of practising nursing and midwives to constant professional updating (Adapted from UKCC 1999).

Health care reform

Any intended change towards improvement of health care of the acutely and chronically ill, rehabilitation, case-finding, health promotion and maintenance, prevention of disease and disability and health education.

Learning Outcomes

See Competencies

Licence

See Registration

Mentor

An appropriately qualified and experienced person who, through example and facilitation, guides, assists and supports individuals in learning and in acquiring new attitudes. The term is particularly used in relation to supporting learning in practice settings.

Multiprofessional team/Multidisciplinary team

A team of health care professionals from different disciplines, e.g. nurses, midwives, physicians, physiotherapists, who work together towards a common goal which enables them to make the best use of their knowledge, skills and experience in providing patient care.

Network

A grouping of individuals, organizations and/or agencies organized generally on a non-hierarchical basis around some common theme or concern.

On-line learning

See E-learning

Patient

The real person who is the end-user in all our health systems. S/he is the human being who is meant to benefit from our efforts, but who, if reduced to a mere statistic, demonstrates that the heart has gone out of the profession. User(s) of health care services, whether healthy or sick.

Peer review

Scrutiny of the work, activities or output of individuals or a group by other individuals or groups who have qualifications and experience that are directly comparable to those of the people being scrutinized.

Practice placement

The clinical area to which nurses and/or midwives are allocated in order to undertake the practice components of their education. These clinical areas may be in hospital or community settings.

Programme

This term is synonymous with course, i.e. a course of study, and denotes the entire course, in all its elements. It may be a full-time or part-time programme or course, e.g. a degree, or a short course.

Promote health

The process of enabling individuals, families and communities to increase control over the determinants of health and thereby improve their health. An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health.

Prospective Analysis Questionnaire

A questionnaire, based on the Prospective Analysis Methodology (PAM), which is a process that facilitates decision-making, interchange of ideas and opinions, and recognition and development of a need to change.

Resources

Human resources, money, materials, skills, knowledge, techniques and time needed or available for the performance or support of action directed towards specified objectives.

Registration

A method of ensuring a record is maintained of those who are *bona fide* nurses and/or midwives, i.e. they have successfully completed the initial nursing and/or midwifery education programme which is required in their country. In several Member States it is necessary to regularly renew this registration. In order to do so, nurses and midwives must provide evidence of successful completion of continuing education relevant to their area of practice.

Specialist Nurse

A nurse who has successfully completed a post-qualification course of study in a specific clinical field and who applies higher levels of judgement, discretion and decision-making in clinical care in order to improve the quality of patient care, meeting the needs of patients within the specialty and in the specific area of practice.

Standard

Statement of a defined level of quality or competence which is expected in a given set of circumstances. In nursing and midwifery, the statements identify and define the criteria which influence the quality or competence of the nursing/midwifery service, and clarify what is

expected in relation to the structures, processes and outcomes. A means of measuring the degree of excellence of an educational programme and of comparing the degree of excellence of one programme with that of others.

Strategies

Broad lines of action to be taken to achieve goals and objectives incorporating the identification of suitable points of intervention, the ways of ensuring the involvement of other sectors and the range of political, social, economic, managerial and technical factors, as well as constraints and ways of dealing with them.

Video-conference

The use of video to bring groups together for discussions and a sharing of views. Groups in geographically separate areas can be connected via video link and can see and hear each other.

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