Society for Endocrinology and Oxford Brookes University
Masters Level (work-based learning) Module in Endocrine Nursing

(P49213 Postgraduate WBL; 20 L7 credits over one semester)

Guidelines for Candidates

Collaborating exclusively with

Contents   **Page**

Introduction

These Guidelines have been developed by the Society for Endocrinology Nurse Committee to assist Nurse Members wishing to achieve the Work-Based Learning Module in Endocrine Nursing awarded by Oxford Brookes University (P49213 Postgraduate WBL; 20 L7 credits over one semester). For a briefing video on how this module works please access this link: https://youtu.be/uO0PwDYB3c8

The WBL Module aims to:

- identify and recognise nurses who have worked on their development as endocrine nurses
- promote good practice in patient care and clinical management
- encourage clinicians to look for this qualification when promoting and appointing staff
- encourage nurses to participate as equal partners in the endocrine community
- improve the options for networking

The WBL Module comprises:

1. **A reflective portfolio.** Demonstrating sustained critical engagement with the Society for Endocrinology Competency Framework for Adult Endocrine Nursing https://www.endocrinology.org/careers/training-and-resources/guides/society-for-endocrinology-competency-framework-for-adult-endocrine-nursing-2nd-edition
2. The portfolio should support the claim that students are competent in all of the specified areas and proficient or expert in selected specialist areas. The portfolio will include reflective work, plus three other compulsory elements:

   a. **Three attendances at the SfE Endocrine Nurse Update**
   b. **An oral communication or poster presentation at a recognised national or international meeting where the nurse is the first author**
   c. **One attendance at the SfE BES conference**

3. **A reflective essay of 2500 words**. Addressing each of the appropriate competencies and standards in turn, a reflective essay will identify key areas of learning and development, and areas for nursing research, service development, and practice development. Indicative activities might include: introducing a nurse-led clinic; compiling a patient information sheet; developing outreach services.

Registration

In the first instance, please register your interest in the Module by contacting:

Dr Rachel Austin (nurses@endocrinology.org),
Society Development Manager

We will contact you to discuss your specific requirements, time-frame and to assign you a work-based facilitator/mentor.

It is anticipated that candidates will be members of the Society for Endocrinology and, as such, will be eligible for all the relevant membership benefits, travel grants and assistance with portfolio development that the Society can provide. To become a member see http://www.endocrinology.org/membership/

As candidates approach the end of portfolio development, they are required to register with Oxford Brookes University for module P49213 Postgraduate WBL Adult Endocrine Nursing (20 L7 credits over one semester) when they will be assigned an academic tutor. Students will be asked to finalise and submit their portfolio and complete the reflective essay of 2500 words within one semester.

Guidance on portfolio development

The portfolio submitted as part of the WBL Module in Adult Endocrine Nursing is not intended to be a portfolio of your entire professional life to date. Rather, it is intended to demonstrate your development as an endocrine nurse and to demonstrate sustained critical engagement with the Society for Endocrinology Competency Framework for Adult Endocrine Nursing https://www.endocrinology.org/careers/training-and-resources/guides/society-for-endocrinology-competency-framework-for-adult-endocrine-nursing-2nd-edition/

The portfolio should support the claim that students are competent in all of the specified areas and proficient or expert in selected specialist areas. As a 'living' document it should be a resource summarising your current practice, reflecting on the progress you have made and indicating your future development plans. It should be evidence-based with appropriate referencing and, through reflective accounts, should demonstrate your development as an endocrine specialist nurse. There are two potential reflective models in this pack for you to choose from. You do not have to use these; however, if you do, it is preferable that you use one model consistently throughout your portfolio. Also, please see example of a proforma which you may prefer to follow.

The following is for guidance only and is in no way meant to be prescriptive. Some suggested readings have been included to help you with reflective practice. If you have any further questions or feel you need further guidance please contact Dr Rachel Austin at the Society for Endocrinology by emailing nurses@endocrinology.org

Suggested reading list

Bulman C & Schutz S (eds.) (2013) *Reflective Practice in Nursing*, 5th edn. London: Wiley-Blackwell.

Chinn P & Kramer MK (2014) *Knowledge Development in Nursing: Theory and Process* 9th Edition. St Louis: Elsevier Mosby.

Cook V Daly C et al (2014) *Work-Based Learning in Clinical Settings: Insights from Socio-Cultural Perspectives*. Oxford: Radcliffe.

Howatson-Jones, L. (2016) *Reflective Practice in Nursing* (Transforming Nursing Practice Series) Exeter: Learning Matters.

Johns C 2005 *Transforming Nursing Through Reflective Practice*. 2nd ed. Oxford, Blackwell Publishing

Lobiondo-Wood G & Haber J (2013) *Nursing Research. Methods and Critical Appraisal for Evidence-Based Practice.* 8th edn St Louis. Mosby.

Rolfe G, Freshwater D & Jasper M 2001 *Critical Reflection for Nursing and the Helping Professions. A User's Guide.* Hampshire. Palgrave Macmillan.

Taylor B 2005 *Reflective Practice: A Guide for Nurses and Midwives*. 2nd edn. Buckingham: Open University Press.

White S, Fook J & Gardner F 2006 *Critical Reflection in Health and Social Care.* Maidenhead: Open University Press.

Examples of suggested categories of evidence

Thread	Example of suggested evidence
Current role/Scope of practice	Brief outline summarising current role and how it may have changed Scope of practice: e.g. dynamic function tests, nurse-led clinics, Inpatient visits, home visits, prescribing, research involvement, training (who to/how often) Evidence could include documentation of example clinic letters, protocols, lesson plans, hand-outs etc
Service development	Business plans, aims, audits, patient leaflets, clinics developed, user group involvement
Education Endocrine courses and study days; Conferences; Degree programmes; other relevant courses e.g. prescribing, counselling, teaching courses	Evidence of attendance and certificates; copies of programmes; reflective accounts (what did you gain? did it change or confirm your practice?); educational aims e.g. working towards a degree or other course
Personal development	Published articles, presentations at conferences and other study days, steering group meetings, nurse advisory boards, committees
Future	Potential areas for development within role, personal aims

How to write an abstract

The aim of an abstract is to provide the reader with one paragraph outlining a piece of work undertaken or in progress. It is intended to give the reader a summary of the longer piece of work and to decide whether to access the full article. The abstract should follow the following order

1. Introduction (1 - 2 sentences)
    (a) Why was the work done?
    (b) What was the aim of the work?

2. Methods
    (a) How was data gathered?
    (b) Include information about sample size, data collection methods, etc

3. Results
    (a) What did the study find out?
    (b) Did this match the original theory?

4. Discussion (1 – 2 sentences)
    (a) How does the outcome affect service delivery/development?
    (b) Will it be repeated to review service changes?

It is important to stick to the word limit provided and ensure authorships are annotated according to guidelines provided by the publishers. An example can be found on the next page:

Title: Little Miss Muffet - Arachnophobe or drama queen?

Section (not published)	Subsection (not published)	Abstract (as published) (238 words)
Introduction	Why was the work done	This work was undertaken to establish why Little Miss Muffet (LMM) was unable to remain in the presence of a spider. The aim was to identify the fears/ concerns of LMM and enable development of strategies for improving self management
	The aim of the work	In order to provide objective and subjective data two methodologies were utilised. Firstly – direct observation of LMM when exposed to an arachnid under controlled conditions provided visual evidence of reaction. This included monitoring of vital signs and measurement of biochemical stress markers.
Methods	How was data gathered? Information about sample size, etc	Secondly the subject was interviewed using a mix of open and closed questioning to ensure more subjective concerns could be expressed. The responses were then gathered into themes such as childhood experiences, parental influence and peer pressure
The results of both objective and subjective confirm that LMM is arachnophobic and that hunger does not suppress this. Her fear is genuine to her and treatment plans developed reflect this.
Results	What did the study find out Did this match the original theory?	The outcome did demonstrate our hypothesis that LMM is arachnophobic however more detailed analysis established this fear is a learned behaviour giving more potential for resolution with appropriate therapies
Discussion	Does the outcome affect service delivery Will it be repeated	Establishing the basis for LMM's fear of spiders has meant a moderate adjustment in care delivery – services can be more focused and more sensitive in supporting LMM in continuing her current care whilst addressing her arachnophobia by desensitisation therapy and neuro-linguistic programming.
The intention will be to review progress by repeating the investigations within a 6 -12 month period

How to prepare a case presentation

The aim of a case presentation is to formally share clinical information about a patient between healthcare professionals.
For the purposes of this guide the emphasis will be on the nursing interventions but a degree of patient demographic and history is necessary to 'set the scene'

A suggested outline would be as follows:

1.   Demographics:
       a.   Gender & Age
       b.   Past medical history
       c.   Medications
       d.   Allergies
       e.   Family history

2.   Current issue
       a.   What the patient presented with
       b.   Outline of symptoms, etc

3.   Investigations
       a.   Results

4.   Progress
       a.   What was done to resolve the issue

5.   Nursing interventions
       a.   Dynamic testing
       b.   Medicines management – including adherence.
       c.   Assessment
       d.   Psychological support
       e.   Family support
       f.   Cross agency involvement

6.   Current status and future management plans.

There is no real wrong or right in a case presentation – you are telling the audience about a specific patient with individual problems and issues. YOU know the patient best. Be prepared for questions – different areas do some things in different ways and your case may well initiate discussion.

It may be advisable to get verbal consent from the patient to discuss their case but reassure them that confidentiality will be preserved and their name will be changed.

You will have been given a time limit – practice your timing and allow for questions. Specify at the beginning if you want questions as you go through or at the end.

Don't overpopulate the slides – 3 or 4 primary sentences with 1 - 2 insets to clarify the major points only.

Label any images used and reference any direct quotes
DON'T just read the slides – use them as cues for you to move through the case.
If you are new to presenting, there is no substitute for lots of practice in front of colleagues.

Society for Endocrinology

Portfolio Log book

Name ....

Work address ....

....

Email address..

Mentor Name ....

Mentor Work address ....

....

Mentor Email address..

1. SfE Endocrine Nurse Update (3 required)

Year attended
1.
2.
3.

2. Abstract submission (an oral communication or poster presentation at a recognised national or international meeting <u>where the nurse is first author</u>

Year	Meeting name	Type of presentation (oral or poster)	Title of presentation

3. SfE BES (1 required)

Meeting and year
1.

4. Submission of portfolio validated by work-based facilitator, to show areas of expertise covered and the amount of expertise gained.

Date completed ....

Signed .... (Applicant)

Signed ....(work-based facilitator)

Signed .... (for the Society for Endocrinology)

Date...

Society for Endocrinology membership status (for office use)

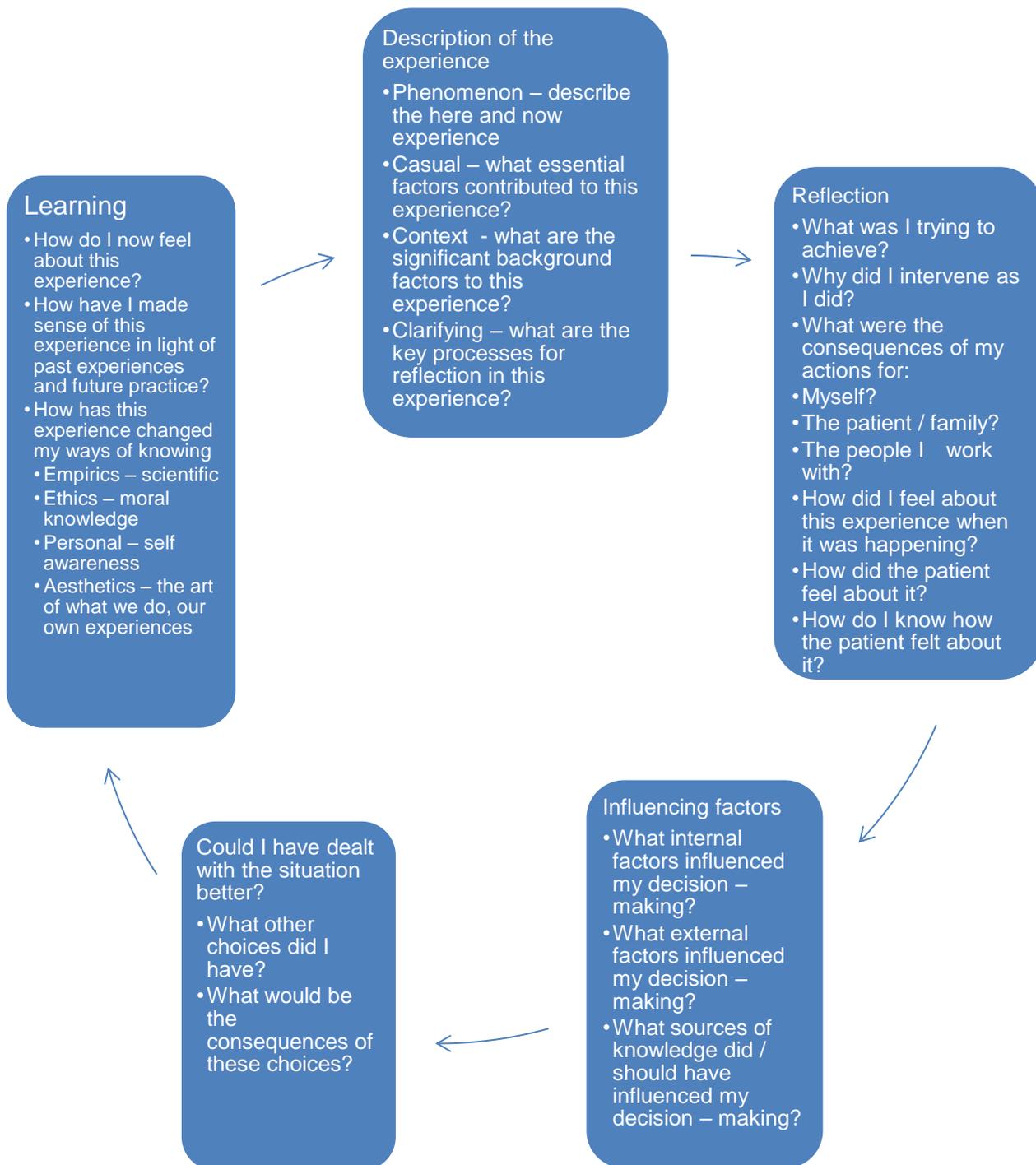| Year	Paid (yes/no)	Year	Paid (yes/no)
1.		5.	
2.		6.	
3.		7.	
4.			

Reflective models – please use one model or the included proforma consistently throughout portfolio

Reflective model A – Gibbs
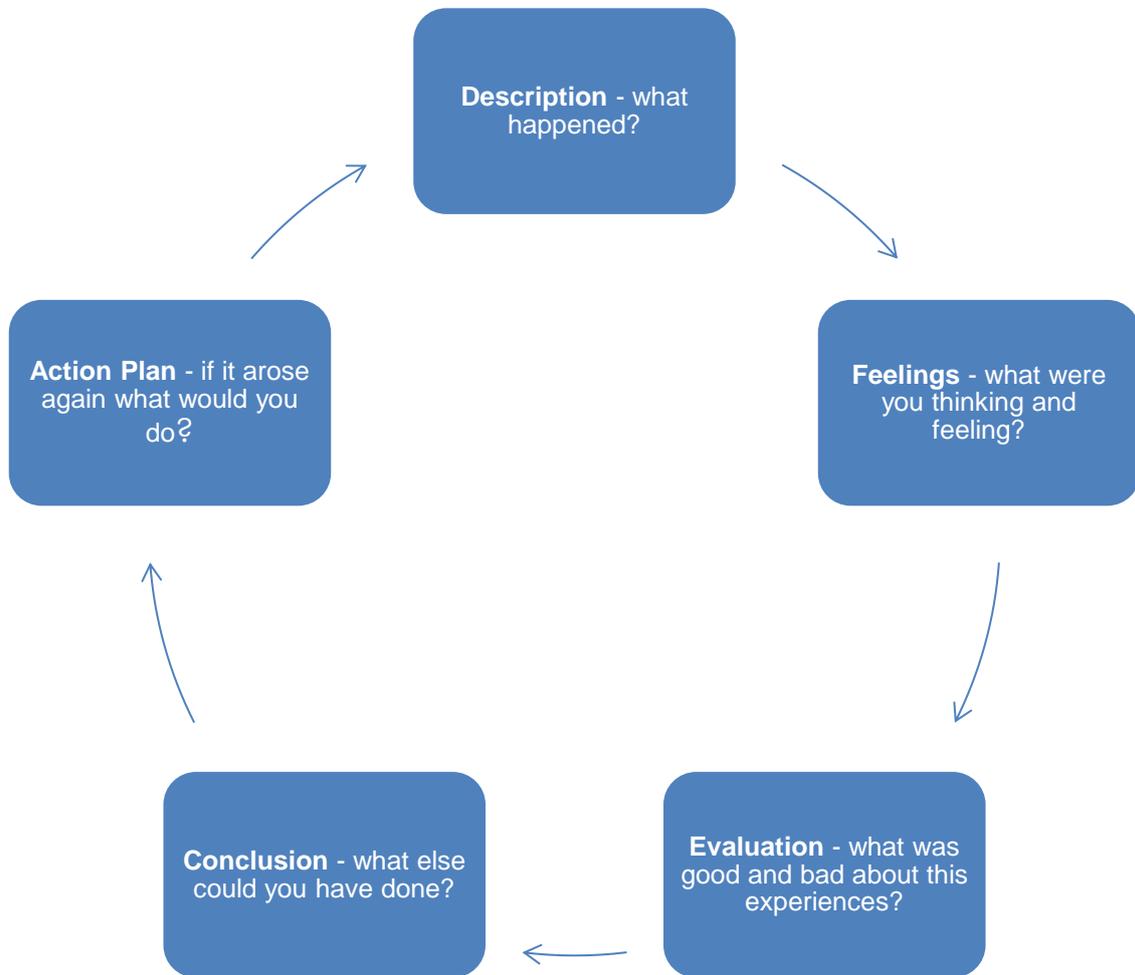
Gibbs G 1988 *Learning by doing: A guide to teaching and learning methods*. Oxford Further Education Unit, Oxford.

Reflective model B – Johns

Description of the experience
- Phenomenon – describe the here and now experience
- Casual – what essential factors contributed to this experience?
- Context - what are the significant background factors to this experience?
- Clarifying – what are the key processes for reflection in this experience?

Learning
- How do I now feel about this experience?
- How have I made sense of this experience in light of past experiences and future practice?
- How has this experience changed my ways of knowing
- Empirics – scientific
- Ethics – moral knowledge
- Personal – self awareness
- Aesthetics – the art of what we do, our own experiences

Reflection
- What was I trying to achieve?
- Why did I intervene as I did?
- What were the consequences of my actions for:
- Myself?
- The patient / family?
- The people I   work with?
- How did I feel about this experience when it was happening?
- How did the patient feel about it?
- How do I know how the patient felt about it?

Could I have dealt with the situation better?
- What other choices did I have?
- What would be the consequences of these choices?

Influencing factors
- What internal factors influenced my decision – making?
- What external factors influenced my decision – making?
- What sources of knowledge did / should have influenced my decision – making?

Johns C 1995 The value of reflective practice for nursing. *Journal of Clinical Nursing* **4** 23-30.

Sample proforma - an alternative to Gibbs or Johns

Please use the page below to help structure your reflection. It is there to guide you through getting on to paper your experiences, learning and professional development both in the clinical area and the class room.

Title of Event: Clinical Update 2015
Aims & Objectives:
Review A&P of hypothalamus and pituitary
Hear discussion on Diabetes Insipidus, causes and treatments
Hear how others carry out a dynamic water deprivation test
Interpretation of water deprivation tests

Discussion / Process / Reflection:
There was general discussion around DI and its causes. A number of case studies were presented and discussed. Some patients can be easy to diagnose but there are always those who don't quite fit the rules.

One of the case studies showed how on initial investigation things may not be all they seem. 24 yr old student with pre-exam stress presented with excessive thirst and nocturia. She tried to drink less after exams, but symptoms continued. Water deprivation test revealed cranial DI and she was successfully treated with Desmopressin.

Different hospitals/labs use different cut-off points for test results. Looking at symptoms is of importance, as well as discovering the full story/history. Reviewing patient once medication has been started is also a must to see if they have benefited from them.

Evaluation / Learning points / Future actions:
Having an open mind is important especially these days when the patients have made their own diagnosis from the internet before their appointment with you.

Good accurate information for the patient's pre-test so they know what to expect.
It was good to be reminded that things may initially seem normal but symptoms are revealed when other treatment is instigated. Therefore it is important that testing is done at the correct time and repeated if needed. For example with corticosteroid deficiency, this can conceal DI until treated with steroid replacement.

There was also a case study showing that a partial diagnosis is sometimes made. This then leads to a trial on medication to see if the patient benefits. It is important to take into account not just the blood results but also the patient's symptoms. There are guidelines for interpretation but they are not always set in stone in endocrinology.

Signature: ....

Date:..

Suggested marking criteria for the portfolio and reflective essay

Please note: This is intended as a guide only and is subject to change)

A) **Portfolio Assessment and Comments**

Name:	Date received:	Assessor:

To be marked in line with Criteria for Assessment					

Score this section	4	3	2	1	0	**Score this section**	14	12	9	6	0
Structure and Organisation	A	B	C	D	F	Evidence of personal development within the role	A	B	C	D	F
Clarity of expression	A	B	C	D	F	Critical analysis and appraisal of own role.	A	B	C	D	F
Presentation	A	B	C	D	F	Reflective analysis of development of own role.	A	B	C	D	F
Appropriate referencing	A	B	C	D	F	Evidence that role has improved patient care	A	B	C	D	F
Candidate must score minimum of 10 in this section to obtain a pass						Evidence of plans for future personal/professional development.	A	B	C	D	F
						Evidence of audit or research related to endocrine nursing.	A	B	C	D	F
						Candidate must achieve a minimum of D in each area to obtain a pass					

Total Score:	80+ an excellent performance 70-79 very good performance 60-69 good performance 50-59 Satisfactory, minimal standard for pass	Date:	Pass / Fail

Assessors comments

Assessors signature and date

B) Assessment criteria for marking the portfolio against SfE professional standards.

(To be sent to markers of portfolio so that markers know how to define an A, B, C, D and Fail)

A. An excellent performance
An overall standard of excellence
Developed in a logical, balanced way with evidence of original thought
Clear evidence of critical and reflective analysis
Clear evidence of personal development linked to reflective/critical review
Clear evidence that role has improved patient care
Well organised and clearly structured material
Literary presentation, shows flair
Sources acknowledged, references cited and listed correctly
Requirement for length met

B. A very good performance
Very good as an overall standard
Developed in a logical, balanced way with some evidence of original thought
Evidence of critical and reflective analysis
Evidence of personal development linked to reflective/critical review
Evidence that role has improved patient care
Well organised and structured material
Good literary presentation
Sources acknowledged, references cited and listed correctly
Requirements for length met

C. A good performance
Most sections good
Some evidence of critical and reflective analysis
Some evidence of personal development linked to reflective/critical review
Some evidence that role has improved patient care
Organised and structured material
Most sources identified and listed correctly
Requirements for length met

D. A satisfactory performance
Topic apparently understood but a mainly descriptive approach
Reflective description of role not well developed, lacks clarity
More descriptive than analytical with reference to improvements in patient care
Some evidence of critical and reflective analysis
Some evidence of personal development linked to reflective/critical review
Some evidence that role has improved patient care
Satisfactory organisation and structure of material
Presentation may have minor flaws (grammar, spelling, structure)
Most sources identified and listed correctly
Requirements for length may not be met

F. Fail
Falls short of standard required for a Pass
Question addressed superficially but with little analysis
Approach descriptive
Very little evidence of critical and reflective analysis
Very little evidence of personal development linked to reflective/critical review
Very little evidence that role has improved patient care
Some irrelevant material

Poor organisation and structure of material
Presentation may be flawed (grammar, spelling, structure)
References inaccurate or absent
Requirements for length may not be met

C. Assessment criteria for marking the reflective essay plus indicative portfolio evidence (Copyright: Oxford Brookes University)

M LEVEL MARKING CRITERIA - POSTGRADUATE WORK-BASED LEARNING

DISTINCTION 70% and above	PASS 69-60%	PASS 59-50%	REFER/FAIL 49% and below
PRESENTATION AND PRODUCT (MARKS AVAILABLE: 10%)			
The work is presented in concise and imaginative manner and finished to a high level of accuracy. The style of presentation engages the reader and enhances the nature of the work.	The work is clearly structured, including concise purpose, summaries and overview statements. Referencing and cross referencing is accurate and accessible. All material is valid and relevant and presented coherently and logically.	The work is organised and presented in an appropriate academic style, making the purpose and conclusions clear. Most material included is relevant and presented in a way that guides the reader/observer. Referencing and cross referencing is largely accurate.	The work fails to engage the reader due to poor organisation, lack of an overall structure, poor technical writing skills and/or a lack of a clearly defined purpose. Referencing and/or cross referencing is inadequate. Excessive or irrelevant materials detract from the focus of the work.
KNOWLEDGE BASE AND PERCEPTION (MARKS AVAILABLE: 20%)			
Demonstrates great breadth and depth of knowledge in a complex or specialised area, recognising the limits of the current knowledge base and practice/craft. Theoretical and complex work is well integrated with an in-depth understanding of practice. Key texts are utilised and analysed effectively.	Demonstrates an effective balance between breadth and depth of knowledge. Relevant issues are broached, with complex theoretical concepts recognised and considered alongside practice issues. Key texts are incorporated into arguments in an effective manner.	Demonstrates a sound knowledge base of the topic area, encompassing both the breadth and depth of current knowledge. Key texts are recognised. There is clear understanding of relevant issues, with links between theory and practice fully explored.	The work shows only a superficial knowledge base and/or fails to recognise current thinking on the topic. The work does not convey understanding of the major theoretical and practice related issues relevant to the topic. Key references are omitted and literature presented is sparse and not current.

DIVERSITY (MARKS AVAILABLE: 10%)			
The work demonstrates a deep appreciation of the diversity of people encountered in health and social care.

Issues of social justice, discrimination and inequality are sensitively and realistically explored. | A range of perspectives is explored with understanding and respect.

Diversity is portrayed as a source of richness. Explicit mention is made of the specific challenges faced by different groups as a result of their disability/culture/age/ gender

experience/educational opportunities | Diversity is accepted as a reality within which judgements and decisions are made. Perspectives other than that of the author are recognised and explored.

Value judgements include consideration of issues of equity and social justice | The work presents the views of the author only with no apparent consideration of other perspectives. Evidence of lack of respect and/or discrimination with respect to different groups e.g. on the basis of culture/age/race, gender, ability/disability, professional identity. |
| CRITICAL ANALYSIS AND JUDGEMENT   (MARKS AVAILBLE: 30%) | | | |
| Contains clear and authoritative critique across a full range of views, theories and practice issues related to the topic. Sound and evaluative comment is applied to theoretical and applied concepts | Provides consistent critical analysis of a full range of views, theories and practice issues related to the topic. Recognises strengths and limitations. Comments on theoretical and applied areas are consistently evaluative in nature | Shows an ability to enquire into a range of complex issues, recognising similarities and contradictions between different viewpoints and theoretical models. Work of others is accurately and sensitively assessed and evaluated, with a concise summary presented. | Shows an inability to dissect ideas, theories and practice issues of others in a rational manner. Work is descriptive and fails to address controversial or debatable viewpoints. Little or no evidence of assessment and evaluative comment is given. The reader is left with a sense of not knowing what the author is trying to say. |

CREATIVITY (MARKS AVAILABLE: 10%)			
Demonstrates novel and effective approaches to generating ideas, defining and solving problems, and/or developing action plans and strategies. Takes full account of the complexity of knowledge in relation to the topic area. Conclusions are a precise reflection of key issues	Convincing evidence is given for fresh, imaginative and realistic ways of approaching problems and answering fundamental questions in relation to the topic. Explores the topic area with fluency, taking account of significant knowledge. Conclusions reflect the key issues	Develops ideas which are relevant, useful and acceptable in relation to the topic. Explores alternative understandings and approaches. Conclusions take account of the important issues	There is little or no evidence of the development of ideas in relation to the topic area. Work presents only a narrow range of views. Conclusions are not reflective of the content

EVIDENCE OF LEARNING (MARKS AVAILABLE: 20%)			
Shows high levels of confidence and independence in initiating, conducting and evaluating own work. Effectively judges own abilities and work with confidence and independence. Uses reflection to demonstrate clear and comprehensive evidence of significant learning and application of new insights	Shows independence in initiating, conducting and evaluating own work. Judges own work with accuracy and sensitivity and confidence. Uses reflection to demonstrate clear and thorough evidence of significant learning and/or application to practice in relation to the topic area.	Shows responsibility for planning, conducting and evaluating own work. Demonstrates clear insights into the strengths and limitations of own abilities and work. Demonstrates development of learning in relation to the topic area. The reader has a clear sense that the author is reflecting upon and driving forward own personal/professional development.	Is highly dependent on tutor guidance when planning and managing own work. Lacks confidence and/or realistic awareness of own abilities. There is little or no evidence of reflection and learning in relation to the topic area.