

Module Specification

Module Summary Information

1	Module Title	Professional Record Keeping and Documentation
2	Module Credits	20
3	Module Level	LEVEL 6
4	Module Code	LBR6640
5	Semester Taught	1 and 2

6 Module Overview

This module is designed for health care practitioners. Poor recording keeping by healthcare professions is a nationwide problem. The Nursing and Midwifery Council (NMC) Annual Fitness to Practice Reports constantly state that poor record keeping is in the top five complaints received by the NMC. Furthermore, the top two complaints - patient care and prescribing medicine - both encompass aspects of record keeping: further demonstrating the scale of the problem in the UK.

Recent public enquires have also highlighted the problem, e.g The Morecambe Bay Report, in particular, concluded that many of the failures of clinical care in the maternity unit were attributable to poor quality record keeping, including the retrospective completion of records, and inaccurate and interchangeable accounts.

The aim of the module is to provide you with the fundamental knowledge and confidence to write professional records complying with both professional and legal requirements.

This module is relevant to you as a healthcare professional as you are obliged to complete records as an integral part of your professional code.

The rationale for the Record Keeping and Documentation module is to increase your knowledge and understanding of a robust professional record that will stand up in court when under the scrutiny of legal professionals.

This module can also be studied as a standalone module. This is delivered completely online incorporating course teaching material and a variety of learning activities, such as online lectures, forums, quizzes and workbooks. You are expected to participate and engage with this material. Tutorial support will be offered via video tutorials, chat forums, email and telephone.

This module aligns with the Professional Practice Programme philosophy and is designed to be flexible and practice-led. You will have the opportunity to develop skills of enquiry, reflection and problem solving, in line with the university's learning and teaching strategy. You will be encouraged to think critically and share practice experiences with your fellow students, as well as engaging in both directed and self-directed learning activities. You will be an active partner in your own learning and development and in return you will receive regular feedback and feedforward aimed at developing your academic skills, and have the opportunity to discuss your progress with the module team.

7 Indicative Content

- Overview of Record Keeping in clinical practice
- NMC Fitness to Practice reviews
- Principles of Good Record Keeping
- Relationship between documentation and quality of care
- Documentation and The Code
- Record Keeping and the legal framework



- Practical exposure to the legal system
- Critical evaluation of NMC Fitness to Practice case
- Professional reflection and application

8	Module Learning Outcomes		
	On successful completion of the module, students will be able to:		
	1	Utilising academic skills, retrieve and apply appropriate evidence to demonstrate critical	
		arguments required at level 6.	
	2	Evaluate nursing records and documentation and their impact on the quality of patient care.	
	3 Apply the principles of good record keeping to your documentation adhering to the		
		professional code of conduct and local policies and procedures.	
	4	Analyse and reflect how record keeping impacts on professional practice and the interface	
		with the legal framework within which healthcare operates.	

9 Module	e Assessment				
Learning Outcome Number (from table 8)	Coursework	Exam	In-Person		
1,2,3,4	100%				

10 Breakdown Learning and Teaching Activities				
Learning Activities	Hours	Details of Duration, Frequency and other comments		
Scheduled Learning (SL) includes lectures, practical classes and workshops as specified in timetable	20	Approximately 8-10 x 2-3 online/face to face lectures		
Directed Learning (DL) includes placements, work-based learning, peer group learning external visits, on-line activity, Graduate+, peer learning, as directed on VLE	80			
Private Study (PS) includes preparation for exams	100	Suggested visits to include: Coroner Court attendance Work based review and reflection		
Total Study Hours:	200			



11 Key Texts and Online Learning Resources

Andrews, A, Jefferies, J and St.Aubyn, B (2013) By Appointment to Birmingham City University Students: promoting Student Engagement through Partnership Working in Nygaard, C et al (2013) Student Engagement identity, Motivation and Community. Libri Publishing Oxfordshire.

Andrews, A & St.Aubyn, B (2015) When you choose nursing, you also choose the law. Journal of General Practice Nursing. Vol 1 No 4

Andrews, A., and St Aubyn, B., (2017) Court – Proofing Records – An Innovative Simulation Teaching Resource in Horsted, A et al (2017)

New Innovations in teaching and learning in Higher Education Libri Publishing Oxfordshire

Andrews, A and St. Aubyn, B (2020) Record Keeping for Nurses and Midwives: An Essential Guide. M&K updates Ltd.

Andrews, A & St.Aubyn, B (2021) Teaching under-graduate nurses how to write legally defensible patient documents. Journal of Nurse Education – accepted for publication Oct 2020. Awaiting publication(June 2021)

Avery, G (2016) Law and ethics in nursing and healthcare. Sage London

Griffiths, R (2015) Understanding the Code: Keeping accurate records. British Journal of Community Nursing. Vol 20 No 10 pp 511 - 514

Louw, A., Dawson, C., Andrews, A., and St Aubyn, B., (2017) Stimulating Critical Thinking Through Simulation in Horsted, A et al (2017) New Innovations in teaching and learning in Higher Education Libri Publishing Oxfordshire

NMC (2018) The Code. NMC Publications. London.

St.Aubyn, B and Andrews, A (2012) Documentation in Developing Healthcare through simulation (Aldridge and Wanless Eds). London Sage.

St.Aubyn, B & Andrews, A (2015) If it's not written down, it didn't happen. Journal of Community Nursing. Vol 29 No 5

St. Aubyn, B. and Andrews, A. (2018) Advanced care planning in palliative care coordination: the NMC code and record keeping. Nursing and Palliative Care OAT. DOI: 10.15761/NPC.1000172

Thomas K, Lobo B, Dettering K (2017) Advance Care planning in End of Life Care. Oxford University Press, Oxford.

Waird A, Crisp E (2016) The role of advance care planning in end of life care for residents of age care facilities. Australian Journal of Advanced Nursing 33: 26-34