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Refer to guidance notes for completion of each section of the specification.

Module Code:	NUR514

Module Title:	Falls Champions: falls prevention

Level:	5	Credit Value:	20

Cost Centre(s):	GANG	JACS3 **code**: HECoS **code**:	B741 100291

Faculty	SLS	Module Leader:	Dr Joanne Pike

Scheduled learning and teaching hours	30 hrs
Placement tutor support	Click here to enter hours.hrs
Supervised learning eg practical classes, workshops	Click here to enter hours. hrs
Project supervision (level 6 projects and dissertation modules only)	Click here to enter hours. hrs
Total contact hours	Click here to enter hours. hrs
Placement / work based learning	
Guided independent study	170 hrs
Module duration (total hours)	Click here to enter TOTAL hours. hrs

Programme(s) in which to be offered (not including exit awards)	Core	Option
Stand Alone Module	☐	☐

Pre-requisites
Students should be working in a health environment and have the support of their manager to attend.

Office use only	
Initial approval: 28/11/2019	Version no: 1
With effect from: 14/02/2020	
Date and details of revision:	Version no:

Updated September 2019

Module Aims
To educate falls champions to use tools and processes to support falls prevention and management from admission through to discharge.

Module Learning Outcomes - at the end of this module, students will be able to	
1	Apply underlying concepts and principles of the causes of intrinsic falls and extrinsic falls to a case study in an MCQ
2	Use a range of falls tools to initiate and undertake critical analysis of falls and propose solutions to reduce the incidence of falls
3	Perform an analysis of the environmental causes of falls using a 'measles chart' and propose and effectively communicate a plan of action to staff.
4	Effectively communicate the causes of falls in a given case study to a non-specialist audience (the patient and their family/carers).

Employability Skills The Wrexham Glyndŵr Graduate	I = included in module content A = included in module assessment N/A = not applicable
Guidance: complete the matrix to indicate which of the following are included in the module content and/or assessment in alignment with the matrix provided in the programme specification.	
CORE ATTRIBUTES	
Engaged	
Creative	
Enterprising	I
Ethical	
KEY ATTITUDES	
Commitment	I
Curiosity	
Resilient	
Confidence	I
Adaptability	
PRACTICAL SKILLSETS	
Digital fluency	
Organisation	I
Leadership and team working	I
Critical thinking	I
Emotional intelligence	I
Communication	I
Derogations	

N/A

Assessment:

Indicative Assessment Tasks:
Guidance: please ensure you add indicative word count and durations within the narrative body of this section

The formative assessment will be viva type assessment at the end of each taught session. This supports the development of the students' learning towards the online MCQ assessment. The summative assessment will be an hour-long online open book MCQ examination of 25 questions, delivered via Moodle as an in-class test. This will be invigilated by the module team.

Assessment number	Learning Outcomes to be met	Type of assessment	Weighting (%)
1	1-4	Multiple Choice Questions	100

Learning and Teaching Strategies:

The first two taught sessions will be delivered by specialists in the field, supported by WGU staff and will be 'panopto' recorded as the session is delivered. This will support students' learning needs as they will be able to review the sessions as necessary. Following the first two taught sessions, WGU staff will review and revisit the taught element, applying the learning using simulated scenarios during which students will engage in decision making and analysis of the causes of simulated falls. Decision tools will be applied and students will communicate their decisions to other students who will act as carers or staff members. As part of their learning, students will be supported to provide advice to reduce the falls in a way in which the lay person can understand. These scenarios will be designed in partnership with BCUHB staff and assessed formatively by WGU staff.

Syllabus outline:

The epidemiology of falls
Witnessed and unwitnessed falls.
Intrinsic causes of falls - for example: polypharmacy and the role of medication in falls, orthostatic hypotension, delirium, balance, confusion, reduced vision and incontinence
Extrinsic causes of falls – for example environment, lighting, footwear and
Financial, medical psychological and functional implications of falls
Assessing risk and multimorbidity, fragility fractures, multifactorial, multidisciplinary assessment and physical activity and falls histories
Using evidence-based risk tools and decision making
Documenting risk and reducing risk. Sharing findings of assessments with others.
Leadership of change theory
Effective leadership and implementation of change in practice.

Communication styles for overcoming barriers to change.

Indicative Bibliography:
Essential reading
NICE (2017) guideline: Assessment and prevention of falls in older people QS86. Available from: https://www.nice.org.uk/guidance/qs86
Other indicative reading
Capan K, Lynch B (2007) A hospital fall assessment and intervention project. Journal of Clinical Outcomes Management 14: 155-60.   Carroll DL, Dykes PC, Hurley AC (2010) Patients' perspectives of falling while in an acute care hospital and suggestions for prevention. Applied Nursing Research 23: 238-41.   Jin, J (2018) Prevention of Falls in Older Adults JAMA 319(16):1734. https://jamanetwork.com/journals/jama/fullarticle/2679279   NHS Improvement (2019) Falls Prevention resources: https://improvement.nhs.uk/resources/falls-prevention-resources/   NIHR (2019) Falls Management Exercise (FaME) Implementation Toolkit http://www.arc-em.nihr.ac.uk/clahrcs-store/falls-management-exercise-fame-implementation-toolkit   RCN (2019) Falls https://www.rcn.org.uk/clinical-topics/older-people/falls