**Updated 30.09.19 Résumé of the Project for the Society’s Website**

*File: PRUpdateGFSC - 300919*

Project Title: Anatomy for Nurses: A core syllabus

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**Background**

McVicar *et al.,* (2013) conducted an integrative literature review on curriculum interventions in biosciences which incorporates anatomy, physiology, and the natural sciences for nursing students. They examined the evidence from 1990 to 2012. Their review reported that the studies carried out within this time frame indicate that bioscience learning in nursing programmes is not at the level anticipated by the profession. The review into curricular interventions (i) focused too heavily on the perceived (as opposed to actual) benefit to students (ii) No input was sought from nursing stakeholders or educators about anatomical or bioscience provision more generally within nursing studies and (ii) no findings were triangulated with existing anatomical curricular frameworks, therefore no generalised consensus or disparities were highlighted. This is further confounded by devoid advice regarding anatomical content from nursing regulators who simply state that a knowledge of anatomy is required (NMC 2010 & 2018). The evidence to date highlights that student believe that anatomy is important to understanding disease and provides underlying concepts to support clinical interventions (Meskell & O’Connor 2007). Paradoxically nursing students have also stated that anatomy is too descriptive, overloaded with facts that require memorisation as opposed to an understanding and application of basic concepts aided by visualization (Davies *et al.,* 2000). Logan & Angel (2014) substantiated reports that nurses deem scientific knowledge as a necessary foundation to build knowledge but presented a failing to apply anatomy and the other sciences to critically problem solve. They have attributed this to the delivery of anatomy education in nursing programmes being gained from text and two dimensional schematic workbooks decontextualizing anatomy and its clinical applications for nursing students. This finding may provide a fundamental insight into why a theory to practice gap exists. Bergmann *et al.,* (2011) have argued that the anecdotal evidence suggests a lack of anatomical knowledge in nursing is due to an under appreciation of nursing educators on the importance of an in-depth anatomical syllabus throughout the nursing degree programme. Without a standardised and regulatory governed curriculum and exploration of the relationship between anatomists and nurses it is hard to empirically test best anatomy teaching methods for nursing students or to ascertain the areas of nursing practice where anatomy is most relevant.

**Aim**

This research aims to design and provide a pragmatic ‘core anatomy syllabus’ as an educational reference document that can used, in conjunction with local curriculum and national standards, to clearly define the level and depth of anatomical knowledge required by undergraduate nurses. Concurrently, the framework will be used to move beyond the broad discursive debate surrounding the ‘bioscience problem’, to gain a deeper knowledge and understanding of the nature of the anatomical aspect of the ‘bioscience issue’ that may be enabling or inhibiting successful outcomes within undergraduate nursing education. This can aid education committees overall curricular governance strategies.

**Objectives**

1. To facilitate the creation of a nationwide, consensuses driven, advisory core anatomy syllabus that contains specific learning outcomes, to reveal the level, depth and relevancy of anatomical content that is required pre-registration.

2. To ascertain how, why and in what circumstances anatomy programmes achieve (or fail to achieve) their outcomes within the nursing curriculum with emphasis on interprofessional relations between anatomists and nurses.

**Significance**

21st century healthcare delivery centre’s around flattened hierarchy, collegiality and shared decision-making (NHS Leadership Academy 2018 & Royal College of Physicians 2019), this is exemplified in converging practice standards across the health professions (NMC Future Nurse Consultation 2019). As a result, it is no longer the role of the physician to perform adequate physical assessment: it is the collective and shared responsibility of all healthcare professionals (Hamilton *et al.,* 2008). It has been argued that anatomical knowledge is pivotal for assessing health and the early detection of significant diseases, illnesses and injuries (Dickson *et al.,* 2009). Yet, poor bio-nursing knowledge can lead to nurses underestimating a persons’ medical condition increasing the incidence of preventable morbidity and mortality (Gerdtz & Bucknall 2001). This was exemplified in the NHS Mid-Staffordshire Report, which concluded that a lack of communication, poor assessment and a lack of education were some of the contributory factors among other complex confounders that led to excessively sustained morbidity and mortality rate (Francis 2013). This led to a national review, critique and educational reform in nursing, midwifery and health support education that focused on enabling nurses to practice unimpeded as the competent clinical decision makers that they are (NHS Scotland 2014). This was reinforced in 2018 with when the findings of the Gosport report in 2018. This has led to immediate calls for out-dated stereotypes to be challenged and eradicated to end the so called ‘doctor-nurse’ game (Derbyshire & Thompson 2018). Given that nurses make up over half of the global health workforce (WHO 2019) and comprise the majority of the national healthcare workforce in the UK (HSCIC 2017 & Information Services Division, Scotland 2017) Yet, over the past two decades the bioscientific and life science nursing community have warned that pre and post registered nurses lack the confidence to apply and articulate biological knowledge to patients and to other health-care professionals respectively. As Nurses expand their roles as first line assessors across all sectors of health and social services (Sackett *et al.,* 1996) this can lead to medico-legal action, morbidity and mortality as well as ineffective multidisciplinary communication (Clancy *et al.,* 2000) if the ‘bio’ side of biopsychosocial care is lacking. Studies to date have focused exclusively on ‘biosciences’ as an amalgamate as opposed to specific disciplines. This has inhibited deepening our understanding of the core issues that may enable or constrain quality life science education in nursing. Given the anecdotal concerns raised, we contend that a review on the level and quality of anatomical education is urgently required.