



# **BSc (Hons) and Postgraduate Diploma in Public Health: Specialist Community Public Health Nursing**

## **Practice Assessor & Supervisor Handbook**

**January 2023**

### **Programme Leader:**

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### Programme team information

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### Health Visiting Field of Practice

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### School Nursing Field of Practice

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### Occupational Health Nursing Field of Practice

Lead	Patricia Poole <a href="mailto:Patricia2.Poole@uwe.ac.uk">Patricia2.Poole@uwe.ac.uk</a>	87294	2G14
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### V100 Prescribing Practice

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## **STUDENT ANNUAL LEAVE AND READING WEEKS**

### **Annual Leave**

Easter: w/c 03.04.2023; w/c 10.04.2023;

Summer: w/c 07.08.2023; w/c 14.08.2023;

Christmas: w/c 11.12.2023; w/c 18.12.2023; w/c 25.12.2023

### **Reading Weeks**

Reading weeks are embedded into the programme for students to consolidate some of their learning as well support them in the submission of assessments. It also provides the programme with some flexibility to organise an opportunistic or ad-hoc event, as/when speakers that may be of particular interest or relevance present themselves. **Given that these are timetabled, students therefore will be expected to attend; they cannot assume non-attendance at UWE, Bristol.**

W/c 27.02.2023; w/c 19.06.2023; w/c 21.08.2023

## **PRACTICE STRUCTURE**

The SCPHN programme is delivered on a full time basis over a calendar year (52 weeks). The overall balance of theory and practice in the programme is 50% theory and 50% practice.

Practice experience will consist of a **minimum** of:

- **6.3 weeks of Taught Practice**
- **3 weeks of Alternative Practice**
- **10 weeks of Consolidated Practice**

In taught practice experience is gained in a range of public health settings and areas of professional practice, working collaboratively and inter-professionally with client groups in the chosen field of practice. In alternative practice students will spend at least 3 weeks gaining experience in a different setting with clients who are not necessarily central to their chosen field of practice (NMC 2004). This alternative practice must be completed by the end of the taught practice placement.



Students should start planning their Alternative Practice early to ensure they can access their chosen learning opportunities.

In consolidated practice students will manage an allocated workload/caseload in order to develop fitness for practice as a safe, accountable and effective practitioner. Consolidated practice is completed on a full time basis.

### **Supernumerary Status**

During taught, alternative and consolidated practice students will have supernumerary status. This means that students cannot be employed to provide specialist community public health nursing in the field in which they are studying **during** the practice elements of the programmes.

Both the BSc (Hons) and PG Dip Programmes aim to provide students with the experience, knowledge, learning, skills for their chosen field of practice within specialist community public health nursing. The evidence provided by the students of their experiences in practice and in terms of academic attainment will demonstrate that they have achieved the standards of proficiency for specialist community public health nursing (NMC 2004). The Practice Portfolio, available via the Pebblepad e-portfolio, in which much of the evidence is contained, is a central element in both the BSc (Hons) and PGDip programmes.

## **Responsibility and Accountability**

SCPHN practitioners follow the NMC Code (2018) when working with clients, relatives, carers and fellow professionals. The code states that a professional should:

- 1 Prioritise People
- 2 Prioritise effectively
- 3 Preserve Safety
- 4 Promote professionalism and Trust

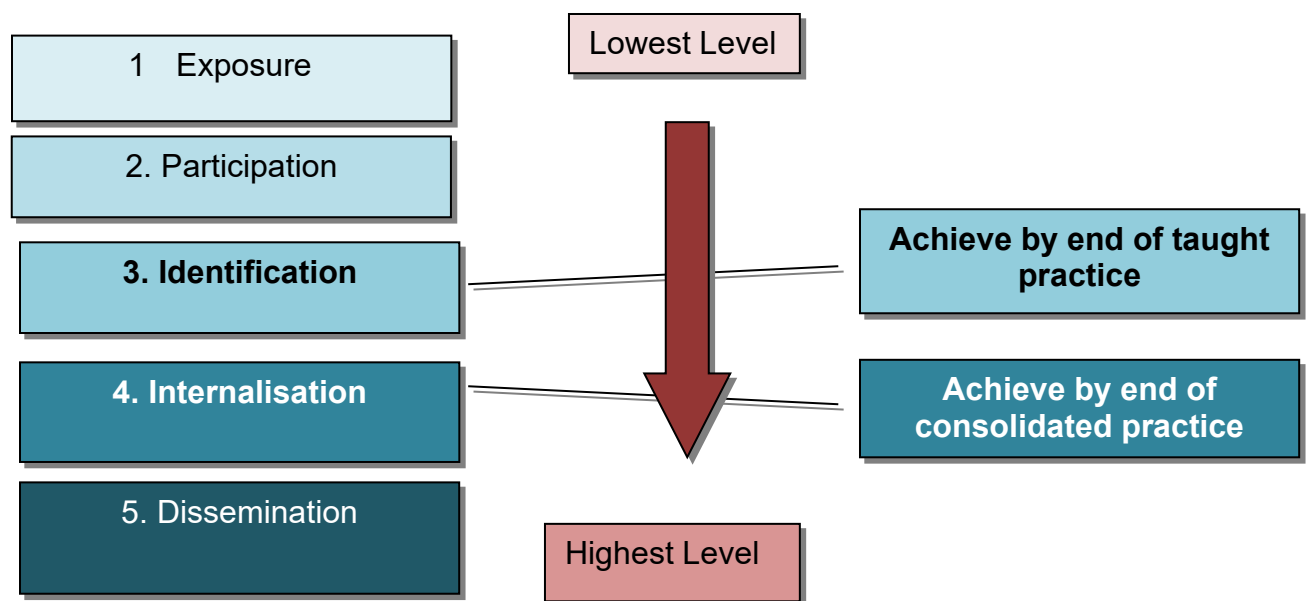
Given that students must be registered nurses or midwives in order to undertake the SCPHN programme, they must continue to adhere to the NMC code of conduct whilst being a SCPHN student. As such they can be held accountable for their professional practice during the programme. Direct entry midwives who undertake the programme must adhere to the NMC requirements in order to maintain their midwifery registration whilst on the SCPHN programme. This is done by liaising with their employing organisation.

## ASSESSMENT OF PROFICIENCY

Assessment of professional practice is an ongoing process of utilising a variety of different methods to identify your student's development needs, monitor their progress, and demonstrate evidence of their developing proficiency.

The conceptual framework for assessment utilised by the SCPHN programme is Steiner and Bell's Experiential Taxonomy (1979) (Appendix 1). During the programme students will demonstrate their progress in relation to the experiential categories. By the end of the programme students are required to evidence the achievement of the skills and proficiencies that relate to the stage of internalisation where they are confident in their own abilities and can adapt to unforeseen and complex situations.

### Steiner and Bell's Experiential Taxonomy (1979) of five experiential categories





The NMC has published Standards for Education and Training (NMC, 2018), which the SCPHN programme is now using. The standards are available here:

<https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/>

### **The practice assessor**

The practice assessor is key to facilitating student learning and development in practice as the role lies at the interface of theory, practice and occupational preparation.

Below is an excerpt from the NMC Standards for student supervision and assessment (NMC, 2018):

#### **Practice Assessors: responsibilities**

Approved education institutions, together with practice learning partners, must ensure that:

- practice assessors conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning
- assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors
- practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources
- practice assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing
- a nominated practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies
- there are sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression
- there are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression
- practice assessors have an understanding of the student's learning and achievement in theory
- communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression
- practice assessors are not simultaneously the practice supervisor and academic assessor for the same student, and
- practice assessors for students on NMC approved prescribing programmes support learning in line with the NMC Standards for prescribing programmes.

Students on the SCPHN programme may be working with different practice supervisors depending on their learning needs and below is an excerpt from the NMC's Standards for student supervision and assessment which illustrates their role.



## Practice supervisors: role and responsibilities

Practice Supervisors:

- serve as role models for safe and effective practice in line with their code of conduct
- support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes
- support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills
- have current knowledge and experience of the area in which they are providing support, supervision and feedback, and
- Receive ongoing support to participate in the practice learning of students.

**For students undertaking the V100 Prescribing practice module** they need to have both a Practice Supervisor (s) and Assessor (NMC, 2018).

*Only in exceptional circumstances may the same person fulfil the role of prescribing practice supervisor and assessor.*

Please contact the V100 module leader/academic assessor (Dawn Odd [Dawn2.Odd@uwe.ac.uk](mailto:Dawn2.Odd@uwe.ac.uk)) immediately if this will be the case for your practice area.

The Supervisor (s) must

- serve as role models for safe and effective practice in line with their code of conduct
- support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes
- support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills
- have current knowledge and experience of the area in which they are providing support, supervision and feedback

The Assessor must

- be a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking
- provide feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes
- assess the student's suitability for award based on the successful completion of a period of practice based learning relevant to their field of prescribing practice

Further details regarding the V100 module can be found in the V100 Prescribing Practice module handbook which is available on the Practice Support Net and the V100 Pebblepad e-portfolio.

## Apprenticeship Development and Programme Reapproval

We will keep you updated throughout the year regarding the upcoming changes and there will be opportunities to become involved in shaping the new curriculum throughout the year.

Please Note: Students will continue to work towards and be assessed against the 2004 Standards of Proficiency for SCPHN's until the Programme has been reapproved to the new NMC (2022) standards.

### **Academic in Practice (AiP)**

The Academic in Practice is a named link for a number of specific areas/organisations who will support students in their practice areas. The AiP can support students who are not making progress with their practice learning or achieving their practice competencies within the planned timeline. The AiP can support the student and assessor with development of action plans to enable students to achieve SMART objectives. If students have health or learning needs for example, the AiP can provide advice, support and referral.

### **SCPHN Programme Allocated Academics in Practice by Area.**

Gloucestershire, Torbay and Cornwall – Joanne Seal [Joanne.Seal@uwe.ac.uk](mailto:Joanne.Seal@uwe.ac.uk) +44 (0)117 32 88510

Wiltshire, BANES and Devon – Alison Menzies [Alison.Menzies@uwe.ac.uk](mailto:Alison.Menzies@uwe.ac.uk) +44 (0)117 32 81096

Somerset, Swindon and Plymouth – Dawn Odd [Dawn2.Odd@uwe.ac.uk](mailto:Dawn2.Odd@uwe.ac.uk) Tel: +44 (0)117 32 88565

North Somerset, Bristol, South Glos –Dominic McLernon [Dom.Mclernon@uwe.ac.uk](mailto:Dom.Mclernon@uwe.ac.uk) Tel: +44 (0)117 32 86261 supported by Natalie Herring [Natalie.Herring@uwe.ac.uk](mailto:Natalie.Herring@uwe.ac.uk)

### **Concerns in Professional Practice**

If there are any concerns about progress in practice the student or their practice assessor/supervisor should contact the relevant Academic in Practice (AiP).

### **Practice Support Line (PSL)**

Confidential helpline for nursing and midwifery supervisors/assessors and students in practice.

Telephone: +44 (0)117 32 81152

Email: [hscpsl@uwe.ac.uk](mailto:hscpsl@uwe.ac.uk)

### **Practice Absence Reporting Line**

A telephone answer service for CHSS students in practice placement to record their sickness and absence.

Telephone: +44 (0)117 32 83283

Email: [practiceabsence@uwe.ac.uk](mailto:practiceabsence@uwe.ac.uk)

The AiP may arrange for a tripartite meeting to take place between the AiP, practice assessor/supervisor and student. The concerns will be discussed openly with all parties and a clear plan of action and review date will be agreed and documented. If the issue cannot be resolved through the meetings then the sponsoring or seconding Trust/Organisation manager will be contacted.

For academic issues please contact the student's named UWE, Bristol Academic Personal Tutor (APT). (See process flowchart page 10)

# #Mental Wealth First

## Our commitment

At UWE Bristol, we know that the mental health and wellbeing of our university community is fundamentally important in enabling people to engage, perform and flourish. It is key to how our University feels as a place to learn and underpins the success of those who study and work here.

We have more than 200 different services and activities at the University that are related to mental health and wellbeing. These services include workshops, counselling support and drop-in sessions. We offer a range of 24/7 support for students including an out-of-hours senior on-call support team, and Kooth Student – a free, anonymous, online platform offering advice and forums.

[Get support from Kooth Student](#)

Kooth Student counsellors are available to talk throughout the year, including out of term time.

24/7 Crisis Textline offers crisis support to UWE Bristol students across the UK.

If in distress, UWE Bristol students can text 'UWE' to 85258. All texts are answered by trained volunteers, with support from experienced clinical supervisors.

If you have urgent concerns about the welfare of a student there is a telephone line to report urgent welfare concerns only.

Use this number only outside of office hours - weekdays between 17:00 (16:30 on Fridays) and 08:30 - or at weekends.

Telephone: +44 (0)781 47 91212

### Concerns about Practice

Students also have a professional duty to report any concerns from placement or university regarding an individual's safety. The code (NMC, 2018) states.... "act without delay if you believe that there is a risk to patient safety or public protection". Information on what might constitute a concern is available in the NMC's raising concerns: Guidance for nurses and midwives (NMC, 2015) available at:

<https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>

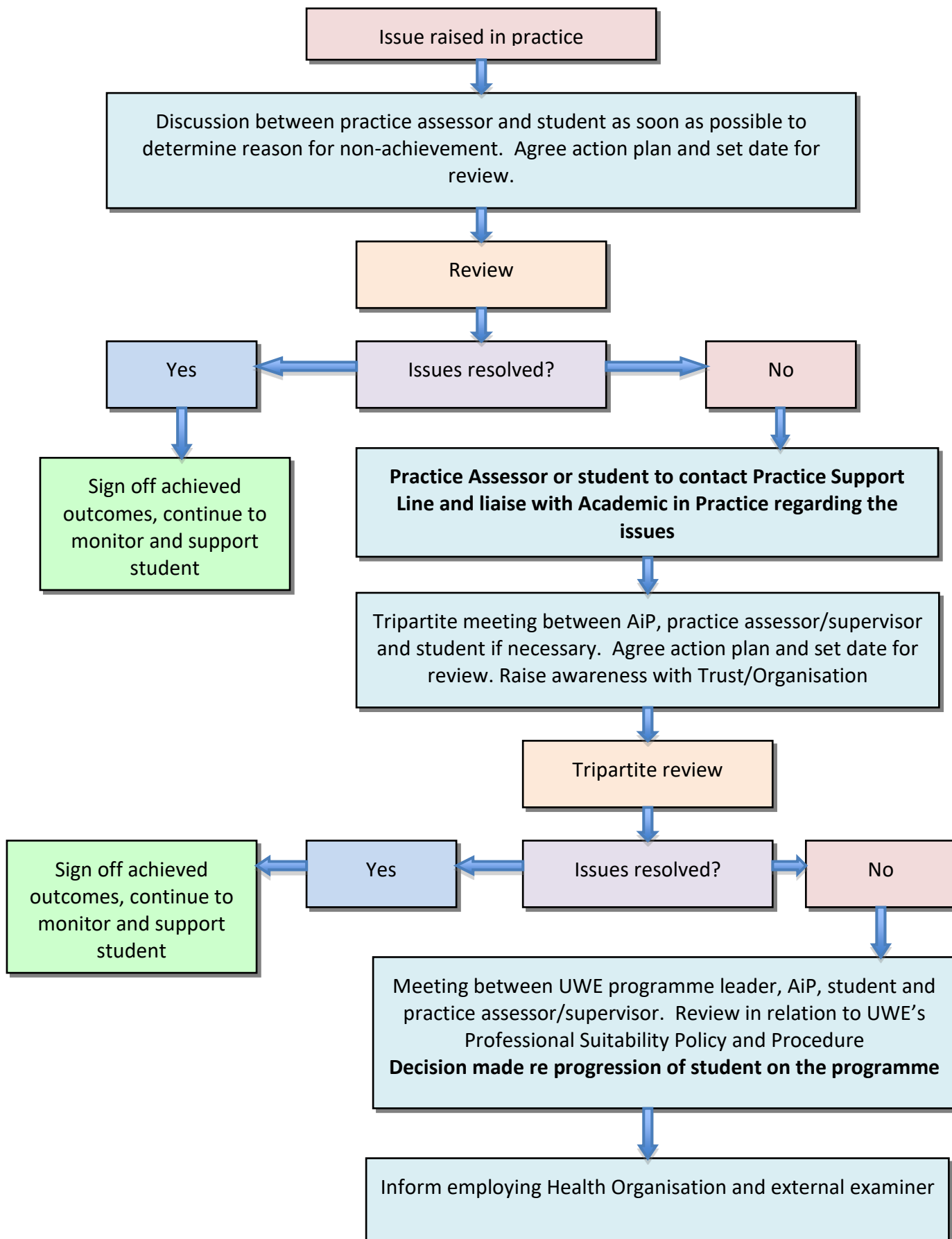
Details about the university's processes for raising and escalating concerns can be found here:

<https://www.uwe.ac.uk/about/faculties-and-departments/practice-support-net/raising-concerns>

**#SpeakUp** We want to create an inclusive campus where diversity is celebrated, antisocial attitudes and behaviours are challenged and any type of harassment, assault and discrimination aren't acceptable. We want you to speak up if you see or hear something that's not right, and be an active bystander. Please follow the link below for more information and our report and support tool.

<https://www.uwe.ac.uk/life/health-and-wellbeing/staying-safe-on-and-off-campus/speak-up>

**PROCESS OF SUPPORT FOR STUDENTS EXPERIENCING ISSUES IN PRACTICE**



## **Section 1**

# **STUDENT'S PERSONAL DEVELOPMENT PLAN**

## Personal Development Plan (PDP)

Recognising that students come from a range of clinical backgrounds and with a variety of clinical skills UWE Bristol does not prescribe specific activities as each student and each placement will be different. Instead the use of a PDP is recommended whereby the practice assessor and student explore learning needs together at the beginning of the taught practice placement and decide on a programme of learning. The process should be dynamic as further learning needs will be identified as the course progresses. This PDP is not formally assessed but does provide a useful talking point for consultations with the AiP. The PDP, consisting of student profile, SCOT analysis and action plan should be completed with your student in the first two weeks of the SCPHN programme.

### Student profile

<b>PROFESSIONAL QUALIFICATIONS</b>	<b>STRENGTHS</b>
<b>PREFERRED LEARNING STYLES</b>	<b>DEVELOPMENTAL NEEDS</b>

Practice assessor:

Telephone:

SCOT analysis for personal development planning

Placement Address:

E-mail:

A minimum of two SCOTs should be completed by the student each university term.

**Date** .....

<b>Strengths</b>	<b>Challenges</b>
<b>Opportunities</b>	<b>Threats</b>



Using the findings from the student profile and initial SCOT analysis support the student to complete an action plan to meet their learning needs.

**ACTION PLAN**

<b>Learning Needs</b> What do I need to learn? Be specific – what exactly do I need to learn?	<b>Criteria for evaluation</b> How will we know when I have learned what I need to learn?	<b>Learning Resources and Strategies</b> How can I best learn and integrate this? What resources/support will I need?	<b>Supporting Evidence</b> Type and where to find it in your portfolio	<b>Review date</b> When will this objective be accomplished? What is the deadline?	<b>Outcome</b> If not achieved has new action plan been agreed?
<b>Student Signature:</b> _____ <b>Date:</b> _____			<b>Practice Assessor Signature:</b> _____ <b>Date:</b> _____		

## **Section 2**

### **PRACTICE (TAUGHT AND CONSOLIDATED)**

## **EVIDENCING DEVELOPMENT AS A SCPHN PRACTITIONER**

### **PebblePad E-portfolio**

PebblePad is a well-established, online portfolio software package used by many UK universities and is particularly well-suited to healthcare related Programmes.

The PebblePad portfolio provides the student with a space to record experiences, activities, achievements and reflections during practice experiences and contains all the mandatory documents that are required to be completed throughout the Programme.

Within the portfolio there is a space for practice assessors/supervisors and academic assessors to record their assessment of the student's progress and feedback on performance in practice.

**If you have any problems accessing Pebblepad please contact our team of Learning Technologists at Pebblepad Support [HASPEbblepad@uwe.ac.uk](mailto:HASPebblepad@uwe.ac.uk)**

Students are required to provide 8 evidences in total – 4 in taught practice and 4 in consolidated practice. Please ensure that they use each type of evidence from the list below in order to demonstrate clearly that the competencies are met across the four domains.

Suggested topics include: infant feeding (i.e. breastfeeding plus formula feeding or weaning), communication, assessment, partnership working, health promotion, community capacity building, behaviour change, parenting or behavioural issues, child or adolescent development and safeguarding children or adults.

Templates for each type of evidence are given in Appendix 3.

The types of evidence required are:

1. Critical Reflection
2. Discussion with Practice assessor/supervisor
3. Significant Event
4. Connecting evidence with practice
5. Practice assessor/supervisor observation
6. Service User Feedback to enhance learning

Professional attributes will be assessed in line with the Hull Model (Wilkes, 2011). The Hull Model is a behaviour/attribute assessment tool that has been adapted for use within the SCPHN programme. The tool can be used for discussion at the start of the programme, at each formative review, at the summative review and at any other time that you may feel is appropriate. If any concerns are raised regarding behaviours that cannot be managed, then the process for Supporting Students in Practice on page 8 needs to be initiated.

The purpose of providing evidence is to demonstrate:

- Integration of theoretical knowledge and professional practice
- Self-assessment of professional and personal development
- Self-assessment of progress in relation to the four domains of public health practice.

The evidence provided will contribute to the assessment of progress towards achieving the Proficiency Standards in an objective and transparent manner by the practice assessor (s), academic assessor (s) and the external examiner.

The portfolio must adhere to Information Sharing Guidance (DCSF 2008) on confidentiality, taking care that no client can be identified. When referencing confidential material (e.g. local policies) please see the following link for guidance on how to do this:

<http://www1.uwe.ac.uk/students/studysupport/studyskills/referencing/uweharvard.aspx#referencingconfi>

### **Health visiting Pathway - UNICEF Breastfeeding Initiative**

#### **Evidence of proficiency in supporting infant feeding for health visiting students**

NICE (2012) recommends that practitioners who work with mothers and babies are trained to the UNICEF BFI standard. Health visiting students are therefore required to study the online UNICEF BFI resource and to provide evidence of practical work- these resources are provided on Blackboard. Our aim is to ensure that students meet the standards to be able to support parents in infant feeding.

The UNICEF BFI requirements for university students are higher than for practitioners, and therefore health visiting students need a greater level of knowledge. Most practitioners do not pass a UNICEF BFI assessment without updating their knowledge and skills. It is your responsibility to support and encourage your student to reach the standard required by UNICEF BFI for university students, much of which can be met by studying the online resource and carrying out the required observations.

**The infant feeding self-assessment sheet is provided in Appendix 6.**

### ***Diary of Attendance and Hours in Practice***

It is the student's responsibility to maintain a diary of attendance and non-attendance which needs to be signed by their practice assessor/supervisor. Any falsification of the attendance sheet will be considered a breach of the NMC Code of Professional Conduct (NMC, 2018) and will be referred to Professional Suitability proceedings within the University and may result in discontinuation of studies. The student may also be referred for investigation under NHS Counter Fraud procedures.

### **This needs to be handed in as a hard copy on the last day of the programme**

If students are sick or absent from practice they should contact their practice assessor or supervisor and the **Absence Support Line** (telephone: **0117 32 83283**, email: **[practiceabsence@uwe.ac.uk](mailto:practiceabsence@uwe.ac.uk)**) to inform UWE Bristol. If they are unable to attend University lectures it is expected that they will inform the respective **module leader**. They should also be aware of their employer's sickness procedures and follow these.

As students are employed and paid by a service provider to complete this programme there is an expectation that they will attend both the practice and taught elements. A register is taken of attendance at UWE Bristol and Trusts/Organisations will be informed of any unauthorised and regular absences.

### **Non-fulfilment of practice hours**

A minimum of **6.3 weeks of Taught Practice, 3 weeks of Alternative Practice and 10 weeks of Consolidated Practice** must be achieved in order to complete the programme. A delay in completion of practice hours could delay the programme completion date and subsequent registration with the NMC.

Study days and reading weeks are allocated within the programme, and no other time can be taken for study during practice hours. Portfolio work should be completed in practice hours. **Attendance at conferences or study days cannot be recorded as practice experience.**

## ***DIARY OF EXPERIENCE IN PRACTICE***

This diary is completed by both student and practice assessor/supervisor and should demonstrate progression, achievement and action. Please note this is not submitted to UWE Bristol as part of the portfolio and **is not assessed**. It is **not expected to take significant amounts** of time to complete but neither is it a descriptive chronology of visits. Rather, a short summary of learning and development points is all that is required, e.g. the student may consider in their thinking how their learning will improve the service user experience and how as a practitioner they can increase service user involvement in their practice.

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date**

## Formative review 1 (complete by 30/03/2023)

The Framework below provides a description of the activities which are included in the category of **participation** in Steinaker and Bell's Experiential Taxonomy (1979). At this stage in the programme this is a good indication of your progress and may help highlight areas for development.

	Red	Amber	Green
Student can reproduce the activity at public health encountered at exposure level			
Begins to articulate underlying rationale skills for the activity			
Shows recall of ideas and concepts			
Introduces and discussed background information			
Practices under supervision in a standardised way			
Responds to constructive criticism			

*Steinaker and Bell's Taxonomy (1979)– Participation*

### Practice assessor comments:

### Student comments:

### Action Plan:

Practice assessor

Signature.....

Student signature.....

**Red** = does not currently happen – little evidence available regarding measure of performance.

**Amber** = in place, or under development, limited evidence available to back up practice.

**Green** = established, good evidence to measure performance.

## Formative review 2 (complete by 27/07/2023)



The Framework below provides a description of the activities which are included in the category of **identification** in Steinaker and Bell’s Experiential Taxonomy (1979). At this stage in the programme you must have either reached amber or green in order to progress through to consolidated. If this level has not been achieved please initiate the process for Supporting Students in Practice on page 8.

	Red	Amber	Green
Student is able to carry out the public health activity competency			
Recognises and explains situations where the activity is applicable			
Able to assess own strengths and limitations			
Utilises theory and research in relation to carrying out the activity			
Can classify apply and evaluate data relevant to the experience			
Beginning to show initiative, recognises standards, values and qualities required			

*Steinaker and Bell’s Taxonomy – Identification level of proficiency*

**Practice assessor comments:**

**Student’s comments:**

**Action Plan**

Practice assessor

Signature.....

Student’s signature.....

**Red** = does not currently happen – little evidence available regarding measure of performance.

**Amber** = in place, or under development, limited evidence available to back up practice.

**Green** = established, good evidence to measure performance

**Summative assessment** (complete by 07/12/2023)

The Framework below provides a description of the activities which are included in the category of **internalisation** in Steiner and Bell’s Experiential Taxonomy (1979). You must now have reached green in order to complete the practice component. If this level has not been achieved please initiate the process for Supporting Students in Practice on page 8.

	Red	Amber	Green
Student identifies with the activity of public health so that it becomes second nature			
Shows confidence in own activity, adapts to unforeseen and complex situations			
Able to reflect on experiences in an objective manner			
Able to apply new knowledge to new situation			
Shows creativity			
Utilises research in relation to the activity			

*Steiner and Bell’s Taxonomy – Internalisation level of proficiency*

**Practice assessor comments:**

**Student comments:**

**Action Plan:**

Practice assessor Signature.....

Student signature.....

**Red** = does not currently happen – little evidence available regarding measure of performance.

**Amber** = in place, or under development, limited evidence available to back up practice.

**Green** = established, good evidence to measure performance.

**SUMMARY OF TAUGHT PRACTICE**

Student has achieved NMC minimum requirement of 6.3 weeks

Numbers of days sickness or absence =

**Student signature**.....

**Date**.....

**Practice assessor signature**.....

**Date**.....

**SUMMARY OF CONSOLIDATED PRACTICE**

Student has achieved NMC minimum requirement of 10 weeks

Numbers of days sickness or absence =

**Student signature**.....

**Date**.....

**Practice assessor signature**.....

**Date**.....

## **Section 3**

# **ALTERNATIVE PUBLIC HEALTH PRACTICE**

## **DIARY OF ATTENDANCE FOR ALTERNATIVE PUBLIC HEALTH PRACTICE**

Alternative practice experiences should have a clear purpose with aims agreed between the student and practice assessor. Progress towards these aims should be discussed within the diary. Examples of alternative practice experiences are given in appendix 4. Please ensure you include experiences across all SCPHN pathways. This is an NMC requirement and is non-negotiable.

Alternative practice is undertaken for 3 weeks.

<b>Date</b>	<b>Description of alternative experience</b>	<b>Signature of practitioner who supported the experience</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

**DIARY OF EXPERIENCE IN ALTERNATIVE PUBLIC HEALTH PRACTICE**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**



**SUMMARY OF ALTERNATIVE PUBLIC HEALTH PRACTICE EXPERIENCE**

Student has achieved NMC minimum requirement of 3 weeks

Days spent in another pathway =

**Student signature**.....

**Date**.....

**Practice assessor signature**.....

**Date**.....

## **REFERENCES**

Department for Children Schools and Families (2008) *Information Sharing: Guidance for Practitioners and Managers*, HM Government, London

Nursing and Midwifery Council NMC (2004) *Standards of Proficiency for Specialist Community Public Health Nurses*. London: NMC

Nursing and Midwifery Council (2018) *Standards for Education and Training*. London: NMC

Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. London: NMC

Steinaker, N.W. & Bell, M.R. (1979) *The Experiential Taxonomy: a new approach to teaching and learning*, London: Academic Press

Wilkes, Z. (2011) A framework to support practice teachers in the assessment process. *Community Practitioner: The Journal of the Community Practitioners' & Health Visitors' Association* [online]. 84 (12), pp.24.

## **Section 4**

## **APPENDICES**

## APPENDIX 1: STEINAKER AND BELL'S EXPERIENTIAL TAXONOMY (1979)

Level of Proficiency	Activity
<b>Exposure</b>	<ul style="list-style-type: none"> <li>➤ Student is exposed to the public health experience</li> <li>➤ Shows an awareness but lacks knowledge and skills</li> <li>➤ Listens, observes, asks questions</li> <li>➤ Reacts to the experience and recognises own responsibilities</li> <li>➤ The student is willing to engage in the learning experience</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>➤ Student can reproduce the activity of public health encountered at the exposure level</li> <li>➤ Begins to articulate underlying rational skills for the activity</li> <li>➤ Shows recall of ideas and concepts</li> <li>➤ Introduces and discusses background information</li> <li>➤ Practices under supervision in a standardised way</li> <li>➤ Responds to constructive criticism.</li> </ul>
<b>Identification</b>	<ul style="list-style-type: none"> <li>➤ Student is able to carry out the activity in public health competently</li> <li>➤ Recognises and explains situations where the activity is applicable</li> <li>➤ Able to assess own strengths and limitations</li> <li>➤ Utilises theory and research in relation to carrying out the activity</li> <li>➤ Can classify apply and evaluate data relevant to the experience</li> <li>➤ Beginning to show initiative, recognises standards, values and qualities required</li> </ul>
<b>Internalisation</b>	<ul style="list-style-type: none"> <li>➤ Student identifies with the activity of public health so that it becomes second nature</li> <li>➤ Shows confidence in own activity, adapts to unforeseen and complex situations</li> <li>➤ Able to reflect on experiences in an objective manner</li> <li>➤ Able to apply new knowledge to new situation</li> <li>➤ Shows creativity</li> <li>➤ Utilises research in relation to the activity</li> <li>➤ Student compares with role model</li> </ul>
<b>Dissemination</b>	<ul style="list-style-type: none"> <li>➤ Student acts as a role model, informing others and promoting the experience to others</li> <li>➤ Competent and demonstrates the ability to teach others</li> <li>➤ Illustrates motivational abilities in relation to others</li> <li>➤ Is able to carry out the activity in complex unfamiliar surroundings</li> <li>➤ Acts as a role model</li> <li>➤ Is able to discuss the wider influences political, social and economic and how these impact on practice</li> </ul>

## **APPENDIX 2: SCPHN DOMAINS**

### **DOMAIN 1: Search for health needs**

#### **Principle 1: Surveillance and assessment of population health and well being**

##### **Standards of Proficiency**

- 1.1 Collect and structure data and information on the health and wellbeing and related needs of a defined population
- 1.2 Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population
- 1.3 Develop and sustain relationships with groups and individuals with the aim of improving health and social well being
- 1.4 Identify individuals, families and groups who are at risk and in need of further support
- 1.5 Undertake screening of individuals and populations and respond appropriately

### **DOMAIN 2: Stimulation of awareness of health needs**

#### **Principle 2: Collaborative working for health and well being**

#### **Principle 3: Working with and for communities to improve health and well being**

##### **Standards of Proficiency**

- 2.1 Raise awareness and health and social wellbeing and related factors, services and resources
- 2.2 Develop, sustain and evaluate collaborative work
- 2.3 Communicate with individuals, groups and communities about promoting their health and well-being
- 2.4 Raise awareness about the actions that groups and individuals can take to improve their health and social well being
- 2.5 Develop capacity and confidence of individuals and groups, including families and communities to influence and use available services
- 2.6 Work with others to protect the public's health and wellbeing from a range of perspectives

## **DOMAIN 3: Influence on policies affecting health**

**Principle 4: Developing health programmes and services and reducing health inequalities**

**Principle 5: Policy and strategy development and implementation to improve health and well being**

**Principle 6: Research and Development to improve health and well being**

### **Standards of Proficiency**

3.1 Work with others to plan, implement and evaluate programmes and projects to improve health and well being

3.2 Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting

3.3 Appraise policies and recommend changes to improve health and well being

3.4 Interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community

3.5 Contribute to policy development

3.6 Influence on policies affecting health

3.7 Develop, implement evaluate plus improve practice on the basis of research, evidence and evaluation

## **DOMAIN 4: Facilitation of health enhancing activities**

**Principle 7: Promoting and protecting the populations health and well-being**

**Principle 8: Developing quality and risk management within an evaluative culture**

**Principle 9: Strategic leadership for health and well-being**

**Principle 10: Ethically managing self, people and resources to improve health and well-being**

### **Standards of Proficiency**

4.1 Work in partnership with others to prevent the occurrence of needs and risks related to health and well-being

4.2 Work in partnership with other to protect the public health and well-being from specific risks

4.3 Prevent, identify and minimize risk of interpersonal abuse of violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse of violence where needed

4.4 Apply leadership skills and manage projects to improve health and well being

4.5 Plan, deliver and evaluate programmes to improve the health and well being of individuals and groups

4.6: Manage teams, individuals and resources ethically and effectively

## **APPENDIX 3: Professional SCPHN Attributes**

The Hull Model (Wilkes, 2011) is a behaviour/attribute assessment tool that is discussed and completed at each stage of assessment. In UWE, Bristol the Hull model will be adapted for use as a discussion tool at the start of the programme, at each formative review and at the summative review with your student. If there is a requirement to discuss any of the behaviours listed through the programme then the practice assessor/supervisor/student and/or Academic assessor can meet to explore the concerns and devise an appropriate action plan.

The overall aim is to ensure students are given time to reflect in depth on their own behaviours and attributes in some detail, to think how they are perceived by service users, other professionals and colleagues and ultimately how they can improve and develop where appropriate. An example might be “self-awareness” where students can think about how they demonstrate respect, empathy or compassion, in their behaviours with more vulnerable and marginalised groups. The behaviours of being non-judgemental and empowering can be explored again in detail exploring some of the challenges around this in their practice.

A descriptor for each of the behaviours is provided and will form the basis of the discussion. Students may use the descriptors as a guide to the expected behaviour of a SCPHN and the level of performance sought as part of the assessment of practice for the programme. In the adapted version students will be assessed as red, amber and green rather than being awarded a specific mark as in the original model.

Practice assessors must bear in mind that the assessment process is a progressive one and the basic principles of Benner’s model Novice to Expert (1984, 2001) and Steinaker and Bell (1979) should be used to guide the process. It is important to apply the 5 stages of development appropriately in order to provide an objective assessment of performance and effective feedback. The level of knowledge and experience a student brings with them should not be assumed. Students undertaking the programme may have some knowledge of public health particularly if they have been working in a community environment for example as staff nurses with a team of health visitors. However for some students experience may be more limited.

## Assessment Criteria

<b>Unacceptable</b>	<p><u>Does not demonstrate the majority</u> of performance criteria outlined in this descriptor.</p> <p><u>Does not consistently demonstrate</u> the performance criteria outlined in the descriptor.</p> <p style="text-align: center;">Inappropriate performance for the professional level required.</p> <p style="text-align: center;">Unsafe in practice.</p>
<b>Acceptable</b>	<p>Demonstrates all the performance criteria outlined in this descriptor <u>but has limitations</u>.</p> <p>Knowledge of the role is basic but the student is consistent in maintaining a safe standard for the professional level required.</p> <p>Needs direction but is aware of own learning needs and is taking steps to address them.</p>
<b>Good</b>	<p>Demonstrates all the performance criteria outlined in this descriptor to a <u>high standard most of the time</u>.</p> <p style="text-align: center;">Consistently performs above average for the professional level required.</p>
<b>Very Good</b>	<p>Demonstrates all the performance criteria outlined in the descriptor to a <u>very high standard all of the time</u>.</p> <p style="text-align: center;">Impressive levels of performance observed.</p>
<b>Excellent</b>	<p>Functions at a level <u>above and beyond</u> that expected at this professional level.</p> <p style="text-align: center;">Exceeds expectations.</p> <p style="text-align: center;">Outstanding in all the performance criteria identified in the descriptor.</p>



Descriptors	Unacceptable	Acceptable	Good	Very Good	Excellent
	Refer/Action Plan				
<b>Flexibility</b>					
<b>Reliability</b>					
<b>Motivation</b>					
<b>Initiative</b>					
<b>Innovation</b>					
<b>Self-awareness</b>					
<b>Reflection</b>					
<b>Non-judgmental</b>					
<b>Empowerment</b>					
<b>Independence</b>					
<b>Autonomy</b>					
<b>Research-based</b>					
<b>Self-directed</b>					

## Practice Assessment Grid – Practice Assessor’s Commentary

Attribute	Descriptor	Student Self-Assessment	Assessor commentary
<b>Flexibility</b>	Safely and effectively adapts to change and prioritizes in line with altered circumstances/ demands and manages this process through skilled negotiation and team working		
<b>Reliability</b>	Attends regularly and punctually, keeps appointments and manages time effectively. Communicates effectively and appropriately and maintains a professional attitude at all times		
<b>Motivation</b>	Actively seeks out and responds positively to learning opportunities. Questions/ challenges practice and strives to improve. Demonstrates ‘passion’ and commitment to the new role.		
<b>Initiative</b>	Demonstrates resourcefulness and leadership skills, which promote action in order to facilitate learning and problem solving in self, clients, colleagues or the profession.		
<b>Innovation</b>	Demonstrates skills in critical analysis and problem solving. Identifies opportunities to contribute, develop and initiate new ideas in practice.		
<b>Self-awareness</b>	Able to reflect on personal skills and qualities and apply them to the practice environment. Identifies local and national policies and standards in relation to ability to practice safely and effectively. Demonstrates an awareness of the effect own behaviour and communication can have on patients / clients, colleagues and the profession.		

<b>Reflection</b>	Demonstrates ability to function as a reflective practitioner. Draws on reflective models, which promote learning. Identifies own learning needs and limitations from engaging in the reflective process proposing action to redress them.		
<b>Non-judgmental</b>	Acknowledges own values and beliefs. Recognises the impact they can have on the ability to empathise with client choices while supporting the goals of the organisation. Able to identify other perspectives respecting their values and beliefs.		
<b>Empowerment</b>	Actively promotes inclusiveness by facilitating informed choices. Respects client's decisions and autonomy while delivering safe and effective practice, maintaining professional standards.		
<b>Independence</b>	Exercises personal responsibility in decision-making. Able to draw on own knowledge base and explore potential consequences to justify action taken. Recognises own competence and seeks constructive feedback to enhance professional and personal development.		
<b>Autonomy</b>	Makes safe and effective decisions recognising the competence of others and delegates accordingly. Works within ethical, legal and professional boundaries utilising risk management strategies.		

<b>Research-based</b>	Utilises the evidence base to deliver care on current (best) practice. Keeps knowledge and skills up to date maintaining competence. Disseminates knowledge of evidence base to inform practice of others.	
<b>Self-directed</b>	Works without direct supervision. Actively seeks out new experiences recognising own level of competence and learning needs.	

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**Action plan:**

<b>Learning Needs</b> What do I need to learn? Be specific – what exactly do I need to learn?	<b>Criteria for evaluation</b> How will we know when I have learned what I need to learn?	<b>Learning Resources and Strategies</b> How can I best learn and integrate this? What resources/support will I need?	<b>Supporting Evidence</b> Type and where to find it in your portfolio	<b>Review date</b> When will this objective be accomplished? What is the deadline?	<b>Outcome</b> If not achieved has new action plan been agreed?
<b>Student Signature:</b> _____ <b>Date:</b> _____			<b>Practice assessor Signature:</b> _____ <b>Date:</b> _____		

## ***APPENDIX 4: EVIDENCE TEMPLATES***

### **1. Critical Reflection**

Critical reflection is integral to professional practice. A key part of reflection is learning from experience, and reflecting on practice provides an opportunity to learn and develop knowledge and skills in an individual way. Use a model of reflection to assist with your analysis of the topic chosen.

1. Describe briefly the chosen aspect of your SCPHN work and give a rationale for selecting this aspect for reflection.
2. Analyse the experience to identify the key learning and development points for you.
3. Make links between these learning points and the relevant academic literature and the learning outcomes for the module.
4. Application to practice - How does this new learning apply to your practice? What are the challenges as a practitioner?
5. Evaluation- Please review with your practice assessor your learning from this incident and the changes you have made. Is it working?

**2. Discussion with your practice assessor**

1. Briefly describe a subject you have discussed with your practice assessor about an aspect of SCPHN practice.
2. The practice assessor will then assess you on the points listed below and put a tick in the relevant box.
3. From your discussion identify some learning and action points to address in future practice.

**Topic:**

	Red	Amber	Green
Knowledge and understanding			
Application of critical thinking in the practice context			
Critical problem solving and decision making			
Ethical issues considered			
Communication			

**Action points:**

- .....
- .....
- .....
- .....

**Red** = does not currently happen – little evidence available regarding measure of performance.

**Amber** = in place, or under development, limited evidence available to back up practice.

**Green** = established, good evidence to measure performance.

### **3. Significant Event**

A significant event is something which happened in your practice placement and has caused you to reflect on the situation and has had a significant impact on your thinking and practice. This might be a positive or adverse experience.

1. Outline briefly the event
2. Explain what you felt during the experience and what you reflected on after the event
3. Describe the links between the event and some aspect of theory or policy.
4. What learning needs have been identified from the experience and how can these met?
5. How this might experience influence and impact on your future professional practice?



#### **4. Connecting evidence with practice**

As with all branches of healthcare, nursing practice is increasingly based upon evidence from research. There is a growing body of empirical research into the practice of SCPHN practitioners, as well as research from fields such as medicine and social policy which relate closely to aspects of SCPHN work. This piece of evidence encourages you to seek out research literature to illuminate aspects of professional practice which you have identified in practice as areas where you need to expand and contextualise your existing knowledge.

1. Identify an aspect of professional practice which you would like to explore further and explain why.
2. Find and read at least two research articles which will add to your knowledge in this area.
3. Briefly describe the subject chosen and the contributions made by the research articles to your understanding of this subject.
4. Assess the impact of this research upon SCPHN practice

## **5. Practice assessor observation of student's practice**

Students will be observed by practice assessors and supervisors in carrying out a range of SCPHN activities, including individual interaction with clients and community level interventions. For this observation of practice the practice assessor/supervisor is required to comment on the student's practice, identifying areas of proficiency or development such as inter-personal skills, and how the student gives and gathers information.

Brief description of practice observed:

Practice assessor/supervisor comments/Feedback:

Student comments:

**6. Service User Feedback to Enhance Learning**  
**Specialist Community Public Health Nursing (SCPHN)**  
**Health Visiting/ School Nursing /Occupational Health Nursing**

Dear Service User / Carer,

The involvement of service users and carers in the assessment of practice is highly valued. Therefore, we would be grateful if you would consider providing responses to the questions overleaf about the service that you have received from the SCPHN student named below. This can be anything you wish to share. The information will contribute to 'practical assessment' as part of the student's education. Your participation in this feedback is entirely anonymous and therefore your personal details are not required and your comments will be retained by the student in their portfolio. Feedback will be treated in strict confidence between the student and their practice assessor (who are qualified Specialist Community Public Health Nurses) and will not affect the service that you receive. Your service will also not be affected if you choose not to participate.

If you do choose to participate, please complete this form and hand it to the practice assessor on completion.

Thank you for taking the time to take part.

<b>Name of student</b>	
<b>Student signature</b>	
<b>Date</b>	
<b>Name of practice assessor</b>	
<b>Practice assessor/supervisor signature</b>	
<b>Date</b>	

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Please answer the following questions relating to the student SCPHN named overleaf by circling one answer to each question and adding any comments you wish to share in the space provided. Thank you.

<b>1. How compassionate was the student's approach?</b>	<b><i>Service User / Carer - additional comments:</i></b>
Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional	
<b><i>Please comment:</i></b>	
<b>2. How respectfully did the student treat you?</b>	<b><i>Practice assessor comments:</i></b>
Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional	
<b><i>Please comment:</i></b>	
<b>3. How clearly did the student communicate with you?</b>	
Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional	
<b><i>Please comment:</i></b>	
<b>4. How well did the student listen to you?</b>	<b><i>Student reflection:</i></b> <b>What went well and why?</b> <b>What went less well and why?</b> <b>So what might you now do differently?</b>
Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional	
<b><i>Please comment:</i></b>	
<b>5. How well did the student demonstrate an understanding of your needs?</b>	
Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional	
<b><i>Please comment:</i></b>	
<b>6. Has this contact with the student made a difference and if so how?</b> <b><i>Please comment:</i></b>	
<b>7. Is there anything that the student could have done differently?</b> <b><i>Please comment:</i></b>	

## **APPENDIX 5: EXAMPLES OF ALTERNATIVE PRACTICE**

For all SCPHN students:

- SCPHN practitioners who undertake different aspects of the role, including Occupational Health Nurses
- Specialist practitioners, e.g. for obesity or smoking cessation
- GP and practice nurses
- Public health directorate
- Drug and alcohol services
- Smoking cessation
- Sexual health clinic
- Citizens' Advice Bureau
- Environmental health inspector
- Pharmacist
- MARAC meeting
- Social services
- Public gallery at a court of law
- Refuge
- Learning disability team
- Community capacity building, e.g. with a local pressure group ('Mothers against Drugs'), or with an organisation that trains advocates (for instance in youth work), or with a local Children's Centre or charity (such as Barnardos) who are working with local people to make changes to improve health and wellbeing in the community.

For health visitor and school nursing students:

- Children's Centre
- Nursery or playgroup
- Child minder
- After school club
- Young parent group
- Breastfeeding counsellor
- Looked after children's nurse
- Paediatric community dietician
- Speech and language therapist
- Audiology clinic
- Community midwifery services
- Paediatric nursing team
- Child and adolescent mental health services
- Pupil referral unit
- Commissioners of children's and young people's services
- School and family link workers

For occupational health nurses:

- Any work centred health promotion events, e.g. employee wellbeing
- Well person clinic
- Travel health
- Counselling services
- TB clinic
- Health & Safety Unit
- Physiotherapist
- Occupational health physician
- Employment tribunal
- Occupational therapist

**APPENDIX 6: UNICEF BFI SELF ASSESSMENT FORM**

Name:

.....

Date:

I have completed the UNICEF BFI online blended learning package Yes/No

I have completed 10 observations supporting hand expression Yes/No

I have completed 10 observations supporting positioning and attachment Yes/No

I have based two evidences in my portfolio upon infant feeding Yes/No

These evidences are (please give topic and brief description):

.....

.....

I have undergone training in my Trust since starting the SCPHN course. This has consisted of (please tick all that apply):

Attending one or more teaching sessions

Being observed demonstrating hand expression

Being observed demonstrating positioning and attachment

Being 'signed off' as competent to support hand expression

Being 'signed off' as competent to support positioning and attachment

The name of my employing Trust or organisation is:

**APPENDIX 7 DIARY OF ATTENDANCE***(To be handed in by the student in hard copy on the last day of the programme)*

Practice assessors must sign off the number of days that the students spend in practice. 7.5 hours equates to one day.

Week	Monday	Tuesday	Wednesday	Thursday	Friday

S= Study; TP=Practice; A=Academia

**APPENDIX 8: STANDARDS OF PROFICIENCY FORM**



**Standards of Proficiency for Specialist Community Public Health Nurse**

**Personal Details**

**Student Name:** \_\_\_\_\_ **Pathway:** \_\_\_\_\_

**Programme:** \_\_\_\_\_ **Cohort:** \_\_\_\_\_

**Module Title:** \_\_\_\_\_ **Module Code** \_\_\_\_\_

**Practice assessor Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Placement Dates:** \_\_\_\_\_

**Practice assessor to SIGN his/her signature verifying achieved outcomes as either PASS or REFER. (Please note a tick or initials is not acceptable)**

<b>Domain 1: Five NMC Proficiencies</b>		
Surveillance and assessment of the population's health and wellbeing.		
Learning Outcome	Practice assessor Signature of Verification	
	PASS	REFER
1.1		
1.2		
1.3		
1.4		

<b>Domain 2: Six NMC Proficiencies</b>		
Collaboration for health and wellbeing. Working with, and for, communities to improve health and wellbeing		
Learning Outcome	Practice assessor Signature of Verification	
	PASS	REFER
2.1		
2.2		
2.3		
2.4		
2.5		
2.6		

<b>Domain 3: Seven NMC Proficiencies</b>		
Developing health programmes and services and reducing inequalities Policy and strategy development and implementation to improve health and wellbeing Research and development to improve health and wellbeing		
Learning Outcome	Practice assessor Signature of Verification	
	PASS	REFER
3.1		
3.2		
3.3		
3.4		
3.5		
3.6		

<b>Domain 4: Six NMC Proficiencies</b>		
Promoting and protecting the population's health and wellbeing Developing quality and risk management within an evaluative culture Strategic leadership for health and wellbeing Ethically managing self, people and resources to improve health and wellbeing		
Learning Outcome	Practice assessor Signature of Verification	
	PASS	REFER
4.1		
4.2		
4.3		
4.4		
4.5		
4.6		

**Overall module achievement**  
Please sign in the relevant box to indicate PASS or REFER

**Date:** \_\_\_\_\_

PASS	REFER



**APPENDIX 9: MAPPING EVIDENCE AGAINST DOMAINS: A CHECK LIST FOR SCPHN STUDENTS**

	<i>Domain one: Search for health needs</i>					<i>Domain 2 Stimulation of awareness of health needs</i>						<i>Domain 3 Influence policies affecting health</i>							<i>Domain 4 Facilitation of health enhancing activities</i>							
	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	2.6	3.1	3.2	3.3	3.4	3.5	3.6	3.7	4.1	4.2	4.3	4.4	4.5	4.6		
<i>Evidence 1</i>																										
<i>Evidence 2</i>																										
<i>Evidence 3</i>																										
<i>Evidence 4</i>																										
<i>Evidence 5</i>																										
<i>Evidence 6</i>																										

**Key: Observation (O), Discussion (D), Reflection (R), Critical Incident (CI), Evidence and Research (ER)  
Feedback (F) (from others e.g. users, colleagues)**

**APPENDIX 10: PERSONAL AND PROFESSIONAL ATTRIBUTES OF A SCPHN STUDENT**

