

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

Professional Perspectives in Specialist Community Public Health Practice Handbook for Taught and Consolidated Practice

**January 2021**

Student name:

Student number:

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***INTRODUCTION***

Welcome to the Postgraduate Diploma (PG Dip) and the BSc (Hons) Public Health: Specialist Community Public Health Nursing (SCPHN) programmes. These programmes have been designed to produce knowledgeable and skilled practitioners who will be responsible for identifying and meeting the health needs of diverse client groups across different settings in public health practice. This practice handbook sets out how you will achieve the NMC Standards of Proficiency for Specialist Community Public Health Nurses (NMC, 2004) for entry to the third part of the NMC register.

The SCPHN standards of proficiency are underpinned by ten key principles of public health practice which are grouped into four domains (NMC, 2004). The four domains are:

* **searching for health needs**
* **stimulating an awareness of health needs**
* **influencing policies affecting health**
* **facilitating health enhancing activities**

These proficiencies must be demonstrated in order to register as a Specialist Community Public Health Nurse with the NMC in your designated field of practice: health visiting, school nursing or occupational health nursing.

To facilitate learning in practice you will be allocated a practice assessor (PA) or supervisor who you will work with during your practice, within your seconding or sponsoring Trust/Organisation. Practice assessors have the qualifications and experience relevant to the area of practice in which they are supporting you, and have met the NMC Standards for Student Supervision and Assessment (SSSSA) (NMC, 2018). Your practice assessor will identify the populations, communities, groups, families and individuals with whom you have contact during your taught and consolidated practice placements.

Supervisors are practitioners registered in the field of practice in which you are working and are able to support students in practice. The supervisor may be the person that you work with most frequently.

The Standard Undergraduate Assessment Regulations and Programme Handbook contain information regarding progression and completion which will be helpful throughout your programme of study.

***Contacts***

|  |  |  |
| --- | --- | --- |
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***Practice Structure***

The SCPHN programme may be undertaken through flexible delivery as full time or part time study from a minimum of 52 weeks (including annual leave) to 208 weeks. The balance of theory and practice in the programmes is 50% theory and 50% practice.

Your 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. In alternative practice you spend at least 3 weeks gaining experience in a different setting with clients who are not necessarily central to your chosen field of practice (NMC, 2004). This alternative practice must be completed by the end of your taught practice placement.

In consolidated practice you will manage an allocated workload/caseload in order to develop fitness for practice as a safe, accountable and effective practitioner and will continue to be supervised and supported by your practice assessor. It is recommended that consolidated practice is completed on a full time basis, but if you have entered the programme part time, you will be offered the opportunity to complete consolidated practice on a part time basis.

**Supernumerary Status**

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

**Responsibility and Accountability**

SCPHN practitioners follow the NMC Code of Professional Conduct (NMC, 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**

As you must be a registered nurse or midwife in order to undertake the SCPHN programme, you must continue to adhere to the NMC code of conduct whilst you are a SCPHN student. As such you can be held accountable for your 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. You can do this by liaising with your local supervisor of midwives and line manager in your employing organisation.

***ASSESSMENT OF PROFICIENCY***

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

The conceptual framework for assessment utilised by the SCPHN programme is Steinaker and Bell’s Experiential Taxonomy (1979) (appendix 1). During the programme your experiences can be linked to a number of experiential categories within the framework. By the end of the programme there is a requirement to demonstrate that you are confident in your own abilities and can adapt to unforeseen and complex situations as described by the category ‘internalisation’.

**Steinaker and Bell’s Experiential Taxonomy (1979) of five experiential categories**

1. Exposure

2. Participation

**3. Identification**

**4. Internalisation**

5. Dissemination

**Achieve by end of taught practice**

**Achieve by end of consolidated practice**

Lowest Level

Highest Level

**The Practice assessor**

Your practice assessor is a key person in facilitating your learning and development as their role lies at the interface of theory, practice and occupational preparation. prastice assessor/supervisor are required to meet the NMC Standards for Supervision and Assessment (NMC, 2018) and have responsibility and accountability for safe, effective and efficient management of public health provision. Practice assessor/supervisor attend regular meetings with UWE for networking, peer support, updating and professional debate.

**Concerns in Professional Practice**

If there are any **concerns in practice** or in your progress and development either **you or your** practice assessor/supervisor **should contact the practice support line** who will pass your details on to the relevant Academic in Practice (AiP). The AiP may arrange for a tripartite meeting to take place between the practice assessor/supervisor student and UWE. The concerns will be discussed openly with all parties and a clear plan of action and review date will be agreed and documented; a copy will be placed in your personal file. If the issue cannot be resolved through the meetings then the sponsoring or seconding Trust/Organisation manager will be contacted.

If your concerns relate to an academic issue, please contact your UWE Academic Personal Tutor (APT). (See process flowchart page 8)

**Concerns about Practice**

You also have a **professional duty to report any concerns from placement or university regarding an individual’s safety.** The code (NMC, 2015) 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 (MNC, 2015) available at:

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

<http://hsc.uwe.ac.uk/practicesupport/Data/Sites/1/raisingconcerns.pdf>

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

Issue raised in practice

Discussion between practice assessor/supervisor and student as soon as possible to determine reason for non-achievement. Agree action plan and set date for review.

Review

Issues resolved?

Yes

No

Practice assessor/supervisor or student to contact Practice Support Line and liaise with Academic in Practice regarding the issues

Sign achieved outcomes, continue to monitor and support student

Tripartite meeting between AiP, practice assessor/supervisor and student if necessary. Agree action plan and set date for review. Raise awareness with Trust/Organisation

Tripartite review

Issues resolved?

No

Yes

Meeting between UWE programme leader, AiP, student and practice assessor/supervisor. Review in relation to UWE’s Professional Suitability Policy and Procedure

**Decision made re progression of student on the programme**

Inform employing Health Organisation and external examiner

Sign achieved outcomes, continue to monitor and support student

**Section 1**

**Personal Development Plan**

This personal development plan, consisting of student profile, SWOT analysis and action plan should be shared with your practice assessor in the first two weeks of the SCPHN programme.

**Student Profile (To be completed by Student)**

|  |  |
| --- | --- |
| Professional Qualifications | Strengths |
| Preferred Learning Styles  | Developmental Needs |

**SWOT analysis for personal development planning**

A minimum **of two SWOTs should be completed each university term** (6 SWOTS on Pebblepad are available to complete). Please take some time to think about these in detail.

|  |  |
| --- | --- |
| StrengthsPlease give some depth here. For example, if you are a midwife please include specific areas of knowledge and skills. | Weaknesses Identifying these will help to identify areas for development in your action planning. |
| OpportunitiesConsider here what do I need to focus on in this term? What opportunities are there to develop? | Threats - Challenges What are my main challenges this term?How can I manage these? |

Using your findings from the student profile and initial SWOT analysis complete an action plan to identify your learning needs. Your Practice assessor can use the Comments Box in Pebblepad to comment.

***ACTION PLAN***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Objective**What do I need to learn?Be specific – what exactly do I need to learn? | **Criteria for evaluation**How will I know when I have learned what I need to learn? | **Learning Resources and Strategies**How can I best learn and integrate this?What resources/support will I need? | **Supporting Evidence**Type and where to find it in your portfolio | **Review date**When will this objective be accomplished?What is the deadline? | **Outcome**If not achieved has new action plan been agreed? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **.** |  |  |  |
|  |  |

**Section 2**

**pRACTICE (taught and consolidated)**

***EVIDENCING YOUR DEVELOPMENT AS A SCPHN PRACTITIONER***

**PebblePad Eportfolio**

PebblePad is the e-portfolio used by a growing number of students at UWE, Bristol. It 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 you with a space to record experiences, activities, achievements and reflections during your 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 your practice assessor/supervisor AiP and APT (Academic Personal Tutor) to record their assessment of your progress and feedback on your performance in practice. This also includes feedback on the Hull Attributes (page 15).

**You are required to provide 8 evidences in total – 4 in taught practice and 4 in consolidated practice.** **.** Please also ensure that you use each type of evidence from the list below and ensure that through your evidences you highlight how they link to the SCPHN competencies.  You do not need to evidence each domain as your practice educator assesses your practice across all domains.  To clarify you do not need to provide evidence in your portfolio that each and every principle in each domain has been met. Your practice assessor will be observing and assessing your practice and performance across all areas as this demonstrates and evidences your ability to practice safely and competently. However the evidences do support this process and compliment your overall performance and achievement of the competencies. You are being assessed and signed off as a practitioner, your portfolio is only part of this and equates to a pass or refer with no mark/grade awarded.

Suggested topics may 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, mental health and wellbeing, child or adolescent development and safeguarding children or adults.

**Please note for Health Visiting students one evidence must be focused on breastfeeding.**

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

**The Hull Model - Professional attributes** will be assessed by your practice assessor/supervisor in line with the Hull Model (Wilkes, 2011) (Appendix 3). The Hull Model is a behaviour/attribute assessment tool that has been adapted for use within the 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 as specified by your practice assessor/supervisor. If any concerns are raised regarding behaviours that cannot be managed by the practice assessor/supervisor /student, 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 your professional and personal development
* Self-assessment of your progress in relation to the four domains of public health practice.

The evidence you provide contributes to your overall assessment of practice. Your practice assessor/supervisor, UWE tutors, and the external examiner will use your PebblePad portfolio to assess, feedback and monitor your progress towards attaining the Proficiency Standards in an objective and transparent manner. It is also your portfolio to use as a learning and development tool.

In your portfolio you must adhere to Information Sharing Guidance (Department for Children Schools and Families, (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. Please copy and paste this link into your browser to access.

<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 (2015) 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 you 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 ensure that you reach the standard required by UNICEF BFI for university students, which can be met by studying the online resource and carrying out the required observations.

<https://www.nice.org.uk/guidance/cg37>

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

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

Your diary of attendance (Appendix 7) must be completed to accurately reflect your time in practice. You should ensure that the diary of attendance is signed by your practice assessor. Any falsification of the attendance sheet will be considered a breach of your 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. You may also be referred for investigation under NHS Counter Fraud procedures. **This needs to be handed in as a hard copy on your last day of the programme.**

If you are sick or absent from practice you should contact your practice assessor/superviser and the **Absence Support Line (**telephone**: 0117 32 83283,** email**:** **practiceabsence@uwe.ac.uk****)** to inform UWE**.**

If you are unable to attend University lectures it is expected that you will inform the respective **module leader.** You should also be aware of your employer’s sickness procedures and follow these.

As you are employed and paid by a service provider to complete this programme there is an expectation that you will attend both the practice and taught elements. A register is taken of attendance at UWE. Please also be aware your Trust/Organisation will be informed of all absences from UWE Bristol.

**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 your programme completion date and your 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. Attendance at conferences or study days cannot be recorded as practice experience.

***DIARY OF EXPERIENCE IN PRACTICE***

This diary is completed by the student and should demonstrate progression, achievement and action. It is not expected to take significant amounts of time to complete. A short concise summary of learning and development points is all that is required, which can be discussed with your practice assessor at your meetings. Practice being succinct and clear. You might like to highlight areas of interest that have arisen from a visit, a consultation or an aspect of care that has interested you. Highlight any learning and areas you might like to follow up. This is for your benefit as a student. You may also like to give some consideration to the following:

* how your learning will improve the service user experience
* how you as a practitioner can increase the voice of the service user and service user involvement
* the challenges highlighted in this area of practice
* practice your ability to critique so thinking about alternative viewpoints, explore the evidence with your practice assessor in your discussions, are there more helpful ways of thinking about this area of practice?
* Use your diary as an aide memoir to consider aspects you may wish to follow up

**Please note this is not an assessed element of the portfolio and is the student’s responsibility regarding level of detail in terms of what is helpful.** Your Practice assessor can use the Comments Box in Pebblepad to feedback and comment if this is helpful. I have added a brief illustration to support you.

|  |
| --- |
| **Date:** March 15thI have been on aa number of visits this week where domestic abuse has been a significant issue. I am aware that there are statistics of 1 in 4 women who may experience domestic abuse. This is something I am going to consider in one of my evidences. I am also going to include DA as an area to explore in my action plan. Need to consider same-sex relationships as not previously considered. What is the role of power in abuse – need to look up. What about perpetrators? What theories or frameworks underpin domestic abuse? - Karpman Drama triangle – is this still relevant today? |
| **Date:** |
| **Date:** |
| **Date:** |
| **Date:** |

**Formative review 1** (complete by 01/04/2021)

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 feedback, discussion and development.

 Your Practice assessor can also use the Comments Box in Pebblepad to feedback and comment if this is helpful. It is also important to reflect and think about your attributes - please use the Hull Model to support this process. You can access this as a word document on your BB (under Handbooks) if this is easier to read through (see pages 34-39).

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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*

|  |
| --- |
| Student and PT Comments – Please include any Action Planning.  |

|  |
| --- |
| **PT 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 29/07/21)

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 the process for Supporting Students in Practice on page 8 must be initiated.

Your Practice assessor can also use the Comments Box in Pebblepad to feedback and comment if this is helpful. It is also important to reflect and think about your attributes - please use the Hull Model to support this process. You can access this as a word document on your BB (under Handbooks) if this is easier to read through (see pages 34-39).

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 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*

|  |
| --- |
| Student and PT Comments – Please include any Action Planning |

|  |
| --- |
| PT 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 review** (complete by 02/12/21)

The Framework below provides a description of the activities which are included in the category of **internalisation** in Steinaker and Bell’s Experiential Taxonomy (1979). **You must now have reached green in order to successfully complete the practice component**.

If this level has not been achieved the process for Supporting Students in Practice on page 8 must be initiated.

**Your Practice Assessor can also use the Comments Box in Pebblepad to feedback and comment if this is helpful. It is also important to reflect and think about your attributes - please use the Hull Model to support this process. You can access this as a word document on your BB (under Handbooks) if this is easier to read through (see pages 34-39).**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 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 |  |  |  |

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

|  |
| --- |
| Student and PT Comments – Please include any Action Planning. |

|  |
| --- |
| PT 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***

Number of weeks achieved by student in Taught Practice (NMC minimum requirement is 6.3 weeks)

Numbers of days sickness or absence =

***SUMMARY OF CONSOLIDATED PRACTICE***

Number of weeks achieved by student in Consolidated Practice (NMC minimum requirement is 10 weeks)

Numbers of days sickness or absence =

**Section 3**

**Alternative PUBLIC HEALTH**

**practice**

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

Alternative practice experiences should have clear aims and objectives. **A short concise summary** of learning and development points is required which can be discussed with your practice assessor at your meetings. Examples of alternative practice experiences are given in appendix 5. Please ensure you include experiences across all fields of practice. This is an expectation within the module and is non-negotiable.

Alternative practice is undertaken for 3 weeks.

|  |  |
| --- | --- |
| **Date** | **Alternative experience** |
| 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 the NMC minimum requirement of 3 weeks

Days spent in another field of practice (health visiting, school nursing, occupational health nursing) =

***REFERENCES***

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

National Institute Clinical Excellence (NICE) guidelines [CG37] (2015) Postnatal care up to 8 weeks after birth. Available from [https://www.nice.org.uk/guidance/cg37/chapter/1-recommendations - infant-feeding](https://www.nice.org.uk/guidance/cg37/chapter/1-recommendations#infant-feeding) [Accessed 12.08.16]

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

Nursing and Midwifery Council (2008) *Standards to Support Learning and Assessment in Practice.* London: NMC

Nursing and Midwifery Council (2018) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives.* London: NMC <https://www.nmc.org.uk/standards/code/>

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 assessors 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** |
| **Exposure** | * Student is exposed to the public health experience
* Shows an awareness but lacks knowledge and skills
* Listens, observes, asks questions
* Reacts to the experience and recognises own responsibilities
* The student is willing to engage in the learning experience
 |
| **Participation** | * Student can reproduce the activity of public health encountered at the exposure level
* Begins to articulate underlying rational skills for the activity
* Shows recall of ideas and concepts
* Introduces and discusses background information
* Practices under supervision in a standardised way
* Responds to constructive criticism.
 |
| **Identification** | * Student is able to carry out the activity in public health competently
* 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
 |
| **Internalisation** | * 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
* Student compares with role model
 |
| **Dissemination** | * Student acts as a role model, informing others and promoting the experience to others
* Competent and demonstrates the ability to teach others
* Illustrates motivational abilities in relation to others
* Is able to carry out the activity in complex unfamiliar surroundings
* Acts as a role model
* Is able to discuss the wider influences political, social and economic and how these impact on practice
 |

***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

### The Hull Model (Wilkes, 2011) is a behaviour/attribute assessment tool that is discussed and completed at each stage of assessment. The aim is to ensure that you are given time to reflect in depth on your own behaviours and attributes, to think how they are perceived by service users, other professionals and colleagues and furthermore consider areas for development and progression. For example, you may wish to consider how you demonstrate respect, empathy or compassion, in your behaviour in practice with more vulnerable and marginalised groups.

A descriptor for each of the behaviours is provided and will form the basis of your self-assessment and subsequent discussion with your Practice assessor. The descriptors can be used 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.

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 that you bring as a student should not be assumed.

**Assessment Criteria**

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

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

**Practice Assessment Grid – Practice assessor/supervisor Commentary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Descriptor** | **Student Self-Assessment**  | **PA/supervisor commentary**  |
| **Flexibility** | Safely and effectively adapts to change and prioritizes in line with altered circumstances/ demands and manages this process through skilled negotiation and team working |  |  |
| **Reliability** | Attends regularly and punctually, keeps appointments and manages time effectively. Communicates effectively and appropriately and maintains a professional attitude at all times |  |  |
| **Motivation** | Actively seeks out and responds positively to learning opportunities. Questions/ challenges practice and strives to improve. Demonstrates ‘passion’ and commitment to the new role.  | **Example only****Struggled with motivation this past few weeks ((July). Number of personal issues have impacted on my ability to focus. Feel back on track and have spoken to my PT.** **Passion remains for role, illustrated through attending number of additional drop ins and clinics across placement and offering to deliver some health promotion in assemblies.**  |  |
| **Initiative** | Demonstrates resourcefulness and leadership skills, which promote action in order to facilitate learning and problem solving in self, clients, colleagues or the profession. |  |  |
| Innovation | Demonstrates skills in critical analysis and problem solving. Identifies opportunities to contribute, develop and initiate new ideas in practice.  |  |  |
| Self-awareness | 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.  |  |  |
| Reflection | 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. |  |  |
| Non-judgmental | 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.  | **Example only****Recognition that can be judgemental in terms of obesity and seeing as individual responsibility rather more collective societal responsibility. Need to consider and understand wider determinants and impact on individuals. Recognition own position is idealistic.**  |  |
| Independence | Exercises personal responsibility in decision-making. Able to draw on own knowledge base and explore potential consequences to justify action taken. Recognises own limitations. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Autonomy** | Makes safe and effective decisions recognising the competence of others and delegates accordingly. Works within ethical, legal and professional boundaries utilising risk management strategies. |  |  |
| **Research-based** | 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. |  |  |
| **Self-directed** | Works without direct supervision. Actively seeks out new experiences recognising own level of competence and learning needs. |  |  |
|  |  |  |

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Using your findings from the student profile and initial SWOT analysis complete an action plan to identify your learning needs.

***ACTION PLAN***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Objectives**What do I need to learn?Be specific – what exactly do I need to learn? | **Criteria for evaluation**How will we know when I have learned what I need to learn? | **Learning Resources and Strategies**How can I best learn and integrate this?What resources/support will I need? | **Supporting Evidence**Type and where to find it in your portfolio | **Review date**When will this objective be accomplished?What is the deadline? | **Outcome**If not achieved has new action plan been agreed? |
|  |  |  |  |  |  |
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|  |  | **.** |  |  |  |
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***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. Be analytical and not descriptive.

Your Practice assessor can also use the Comments Box in Pebblepad to feedback and comment.

1. Describe **briefly** the chosen aspect of your SCPHN work and give a rationale for selecting this aspect for reflection. Why was this important?
2. **Analyse** and explore the experience to identify the key learning and development points for you. What are the challenges in this area of practice?
3. **Make links** between these learning points and the relevant academic literature and the learning outcomes for the module. Give various authors perspectives. **Use literature.**
4. **Apply to practice** - How does this new learning apply to your practice? What is the impact of what you have learnt? How will you manage any challenges as a practitioner?
5. **Evaluation-** What changes have you made to your practice as a result of this new learning? Is it working? How do you know?

**2. Discussion with your practice assessor or supervisor**

1. Briefly describe a subject you have discussed with your practice assessor or supervisor about an aspect of SCPHN practice. Write down the key learning points following the discussion and relate this to the academic literature.
2. Discuss following your written work with your practice assessor/supervisor
3. From your discussion identify some learning and action points to address in future practice.

**Areas to explore with your PT once written work completed. In your discussion think around the areas identified below.**

Knowledge and understanding

Application of critical thinking in the practice context

Critical problem solving and decision making

Ethical issues considered

Communication

Your Practice assessor can use the Comments Box in Pebblepad to feedback and comment.

**3. Significant Event**

A significant event is something which happened in your practice placement,
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 succinctly the event.
2. Explain what you felt during the experience and what you reflected on after
the event.
3. If appropriate, how do think the client perceived the event?
4. Describe the links between the event and some aspect of theory or policy. Use a number of literature sources to support your links.
5. What learning needs have been identified from the experience? How can these be met?
6. How might this experience influence and impact on your future professional practice?
7. **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 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 - are there any challenges that have been highlighted through your reading?

**5. Practice assessor/supervisor observation of student’s practice**

Students will be observed by practice assessor/supervisor 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.

Feedback – Student and Assessor/Supervisor

Brief description of practice observed:

Practice assessor/mentor comments/feedback:

1. **Service User Feedback to Enhance Learning**

**Specialist Community Public Health Nursing (SCPHN)**

**Health Visiting/ School Nursing /Occupational Health Nursing**

**You will need to print this and then scan or upload to your pebblepad account. If you are unable to upload or scan in please type in responses.**

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 supervisor or 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 supervisor /practice assessor on completion.

Thank you for taking the time to take part.

|  |  |
| --- | --- |
| **Name of student**  |  |
| **Student signature** |  |
| **Date** |  |
| **Name of supervisor /practice assessor** |  |
| **Signature supervisor /practice assessor** |  |
| **Date** |  |

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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.

|  |  |
| --- | --- |
| 1. **How compassionate was the student’s approach?**
 | ***Service User / Carer - additional comments:*** |
| Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional |
| *Please comment:*  |
| 1. **How respectfully did the student treat you?**
 |
| Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional |
| *Please comment:*  | ***Supervisor / Practice assessor comments:*** |
| 1. **How clearly did the student communicate with you?**
 |
| Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional |
| *Please comment:*  |
| 1. **How well did the student listen to you?**
 |
| Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional | ***Student reflection*:****What went well and why?****What went less well and why?****So what might you now do differently?** |
| *Please comment:*  |
| 1. **How well did the student demonstrate an understanding of your needs?**
 |
| Poor / Acceptable / Satisfactory / Good / Very Good Excellent / Exceptional |
| *Please comment:*  |
| 1. **Has this contact with the student made a difference and if so how?**

***Please comment:***  |
| 1. **Is there anything that the student could have done differently?**

***Please comment:***  |

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

**For all students:**

* Attending alternative SCPHN pathways to your own e.g. shadowing with peers.
* 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 care
* Public gallery at a court of law
* A 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 Barnardo’s) who are working with local people to make changes to improve health and wellbeing in the community.

**For health visitor and school nursing students:**

1. Children's Centre
2. Nursery or playgroup
3. Child minder
4. After school club
5. Young parent group
6. Breastfeeding counsellor
7. Looked after children's nurse
8. Paediatric community dietician
9. Speech and language therapist
10. Audiology clinic
11. Community midwifery services
12. Paediatric nursing team
13. Child and adolescent mental health services
14. Pupil referral unit
15. Commissioners of children’s and young people’s services
16. School and family link workers

**For occupational health nurses:**

1. Any work centred health promotion events, e.g. employee wellbeing
2. Well person clinic
3. Travel health
4. Counselling services
5. TB clinic
6. Health & Safety Unit
7. Physiotherapist
8. Occupational health physician
9. Employment tribunal
10. Occupational therapist

***APPENDIX 6: UNICEF BFI SELF ASSESSMENT FORM (Health Visitors)***

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 one evidence in my portfolio upon infant feeding Yes/No

I have undergone training in my Trust since starting the SCPHN programme. 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**

Your practice assessor/supervisor must sign off the number of days you spend in practice. 7.5 hours equates to one day. **This needs to be handed in as a hard copy on your last day of the programme.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  | **Monday** | **Tuesday**  | **Wednesday** | **Thursday**  | **Friday**  |
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 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)**

|  |
| --- |
| **Domain 1: Five NMC Proficiencies**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** |  |  |
| **1.5** |  |  |

|  |
| --- |
| **Domain 4: Six NMC Proficiencies**Promoting and protecting the population’s health and wellbeingDeveloping quality and risk management within an evaluative cultureStrategic leadership for health and wellbeingEthically 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** |  |  |

|  |
| --- |
| **Domain 2: Six NMC Proficiencies**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** |  |  |

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| --- |
| **Domain 3: Seven NMC Proficiencies**Developing health programmes and services and reducing inequalitiesPolicy and strategy development and implementation to improve health and wellbeingResearch 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** |  |  |
| **3.7** |  |  |

**Overall module achievement**

**Please sign in the relevant box to**

|  |  |
| --- | --- |
| **PASS** | **REFER** |
|  |  |

**indicate PASS or REFER**

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

***APPENDIX 9: PERSONAL AND PROFESSIONAL ATTRIBUTES OF A SCPHN STUDENT***

**Proactively interested in public health, prevention and early intervention**

Driven to make a difference

Open to challenge

Focused on people rather than tasks

Motivated to use evidence based approaches

**Insightful when communicating**

Able to establish productive relationships with clients

Tactful, but influential and credible

Clear and understandable

Able to recognise non-verbal cues and behaviours

**Respectful of different values and takes a holistic approach to care**

Considerate and sensitive to cultural, family and societal needs and the impact on family life

Genuinely interested in clients

Focused on the needs of the child

**Adaptable and influential**

Able to reflect and learn from experience

Willing to share lessons learned

Emotionally resilient and emotionally intelligent

Willing to question the status quo

Keen to seek opportunities to influence, policy and service delivery

**Supportive and has an adaptive communication style**

Able to help others recognise their own inner resources

Supportive and encouraging

Able to build long-term trusting and productive relationships with clients

Approachable, empathetic, non-judgemental

**Able to demonstrate professionalism**

Passionate about the role

Respected by others in the community

Professional when faced by challenges

Able to recognise own limitations

**Able to engage others and build partnerships**

Able to build networks with partner agencies and organisations

Positive about colleagues in their team

An effective leader – able to delegate, encourage, motivate and build team morale

**A SCPHN student is....**