Specialist Community Public Health Nursing
Health Visiting / School Nursing

19th September 2016
Professional Portfolio module with a focus on the practice component of the module
Programme Content

Core for all students
• Professional Portfolio: Specialist Community Public Health Nursing
• Leadership in Public Health Nursing
• Child Protection: Assessment & Intervention
• Prescribing from the community nurse formulary (optional for SNs – who can take a substitute module)

PGDip
• Measurement & Evaluation in Healthcare Practice
• Evidence Based Decision Making in Healthcare

BSc(Hons)
• Evidence Based Practice
• Student Project
Support in practice

Practice Teacher (PT)/Mentor
Education Lead
Link lecturer – placement visit/s
Programme Leader
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<thead>
<tr>
<th>Pathway</th>
<th>Trust</th>
<th>Link lecturer</th>
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<tr>
<td>HV</td>
<td>CLCH</td>
<td>Patricia Burrows</td>
</tr>
<tr>
<td>HV</td>
<td>CNWL Camden</td>
<td>Lynn Sayer</td>
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<tr>
<td>HV</td>
<td>Croydon</td>
<td>Lynn Sayer</td>
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<tr>
<td>HV</td>
<td>GSTT</td>
<td>Shelley McLetchie-Holder</td>
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<td>HV</td>
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<td>Jane Hatt</td>
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<td>HV</td>
<td>Whittington</td>
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<td>HV</td>
<td>Your Healthcare</td>
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What to expect in practice

• Health visitors
• School nurses
The Professional Portfolio

• Aim: to demonstrate that students have achieved the standards of proficiency for specialist community public health nursing (NMC 2004)
The Professional Portfolio

• To provide evidence that students have attained the expected competencies in the areas of theory, knowledge and skills to reflect the transformed service (DH 2011)/school nursing vision (DH 2012)

• To show that students have met the standards for entry on the register as a prescriber from the Nurse Prescribers’ Formulary for Community Practitioners
Parts of the Portfolio

• Learning contract
• Self and joint assessment document
• PT reports – progression points 1, 2 and 3
• Verification of practice attendance
• Verification of experience not central to the defined area of practice (alternative experience)
• Learning outcomes for prescribing
• Addressing issues if difficulties arise
• Frequently asked questions

*Written assignment elements identified as sections 9 & 10 within the portfolio*
• Observation and assessment schedule
• Practice account/s
## Learning Contract Outline

<table>
<thead>
<tr>
<th>Learning needs identified</th>
<th>Resources available</th>
<th>Agreed Targets (with dates identified for review or achievement)</th>
<th>Joint evaluation with Practice Teacher (PT) (PT should sign and date the evaluation)</th>
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Learning Contract

• This should be different for every student
• It will change over time and needs to be revisited throughout the programme
• It should contain SMART goals e.g. knowing the principles underpinning the Healthy Child Project, being able to undertake a developmental review
<table>
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<tr>
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<tr>
<td><strong>Learning needs identified</strong></td>
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<tr>
<td>Knowledge of the Healthy Child Programme</td>
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</table>
Section 2: Self and Joint Assessment Document
Self & Joint Assessment

• It is a tool to encourage discussion

• Difference between the two assessments is acceptable – it gives substance to the discussion

• It informs the progression point reports
Each proficiency should be assessed using the following key:

0- No experience/skill or knowledge acquired to date
1- Require teaching/training in this area
2- Utilise skills as part of a team
3- Able to work alone but with advice from a supervisor
4- Skills and ability to practise safely and effectively without the need for direct supervision (Fitness for Practise, NMC, 2004)

It is anticipated that the level of skill attained at the end of training will be level 4 for those proficiencies required by the NMC.
Domains

- Search for health needs
- Stimulation of awareness of health needs
- Influence on policies affecting health
- Facilitation of health enhancing activities
### Domain: Search for Health Needs

**Principle of Public Health: Surveillance and assessment of the population’s health and wellbeing**

<table>
<thead>
<tr>
<th>Standards of proficiency for entry to the Register</th>
<th>Discussion and agreement of level between Practice Teacher and student</th>
<th>Joint assessment of progress and agreement of level between Practice Teacher and Student</th>
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<tr>
<td></td>
<td>Date: end October 2016</td>
<td>Date: 03.02.17</td>
<td>Date: 21.6.17</td>
<td>Date: 01.09.17</td>
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<tr>
<th>Collection and structure data on population health needs</th>
<th>Discussion of LPHN module</th>
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<tr>
<th>Analyse, interpret and communicate data and information on health needs of a defined population</th>
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<th>Child health surveillance</th>
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| Collection and structure data on population health needs | 0 |  |  |  |

| Analyse, interpret and communicate data and information on health needs of a defined population | 1 |  |  |  |

<p>| Undertake screening of individuals and populations and respond to | 1 AA 2 BB |  |  |  |</p>
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**Domain: Stimulation of awareness of health needs**

Principal of public health: Collaborative working for health and well being

| Raise awareness about health and social wellbeing and related factors, services and resources | Discussion about student’s current knowledge of health promotion theory and ecological models of health. Identification of information sources on services available to promote health and social wellbeing and the discussion of the mechanism which enables these to work. | The student is able to describe the ecological model of health and to illustrate in conversation how this informs practice in terms of work with individual families and with groups within the population. The student can identify the contribution of different team members to promoting health and wellbeing and describe the particular role and function of the SCPHN. | The student uses the ecological model of health and the Assessment Framework to inform SCPHN work with individual families and to contribute, with support, to multi-disciplinary approaches to health promotion. | The student works with increasing independence in complex situations to promote health and social wellbeing for individuals and for population groups. |
Section 3
Practice Teacher reports

• Please explicitly include the views of families in your report.
Section 3: Progression Point Reports

Guidance for Practice Teachers and Mentors regarding the 1\textsuperscript{st} and 2\textsuperscript{nd} progression point reports

The following criteria are stated for the reports:

1\textsuperscript{st} progression point report hand-in Friday 03.02.17

Able to undertake visits/interviews on their own to known\textsuperscript{*} clients in a variety of settings

\textsuperscript{*}Known clients, are clients known to the student or the service. For example they could include follow-up visits to clients who the student has met during a supervised new birth visit or a clinic consultation, or a new birth visit to a client the PT/mentor has previously visited.

In school nursing the student would be expected to be able to conduct a health interview and write a care plan for a client who was considered to have uncomplicated health and social care needs.
Able to undertake visits/interviews on their own to new clients in a variety of settings

Please note that these are MINIMUM requirements, it is not expected that students wait to undertake these activities until the above dates. It is recognised that students will be ready to visit/interview clients alone at different points of the year depending on a range of factors, primarily their developing competence. It should be the aim for the majority of health visitor students to be undertaking follow-up and new birth visits to clients on their own from late in Term 1 to the middle of Term 2. If the health visitor student is not able to undertake new birth visits alone by the beginning of March the PT should make contact with the visiting lecturer to discuss this further, so an action plan can be developed which will support the student being ready to progress to consolidated practice in June.

School nursing students would be expected to be able to conduct a health interview and write a care plan for clients with complex health and social care needs and run drop-ins independently by the 2nd progression point.
Practice Teacher Assessment

First Progression Point Report

Name of student:

Based on knowledge gained from supervised visits, the practice teacher verifies that the student is able to undertake visits/interviews on their own to known clients in a variety of settings.

[ ] Yes [ ] No

Please include comments on the following when commenting on student’s progress to date:

- Assessment skills
- Interpersonal skills
- Maintenance of accurate, contemporaneous records
- Client feedback

Print Name (Practice Teacher/mentor)  Signature (Practice Teacher/mentor)

Date

AND/OR

Print Name (Sign-off Practice Teacher)  Signature (Sign-off Practice Teacher)

Date
1\textsuperscript{st} and 2\textsuperscript{nd} progression point reports

• These mark the progression points within the programme and are the markers of progression towards qualification.

• There are 35 days programmed before the 1\textsuperscript{st} progression point and a further 35 days programmed between the 1\textsuperscript{st} and 2\textsuperscript{nd} progression point.

• Should include comments from the PT and a response from the student
First Progression Point Report

Student comments

I agree with the practice teacher report
Yes □ No □

Please comment on your progress and learning experience to date. If you do not agree with this report please provide evidence for your review.

Print name (student)                          Signature

Date

I understand that I must notify the Programme Leader if there is any change to my circumstances regarding good health and good character at any point during the programme.

Signed (student)                          Date
3rd and Final progression point report

- This must be completed in time for the student to submit it with/within the portfolio which is submitted on the **1st September 2017**.

- The completed portfolio is submitted by the student via e-mail to the Programme Leader, the student must cc the PT and where appropriate the long arm (sign-off) PT into this email.
Practice Teacher Assessment

Third and Final Progression Point Report

Name of student:

Based on knowledge gained from student supervision, the practice teacher is able to recommend that the student is able to assess, plan, provide and evaluate health interventions to meet health need and health related needs of individuals, families, groups and communities, as appropriate to the specialism.

Yes □ No □

Print Name (Practice Teacher/mentor*) Signature (Practice Teacher/mentor)

AND/OR

Print Name (Sign-off Practice Teacher) Signature (Sign-off Practice Teacher)

*NB The summative assessment must be signed/counter-signed by a Sign-off Practice Teacher.
Assessment process

- The PTs progression reports are part of the summative assessment of practice within the professional portfolio module.
- Each report has to be passed and the results are ratified at Assessment Boards following submission.
- The process is outlined in the module handbook if a student fails to progress at any of these points.
1st progression point after 35 days practice

Achieved progression point No - First fail in practice ratified at the Assessment Board

5 week/10 day action plan and reassess

Second fail in practice ratified at the Assessment Board – student withdrawn

Achieved progression point Yes

Pass 1st progression point

2nd progression point after 35 days following a pass at 1st progression point
2nd progression point after 35 days following a pass at 1st progression point

Achieved progression point **No** - First fail in practice ratified at the Assessment Board

3 week/15 day action plan and reassess

Second fail in practice ratified at the Assessment Board – student withdrawn

Achieved progression point **Yes**

Pass 2nd progression point

3rd progression point after 50 days consolidated practice
3rd progression point after 50 days consolidated practice

First fail in practice ratified at the Assessment Board

1 month action plan and reassess

Pass 3rd and final progression point including portfolio

NB - Students with mitigation will follow a different process

2nd fail in practice ratified at the Assessment Board - student withdrawn

Pass 3rd and final progression point including portfolio
Section 4: Verification of Practice Attendance
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Consolidation (NB consolidated practice cannot commence until the 2nd progression point has been passed and is a minimum of 10 full-time weeks i.e. 50 days)

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Number of practice days (including alternative experience) = ______ Number of consolidated practice days ______ Total days ________

Agreed as a correct record: type name of practice teacher and name of student or if submitting as a pdf add both signatures
Practice Days

• NMC require 113 MINIMUM
• We schedule 120 and the Trust contract for 120
Which includes:
• 10 weeks of full-time practice in consolidation &
• 15 days alternative experience
Section 5: Verification of experience not central to defined area of practice
**List of the experience**
15 days need to be accounted for (up to 3 hours is half a day, over 3 hrs is a full day)

<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Number of days</th>
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<tbody>
<tr>
<td>E.g. Speech and Language Therapy (SALT)</td>
<td>½ day</td>
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Total days ______________
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<tr>
<th>Date(s) of experience</th>
<th>Number of days</th>
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**Step 1**
Identifying the setting and client group

- Why is this setting/client group considered important or a potential area of responsibility?
- How did you identify this setting/client group?
- How will this experience contribute to your professional development as a specialist community public health nurse?

**Step 2**
What are your intended learning outcomes from this experience?
Experience not central to defined area of practice

- Does not have to be in a geographically different – it is the field of practice which must differ
- The learning that is important
- An opportunity to explore areas of interest which are complementary to main field of practice
- It is acceptable to include mandatory training in the 15 days
Section 6 : Learning Outcomes for Prescribing from the Nurse Prescribers Formulary for Community Practitioners

This section is undertaken by all students who take the Module Prescribing from the Nurse Prescribers Formulary for Community Practitioners. The module is compulsory for health visitor students and optional for school nurse students.
Troubled Placement Algorithm

Student identifies problem

PT identifies problem

Discuss

Discuss with link lecturer (Students who raise concerns regarding their practice placement will be asked to put these concerns in writing so they can be addressed effectively)

Resolution monitor

no resolution

Joint meeting between link lecturer, student, SPT and manager*

Resolution monitor

no resolution

Consider change of placement
Theory elements of the module:

**Section 9** - Practice Account

**Section 10** - Observation and Assessment Schedule

Appendices

Frequently asked questions – FAQs