

## Faculty of Health and Life Sciences School of Nursing & Midwifery

**BSc (Hons)/ MSc PG Diploma Specialist Community Public Health Nursing**

**Practice Teacher and Mentor Handbook**

**2018/19**

**Contents Page**

Key contacts 2

Introduction to the PG Dip SCPHN Programme 3

[Programme Philosophy 3](#_TOC_250003)

[Programme Structure 4](#_TOC_250002)

BSc (Hons)/MSc PG Diploma Model 7

Practice /Assessment Strategy 9

Approaches to Long Arm Mentoring 11

Mentor requirements 12

Role and Responsibility of the Practice Teacher 13

Role and Responsibility of the student 14

Role and Responsibility of the HEi 15

[Accountability 15](#_TOC_250001)

Managing a Student Failing in Practice 16

Guidelines for unsafe practice 17

Guidelines for Professional Practice 18

Role and Responsibilities of Key University staff 19

[References 21](#_TOC_250000)

Key contacts for on-going support:

**Programme Leader: Dawn Loman**

[email:dloman@dmu.ac.uk](mailto:dolman@dmu.ac.uk)  Tel: 0116 2013813

**Personal Tutor**: **Deborah Millington**

email: [dmillington@dmu.ac.uk](mailto:dmillington@dmu.ac.uk) Tel: 0116 2013890

**Personal Tutor**: **Sandra Martin**

[email:s.martin@dmu.ac.uk](mailto:s.martin@dmu.ac.uk) Tel: 0116 2013812

## Introduction to the BSc (Hons)/ MSc PG Diploma Specialist Community Public Health Nursing

This programme hand book has been developed for the Practice Teacher and Mentors guiding and supporting students who are enrolled on the BSc (Hons) Specialist Community Public Health Nursing Programme (health visiting and school nurse pathways) at De Montfort University.

Practice Teachers are considered part of the teaching team, and representatives have been involved in the planning and development of the curriculum. Study days for all Practice Teachers associated with the SCPHN programme will take place as necessary to update them on changes within the programme and to ensure you have the necessary skills and knowledge to teach any new material introduced. Opportunities for further update will be provided where Practice Teachers have identified areas where there is a knowledge deficit.

The aim of this handbook is to highlight the key aspects of the role and responsibilities of the Practice Teacher and Mentor. The SCPHN Programme is an NMC Approved Programme; therefore Practice Teachers are required for student assessment.

## Programme Philosophy

The philosophical principles underpinning this course of education for the Specialist Community Public Health Nursing (SCPHN) can be broadly divided into those principles focusing on the educational character of the course and those addressing the nursing and service aspects.

Community Health Care and Public Health Nursing is currently undergoing rapid and immense change as a result of recent policy and practice developments. There is a focus on reducing health inequalities, targeting services based on the assessment of the population needs, monitoring poverty and increasing social inclusion. Increasingly, there is a need for educators and practitioners to be flexible, innovative and responsive to meet the changing demands of individuals, families and communities.

The Nursing and Midwifery Council (NMC) established part three of the register for the specialist community public health nursing because it took the view that this form of practice has distinct characteristics that require public protection (NMC 2004).

“Specialist community public health nursing aims to reduce health inequalities by working with individuals, families and communities promoting health, preventing ill health and in the

protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the detriments of health and promote the health of whole populations.” (NMC 2006 p1)

Health in the broadest sense is a key concept for the programme. The emphasis will be on collaborative and integrated working across a range of agencies and organisations. Key skills are located in promotion, safeguarding and improvement of health, the assessment of health and social needs, and the ability to work independently and in a multidisciplinary environment and to be able to deal with conflicting priorities and complex situations

Specialist Community Public Health Nurses should have advanced communication skills in fostering effective team and interdisciplinary work. They should be able to respond rapidly to changing environments and be able to initiate and lead practice. The assessment strategy of this programme is closely integrated to module learning outcomes and curricular methods. This fosters integration and application of theoretical concepts to the practice of community health care nursing and facilitates the achievement of a theory practice balance.

Health visitors and School Nurses as Specialist Community Public Health Nurses will have the scope to develop strategies to expand their capacity to lead public health practice and participate in local health plans. The new role for health visitors and school nurses will focus on individual, family and community centred public health to improve and tackle health inequalities.

## Programme Structure

The programme reflects Specialist Community Public Health Nursing practice-health visiting and school nursing, as we work closely with our practice partners and respond and reflect current practice. The ethos of the programme is founded in evidence based nursing to promote up to date and safe practice at all times. In addition, the student will be encouraged to engage with, and reflect on, real-life practice issues both in practice and the classroom, through discussion and collaboration with their peers.

The BSc (Hons) and MSc PG Diploma Specialist Community Public Health Nursing (SCPHN) Programme(s) are fully integrated programme(s) (50% theory 50% practice) and offered as a full time or part time programme(s) of one cohort per year September.

Nurses who undertake the PG Diploma SCPHN Programme will prepare the student, on registration, to apply knowledge, skills when performing standards required in employment as a Health Visitor or School Nurse. This will enable the student to contribute safely and effectively maintain and improving the health of the public and Communities, so assuming the responsibilities and accountabilities necessary for Public protection (NMC 2004).

The BSc (Hons) and PG Diploma SCPHN consists of 8 core modules across two semesters. The final semester, semester 3 is supervised practice.

This course is a modular BSc (Hons) / MSc PG Diploma Community Public Health Nursing (Health Visiting or School Nursing) programme(s) and may be taken over a minimum of 52 weeks full time (37.5 hours per week) of which 45 are programmed weeks. The part time route would normally be 18.75 per week for 52 weeks of the year for two years must not exceed 156 weeks as stipulated by the NMC (2004). SCPHN students **must** complete **6.3 weeks** in their intended area of practice

There are two possible exit points:

* The award of the BSc (Hons) Specialist Community Public Health Nursing and PG Diploma requires the student to pass all modules and complete all professional requirements. Students must successfully complete all core modules (with the exception of Supervised Practice) prior to being allowed to complete the period of supervised practice. Upon successful completion of 120 level 6 credits – BSc (Hons) or 120 level 7 credits – PG Diploma and the zero credit supervised practice module, students are recommended to the NMC for the Specialist Community Specialist Public Health Nursing Award and Registration on the SCPHN part of the Register.
* Upon completion of the BSc (Hons) or Graduate Diploma Specialist Community Public Health Nursing, including nurse prescribing, students are recommended to the NMC for Community Practitioner Nurse Prescribing Award Credits.

In light of NMC guidance ‘Standards of proficiency for nurse and midwife prescribers’ (NMC 2006), Community Formulary prescribing (V100) will be integrated into the programme(s): the nurse prescribing components will be introduced within the introduction week . The taught sessions will be within the Supervised Practice modules and will be undertaken by those enrolling on the programme(s) as a whole. The nurse prescribing assessment will form part of the assessment for Supervised practice which will take place at the end of the SCPHN programme(s); it was agreed at curriculum development that this was the most appropriate module in which to place the nurse prescribing assessment, since it would allow those undertaking the health visiting and school nursing pathways adequate time to gain a sound understanding of their role, before considering their nurse prescribing roles and responsibilities within those defined practice areas. Nurse prescribing is not mandatory for Specialist Community Public Health Nurses (NMC 2004). However, there has been an expressed wish from service partners that any students supported by them to do the SCPHN programme(s) should be community practitioners nurse prescribers, therefore the following has been proposed for NMC validation/approval:

This component will be an essential part of the Supervised Practice module assessment, carrying a 50% weighting of the total module assessment. The nurse prescribing assessment will take the form of a numeracy and prescription writing exam with a pass mark of 100%; the pharmacology exam is in two parts; to assess pharmacological knowledge/proficiency through an short answer paper with a pass mark of 80% and a 2,000 written assignment with a pass mark of 40% - if a student fails any of these parts of the nurse prescribing examination, or any component of the Supervised Practice module assessment they may have one further attempt in that component as per the assessment guidelines for the programme(s). When students have passed both components of the Supervised Practice module assessment (as well as the other module assessments) they will be recommended to the NMC for both the SCPHN and Community Practitioner Nurse Prescriber awards. If the student is unsuccessful on the second attempt the student but successful on all other modules of the programme(s) including Supervised Practice then the student can still be recommended for registration onto Part 3 of the NMC register.

# BSc (Hons) /MSc PG Diploma SCPHN Module Structure

Bsc (Hons) Level 6  
NB; Shared modules benefit inter-professional working. Modules highlighted in RED writing are shared modules with other programme

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEMESTER ONE | | | | PORTFOLIO |
| Monday | Contemporary Approaches to child development 0-19  15 credits  SCPH3201 | Promoting the wellbeing of Children and Young people 0- 19  15 credits  SCPH3206 | | **All Practice Learning Outcomes for modules are within the portfolio**  **Practice Outcomes**  **0-credits (MUST pass)** |
| Tuesday | Public Health  15 Credits  SCPH3202 | | Using Research Evidence in Practice  15 credits  NMAH 3373 |

|  |  |  |  |
| --- | --- | --- | --- |
| SEMESTER TWO | | | PORTFOLIO |
| Monday | Organisational Development and Change in Contemporary Healthcare  15 credits  (NMAH 3390) | An assets Approach to Support Effective Parenting 15 Credits  (SCPH 3203) | **All Practice Learning Outcomes for modules are within the portfolio**  **Practice Outcomes**  **0-credits (MUST pass)** |
| Tuesday | Protecting and Safeguarding children and adults  15 credits  SCPH3205 | Complex Health Needs  15 credits  SCPH3204 |

PG Dip (level 7)  
NB; Shared modules benefit inter-professional working. Modules highlighted in RED writing are shared modules with other programmes

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SEMESTER ONE | | | | | | | PORTFOLIO | |
| Monday | | Contemporary Approaches to child and development 0-19.  15 credits  (SCPH 5201) | Promoting the Wellbeing of Children and Young People 0-19  15 credits  (SCPH 5206) | | | | **All Practice Learning Outcomes for modules are within the portfolio**  **Practice Outcomes**  **0-credits (MUST pass)** | |
| Tuesday | | Public Health  15 Credits  (SCPH 5202) | | | Utilising Evidence to Advance and Develop Nursing Practice  (SCPH 5207)  15 credits | |
| SEMESTER TWO | | | | | | PORTFOLIO | |
| Monday | Innovative Use of Transformational Leadership  15 credits  (SCPH5004) | | | An Assets Approach to Support Effective Parenting  15 Credits  (SCPH 5203) | | **All Practice Learning Outcomes for modules are within the portfolio**  **Practice Outcomes**  **0-credits (MUST pass)** | |
| Tuesday | Protecting and Safeguarding children and adults  15 credits  (SCPH 5205) | | | Complex Health Needs  15 credits  (SCPH 5204) | |

|  |  |  |  |
| --- | --- | --- | --- |
| With Service  agreement/support | Service Improvement  Project | 60 | Year 2  Or within 5 years |

**Semester 3**NB; Shared modules benefit inter-professional working. Modules highlighted in RED writing are shared modules with other programmes

**V100 (non-medical prescribing)**

Stand alone component of the SCPHN programme accessed at level 6 learning.

Separate NMC registerable qualification.

This is launched at the beginning of the SCPHN programme and reflected throughout the SCPHN programme. Taught sessions are at the end of semester 2

**Supervised Practice**

Portfolio not graded although clear demonstration of progression throughout the programme is required.

Minimal completion of 10 weeks + one day required (NMC 2004)

Evidence of completion of practice hours by the end of the programme.

### The Assessment Strategy

Within the BSc (Hons) and MSc PG Diploma SCPHN Programme(s) students undertake Modular Assessment as they complete their core modules. Students also complete their NMC approved SCPHN Standards of Proficiency Outcomes throughout the programme(s) in practice, at the same time as completing their modules.

#### Modular Assessment:

Within this programme students are assessed in clinical practice within each individual module by completing the learning outcomes set within the portfolio for each module and submitting this as part of the assessment strategy. The module learning outcomes support the Standard of Proficiencies that are completed at the end of each semester. The learning outcomes are assessed against a Pass/Fail Assessment Framework by Benner (1984) and Bondy (1983).Each semester is summatively assessed by the named mentor or practice teacher working with the student.

The evidence provided by the student is retained in the portfolio and guidance on the type of evidence suitable to meet the learning outcomes is provided (see appendix). Guidance is also provided on how the mentor/practice teacher can ensure that the evidence provided is built upon across the semesters to ensure practice development is evident throughout the module.

Please note:

It is acceptable for students on the SCPHN programme during their modular assessment to be supported by a “Practice Mentor” who has current registration on Part three of the NMC register in the same defined area as the student that is being supported. The mentor will need to ensure the support of a Practice Teacher (NMC 2011).

## Practice Assessment

### Programme Practice Portfolio

The practice portfolio does not hold academic credits but is essential to pass at the summative stages (Semester one –formative assessment, semester two and three summative) for successful completion of the programme(s) and the professional qualification. A Practice Teacher with sign off status will assess and confirm completion of practice hours during semester X. An attendance record which is included in the portfolio will need to be completed by you (the student) and signed by the practice teacher indicating the amount of practice days completed. A total of 128 days in practice MUST be completed to achieve the practice requirement. If the you have not completed 128 days in practice an action plan MUST be completed to indicate how this will be achieved. Both the action plan and a flow chart for the non-achievement of practice hours can be found in the Practice Teacher Handbook.

Aim of Practice

Practice-centred learning is a fundamental principle of the programme. Practice therefore, aims to provide opportunities for students to utilise and evaluate the theoretical and practical skills taught in all sections of the syllabus. This will enable them to successfully integrate theory and practice in order to become competent and innovative practitioners.

Students will undertake the majority of their practice experience in their defined areas of practice i.e. school nursing students within a school setting and health visiting students within a health visiting setting. The practice experience comprises initial, alternative and supervised practice and is best viewed as a continuum with the student developing higher levels of ability as she/he moves through the programme.

Initial practice

Initial practice will be concurrent with theory and will take place in semesters one and two on the full-time programme. In the initial period of practice the Practice Teacher or Mentor will provide the student with the appropriate opportunities to acquire the necessary skills and to relate theoretical concepts to the defined area of specialist community public health nursing (health visiting/school nursing).

Supervised practice

Supervised practice will be a minimum of 10 consecutive weeks or equivalent, will take place in semester X towards the end of the programme. Supervised practice is intended to provide a controlled placement with a variety of experience in which the student can consolidate the learning from the first part of the programme and further develop the required skills, knowledge and attitudes. This opportunity should allow the student to practise community specialist public health nursing, in the defined area of health visiting or school nursing, with a degree of independence but within a framework which provides adequate support and guidance in order that the student may develop the competencies required to practise as a specialist community public health nurse.

Whilst undertaking the programme(s), all students will have supernumerary status. Seconded students will normally undertake their practice experience in a separate practice placement from their usual place of work. Students will normally stay in the same practice placement for both initial and supervised practice. This will provide stability and continuity for the student and clients, as well as enable the practice teacher to more readily assess the student's development from 'novice' to more accountable practitioner. The student will be assessed in supervised practice by a sign off practice teacher; this may necessitate the assessment of supervised practice being undertaken by a different practice teacher to the one who assesses the student in initial practice.

The placements will be audited to ensure that they provide a wide range of experience through which students will be enabled to successfully complete the period of clinical practice.

Students undertaking these programme(s) also have to fulfil the Specialist Community Public Health Nursing Standards (NMC 2004) outcomes by completing their “overarching” SCPHN Programme(s) Portfolio. Students are introduced to this portfolio during the Induction to the programme and are expected to complete this throughout the duration of their programme. Students are expected to submit the SCPHN Programme(s) Portfolio at the end of each semester one, two of the programme(s) and as a final part of the Assessment Strategy in semester X. Students are assessed by a Practice Teacher during the 12 week period (minimum of 10 weeks) and their Personal Tutors in order to help them complete this Portfolio. For further guidance on NMC standards for practice teachers please refer to the NMC document.

#### Approaches to Student support required in Practice Long arm Mentoring Approach

Long Arm Mentoring has been adopted within the MSc/ PG Diploma Specialist Community

Public Health Nursing is an NMC Approved programme. Upon successful completion of their programme students are able to register their award with the NMC. For this reason therefore the role of the practice teacher (with sign off status) is significant within the assessment of practice and signing of competency. Mentors are required to be of the same designated field as the student.

Please note this handbook does not replace any update session that is an essential requirement of your local Trust in conjunction with De Montfort University.

Please follow the advice given by the Nursing Midwifery Council (NMC). This guidance was issued in response to the “Health Visitor Implementation Plan 2011-2015, A Call to Action”, (Department of Health, 2011).

“Current practitioners play a vital role in supporting prospective health visitors, their

experience in the role and as a mentor or practice teacher will prepare the practitioners of the future. Standards to Support Learning and Assessment in Practice (NMC, 2008), set out in detail the requirements for practice teachers. Whilst these stipulate that practice teachers should only support one Specialist Community Public Health Nursing (SCPHN)/HV student at any one point in time, flexibility has subsequently been applied in NMC circular 26/07. This policy allows mentors to contribute to the practice learning of SCPHN/HV students. In order to support individuals to become practice teachers it was necessary to allow some flexibility. A similar approach may be applied to student support. In keeping with the NMC circular 26/07, a practice teacher can oversee a mentor on the SCPHN part of the register who would supervise the SCPHN/HV student”.

This long arm mentor approach can be used across the whole East Midlands however, the region has enough Practice Teachers to support the current student but a flexible and creative approach can be taken when cross boundary working occurs. These guidelines could also be adapted for use in School Nurse long arm mentoring.

With this in mind it is important to define the role of mentor. It is recommended that a mentor;

* Has at least one year’s post qualification experience
* Holds a clinical caseload
* Holds, or is working towards an NMC recognised (stage 2) mentorship qualification and attends mandatory annual updates.
* Be subject to triennial review Demonstrates the attributes and skills necessary for the mentoring. This qualification is recorded on the local register held by placement providers and as such is subject to triennial reviews. Mentors assess students’ skills and attitudes that are required for module learning outcomes.
* Be annotated to a local register

#### Mentor requirements for a SCPHN student

An NMC Mentor is a Registrant who has successfully completed an NMC approved mentor preparation programme - or comparable preparation that has been accredited by an AEI as meeting the NMC mentor requirements. The mentor has achieved the knowledge, skills and competence required to meet the outcomes laid down by the NMC and facilitates learning, supervises and assesses students in the practice setting (Standards to support learning and assessment in practice – NMC standards for mentors, practice teachers and teacher. Section 2.1.2)

This qualification is recorded on the local register held by placement providers and as such is subject to triennial reviews. Mentors assess students’ skills and attitudes that are required for module learning outcomes for completion of their Practice Assessment Diary (PAD). The Mentor must be in the same field as the student undertaking the programme.

#### Roles and Responsibilities of the mentor in relation to Long Arm Mentoring

Ensure all mentor (stage 2) standards are upheld (NMC (2008) Standards to Support Learning and Assessment in Practice)

Contribute to the assessment of the student at every stage of the process by;

* Working in partnership at all times with the student’s designated PT, as ultimate accountability in assessing proficiency lies with the PT
* Supporting the PT in ensuring professional boundaries are established and maintained
* Welcoming the student, orientating them to the practice placement area.

Introducing the student to other members of the wider HV team; multi-disciplinary and inter-professional team as appropriate. Act as an advocate for the student and help them settle into the placement environment

* Supporting the student in organising/managing & prioritising their workload in order to meet identified learning outcomes, and support their development from novice to expert (Benner)
* Along with the PT, ensure that 40% of the students time in placement is spent with the mentor or PT in accordance with NMC standards (2008), “Whilst giving direct care in the practice setting at least 40% of a student’s time must be spent being supervised (directly or indirectly) by a mentor/practice teacher”.
* When the mentor has concerns he/she is to report to the PT in a timely manner in line with local policy
* Attend mentor updates/workshops/tripartite meetings, and joint meetings/reflection sessions with the student and PT as requested by the PT
* On-going dialogue with student and PT, and constructive and timely feedback to the student
* Keep a log documenting reflective discussion

#### Roles and Responsibilities of the Practice Teacher (PT) in relation to Long Arm Mentoring The Role of the Practice Teacher

An NMC Practice Teacher is a Registrant also registered on part 3 of the NMC register who

has successfully completed an NMC approved Practice Teacher preparation programme that has been accredited by an HEI as meeting the NMC Practice Teacher requirements. The Practice teacher has achieved the knowledge, skills and competence required to meet the

outcomes laid down by the NMC and facilitates learning, supervises and assesses students in the practice setting (Standards to support learning and assessment in practice – NMC standards for mentors, practice teachers and teacher (NMC 2006 Section 2.2 ). This qualification is recorded on the local register held by placement providers and as such is subject to triennial reviews. The Practice Teacher is required to be in the same field as the student that responsibility is given for.

The practice teacher is responsible for supporting the mentor according to the NMC Mentor model employed by the seconding Trust (NMC 2011).

Ensure all PT (stage 3) standards are upheld (NMC (2008) Standards to Support Learning and Assessment in Practice)

* Use ring fenced time to ensure appropriate and evidence based learning opportunities are available for students, give timely and constructive feedback to ensure all learning outcomes of the SCPHN programme are met by the student
* For the V100 element throughout programme the student should be placed with a Practice Teacher within the same field who holds the V100 or V300 qualification and continues to be an active prescriber.
* Along with the mentor, ensure that 40% of the students time in placement is spent with the mentor or PT in accordance with NMC standards (2008), “Whilst giving

direct care in the practice setting at least 40% of a student’s time must be spent being supervised (directly or indirectly) by a mentor/practice teacher”.

* Ensure appropriate action plans for each term/trimester are linked to module learning outcomes
* With the student, ensure proficiencies/learning outcomes are linked to clinical practice
* A three way meeting should be held at the beginning of the induction period and at the start of every semester as a minimum. There should be on going three way dialogue
* Support mentors via meetings between the PT and mentors
* Maintain on-going records of meetings and reflective discussions to demonstrate student progress from Novice to Expert
* Formative & summative assessments in conjunction with mentors
* Is responsible for reviewing portfolio work with the student. A grade will be awarded at summative assessment which will contribute to the student’s final degree classification
* Meet with the student regularly throughout the consolidation period to inform their decision to sign off as fit for purpose
* It is not the responsibility of the PT or mentor to read and offer feedback on academic assignments, however PT’s should be aware of the students’ needs beyond the practice setting and offer support where appropriate
* Addressing of actual / potential problems for students in a timely manner by: Instigating tripartite meetings with personal academic tutor, instigating appropriate action plans, and following local capability procedures

The MSc/ PG Diploma Specialist Community Public Health Nursing is an NMC Approved programme. Upon successful completion of their programme students are able to register their award with the NMC. For this reason therefore the role of the practice teacher (with sign off status) is significant within the assessment of practice and signing of competency. Mentors are required to be of the same designated field as the student.

Please note this handbook does not replace any update session that is an essential requirement of your local Trust in conjunction with De Montfort University.

**Roles and Responsibilities of the Practice Teacher (PT) in relation to Long Arm Mentoring** In addition to the responsibilities of a registered practitioner and SCPHN student as laid down in MNC guidelines and Higher Education Institution handbook, students assigned to a mentor must ensure that they maintain regular communication with their sign off practice teacher, highlight any concerns or problems in practice to the practice teacher, and ring

fence time for discussion/reflections/practice observations with both the mentor and practice teacher.

#### Roles and Responsibilities of the HEI in Relation to Long Arm Mentoring

In addition to the usual responsibilities of a HEI in relation to SCPHN students, the HEI will work in affiliation with mentors, practice teachers, and students to facilitate and ensure the effective application of the long arm model in practice

## Accountability

The NMC’s Code of professional conduct (2004b, section 6.4) states that:

“Nurses and midwives on the NMC professional register have a duty to facilitate students of nursing and midwifery and others to develop their competence.”

If you delegate work to someone who is not registered with the NMC, your accountability is to ensure that the person who undertakes the work is able to do so and that they are given appropriate support and supervision. Stuart (2002) outlines the areas a mentor is accountable for with regard to supervision and assessment, which include:

* Personal standards of practice
* Standards of care delivery by learners
* What is taught, learned and assessed
* Standards of teaching and assessing
* Professional judgements about student performance.

Mentors and Practice Teachers are accountable to the NMC for such judgements, but should inform De Montfort University (Visiting Tutor) of any concerns regarding poor performance of a student or lack of progress as soon as possible.

## Managing a student who is failing to progress

If, as Mentor Practice Teacher you have concerns regarding the progression of your students in achieving the Module Learning Outcomes of their module and consequently proceeding though the Programme(s) or you have concerns of their ability to practice safely and at the higher level required as a “specialist Community Health Nurse” (health visitor/school nurse) (NMC 2004) please contact the relevant SCPHN Personal Tutor at DMU who has been allocated to support the student whilst on the BSc (Hons)/ MSc PG Diploma SCPHN Programme(s) in the first instance in order to discuss a way forward. It is important that contact is made early on in the module for the student to be provided with the required support.

Please document clearly within an action plan the required support that you feel is necessary and be prepared to discuss with the SCPHN Personal Tutor and the student the action plan. Documented evidence is critical to establish a pattern of ‘failing performance’. The principles of record keeping by regulatory bodies should be applied.

#### Guidelines Indicating an Automatic Failure for Unsafe Practice in Both Practice and Academic Assessment

|  |  |  |
| --- | --- | --- |
| **KEY** |  | Shaded boxes indicate that the unsafe practice behaviour is covered elsewhere e.g. within the CAP book for pre-registration |

**UNSAFE BEHAVIOURS**

**PRE-REGISTRATION YEAR 1**

**PRE-REGISTRATION YEAR 2 & 3**

**POST-REGISTRATION**

LACK OF ACCOUNTABILITY, UNPROFESSIONAL PRACTICE

Deliberately covers up errors

Does not admit mistakes, deliberately covers up errors

Does not accept responsibility for own actions, does not admit mistakes, covers up errors

Is dishonest Is dishonest Is dishonest

Does not recognise potential for doing harm, lack of insight

ACTION PLAN REQUIRED

Does not recognise potential for doing harm, lack of insight.

Does not recognise potential for doing harm, lack of insight.

Breaks confidentiality i.e. identifies a patient/ client/woman/staff member, and/or names the placement or place of work

ACTION PLAN REQUIRED

Breaks confidentiality i.e. identifies a patient/ client/woman/staff member, and/or names the placement or place of work

Breaks confidentiality i.e. identifies a patient/ client/woman/staff member, and/or names the placement or place of work

INCONSISTENT COMMUNICATION AND LACK OF RESPECT

Aggressive with clients and/or staff

Aggressive with clients and/or staff

Aggressive with clients and/or staff

LACK OF JUDGEMENT

Evidence of misuse of drugs and/or alcohol

Evidence of misuse of drugs and/or alcohol

Evidence of misuse of drugs and/or alcohol

PROFESSIONAL MISCONDUCT

Evidence of breaking the Code of Professional Conduct e.g. NMC or HPC

#### Guidance for Professional Practice

**Student performance**

**- as set out in the practice**

**assessment document**

Behaviours reflecting satisfactory professional conduct

Behaviours reflecting unsatisfactory professional conduct

Guidelines for un-satisfactory evaluations

Work in accordance with the Code of Professional Conduct (NMC 2004):

1. Demonstrates appropriate individual professional behaviour
2. Professional behaviour is appropriate when working with clients patients
3. Professional behaviour is appropriate when working within the care team

Student demonstrates awareness of the Code of Professional Conduct (NMC 2004) and for example, through practice:

* Behaves in a responsible, positive and co-operative manner
* Adheres to all relevant policies and procedures
* Acknowledges own limitations and accepts constructive criticism
* Time keeping and related action are appropriate and fulfils on-duty requirements on placement
* Dresses appropriately for the place of work
* Maintains patient/client confidentiality
* Respects patients/clients, their property and the environment
* Safeguards clients’ well- being
* Is considerate, sensitive and responsive to patients’/clients’ needs
* Treats all patients/clients with dignity at all times
* Is respectful, co-operative and makes positive contributions within the team
* Is reliable, communicates and works collaboratively in the team
* Takes appropriate due regard to health & safety measures

Student lacks awareness of the Code of Professional Conduct (NMC 2004) and for example, in practice student:

* Is irresponsible, uncooperative and displays negative attitudes
* Disregards relevant policies and procedures
* Lacks insight into own limitations and does not accept constructive criticism
* Time keeping, related action and information is poor
* Dresses inappropriately for the place of work
* Breaches patient/client confidentiality
* Is disrespectful to patients/clients, their property and the environment
* Places patients’/clients' well- being at risk
* Is inconsiderate, insensitive and unresponsive to clients’ needs
* Is disrespectful, uncooperative and reluctant to contribute to the team effort
* Is unreliable, fails to communicate appropriately and does not work well in the team
* Lacks insight into appropriate health & safety measures

1. All assessments will be decided by Subject Authority (Assessment) Board
2. Failure due to gross professional misconduct (which for example places clients at risk) will result in immediate dismissal

**3. If student fails on placement, because of a professional practice conduct issue, they may proceed under close supervision for a**

**2nd attempt**

4 If student fails a 2nd attempt for inappropriate professional behaviour- this will result in dismissal

## Roles and Responsibilities of Key University Staff Related to Placements

#### Programme Leader:

•Has overall responsibility for the management and co-ordination of a specific University programme;

For example the Specialist community Public Health Nursing Programme Leader Is required to ensure that the programme is delivered as validated and approved and for ensuring that all the requirements of the University and the Professional / Statutory Bodies are complied with

#### Module Leader:

* Is responsible for the delivery of the module content
* Is responsible for the academic assessment of students’ learning

#### Lecturers:

•Teach and sometimes lead, a specific module, which makes up part of the student’s specified programme

•Most modules involve learning outcomes to be achieved in a placement. In this case, the lecturer may visit the student in the placement (Visiting Tutor)

#### Pathway Lead

•Meet with students and their mentor and Practice Teacher through an agreed practice visit to support and ascertain progress

•They ascertain the development of skills, knowledge and attitudes required within the placement

* + Examples of the student’s work might be discussed
  + Action planning can be a focus for a visit and any problems or questions can be discussed.
* They ensure Module Leaders and Placement Co-ordinators (Academic staff) are kept informed about any changes in the nature of placements used, through the production of the annual placement audit/profile
* They work with placement staff and Placement Facilitators in relation to issues arising from student and staff evaluations of the module as received by Module Leaders and lecturers through the evaluation process

#### Personal Tutor

* Each student has a named Personal Tutor who will usually remain in that role throughout the student’s Programme
* Specifically supports students throughout their programme in relation to academic, professional and personal development
* Acts as a first point of contact for the student with queries relating to her/his chosen programme
* Advises the student on other available student support mechanisms and how these can be accessed
* Meets the student during the induction or as near as possible to the start of the student’s programme of study.
* Refers students as necessary to University regulations and ensures that students are familiar with relevant University procedures
* Guides and monitors students’ progress in relation to academic achievement, the development of their portfolio and their general professional development
* Advises the students on their options with regard to failure in any assessments
* Reports student progress to Programme Leaders prior to each Subject Authority Board
* Notifies the Programme Leader of any prolonged absence that is likely to have a serious impact on a student’s achievement

**Guidelines for Portfolio Content**

These are some ideas of evidence which were discussed at the recent practice teachers meeting that could be included in the portfolio. **The portfolio should build across the semesters.** One piece of evidence can be cross referenced and used for more than one outcome. Not all these ideas given need to be demonstrated. The practice teacher and student need to discuss the individual learning required. A S.W.O.T. analysis at the beginning of each semester may indicate the areas where the student requires further development.

Semester 1

* **Reflections** – In this semester reflections are more likely to be descriptive as the student will be mainly ‘observing’ practice. Reflections cycle e.g. Gibbs would be a suitable tool at this stage in the programme.
* **Identify learning needs**
* **Couple of articles** – Community Profile would be suitable and/or an article referring to a particular illness that the student has been made aware of in a client e.g sickle cell anaemia.
* **References of articles**.
* **Discussion on key public health topics.**
* **Witness statements - outlining** experiences and or discussions.
* **Any presentation** - that is relevant to practice or a presentation that has been performed out in practice.
* **Evaluation** – of any group work performed
* **Leaflets** –with and attached discussion or reflection.
* **Attendance at Professional Meetings** – Reflection on meeting

Semester 2

* **Lesson Plan and Evaluation** – for any assessed teaching activity
* **Reflection on rationale for teaching session**
* **Reflections** – these should be more analytical, referenced and should be demonstrate the ability to relate theory to practice.
* **Discussion** – evidence of management of a small caseload.
* **Prioritization** – evidence through -discussion/reflections/observation/witness statements from colleagues/practice teachers and/or mentors - of the student’s ability to prioritize.
* **Leaflet** – with an attachment of a discussion or reflection showing a deeper level of learning. Demonstration of critical analyse of the leaflet to be evident at this stage. Supportive evidence of analysis of leaflet to be given e.g. articles
* **Prescription Writing** – to be evidenced
* **Attendance at Team Meetings –** reflection on meeting to evidence understanding.
* **Inter-professional Working –** evidence of collaborative working e.g. referrals/working with social services/dieticians etc
* **Record Keeping** – anonymous
* **Service Users Comments –** standardised form.
* **Listening Skills –** evidence of appropriate listening skills to be demonstrated.

Semester 3

* **Leaflet** – evidence of critical analysis of the leaflet.
* **Reflections** – to include: further depth of critical analysis e.g. ‘What is your judgement based on’? referenced, evaluated, learning need identified, implications for practice. Reflection model **can** be changed to demonstrate a broader knowledge.
* **Prescribing** – copy of scripts, discussion about the information given, prescribing triangle, and scenario.
* **Record Keeping** – evidence of further development of record keeping and action planning.
* **Evaluation of teaching –** either on a group or one to one basis.
* **Complex Cases –** evidence of depth knowledge.
* **Management and Leadership skills –** witness statements, minutes from a strategic meeting (with reflection).
* **Case Conferences** – evidence of knowledge, scenario, reflection, discussion.

**In the final semester there needs to be a depth of quality in the evidence presented to meet the learning outcomes. The student also needs to be demonstrating the relationship of the information produced to the public health agendas and the standards of practice.**

|  |  |
| --- | --- |
| **EVIDENCE CODE** | **TYPES OF EVIDENCE** |
| **OBS MENT** | The Student’s mentor or practice teacher directly observes the student at work e.g. assesses the need for intervention interacting with clients/carers, undertaking teaching, planning with the multi-professional team or taking part in a meeting |
| **LIST** | Listening to the student’s interaction with others. |
| **OBS OTHERS** | Observation by others may take place on occasions. Where this is sought by teacher or student, or reported back, it can contribute to the assessment. |
| **WRIT** | Written or electronic skills as evidenced by record keeping and report writing, form and diary completion, message taking, written activities set by the teacher/assessor. |
| **DISC** | Evidence between you and your mentor/ practice teacher to demonstrate that appropriate discussions in the practice environment have taken place regarding the achievement of the module learning outcomes. E.g. care planning and evaluation/ identifying chid/clients needs/ assisting discussion within assessment/ procedures/delivering health promotion/advice/education |
| **PLAN** | The appropriate planning by the student has taken place e.g. planning a small group teaching session/seminar planning for the delivery of health promotion/ education /planning for the delivery of a case study |
| **REFLECT** | Encouraging reflection on interventions or personal accounts that utilises recognised format that has an agreed action plan. |
| **OTHER** | Other (Please detail) |

## References:

BENNER, P. (1984) From Novice to Expert - Excellence and Power in Clinical Nursing Practice. Menlo Park: Addison-Wesley

BONDY, K.N.(1983)’Criterion –referenced definitions for rating scales in clinical evaluation’. Journal of Nursing Education, vol: 22, No: 9, PP: 376-382

NHS East Midlands Strategic Health Authority Handbook for Mentors of SCPHN Health Visiting students

Nursing and Midwifery Council (2004) Code of professional conduct: standards for conduct performance and ethics NMC London

NMC (2004) Standards of Proficiency for Specialist Community Public Health Nurses. London: NMC

NMC (2006) Standards of Proficiency for Nurse and Midwife Prescribers London: NMC NMC (2006) Standards to Support Learning and Assessment in Practice London: NMC