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# Faculty of Health and Education

## School of Nursing & Public Health

## PgDip Specialist Community Public Health Nursing

## Practice Assessor / Practice Supervisor Handbook

## September 2023 Intake


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## Introduction and Welcome

The information in this booklet is written specifically for PgDip Specialist Community Public Health Nursing (SCPHN) practice assessors and practice supervisors. If you are an established Specialist Practitioner practice assessor, we would like to thank you for your valuable contribution and continuing support. If you are new to supporting MMU Health Visiting or School Nursing students/apprentices, 'welcome on board'! Whether it's 'welcome' or 'welcome back', we look forward to working with you and hope that you enjoy the forthcoming year. We feel that this course will provide excellent opportunities for students/apprentices to flourish in public health nursing and are looking forward to the challenges and opportunities that this will bring.

**Student/apprentice support arrangments in the learning environment/workplace area:**

From September 2019 all SCPHN students/apprentices have been supported in their day to day practice by practice supervisor(s) and have their competencies signed off by a practice assessor/supervisor. Trusts will be adopting various models of support, please discuss this with your manager to ensure the NMC requirements for student/apprentice supervision and assessment enable SCPHN students/apprentices to meet their competencies.

## University Contact Details

### Administrative Support

Programme Office: pgtcpdhpsc@mmu.ac.uk

| Name | Role | Contact Details | |
|---|---|---|---|
| **Ruth Thomas** | Senior Lecturer | r.thomas@mmu.ac.uk | 247-2864 |
| **Karen Hughes** | Senior Lecturer | karen.hughes@mmu.ac.uk | 247-2538 |
| **Helen Rigby** | Skills Coach | h.rigby@mmu.ac.uk<br>telapprenticeship@mmu.ac.uk | |



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## Contacting Staff

All members of the team have voicemail so, if they are unavailable, you may leave a telephone message and they will get back to you as soon as possible. Please remember to leave a contact number and state the date of your message. Alternatively, you may wish to communicate by email (this can often be quicker).

**Contacting you**

Please ensure that your Award Leader has your full contact details (including your email address) and is aware of the best times to contact you by telephone.

## Important Dates for your diary

The **assessment support** session is being held on **the morning of Monday 3rd June 2024.** Attendance is essential if you are a new practice assessor or if you did not attend last academic year. The session focuses on the assessment component of the specialist practice unit. There will be an opportunity to share experiences and address any issues that may be raised about assessing students/apprentices.

Please see list of additional practice assessor support sessions for the forthcoming year at the end of this handbook.

## Standards relevant to the course

The following **Institute for Apprenticeship Standards** will be referred to in this handbook and guide the practice and academic elements of the course:

- IfA (2019) Specialist Community Public Health Nurse


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The following **NMC standards** will be referred to in this handbook and guide the practice and academic elements of the course:

- NMC (2004) Standards of Proficiency for Specialist Community Public Health Nurses
- NMC (2018) Standards for Supporting Students Supervision and Assessment
- NMC (2018) Standards for Prescribing Programmes
- RPS (2016) Competency Framework for all Prescribers.

## Learning Environment/workplace evaluation:

The evaluation of practice is an NMC requirement and is a vital part of the University and HEE quality processes. The evaluation intends to inform, in quality terms, how the practice supervisors/ assessors and the learning environment can facilitate the Specialist Community Public Health Nursing Student's/apprentice's learning in practice.

# Overview of the SCPHN Programme

In order to meet the NMC (2004) standards and the Institute for Apprenticeship Standards (2019), the full time course will be 52 weeks long, plus the End Point Assessment time. Students/apprentices undertaking the Programme are entitled to take their annual leave entitlement over the 52 weeks, this is indicated on the timetable because students/apprentices can't book annual leave when they should be in University. The course is 50% theory and 50% practice, and over the duration of the course students/apprentices have a minimum of 112.5 days in practice.

| **Mandatory core units** (all students/apprentices take these) | ❑ Empowering Populations to Enhance Health and Well-Being (Health Visiting or School Nursing ) (30 credits)<br>❑ Developing Quality Leadership in Specialist Practice (10 credits)<br>❑ Advancing Practice through Research (20 credits) |
|---|---|


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| | |
|---|---|
| **Core for award (health visiting)** | ❑ Foundations of Health Visiting (15 credits)<br>❑ Principles of Child Development (10 credits)<br>❑ Responding to Contemporary Health Needs in Health Visiting (15 credits)<br>❑ Safeguarding for Public Health Nurses (10 credits)<br>❑ V100 Prescribing (10 credits)<br>❑ SCPHN - Specialist Practice of Health Visiting (20 Practice credits) |
| **Core for award (school nursing)** | ❑ Foundations of School Nursing (15 credits)<br>❑ Building Resilience in Children and Young People (10 credits)<br>❑ Responding to Contemporary Health Needs in School Nursing (15 credits)<br>❑ Safeguarding for Public Health Nurses (10 credits)<br>❑ V100 prescribing or optional unit (10 credits)<br>❑ SCPHN - Specialist Practice of School Nursing (20 Practice credits) |

### Community Practitioner Prescribing

Students/apprentices will undertake preparation for prescribing from the Nurse Prescribers Formulary within the British National Formulary (BNF) as part of the Nurse Prescribing Unit. They require a practice assessor who is an experienced prescriber with suitable equivalent qualifications for the programme, which may mean that if they practice assessor is not a prescriber, the student/apprentice will require a different practice assessor for the prescribing element. If a student/apprentice is already a qualified Nurse Prescriber they need to demonstrate their ability to safely prescribe within the SCPHN role and will have the opportunity to undertake an alternative unit instead of Nurse Prescribing.

## Learning Environment/workplace supervision and assessment

During the programme, students/apprentices will be supported and assessed by practice supervisors, and a practice assessor and academic assessor, who will work collaboratively



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in line with the NMC (2018) standards. The programme team suggest all practice supervisors and assessors review the additional information on the NMC website that explains the standards in more detail: https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/

**Practice supervisors**, who are most likely to be in the SCPHN team but can be any registered health or social care professional, will support and supervise students/apprentices, providing feedback on their progress towards, and achievement of, proficiencies and skills. They will provide day-to-day support and supervision, and contribute to the assessment of practice.

**Practice assessors** must be registered SCPHNs with appropriate equivalent experience for the student's/apprentices field of practice. They will work closely with the practice supervisor(s) to assess students/apprentices competence, by direct observation, and obtaining feedback from practice supervisors and service users/carers. They will work collaboratively with the academic assessor during the programme, and meet at the tripartite meetings. Students/apprentices will have the same practice assessor for the duration of the programme.

The **academic assessor** will work closely with the practice assessor to make a decision about recommending students/apprentices for progression at the end of the programme. The academic assessor must be a registered SCPHNs with appropriate equivalent experience for the student's/apprentices field of practice.

The **skills coach** will work closely with the student/apprentice, Practice Supervisor, Practice Assessor and Academic Assessor. Their role is fundamental in supporting the student/apprentice to evidence their skills and behaviours development throughout the apprenticeship and in working with employers to ensure that appropriate work opportunities are available to allow students/apprentices to develop the required KSBs in the workplace.



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# Practice requirements for the course

The Programme is required to be a minimum of 53 weeks in length, plus time for the End Point Assessment and students/apprentices are required to be supernumerary (NMC, 2004, Institute for Apprenticeships, 2019).

Students/apprentices must

- Complete a minimum of 112.5 days in practice
- Undertake 50% theory and 50% practice
- A minimum of 10 weeks consolidated practice at the end in the specific field of practice (i.e. health visiting or school nursing).
- Undertake 15 Public Health Days - 'at least 3 weeks experience in the settings, and with clients, considered either important or that may be a potential area of responsibility, even if not central to their field of practice' (see chart below). This can be undertaken as a block or spread out over the course.
- 'At least half the remaining practice time (minimum of 6.3 weeks) in settings and with clients that are central to the responsibilities for their field of practice (HV or SN)'

| Central to practice route and area of HV responsibility (core) | Important additional areas of responsibility | Potential areas of responsibility |
| --- | --- | --- |
| Settings for health visiting practice<br>• people's homes;<br>• communities, including localities and neighbourhoods;<br>• housing estates, villages and small towns and, in collaboration with others, wider settings such as healthy cities or towns;<br>• institutions, such as schools<br>• healthcare settings including primary care, public health organisations and commissioning agencies | Settings for health visiting practice<br>• health improvement agencies | Settings for health visiting practice<br>• educational institutions, such as colleges<br>• young offender institutions and prisons<br>• workplaces<br>• health protection agencies |
| Age groups encompassed<br>• infants, pre-school and school aged children<br>• young people<br>• families with children<br>• people of working age<br>• retired population, older people<br>• vulnerable groups of any age | | |



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| Central to practice route and area of school nursing responsibility (core) | Important additional areas of responsibility | Potential areas of responsibility |
|---|---|---|
| Settings for school nursing practice<br>• schools and other educational institutions, such as colleges or young offender institutions;<br>• communities, including neighbourhood and area local to the school<br>• in collaboration with others, extends to wider settings such as healthy cities or towns;<br>• public health organizations | Settings for school nursing practice<br>• people's homes<br>• housing estates, villages and small towns<br>• primary care<br>• health improvement agencies | Settings for school nursing practice<br>• institutions, such as prisons and workplaces<br>• healthcare settings including commissioning agencies, health protection agencies |
| Age groups encompassed<br>• school aged children<br>• young people<br>• families with children<br>• vulnerable groups of any age | Age groups<br>• Infants and pre-school children | Age groups<br>• people of working age<br>• retired population, older people |

***Source: NMC (2004)***

Practice Assessors and Academic Assessors have drawn up the following list of areas of practice which could be considered to be 'potential' or 'additional' areas of responsibility. Students/apprentices do not have to get experience in all of these areas, but need to consider what is available locally and what additional experience would add to their learning.

| 'Potential' or 'additional' field of practice areas for SCPHN students/apprentices |
|---|
| **Health services**<br>Public health consultant/unit<br>Joint health unit and public health intelligence<br>Public health initiatives<br>Health Protection Agency<br>Dental public health<br>Infection control<br>Childrens Centre projects<br>Local projects<br>Community development workers<br>Health promotion specialists (e.g. teenage pregnancy, 5 a day, activity)<br>Sexual health projects<br>Occupational health unit (in workplace/industry or NHS setting)<br>Vulnerable adults in work place<br>Pharmacies<br>Port health – airport |



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| Travel clinic<br>Complementary therapies | |
|---|---|
| **Local authorities/councils/services**<br>Town Hall/local councils.<br>Local Councillors<br>Transport<br>Regeneration groups<br>Local projects<br>Youth service<br>Environmental health<br>Immigration centre<br>Asylum seeker and refugee teams<br>City / urban planning | **Voluntary groups and support groups**<br>C.A.B<br>Samaritans/Child-line<br>Asian/Black groups<br>Salvation army<br>M.A.S.H<br>Age concern<br>Meals on wheels<br>Church groups |
| **Housing**<br>Housing Departments<br>Homeless<br>Sheltered housing | **Physical activity promotion**<br>Walking groups<br>Park rangers<br>Leisure centres<br>Football/Rugby club<br>Exercise on referral schemes |
| **Working towards a safer community**<br>Crime prevention<br>Police Community support officer<br>Youth Offending Team<br>Prisons / Young Offenders Centres<br>Police Domestic Violence unit<br>Refuges | **Community services/facilities**<br>Libraries<br>Connexions<br>Supermarkets<br>After school clubs and schools<br>Hairdressers<br>Colleges/University |

# Assessment of Practice

The assessment of practice is based on the NMC (2004) standards of proficiency, which underpin the 10 key principles of public health practice in the context of the specified practice route, the knowledge, skills and behaviours for SCPHN (Institute of Apprenticeship, 2019) and the NMC (2018) Standards for Prescribing Programmes. Students/apprentices need to have experience of wider public health approaches and practice in order to meet these requirements and to complete the portfolio.

Practice Assessors are advised to use Steinaker and Bells (1979) Taxonomy of Experiential Learning as a framework when undertaking formative assessments with students/apprentices as this taxonomy builds on experiential learning. We


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believe using this framework to guide conversations with students/apprentices will help both the Practice Assessor and student/apprentice to identify areas of personal and professional development and identify areas for further development. There are five categories (see figure 1 below)

**Figure 1**

**Steinaker and Bell's Experiential Taxonomy (1979)**

| | | |
|---|---|---|
| 1 | Exposure | **Lowest level** |
| 2 | Participation | ⇩ |
| 3 | Identification | |
| 4 | Internalisation | |
| 5 | Dissemination | **Highest** |

It's important to explain to students/apprentices that they could be operating at all five levels simultaneously in different areas of their work. For example, a student/apprentice may be able to undertake and support student nurses in aspects of the core HV / SN service with Practice Assessor/ Supervisor oversight (dissemination) but at the same time, they may need further support and guidance with more complex cases (identification) and be introduced to a new aspect of safeguarding work (exposure).

By using this experiential taxonomy as an underpinning framework we are hoping it helps Practice Assessors to reassure SCPHN students/apprentices that working across all five levels is acceptable and to be expected and help dispel any students worries that their learning should be linear. The table (figure 2) below provides a more detailed description of each of the five levels and some examples of possible student activities.

**N.B.** It is important to note students/apprentices are not expected to be working at level 5 (dissemination) in all areas to pass the practice unit.



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Please also note students/apprentices are not expected to undertake any safeguarding work without supervision, therefore working in this way should not preclude a student/apprentice from passing the practice unit.

**Figure 2**

| Level of achievement | Expected activities for success |
| --- | --- |
| **Exposure**<br>Student/apprentice is exposed to the public health experiences, e.g. attends a meeting or observing practice supervisor deliver a session, undertake a clinic or home-based encounter | -Shows an awareness but lacks knowledge and skills<br>-Listens, observes, asks questions<br>-Reacts to the experience and recognises own responsibilities<br>-The student is willing to engage in the learning experience |
| **Participation**<br>Student/apprentice can reproduce the activity of public health encountered at the exposure level and now is actively participating in set work | -Begins to articulate underlying rational for skills being utilised for the activity<br>-Shows recall of ideas and concepts gained at the exposure level<br>-Introduces and discusses researched background information<br>-Practices under supervision in a standardised way.<br>-Responds to constructive criticism |
| **Identification**<br>Student/apprentice is able to carry out the activity in public health in a competent manner | -Recognises and explains situations where the activity is applicable<br>-Able to assess own strengths and limitations<br>-Utilises theory and research in relation to carrying out the activity<br>-Can classify apply and evaluate data relevant to the experience<br>-Beginning to show initiative, recognises standards, values and qualities required |
| **Internalisation**<br>Student/apprentice identifies with the activity of public health so that it becomes second nature | -Shows confidence in own activity, adapts to unforeseen and complex situations<br>-Able to reflect on experiences in an objective manner |



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| | |
|---|---|
| | -Able to apply new knowledge to new situation<br>-Shows creativity<br>-Utilises research in relation to the activity<br>-Student compares with role model |
| **Dissemination**<br>Student/apprentice acts as a role model, informing others and promoting the experience to others | -Competent and demonstrates the ability to teach others<br>-Illustrates motivational abilities in relation to others<br>-Is able to carry out the activity in complex unfamiliar surroundings<br>-Acts as a role model<br>-Is able to discuss the wider influences political, social and economic and how these impact on practice |

**Prescribing competencies** need to be assessed by a qualified prescriber. Where a student's/apprentice's allocated Practice Assessor does not hold a prescribing qualification, the student/apprentice MUST be supported by a different practice assessor who is a practising prescriber who will undertake the assessment of prescribing competencies. In this situation, the overall assessment for practice will be undertaken by the Practice Assessors working collaboratively with the academic assessor. The allocation of an appropriate prescriber is the responsibility of the Trust not the prescriber, and arrangements for student/apprentice support and assessment of prescribing competency, must be approved by the University.

## Raising an additional learning contract

Feedback from practice assessors has indicated the need for a clear process to follow when a student/apprentice is requiring extra support in practice, and we have devised documentation for an additional learning contract that should be raised following identification of an area of need. It is important that the issue is clearly


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articulated and clear expectations/outcomes are stated and documented in the learning contract. A copy of this is in the portfolio.

The learning contract should be copied and forwarded to the Academic assessor. If at any time either the student/apprentice or practice assessor would like a learning environment/workplace contact to discuss progress then they should contact the academic assessor to arrange this.

**If you have ANY concerns about your student's/apprentice's progress you MUST contact the Skills Coach and Academic Assessor as soon as possible to discuss further.**

## Learning Environment/Workplace Contacts

Learning environment/workplace contacts to review students/apprentices development will be scheduled and undertaken at set points in the programme, normally three tripartite meetings per year, these can be undertaken using MS Teams, face to face with individual students/apprentices or in small groups. Practice Assessors and Supervisors are to attend these meetings. Please see the learning environment/workplace contact plan for the year – this will be shared with Practice Assessors/Supervisors and students/apprentices at the start of each academic year. Additional contacts can be arranged if requested if a student/apprentice is not progressing as expected. These will be undertaken by the Academic Assessor or the Skills Coach. The likely content of such contacts include discussion on:

- The range of learning environment/workplace experience available to the student in the 'core' and 'additional' learning environment/workplace areas
- Exposure to experience in all 4 domains of SCPHN practice as outlined by the NMC.
- Experience of observing and discussing nurse prescribing practice


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- Progress being made by the student/apprentice in developing their SCPHN skills and competence in practice
- Support available for the student/apprentice
- Assessing practice
- Addressing any other areas of concern

The 'record of tripartite meetings' form is used to record the learning environment/workplace contacts. It is the responsibility of the student/apprentice to ensure that this is completed.

## Frequently asked questions

Please contact the Award Leader / Academic Assessor if you have any queries that are not answered below:

***What is required of me as a Practice Assessor or Practice Supervisor?***

You will find detailed information of the roles in the NMC (2018) 'Standards for Student Support and Assessment' https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

***What are my responsibilities in relation to assessing my student/apprentice?***

In addition to the information outlined in 'A handbook for practice supervisors and assessors (nursing)'. SCPHN practice assessors must ensure the student/apprentice has met all the Practice Assessment Criteria (NMC, 2004) and Knowledge Skills and Behaviours (IfA, 2019) and demonstrated that are Fit for Purpose and Fit to Practice as a SCPHN (Health Visitor or School Nurse). There are 20 Practice Credits Awarded for the learning environment/workplace element of the Programme.



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***How will I receive feedback on my performance as a SCPHN practice assessor or practice supervisor?***

The most important source of feedback is through honest and open dialogue with your student/apprentice. Students/apprentices are asked to evaluate their learning environment/workplace learning experience and this collated information, together with some general feedback on assessing, will be fed back to practice assessors and practice supervisors at briefing sessions.

***Who is responsible for keeping me professionally 'up-to-date'?***

The role of the Programme Team is to ensure that sufficient support and programme information is provided for SCPHN practice assessors/ supervisors to carry out their role. The NMC clearly states that professional updating is the responsibility of the individual practitioner.

***What days should my student/apprentice be in practice?***

Please see the relevant timetables for actual practice dates.  Full time students can swap practice and study days with the agreement of the Practice Assessor / Supervisor.

***Is it OK to give my student/apprentice study time whilst in the learning environment/workplace?***

No. Study time should not be given on a learning environment/workplace day

***Does my student/apprentice have to make up an occasional absence from the learning environment/workplace?***

Yes. All students/apprentices MUST undertake 112.5 practice learning environment/workplace days.

***Is the student/apprentice supernumerary?***

Yes, students/apprentices in practice or work-placed learning must be supported to learn and practise safely. The NMC states that students must be at the centre of



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learning and have supported or protected learning time. Therefore students/apprentices must be considered ‘supernumerary’, meaning that they are not counted as part of the staffing required for safe and effective care in that setting.

***Do I need to obtain service user feedback?***

Yes, service user feedback is considered an important aspect of students/apprentices assessment in practice. The NMC guidance suggests that service users must contribute to the assessment process. The Practice Assessor/Supervisor must obtain this feedback, not the student/apprentice. The service users contribution must be voluntary and anonymous. At least three forms of service user feedback must be obtained across the duration of the Programme. This must be documented within the student/apprentice learning environment documentation. The NMC code states that the interests of people using nursing services is a priority. As a Practice Assessor/Practice Supervisor, you must ensure that service users receiving care from your student/apprentice is preserved, dignity maintained and their needs are recognised, assessed and responded to. You must ensure service users are being treated respectfully, their rights are upheld and any discriminatory attitudes and behaviours towards those receiving care from your student/apprentice are challenged

***What happens if the student/apprentice has to change practice assessor due to sickness or staff promotion?***

Please discuss this with the student/apprentice, and complete a ‘change of practice assessor handover sheet’ (see portfolio). This form should be scanned and emailed to the Award Leader. We feel it would be useful to use this form when asking another practice assessor to support a student during a long holiday or break from practice.

***Are there any insurance issues related to students/apprentices undertaking learning placements/work with other agencies?***

We have discussed this with NHS North West, and have been advised that “the issue of indemnity may relate to what the student/apprentice does while in the learning environment/workplace. For any of the NHS ones there should be no problem. For the non-NHS ones if the student/apprentice is there in an observation role and not carrying out direct interventions then again all that would be required would be normal public liability insurance which all organisations should have (even



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hair dressers). The advice would be to look carefully at what the learning outcomes for each learning environment is and if there is an anticipation of clinical activity being undertaken then a check on the level of supervision and clinical indemnity insurance should be checked. Otherwise there shouldn't be a problem”.

***Do students/apprentices have to work on Bank holidays?***

No. The course timetable discounts Bank holidays as learning environment/workplace days.

***Is it OK to help my student/apprentice with course assignments?***

Students/apprentices will generally appreciate the opportunity to discuss their assignment ideas and receive some moral support. However, please note that students/apprentices are required to adhere to MMU guidelines on, for example, the choice of topic area, structuring and referencing, and it is important that they do not receive conflicting advice. If students/apprentices are struggling with their course work, they are advised to seek advice from their personal tutor.

***If I become concerned about aspects of my student's/apprentice's practice. What should I do?***

Obviously, you will want to discuss your concerns with your student/apprentice and raise an ‘additional learning contract’ (see portfolio). However, if your concerns persist it is important to seek support from the academic assessor in first instance, please contact them as soon as possible.



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## Dates for your Diary

| Session | Date(s) | Time | Notes |
|---|---|---|---|
| Practice Assessor / Supervisor Forum | Thurs 21.09.2023 | 13.00 - 15.30 | For all PAs / PSs. Students/apprentices do NOT attend. |
| Practice Assessor / Supervisor Forum | Monday 19.02.2024 | 10.00 – 12.30 | For all PAs / PSs. Students/apprentices do NOT attend. |
| Learning Environment / Workplace contacts | During practice learning environment/workplace days | TBC | For PAs, PSs and students/apprentices *Please protect the dates that are sent out as there is limited capacity to change them* |
| Practice Assessor / Supervisor Assessment Support | Monday 03.06.2024 | 10.00 - 12.30 | For all PAs /PSs. Students/apprentices do NOT attend. |
| Student Showcase Event | Wednesday 11.09.2024 | 09.00 – 17.00 | For Practice Assessors (PAs, Practice Supervisors (PSs), Team Leads, Managers, Heads of Service, Commissioners and any relevant partner agencies. Students/apprentices DO attend. |


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# Appendices

***Please consider using one or both of these additional tools if you feel you student would value further guidance in relation to an additional learning contract.***

## Attitudes and Values

**1. Receiving (Awareness)**

The student listens attentively to populations, groups, clients and their carers

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student is aware of the importance of factors that impact on health and social circumstances

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student is aware of the need to question approaches to practice

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |



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The student acknowledges that there are different approaches to practice to meet the diverse needs of populations, groups and individuals

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student is aware of the different approaches of the multi-professional team and agencies

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student uses appropriate body language when working with different cultures

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

**2. Responding (Active participation)**

The student acts in accordance with health and safety legislation and professional codes of conduct/ethics

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |


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| |
|---|
| |

The student acts in accordance with employers' policies, guidelines and National Service Frameworks

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student participates in inter-professional and multi-agency discussions/meetings appropriately

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student demonstrates an interest in how factors impact upon health

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student participates in partnership working with groups/clients/carers and colleagues

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |


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The student follows up actions identified in reflection/supervision sessions

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student is able to identify and discuss issues in relation to practice drawing on appropriate evidence

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

**3. Valuing (accepts the value and importance of different approaches to practice)**

The student demonstrates a commitment to inter-professional and multi-agency working

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student appreciates the need to involve users in planning and evaluation of interventions

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |



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The student demonstrates sensitivity to the health needs of populations, groups and individuals

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student demonstrates a problem solving approach to practice

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student is sensitive to cultural and language differences and diversity issues

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student can identify between different approaches to practice in meeting diverse health needs and can justify the approaches chosen

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |


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4. **Organisation (Draws together the wider Issues in return to practice)**

The student recognises the need for balance between professional autonomy and collaborative multi-professional practice

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student understands the importance of systematic planning in problem solving and decision-making

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student accepts responsibility for own behaviour and actions

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student can integrate different perspectives in relation to complex situations in practice and can rationalise and articulate the approaches chosen.

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |



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## 5. Characterisation by a value or value complex (consistent and predictable approach to practice)

The student takes an active part in community and group activities

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student acts in a coherent and predictable manner in relation to practice

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student can work independently but recognises the need to seek help as appropriate

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

The student works in partnership with clients promoting social inclusion and can resolve ethical issues that can be raised in professional public health practice.

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |



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The student works in partnership with clients and can resolve legal issues that can be raised in professional public health practice.

| Very strongly agree | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Very strongly disagree |
|---|---|---|---|---|---|---|
| Please comment further | | | | | | |

Practice Assessor signature:

Date:



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**Assessment Schedule for**

# The Hyland – Donaldson Psychological Skills Scale

## Instructions

Answer each question by circling the answer which best describes the student's competence. If you are not confident in making a judgement you should circle "unable to assess".

## Section 1

### Basic Non-verbal Communication Skills

1. In general, does the student use an appropriate level of eye contact?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

2. Does the student look at people when ending a question?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

3. Does the student give encouraging cues (e.g., head nods, smiles) in response to comments?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

4. Does the student orient herself/himself correctly (correct body posture, letting slightly deaf individuals see lips) during conversation?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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5. Can the student use express physical contact in appropriate situations?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

6. Is the student aware of signals of embarrassment, distress, anxiety and stress?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

## Section 2

### Basic Verbal Communication Skills

7. Does the student ask “open” questions where appropriate?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

8. Does the student ask “closed” questions where appropriate?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

9. Does the student engage in non-directive questioning when appropriate?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

10. Does the student use “reflecting statements” in conversation when appropriate?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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11. Does the student present information appropriately?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

12. Does the student explain reasons for carrying out nursing procedures?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

13. Does the student give appropriate information for self-care, for example, reasons for self-care and information about side effects?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

14. Does the student evaluate the effects of his/her communications?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

## Section 3

### Advanced Communication Skills

15. Can the student reflect other people's emotions?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

16. Can the student read the "hidden messages" in questions and statements?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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17. Does the student react appropriately to the “ hand on the door” phenomenon?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

18. Does the student have good listening skills?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

19. Does the student play an “interpreting role” for people’s feelings, for example, about childcare, dying, and bereavement?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

## Section 4

### Assessment Skills

20. Is the student aware of possible biases in person perception?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

21. Is the student good at assessing other people’s psychological needs?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

22. Is the student good at assessing other people’s moods?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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## Section 5

**Patient Management Skills**

23. Does the student try to satisfy the patient's psychological needs?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

24. Is the student good at forming a professional relationship with people in a variety of environments?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

25. Is the student good at forming a professional relationship with a variety of people?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

26. Does the student enhance self-care by encouraging the perception of self-determination?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

27. Does the student anticipate and react appropriately to the patient's change of mood?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

28. Is the student sensitive about <u>when</u> to attempt attitude change techniques?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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29. When attempting to change attitudes, does the student use the most effective presentation of material?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

## Section 6

### Relative/Friend/Carer Management Skills

30. Does the student react appropriately to the needs of relatives?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

31. Does the student react sensitively to family dynamics?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

32. Is the student aware that he/she could promote stability within the family?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

33. Does the student try to involve others, where appropriate, in giving care?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

34. Does the student anticipate and react appropriately to relatives'/friends'/carers' changes of mood?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

35. Does the student react sensitively to relatives'/friends'/carers' coping mechanisms?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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## Section 7

### Professional Relationships

36. Does the student try to communicate with other health personnel?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

37. Is the student tactful when communicating with other health personnel?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|

38. Can the student be assertive (but non-aggressive) when appropriate?

| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |
|---|---|---|---|---|---|---|---|



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## Further details concerning the meaning and interpretation of questions

### Section 1

#### Basic Non-verbal Communication Skills

1. Level of eye contact is a signal that we like or dislike someone. We tend to look at people we like and avoid eye contact with people we dislike or find uninteresting. The student should engage in a level of eye contact which indicates liking. However, too much eye contact can be intrusive and intimidating. The absolute amount of eye contact needed depends on the sex and the cultural background of the patient and so the student's level of eye contact should be appropriate for the particular setting. For example, women tend to engage in more eye contact than men, and people from Middle Eastern and Latin American cultures engage in more eye contact than people from the UK.

2. Eye contact is a signal that the speaker is about to stop speaking. Questions should be terminated by looking at the other person. If you look away when asking a question (e.g., taking something out of a bag while saying "How are you today?") then this gives the impression that you are not interested in the reply.

3. Cues which show interest include head nods, making "uh-hu" nosies, and smiling at appropriate moments when the patient is speaking. These cues are sometimes referred to under the heading of "active listening". The student should show through her non-verbal behaviour that she is listening to what is being said.

4. Correct orientations include, where appropriate: sitting on the bed rather than standing aloof, facing the patient, letting the patient observe your face, sitting/standing neither too close nor too far away (correct distance depends on sex and culture).

5. Instrumental physical contact occurs when contact is needed to perform a procedure. Expressive physical contact occurs when feelings are expressed through contact, for example holding someone's hand when they are feeling upset. The student should be able to engage in expressive physical contact, and be sensitive to whether patients appreciate or do not appreciate expressive physical contact.

6. People signal embarrassment, distress, anxiety and stress in a number of ways. These include: lack of eye contact, fidgeting (foot movements, drumming with fingers), closed body posture (i.e., sitting "away from" the person speaking).

### Section 2



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**Basic Verbal Communication Skills**

7. “Open” questions cannot be given a yes/no answer (e.g., “How are you feeling?”) as opposed to “closed” questions where a yes/no answer can be given (e.g., “Are you feeling better?”). Open questions are better for maintaining conversation and allow the patient to bring up topics which you are not specifically focussing on. Open questions should be used except under the circumstances described in the next item.

8. “Closed” questions are simpler to answer and should be used where there is evidence of communication or memory difficulties on the part of the patient. “Closed” questions require less effort to answer and should also be used at acute stages of illness. “Closed” questions should be used (a) where simple factual information is needed; (b) for an elderly patient who is confused or has difficulty in replying; (c) for people who are in shock or trauma (the shock or trauma can have a physical or psychological cause); (d) for patients with breathing problems; (e) for patients with speech problems.

9. Non-directive questioning means focussing on an important idea in what someone has just said and asking that person to expand on it. E.g.,

   Patient: I am having problems with my mother.

   Student: What sort of problems?

   Patient: Well, she gets very angry about things.

   Student: What sort of things does she get angry about?

   In non-directive questioning, the other person rather than the District Nurse decides on the direction of the conversation. Non-directive questioning helps build a relationship because questions are asked which the other person thinks are important.

10. Using a “reflecting statement” means taking something the patient has just said and repeating it in a different form. Reflecting indicates empathy and is a useful tool in building up a relationship. E.g.,

    Student: How long have you had the pain?

    Patient: Well, I have had it about three months.

    Student: So it’s been going on quite a long time, hasn’t it?

11. Some patients (as well as carers and relatives) forget a lot of what they are told. Information about diagnosis and prognosis is remembered more easily than information about self-care. The student should give information in a way which enhances memory. For example, information should not be given when the patient or carer is anxious or upset. Information should be organised into categories with explicit labels (e.g., “I am going to tell you now how



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to look after yourself until I call again tomorrow"). Keep sentence structure short and technical jargon at a minimum where there are likely to be difficulties in understanding or remembering. Stress the importance of self-care instructions and repeat these instructions on leaving. Information giving should be preceded by assessment of the patient's knowledge and need for specific types of information.

12. Anxiety is caused by uncertainty. If the student explains what she is doing and why she is doing it when carrying out nursing procedures, then this reduces anxiety. In addition, such communications help build a relationship so that the patient feels confident in the student.

13. The student should give the right sort of information for the patient to be able to engage in self-care. Typically this information consists of giving reasons for self-care, information about possible side effects and actions to take if side effects occur. However, other sorts of information may need to be given and the student should assess informational needs prior to giving information.

14. The student should evaluate whether the patient/friend/carer has understood the information given, whether the information is remembered and whether the information has been acted upon. Some aspects of this evaluation can be made at the time the information is given, but other aspects may require evaluation at a later time.

## Section 3

### Advanced Communication Skills

15. "Reflecting emotion" means that the student should portray, through verbal and non-verbal signals, that she experiences the same emotions as the other person. Reflecting emotion helps build up feelings of trust and empathy. Of course, the student should not always reflect emotion – if the other person is becoming aggressive or hysterical, then reflecting emotion is not going to help.

16. Statements and questions often carry hidden messages, messages which may be cries for help or questions resulting from non-publicly expressed anxiety. Hidden messages occur in such forms as jokes where the joke is not entirely a joke, oblique questions which are tangential to the hidden message, and "projected" questions where the person asking the question says that someone else wants to know. In reacting to hidden messages the student should not confront the other person with the fact that he or she recognises what the other person is really trying to say. The response should be tactful and information given (possibly later) with due regard for the fact the other person did not want to take the question explicit.

17. The "hand on the door" phenomenon is that sometimes the patient's real worries only come out as you are in the process of leaving. The student should not just rush off, but should stay to deal with this important worry.


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18. Particularly in times of crisis, the student will play a valuable role in just listening. The student should be prepared to take the time to listen, and to put in the effort which is required by “active listening”. The student should not interrupt with statements about “what you should do” nor deflect the conversation by asserting “I am sure it will be alright”, but simply listen carefully to what is being said. The student should take the time to listen and also be able to give to the teacher an account of the problems as experienced by the other person.

19. People sometimes need reassurance about their feelings. For example, if a carer feels angry with her child or dying mother, the student should be able to reassure the patient that these sorts of feelings are perfectly normal – before going on to discuss possible ways of coping with these feelings (see section 6). Reassurance should also be given for minor anxieties, e.g., telling the patients “I understand that you are very worried, but you are in a very worrying situation”.

## Section 4

### Person Perception Skills

20. There are several biases which affect the way we perceive others. These include (a) stereotyping (making judgements about personality on the basis of type of illness, social class, race), (b) first impression effects (judging personality on the basis of the first encounter), (c) failing to recognise that the patient’s behaviour is caused by the situation rather than due to his/her personality. The student should not make hasty judgements of character based on slight contact. The student should not label a patient as difficult but should try to find out the reason for the patient’s behaviour.

21. There are many different types of psychological needs. These include the patient’s and relatives’ needs to understand about the patient’s own condition; need for positive self-esteem; need to maintain dignity in front of others (self-presentation needs); needs for achievement (which can be highly varied); need for friendship; need to be useful to others, and so on.

22. The student should be aware of other people’s moods and be aware when the patient is behaving differently from his or her normal pattern.

## Section 5

### Patient Management Skills

23. The student should satisfy where possible the patient’s psychological needs once assessed. For example, the student should provide information about care and the student should enable the patient’s independence as far as possible (this includes giving information to the patient about times of visits, so that the patient does not spend his/her time waiting for the doorbell to ring).



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24. The student should be able to form a professional relationship with people in a variety of environments, including home environments which are perceived as “difficult”.

25. The student should be able to form a professional relationship with a variety of people, irrespective, for example, of age, nationality, or illness type.

26. The student should not “take over” the patient. The student should be implementing the therapeutic contract approach to patient management, as this maximises self-care. The patient should feel he/she has much control over his/her environment as is possible within the existing situation.

27. The student should try to anticipate the patient’s mood changes and so, where possible, provide anticipatory psychological care. For example, if a patient’s debilitating condition is likely to persist, then the student should anticipate that the patient may become depressed. Under such circumstances, it might be appropriate for the student to prepare the patient gradually that the disability is likely to be long term or permanent, and the student should show how quality of life can be maintained even with disability.

28. Attempts to change well established attitudes should only be made after positive relations with the patient have been developed. For example, the student should not show that she disapproves of the patient smoking as soon as she walks in the door. Due to the time spent in the learning environment/workplace, a student may never actually form a sufficiently good relationship in a situation where attitude change is appropriate, though a student may inappropriately try to change an attitude. The main point is that the student should be aware of when to attempt attitude change.

29. When trying to change an attitude or belief it is sometimes more effective to present both sides of an argument. For example, if you are advising about diet, you should point out the disadvantages as well as the advantages of going on a particular diet. That way the client believes that she is making the decision herself – a crucial feature for attitude change. The two-sided approach should be used unless the other person has difficulty comprehending the various arguments (in which case the two-sided approach just leads to confusion) or if the other person is already inclining towards the view you wish to encourage (in which case the two-sided approach delays the decision).

## Section 6

### Reflective/Friend/Carer Management Skills

30. Relatives and others have their own needs – especially in times of crisis. The student must care for relatives just as she cares for the patient. The student should be aware of and plan for the needs of relatives and carers, for example, by encouraging and facilitating them to go out of the house and meet friends.



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31. The relationships which exist between different family members are complex, and the student should attempt to find out what they are. These relationships are highly varied. For example, a daughter may enjoy her mother “being sick” because she thereby gains power over her mother.

32. The student should, where appropriate, act (or understand that she can act) in ways which promote the stability of the family as a unit. The student should act as a mediator where appropriate; the student should avoid taking sides in family rows.

33. The student should try to involve others in the decision making and implementation of care. By involving others in the decision making relating to care, the student will be more likely to involve others in the actual implementation of care. The student should she encourage feelings of self-determination among relatives and carers, for examples, by saying how well they are looking after the patient.

34. The student should anticipate mood changes in relatives/friends/carers and provide preparatory information as a protection against feelings of anxiety and depression.

35. The coping mechanism used by patients, their relatives, and carers can often, in the short term, be maladaptive. The student should help these individuals through the maladaptive stage of such coping mechanism. For example, the student should try to deflect anger away from the patient where anger results from the relative’s difficulty in coming to terms with a distressing situation.

## Section 7

### Professional Relationships

36. The student should make the effort to be part of a team by communicating with other professionals.

37. The student should not “rub people up the wrong way”.

38. The student should be able to be assertive but without being aggressive. This involves respecting the other person’s views but not giving way: e.g., “I understand your position but I still feel that in this case ”. Repetition is a useful tool for non-aggressive assertiveness, as is rational argument based on scientific information.



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# Assessment Criteria for Specialist Community Public Health Nursing Apprenticeship Programme

**The minimum requirement for SCPHN Apprentices to achieve a 'pass' are**

- Meet all Institute for Apprenticeship SCPHN Duties
- Demonstrate all required SCPHN knowledge, skills and behaviours AND;
- Recognise their potential contribution to the development of Specialist Practice, though this aspect of the role may need to be improved through further experience.
- Demonstrate through practice application a good understanding of the essential aspects of Specialist Practice. There may be some small acknowledged gaps but insufficient to affect competent practice.
- Demonstrate through discussion a good understanding of the main theoretical and practice components of issues influencing the Specialist Practitioner role. There may be some small acknowledged knowledge gaps but insufficient to affect competent practice.
- Demonstrate a satisfactory degree of self-awareness and insight
- Demonstrate a team approach to Specialist Practice, although application may be not be constant
- Acknowledge the importance of supportive strategies, though this aspect of professional practice may need to be developed.

**Apprentices who do not do one of the following points by the end of the Programme would be considered NOT Fit for Practice**

- Does not demonstrate the required knowledge and skill in relation to SCPHN Knowledge, Skills and Behaviours
- Does not demonstrate the ability to prioritise care
- Does not demonstrate sufficient evidence of commitment to practice development
- Does not demonstrate an appropriate understanding of essential practice issues
- Does not demonstrate an understanding of how theory and practice integrate
- Does not demonstrate self-awareness and insight within the Specialist Practitioner role
- Does not recognise where independent practice is inappropriate
- Does not demonstrate a team approach to Specialist Practice
- Does not recognise the importance of supportive strategies within Specialist Practice



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# Mapping NMC (2004) SCPHN Standards of Proficiency to IfA (2019) Knowledge, Skills and Behaviours

**DOMAIN A: SEARCH FOR HEALTH NEEDS**

| Principle: 1. Surveillance and assessment of the population's health and well being | | IfA Duty | Knowledge | Skills | Behaviours |
|---|---|---|---|---|---|
| **1.1** | Collect and structure data and information on the health and well-being and related needs of a defined population. | 5 Assess the physical and mental health needs of individuals | K20 K21 K22 K23 K24 K25 K26 K27 K28 K29 K30 K31 K32 | S28 S29 S30 S31 S32 S33 S34 | B1 B2 B3 B4 B5 |
| **1.2** | Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population. | 6 Collaboratively search for health needs amongst individuals, communities, schools and wider populations | K20 K21 K22 K23 K24 K25 K26 K27 K28 K29 K30 K31 K32 | S28 S29 S30 S31 S32 S33 S34 | B1 B2 B3 B4 B5 |
| **1.3** | Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing. | | K20 K21 K22 K23 K24 K25 K26 K27 K28 K29 K30 K31 K32 | S28 S29 S30 S31 S32 S33 S34 | B1 B2 B3 B4 B5 |
| **1.4** | Identify individuals, families and groups who are at risk and in need of further support. | | K20 K21 K22 K23 K24 K25 K26 K27 K28 K29 K30 K31 K32 | S28 S29 S30 S31 S32 S33 S34 | B1 B2 B3 B4 B5 |
| **1.5** | Undertake screening of individuals and populations and respond appropriately to findings. | | K20 K21 K22 K23 K24 K25 K26 K27 K28 K29 K30 K31 K32 | S28 S29 S30 S31 S32 S33 S34 | B1 B2 B3 B4 B5 |


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**DOMAIN B: STIMULATION OF AWARENESS OF HEALTH NEEDS**

| | Principle 2: Collaborative working for health and wellbeing | IfA Duty | Knowledge | Skills | Behaviours |
|---|---|---|---|---|---|
| **2.1** | Raise awareness about health and social wellbeing and related factors, services and resources. | 7 Raise awareness across communities, schools and individuals about issues that can impact on their health | K33 K34 K35 K36 | S35 S36 S37 S38 | B1 B2 B3 B4 B5 |
| **2.2** | Develop, sustain and evaluate collaborative work. | | K33 K34 K35 K36 | S35 S36 S37 S38 | B1 B2 B3 B4 B5 |
| | **Principle 3: Working with, and for, communities to improve health and wellbeing** | **IfA Duty** | **Knowledge** | **Skills** | **Behaviours** |
| **3.1** | Communicate with individuals, groups and communities about promoting their health and wellbeing | 7 Raise awareness across communities, schools and individuals about issues that can impact on their health<br><br>9 Enable the assessment, development and engagement of individuals and communities with health enhancing activities | K33 K34 K35 K36 K41 K42 K43 | S35 S36 S37 S38 S43 S44 S45 S46 S47 | B1 B2 B3 B4 B5 |
| **3.2** | Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing. | | K33 K34 K35 K36 K41 K42 K43 | S35 S36 S37 S38 S43 S44 S45 S46 S47 | B1 B2 B3 B4 B5 |
| **3.3** | Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate. | | K33 K34 K35 K36 K41 K42 K43 | S35 S36 S37 S38 S43 S44 S45 S46 S47 | B1 B2 B3 B4 B5 |
| **3.4** | Work with others to protect the public's health and well-being from specific risks. | | K33 K34 K35 K36 K41 K42 K43 | S35 S36 S37 S38 S43 S44 S45 S46 S47 | B1 B2 B3 B4 B5 |



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**DOMAIN C: INFLUENCE ON POLICIES AFFECTING HEALTH**

| | Principle 4: Developing health programmes and services and reducing inequalities | IfA Duty | Knowledge | Skills | Behaviours |
|---|---|---|---|---|---|
| 4.1 | Work with others to plan, implement and evaluate programmes and projects to improve health and wellbeing | 8 Influence policies affecting health to initiate change | K37 K38 K39 K40 | S39 S40 S41 S42 | B1 B2 B3 B4 B5 |
| 4.2 | Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting. | | K37 K38 K39 K40 | S39 S40 S41 S42 | B1 B2 B3 B4 B5 |
| | **Principle 5: Policy and strategy development and implementation to improve health and wellbeing** | **IfA Duty** | **Knowledge** | **Skills** | **Behaviours** |
| 5.1 | Appraise policies and recommend changes to improve health and wellbeing. | 3 Engage in the development and promotion of evidence based practice and governance processes | K10 K11 K12 K13 K14 K15 K16 | S17 S18 S19 S20 S21 | B1 B2 B3 B4 B5 |
| 5.2 | 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. | | K10 K11 K12 K13 K14 K15 K16 | S17 S18 S19 S20 S21 | B1 B2 B3 B4 B5 |
| 5.3 | Contribute to policy development | | K10 K11 K12 K13 K14 K15 K16 | S17 S18 S19 S20 S21 | B1 B2 B3 B4 B5 |
| 5.4 | Influence policies affecting health | | K10 K11 K12 K13 K14 K15 K16 | S17 S18 S19 S20 S21 | B1 B2 B3 B4 B5 |
| | **Principle 6: Research and development to improve health and wellbeing** | **IfA Duty** | **Knowledge** | **Skills** | **Behaviours** |
| 6.1 | Develop, implement, evaluate and improve practice on the basis of research, evidence and evaluation. | 3 Engage in the development and promotion of evidence based practice and governance processes | K10 K11 K12 K13 K14 K15 K16 | S17 S18 S19 S20 S21 | B1 B2 B3 B4 B5 |



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**DOMAIN D: FACILITATION OF HEALTH-ENHANCING ACTIVITIES**

| Principle 7: Promoting and protecting the population's health and wellbeing | | IfA Duty | Knowledge | Skills | Behaviours |
|---|---|---|---|---|---|
| 7.1 | Work in partnership with others to prevent the occurrence of needs and risks related to health and wellbeing. | 2 Evaluate, develop and engage in health protection and promotion strategies and policies<br><br>4 Work collaboratively with other professionals and teams to promote and protect the health and wellbeing of individuals, groups and communities | K5 K6 K7 K8 K9 K17 K18 K19 | S9 S10 S11 S12 S13 S14 S15 S16 S22 S23 S24 S25 S26 S27 | B1 B2 B3 B4 B5 |
| 7.2 | Work in partnership with others to protect the public's health and wellbeing from specific risks. | | K5 K6 K7 K8 K9 K17 K18 K19 | S9 S10 S11 S12 S13 S14 S15 S16 S22 S23 S24 S25 S26 S27 | B1 B2 B3 B4 B5 |
| **Principle 8: Developing quality and risk management within an evaluative culture** | | **IfA Duty** | **Knowledge** | **Skills** | **Behaviours** |
| 8.1 | Prevent, identify and minimize risk of interpersonal abuse or violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse or violence where needed. | 4 Work collaboratively with other professionals and teams to promote and protect the health and wellbeing of individuals, groups and communities | K17 K18 K19 | S22 S23 S24 S25 S26 S27 | B1 B2 B3 B4 B5 |
| **Principle 9: Strategic leadership for health and wellbeing** | | **IfA Duty** | **Knowledge** | **Skills** | **Behaviours** |
| 9.1 | Apply leadership skills and manage projects to improve health and wellbeing. | 1 Provide organisational, strategic and clinical leadership by working with a range of stakeholders | K1 K2 K3 K4 | S1 S2 S3 S4 S5 S6 S7 S8 | B1 B2 B3 B4 B5 |
| 9.2 | Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups. | | K1 K2 K3 K4 | S1 S2 S3 S4 S5 S6 S7 S8 | B1 B2 B3 B4 B5 |



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| Principle 10: Ethically managing self, people and resources to improve health and wellbeing | | IfA Duty | Knowledge | Skills | Behaviours |
|---|---|---|---|---|---|
| **10.1** | Manage teams, individuals and resources ethically and effectively | 1 Provide organisational, strategic and clinical leadership by working with a range of stakeholders | K1 K2 K3 K4 | S1 S2 S3 S4 S5 S6 S7 S8 | B1 B2 B3 B4 B5 |


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