Faculty of Health and Education

School of Nursing & Public Health

Specialist Practice of School Nursing/Health Visiting

Unit codes:

2E7V0056 (HV)

2E7V0066 (SN)

20 level 7 practice credits

Unit Handbook September 2023

Contents

Contents

Introduction and Welcome

Welcome to this unit and to your study at MMU. This unit handbook provides specific information for this unit, and should be read along side the induction information and University regulations. These are available on your programme Moodle site.

The overall aim of this Specialist Community Public Health Nursing (SCPHN) Specialist Practice (20 practice credit) unit is to enable students to achieve the knowledge, skills and behaviours to practice safely and effectively in the area of Specialist Community Public Health Nursing focusing on either Health Visiting or School Nursing. This handbook contains information about learning environment requirements and the assessment of practice and is relevant for both students and practice assessors (PAs) and supervisors (PSs). PAs and PSs will also receive a handbook that supplements the information in this handbook.

Practice accounts for 50% of the course and students must complete a minimum of 112.5 days in the learning environment by the end of the course. We encourage PAs, PSs and students to explore the opportunities available to enable students to gain a wide experience in public health practice.

To meet NMC requirements, the course culminates with 10 weeks of consolidated practice.

The **E Portfolio** brings together the assessment of the unit (both formative and summative), and this is available electronically.

The following **IfA standards** and **NMC 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 Standards
- ❑ NMC (2004) Standards of proficiency for specialist community public health nurses
- ❑ RPS (2016) Competency Framework for all Prescribers
- ❑ NMC (2018) Standards for student supervision and assessment

These are all available from the IfA www.instituteforapprenticeships.org/apprenticeship-standards/specialist-community-public-health-nurse-v1-0 and the NMC website www.nmc-uk.org

If you have any queries about the nature of the unit or the assessment, or you experience any difficulties during whilst in the learning environment that cannot be resolved with your PA/ PS, you should contact your Academic Assessor as soon as possible.

Ruth Thomas

Karen Hughes

University Contact Details

The student hub

The student hub is the first point of contact for all student enquiries. They provide a comprehensive information service to students on all student-related matters and can refer you for specialist support. They are located on the ground floor of Brooks building. Term time opening is Monday – Friday 08:30 – 18:30 and they can be accessed in person or by the phone. The Digital Student Hub for quick questions is open 24/7.

Call: 0161 247 1000 or visit the hub online https://www2.mmu.ac.uk/student-life/contact-us/ You can the online advisors any questions via the link on the webpage.

Academic Staff			
Ruth Thomas	Senior Lecturer	r.thomas@mmu.ac.uk	0161-247-2864
Karen Hughes	Senior Lecturer	Karen.hughes@mmu.ac.uk	0161-247-2538
Helen Rigby	Skills Coach	h.rigby@mmu.ac.uk telapprenticeship@mmu.ac.uk	

Contacting Staff

The best way to contact staff is via email, and you can normally expect a reply within 3 working days. All academic staff have time available to see students for tutorials – please email or phone for an appointment.

Learning Outcomes

On successful completion of this course unit, the learner will be able to:	
Learning Outcome Description	Apprenticeship Standard competency alignment
Demonstrate the knowledge, skills and attributes required to fulfil the professional role of the SCPHN in Health Visiting / School Nursing practice	Knowledge 1 – 43 Skills 1 – 47 Behaviours 1 - 5

University Input and Support

Teaching Approaches

The Specialist Practice unit accounts for 50% of the course. The practice element of the SCPHN programme takes place in the supporting trust. SCPHN students have the support of a Practice Assessor and Practice Supervisor(s) throughout their practice placement.

Unit Moodle area

Every unit has a Moodle (e-learning) site for handbooks, resources, teaching material, coursework submission and messages to students. We do not normally give out paper copies of handbooks or presentations, but expect students to access the electronic versions. The University has an app for both Apple and Android devices (see http://lrt.mmu.ac.uk/mymmu-mobile/) where you can access email and Moodle, and students can access free Wi-Fi across the campus. Students may find it useful to bring a tablet computer or smartphone to some sessions.

Contacting Students

All communication to students is via your MMU email address, so it is vital that you check this regularly. Any cancellations or amendements to teaching will be notified via Moodle, which is sent out as an announcement via email. In the case of adverse weather please check the unit Moodle site and MMU emails before travelling.

University Support

In addition to support from the unit lead, the University student support officers (SSO) provide study skills and writing support. Kate Haley is our Faculty SSO, and is available to meet with students individually. If you would like to arrange to meet Kate then contact her via e-mail or phone (e-mail: k.haley@mmu.ac.uk or studentsupport@mmu.ac.uk). If you are on-campus then you can also enquire at the Hub, who can check Kate's availability and book in appointments.

Evaluation and Feedback from Students

All units will be formally evaluated at the end of the taught input, but students are encouraged to raise any issues with the unit leader during the unit so these can be addressed where possible.

Timetable

Please refer to your online timetable and the Unit specific timetable on the Specialist Practice Moodle page for the overarching programme timetable which indicates placement days

Assessment Strategy

Formative Assessment:

You will be offered the opportunity to discuss your progress in the learning environment with your practice assessor and practice supervisor during the formative assessments and with your academic assessor and skills coach at set contacts.

Summative Assessment:

The **completed E portfolio** includes assessment of knowledge, skills and behaviours and the students is assessed by a practice assessor, in partnership with practice supervisor(s) and an academic assessor

Resubmission of assessments

Resubmission dates:

All unit results are ratified at the Examination Board, and any resubmission dates will be confirmed at this Board.

Unit Regulations and Requirements

All students are expected to be familiar with University regulations at:

http://www.mmu.ac.uk/academic/casqe/regulations/assessment-regulations.php

In addition to standard University regulations, the following apply for all CPD students:

- University requirements for confidentially and anonymity in assessments must be adhered to.
- Any cases of proven plagiarism will be reported back to the Trust CPD lead.
- Students must demonstrate the principles of safe and competent practice within all parts of the assessment process. This means that students who write/demonstrate

either by intention or accident, an error that could potentially compromise patient safety, will be referred automatically on that part of the assessment.

- Students are only required to resubmit the part of the assessment that they have been referred on.

Specific to This Unit:

- Students must attend 100% of the learning environment days to pass this unit.
- Students must achieve a 'pass' in placement in order to pass the unit.
- Students will only be allowed to have 2 attempts at the practice assessment. Should a student require reassessment in practice then they will be allowed a maximum of 50 days to be negotiated with the Programme Lead and practice assessor/ practice supervisor(s) in order to retrieve any outstanding outcomes.
- **NEW from 2015: Please note that there is no maximum length of the course (as the NMC removed this regulation in 2015). The University requires the unit to be completed within a period of time consistent with ensuring the currency of the curriculum. This decision is made on an individual basis, but we would normally expect students to complete the programme in 3 years, or 4 years if they are part time.**

Learning environment supervision and assessment

During the programme, students will be supported and assessed by practice supervisors, a practice assessor, academic assessor and skills coach who will work collaboratively in line with the NMC (2018) standards.   Further details on the role are at: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, 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 field of practice. They will work closely with the practice supervisor(s) to assess students 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. Students 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 for progression at the end of the programme. The academic assessor must be a registered SCPHNs with appropriate equivalent experience for the student's 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.

Learning Environment Requirements

Over the duration of the course you are required to obtain 112.5 days in practice. However, all this practice time is not to be spent in your specialist area (i.e. health visiting or school nursing) and the NMC (2004) have set requirements about the nature of learning environments required. The regulations are as follows:

- You must be supernumerary.
- 10 weeks consolidated practice must be in your particular practice route (i.e. health visiting or school nursing)
- At least half of the remaining time (6.3 weeks) must be in settings and with clients that are central to the responsibilities for the practice route.
- At least three 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 the defined area of practice". **These learning experiences must total 3 weeks and can**

be taken as a 3 week block or in smaller chunks of time. Please ensure that you record the time spent gaining additional experience the duration of the course, and note that these must be from the "important areas of responsibility" or "potential areas of responsibility" on the chart below.

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

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

• vulnerable groups of any age		

SOURCE: NMC (2004)

PAs/ PSs and University staff have drawn up the following list of areas of practice which could be considered to be 'additional' or 'potential' areas of responsibility. Please do not think that you have to get experience in all of these areas, but consider what is available locally and what additional experience would add to your learning.

'Potential' or 'additional' field of practice areas for SCPHN students	
Health services Public health consultant/unit Joint health unit and public health intelligence Public health initiatives Health Protection Agency Dental public health Infection control Sure start projects (except HVs in a Sure Start area as this would be considered 'core') Local projects Community development workers Health promotion specialists (e.g. teenage pregnancy, 5 a day, activity) Sexual health projects Occupational health unit (in workplace/industry or NHS setting) Vulnerable adults in work place Pharmacies Port health – airport Travel clinic Complementary therapies	
Local authorities/councils/services Town Hall/local councils. Local Councillors Transport Regeneration groups Local projects Youth service Environmental health Immigration centre Asylum seeker and refugee teams City / urban planning	**Voluntary groups and support groups** C.A.B Samaritans/Child-line Asian/Black groups Salvation army M.A.S.H Age concern Meals on wheels Church groups
Housing Housing Departments Homeless Sheltered housing	**Physical activity promotion** Walking groups Park rangers Leisure centres Football/Rugby club Exercise on referral schemes
Working towards a safer community Crime prevention Police Community support officer	**Community services/facilities** Libraries Connexions

Youth Offending Team	Supermarkets
Prisons / Young Offenders Centres	After school clubs and schools
Police Domestic Violence unit	Hairdressers
Refuges	Colleges/University

Safety on placements

All students are reminded of the need to ensure their own personal safety whilst on placement and are advised to discuss issues related to safety with their practice assessor/ practice supervisor(s). Please ensure you familiarise yourself with your Trust lone visiting policy. No visit is that important that you should take risks with your own safety and if you ever feel at risk then do not get out of your car or enter a house. We recommend that you take a mobile phone with you on all visits and in addition you must let practice staff know where you will be visiting each day and ensure that there is a system of checking this at the end of each day.

IfA Standards – Knowledge, Skills and Behaviours

The IfA (2019) KSBs are listed below, these have been mapped against the NMC (2004) standards of proficiency for entry to the SCPHN part of the register. In addition, students undertaking the V100 Unit must complete the CAT document.

Knowledge:
K1: The principles of strategic and clinical leadership including working within the context of delegation and accountability, whilst taking into account the need for service improvement
K2: The relevant legislative requirements, local policies and governance within your scope of practice, including, but not limited to: health and safety at work, public health legislation and safeguarding of both children and vulnerable adults
K3: How to identify and share sensitive, complex and confidential information with relevant individuals, groups and stakeholders
K4: How to empower individuals, groups and populations to gain greater control over decisions and actions affecting their health and that of the community around them
K5: The factors that influence the health needs of individuals, groups and communities within your scope of practice
K6: The health promotion strategies that are directly related to the improvement of public health outcomes

K7: Local and national strategy and policy that supports the identification and care of vulnerable children and adults including safeguarding
K8: How to apply critical enquiry and analysis skills to a range of data
K9: The factors that affect health and wellbeing and how to affect change as a result
K10: The range of quantitative and qualitative research methodologies for use in public health and wellbeing
K11: How to lead and implement audits
K12: The roles and responsibilities of those involved in research, audit and clinical governance
K13: The range of legal, ethical, professional, financial and organisational policies and procedures that will apply to your research activities
K14: The impact of research on advancing public health and wellbeing
K15: The value of disseminating research to advance practice, and enhance the quality, safety, productivity and value for money of public health
K16: How to value service user experience and its influence on the development of local services
K17: The roles and responsibilities of multi-professionals and multi-professional team
K18: The principles of effective collaboration, partnership and team working
K19: Specialist areas of practice as determined by service need
K20: The theory, legislation and ethical frameworks relating to informed consent and the use of relevant assessment tools
K21: Common physical and mental health concerns that may be identified within your service user population
K22: Pathways of referral and treatment relevant to your service user need
K23: How behaviour, culture, socioeconomic and other factors can affect health, illness, health outcomes
K24: How to plan and deliver complex services taking into account public health priorities
K25: The resources available to support individuals within your locality
K26: How to develop and run groups or establish networks to meet population need
K27: The wider determinants of health and wellbeing, and the impact they can have on individuals, communities and populations
K28: How to collect, analyse and interpret data on health and wellbeing from a wide range of sources to inform health surveillance and assessment
K29: Utilise the ways in which screening and monitoring programmes contribute to the public health agenda
K30: Normal and abnormal physical, emotional and mental health development including the risks factors that may impact on those under your professional care

K31: The principals for using evidence based assessment tools to assess vulnerability, risk and resilience factors in individuals, communities and populations

K32: How to determine a proportionate level of service support needed to achieve positive health outcomes

K33: How to develop evidence based strategies to increase the confidence and capacity of individuals, communities and populations to enable them to understand, participate and engage in actions which will help them improve their health outcomes to reduce the social gradient and health inequalities

K34: How to justify and communicate with individuals, communities and populations on relevant strategies to promote their health and wellbeing to influence and use available resources

K35: Diversity and how to support inclusion of individuals and groups within services, communities and populations and actively discourage discriminatory practice and behaviour

K36: Methods of evaluating sustainable and collaborative working

K37: The relevant national policies, research and legislation applicable to your scope of practice

K38: How to critically appraise research, policy and legislation and use the findings to influence change within your specialist area of practice

K39: How to identify, influence and develop interventions and services to reduce inequalities by working in partnership to plan, implement and evaluate health and wellbeing improvement programmes

K40: Health and safety legislation in relation to the role

K41: How to form, prioritise, maintain and disengage from therapeutic professional relationships with families, children and young people in a variety of situations

K42: Holistic approaches to assessment and service delivery taking into account a range of social and behavioural factors that impact on relationships across the life span

K43: The key transition points in a child or young person's life, and how to liaise and engage with a range of individuals, including the family or young person to ensure a patient centred approach to care transitions

Skills:

S1: Develop, sustain and manage relationships collaboratively with those involved in the provision of care to individuals and local populations, whilst ensuring that resources are negotiated and employed ethically and effectively

S2: Engage with clients in a way that reflects professional curiosity, enquiry, integrity and proficiency to act in the best interests of individuals

S3: Demonstrate decision making and the delegation of areas of professional practice

S4: Manage and apply a risk based approach to identify those vulnerable to abuse and initiate appropriate action

S5: Collaborate with colleagues and other professionals in other agencies to ensure inclusion, maintain safety and minimise risk to vulnerable children and adults

S6: Communicate health information and legislation to others in a way that is factual, accurate and appropriately reflects the needs of the situation

S7: Identify, apply and evaluate specialised quality systems and risk management tools

S8: Contribute to the development of a culture of learning and development for individuals, communities and professional colleagues, including students to help them develop their professional confidence and competence

S9: Use critical evaluation skills for the design, implementation and review of health promotion strategies for individuals, groups and communities to meet identified needs

S10: Determine opportunities to promote preventative self-care in individuals, groups and communities

S11: Apply audit, research and change management skills to influence policy development, implementation and amendment within clinical practice in collaboration with others

S12: Use advanced communication skills with individuals, groups and communities to promote their health and wellbeing

S13: Determine, apply and evaluate advocacy skills to protect and promote health and wellbeing

S14: Apply and evaluate tools and procedures that support the care needs of vulnerable children and adults including safeguarding, abuse and violence

S15: Work in partnership to capitalise on organisational or community resources and assets that provide support for those in disadvantaged groups

S16: Influence public behaviours to improve physical and mental health and wellbeing through the promotion of local and national programmes e.g. immunisation, smoking and healthy eating campaigns

S17: Lead and engage in research activity and carry out statistical analysis

S18: Initiate and/or lead evidence-based activity that aims to enhance public health practice and contribute to the evidence base

S19: Critically appraise and synthesise the outcomes of research, evaluation and audit, and apply this within your own and others' practice

S20: Disseminate outcomes of research through appropriate media to further advance public health practices

S21: Apply evidence based methods to collect, collate, monitor and analyse data relating to strategies and policies, local groups and services including user feedback and engagement forums

S22: Apply interpersonal and communication skills to engage with other professionals and teams

S23: Lead and actively participate in multi-professional meetings

S24: Influence and negotiate to achieve outcomes that will promote and protect the health and wellbeing of individuals, groups and communities

S25: Liaise with, and refer to, other professional personnel and agencies within your scope of practice

S26: Apply knowledge and skills of behaviour change within clinical interventions to promote engagement in health enhancing activities

S27: Plan service development using specialist skills and knowledge for public health protection and promotion

S28: Identify and address a range of social, physical and mental health conditions of people of all ages within your scope of practice
S29: Use appropriate assessment tools to support decision making related to informed consent, deprivation of liberty and the mental capacity process relevant to your scope of practice during health assessments
S30: Make shared decisions with your client group and the wider professional team to create a shared plan of care to meet the identified need including consideration of signposting to other services or groups
S31: Collect, appraise, utilise and appropriately communicate information relating to individuals,communities and populations
S32: Observe and interpret parent-infant, child and young person interaction and use evidence based interventions to support behaviours needed to build and maintain a positive parent/child relationship
S33: Assess and review situations over time to ensure that plans of care and programmes of work reflect the changing needs of individuals, communities and populations
S34: Develop and sustain relationships with individuals and communities to lead, deliver, review and evaluate scheduled screening, health surveillance, child and family health reviews
S35: Communicate and engage with individuals, communities and populations to enable them to understand and participate in actions which will help them improve their health outcomes and respond effectively to a range of health issues within the client base and service context
S36: Raise awareness, capacity and confidence about the public health actions that individuals, communities and populations can take to improve their health and social wellbeing at key stages of human development
S37: Work in a wide range of environments that are varied and challenging whilst recognising and embracing diversity and promoting an equitable service delivery for individuals, communities and populations, including vulnerable and hard to reach groups
S38: Evaluate effectiveness and sustainability of chosen interventions including collaborative working
S39: Identify, interpret and apply national and local research, policy and legislation in relation to your current scope of practice
S40: Appraise, influence and contribute to policies and recommend changes in collaboration with clients, communities, colleagues and wider stakeholders to initiate change
S41: Work with others to develop, plan, implement and evaluate evidence based programme and projects to improve health and wellbeing, and to improve service
S42: Identify, interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those working with the wider community
S43: Advocate person centred care through the development of a collaborative health needs assessment that demonstrates the voice of the child has been captured and professionals working with the families have been included
S44: Develop the capacity and confidence of individuals, communities and populations to influence and empower them to use available services and resources
S45: Lead and deliver preventative community based health projects with individuals, communities and populations across boundaries defined by services, professions and organisations

S46: Work in partnership with others to prevent and protect the public's health and wellbeing from specific risks
S47: Utilise a range of resources, including technology, to provide specialist advice and information on health issues relevant to families, children and young people
Behaviours:
B1: Behave in accordance with the NMC Code
B2: Be professional and professionally curious
B3: Be self-reflective and aware
B4: Be open and flexible
B5: Be positive, resilient, proactive and influential

Prescribing experience and expectations

The NMC (2018) standards for prescribing programmes require students undertaking prescribing to be supported by a practice assessor who is a qualified prescriber. However, until there are more prescribers in school nursing it may not be possible for all practice assessors to be prescribers, and students are required to obtain prescribing experience and be assessed by another practice assessor who meets the NMC (2018) requirements, and is an experienced prescriber with suitable equivalent qualifications. Students must be exposed to the conditions for which they would be expected to prescribe (e.g. skin disorders/eczema, oral thrush etc) and can obtain this experience at specialist clinics etc if required.

Maintaining anonymity/confidentiality

Students are reminded that the University takes confidentiality and anonymity seriously:

"In all unit assessment, students are required to maintain confidentiality and anonymity. Where 'patients / clients' are used in case studies they must grant their permission and, where appropriate, the practice manager must agree that this has been obtained. A pseudonym MUST be used and pointed out by reference to a code of professional conduct (where appropriate)." **"Students may fail the unit if they do not adhere to this regulation"**

Recording learning environment hours/experience

In the E portfolio there are specific sections for recording learning environment days and experience obtained. These are the log of all learning environment days worked and for Public Health Days. We recommend you update your E portfolio each week.

Raising an additional learning contract for identified areas of need

Feedback from PAs/ PSs has indicated the need for a clear process to follow when a student 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 articulated and clear expectations/outcomes are stated and documented in the learning contract.

The learning contract should be copied and forwarded to the University academic assessor. If at any time either the student or PA/ PS would like a learning environment contact to discuss progress then they should contact the academic assessor in the first instance to arrange this.

Learning environment contacts by academic assessors and skills coach

Academic assessors **normally** contact students in the learning environment on at least one occasion over the duration of the course, it is likely that they will arrange a contact after the first few weeks and towards the end of the Programme. The skills coach will arrange other support contacts during the year. The likely content of such contacts include discussion on:

- The range of learning environment experiences available to the student in the 'core' and 'additional' learning environment areas
- Exposure to experience in all 4 domains of SCPHN practice as outlined by the NMC.
- Experience of observing and discussing nurse prescribing practice
- Progress being made by the student in developing their SCPHN knowledge, skills and behaviours in practice
- Support available for the student
- Evidence collected for the E portfolio
- Assessment of the student in practice
- Addressing any other areas of concern

It is the responsibility of the student to ensure these mtgs are recorded in the E portfolio.

Roles and Responsibilities

Academic assessors are responsible for:

- providing information on the unit and ensuring it is understood by students and PAs/ PSs

- providing support to students and PAs/ PSs

- (where appropriate) acting as an intermediaries in the assessment of practice.

Practice Assessors/ Supervisors are responsible for:

- ensuring that the PAs/ PSs -student relationship is one that fosters professional development

- facilitating appropriate learning opportunities

- providing opportunities for formative assessment and comprehensive feedback

- ensuring that assessment is carried out objectively, fairly and in line with the IfA Standards and KSBs

- ensuring that the E portfolio is fully completed

- liaising with the university as planned and when necessary.

Students are responsible for:

- identifying learning outcomes for practice based on the unit's learning outcomes and any specific needs that they may have;

- the provision of evidence of individual achievement of competencies and ensuring that their PAs/ PSs is able to verify these

- ensuring that confidentiality and anonymity are maintained throughout the portfolio

- keeping the E portfolio up to date, accurate and safe and making it transparent and available (to their PAs/ PSs and to university staff) as requested

- submitting the E portfolio on the designated date

The assessment of practice occurs on a continuous basis. Throughout practice the PAs/ PSs will observe and monitor the student's progress and will provide constructive feedback to the student, documenting this in the E portfolio. The student will self-evaluate progress and note this in the E portfolio.

- The PAs/ PSs and student will co-operate in all aspects of informal practice assessment using the academic assessor as and when necessary.
- Formative assessment (an assessment of progress) occurs at three points of the unit and actions and decisions should be a collaboration between student, PA and PSs.
- Summative assessment (where the final assessment is made) occurs at the end of the SP unit. Please note the decision to 'pass' a student should be a collaboration between student, PA, PS and academic assessor.

Appendix 1: indicative assignment briefs

Unit title	Specialist Practice of Health Visiting/ School Nursing 2E7V0056 (HV) 2E7V0066 (SN)
Assignment title	The **completed E portfolio** includes assessment of practice against the IfA (2019) KSBs and is assessed in partnership between the Practice Assessor, Practice Supervisor and Academic Assessor
Unit Leader	Ruth Thomas (r.thomas@mmu.ac.uk): school nursing Karen Hughes (karen.hughes@mmu.ac.uk): health visiting
Submission Instructions	The **completed E portfolio** will be submitted electronically on 20.09.2024.
Learning outcomes tested in this assignment	Demonstrate the knowledge, skills and attributes required to fulfil the professional role of the SCPHN in Health Visiting / School Nursing practice
Task details and instructions	The **completed E portfolio** includes assessment of practice competencies is graded by the Practice Assessor in collaboration with the Academic Assessor. This is based on the IfA (2019) Knowledge, Skills and Behaviours and if the V100 unit is undertaken, the CAT document must be completed and submitted along with the E portfolio. ***All students are reminded about confidentiality/anonymity and the course regulation relating to safe and competent practice.***
Feedback policy	You will receive individual feedback after the Examination Board has met.
Support arrangements	The best way to contact academic staff is by email, and you should normally expect a reply within 3 working days. All students are offered support from the academic assessor and skills coach. Students who have a Personal Learning Plan (PLP) should discuss this with the unit leader or academic assessor. Students who are unable to submit by the due date or have exceptional factors affecting their performance should read the advice on: www.mmu.ac.uk/sas/studentservices/guidance/
Marking and Moderation policy	E portfolios will be made available for the External Examiner to review prior to the Board of Examiners.

Appendix II- Practice assessment criteria

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