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**School of Health Sciences**

**BSc (Hons) Specialist Community Public Health Nursing**

**Course Handbook January 2021**

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This Course Handbook should be read in conjunction with the University of Brighton Student Contract

<https://www.brighton.ac.uk/current-students/my-studies/student-policies-and-regulations/index.aspx>

## Welcome

Welcome to the University of Brighton and to the School of Health Sciences (SHS). We are delighted that you have decided to undertake the BSc (Hons) Specialist Community Public Health Nurse (SCPHN) Course, which facilitates recording an entry for Specialist Community Public Health on the Nursing and Midwifery Council (NMC) register. Students on this course are preparing for roles in either Health Visiting or School Nursing.

You will undertake a number of modules, applying the theory taught to your own pathway, but also learning about the roles of other practitioners that you may have some involvement with in the future. Two modules are common to all pathways. The remainder will either be mandatory for your pathway, or option choices.

This course has the advantage of running alongside the BSc (Hons) and PGDip/MSc Community Specialist Practice, and PGDip/MSc Specialist Community Public Health Nursing courses, with students in district and general practice nursing fields of practice. Common modules between the two courses enable you to work and learn with nurses, who are from other disciplines, in a process of collaboration that will be critical to your success as a SCPHN practitioner.

There are a variety of people to help you through this course and it is *for you as an individual to seek out the help that you require from the relevant people*.

Course Leader

Each course has a course leader who is responsible for the overall running and delivery of the course. Your course leader will hold the SCPHN qualification and will have worked to ensure that the curriculum and your learning experiences prepare you for your role in contemporary public health nursing practice.

All modules also have a designated leader who is responsible for the teaching programme and assessment of the module and will deal with any issues that may arise for you within this module.

Within your practice placement you will be allocated a Practice Supervisor and a Practice Assessor by your seconding/sponsoring Trust/Authority/CCG/Health and Social Care Employer. There is more information about these roles in the sections below

Personal Tutor

See the University of Brighton policy at <https://www.brighton.ac.uk/current-students/my-studies/study-support/general-support-and-tutoring/index.aspx>

It is important to note that the important principle is that your learning needs are prioritised and your student status is protected. Therefore, you will only be undertaking client interventions in relation to the SCPHN role under the supervision of the nominated practice supervisor and practice assessor.

As students you are expected to take responsibility for your own learning needs and to seek help from the many people available to you, as required. If you are uncertain about any aspect of your course, please ask your Academic Assessor for clarification.

During your course there will be regular quadripartite reviews of your progression with you, your practice supervisor, your practice assessor and your academic assessor. This may be at the University, virtually or in practice, depending on your individual circumstances and progression, however you can contact anyone of these to support you outside of these planned quadripartite reviews as needed.

Communication is an important part of this course, with students taking different routes to achieve their final qualification. To this end a variety of strategies have been implemented. Messages and course information will be posted on *studentcentral*. **You should get into the habit of checking announcements on ‘My studies’*,* and your university e-mail account, on a regular basis.**

We have produced this handbook in an attempt to cover the important issues for students but if there are other areas on which you need clarification please do not hesitate to ask. We do hope that you will enjoy your chosen course of study and that it will lead to a very successful outcome for you.

**Jacks Moore (Course Leader BSc (Hons) SCPHN Lead for School Nursing)**

**Laura Gilbert ( Course Leader MSc SCPHN Lead for Health Visiting)**

**Stephanie Stevens (Senior Lecturer in Public Health)**

The information in this handbook is correct at time of publication, however changes may necessitate amendments. You will be informed of alterations to the programme, by way of announcements on studentcentral*.* It is your responsibility to check studentcentral regularly. If you have questions about any of the information in the handbook, please ask for clarification.

## Contact details

|  |  |
| --- | --- |
| School of Health Sciences  Westlain House  Village Way, Falmer  Brighton BN1 9PH  🕿 01273 644087 |  |

|  |  |  |
| --- | --- | --- |
| **NAME** | **RESPONSIBILITY** | **LOCATION** |
| Jacks Moore  Senior Lecturer | Course Leader  BSc SCPHN  Module Leader WBL | Robert Dodd, Eastbourne campus  01273-641101  [J.T.Moore@brighton.ac.uk](mailto:J.T.Moore@brighton.ac.uk) |
| Laura Gilbert  Senior Lecturer | Course Leader M.Sc./PGDip CSP & SCPHN | Westlain House  01273-644186  [L.Gilbert@brighton.ac.uk](mailto:L.Gilbert@brighton.ac.uk) |
| Stephanie Stevens  Lecturer / Health Visiting & Public Health. | Module leader | Westlain House  University of Brighton  Village Way  Falmer Brighton  BN1 9PH  01273 644027  [s.stevens3@brighton.ac.uk](mailto:s.stevens3@brighton.ac.uk) |
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Course Dates**: BSc (Hons) PGDip Community Specialist Practice; BSc (Hons) PGDip Specialist Community Public Health Nursing (HV/SN)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teaching week** | **Week**  **beginning** | **Notes** | **University** |  |
| 1 | 4.1.2021 |  | Induction/Practice |  |
| 2 |  |  | Induction/Practice |  |
| 3 |  |  | Induction/Practice |  |
| 4 |  |  | Induction/Practice |  |
| 5 | 1.2.21 | Semester 1 | Teaching  Term starts |  |
| 6 |  |  | Teaching |  |
| 7 |  |  | Teaching |  |
| 8 |  |  | Teaching |  |
| 9 |  |  | Teaching |  |
| 10 |  |  | Teaching |  |
| 11 |  |  | Teaching |  |
| 12 |  |  | Teaching |  |
| 13 |  | Good Friday | Annual leave |  |
| 14 |  | Easter Monday | Annual leave |  |
| 15 |  | Term ends | **Practice** |  |
| 16 |  |  | Teaching |  |
| 17 |  |  | Teaching |  |
| 18 |  |  | Study week |  |
| 19 |  | Term Starts | Study Week |  |
| 20 |  |  | Submissions | Practice week |
| 21 |  |  |  | Practice week |
| 22 |  |  |  | Alternative Experience |
| 23 | 7.6.21 | Semester 2 | Teaching |  |
| 24 |  |  | Teaching |  |
| 25 |  |  | Teaching |  |
| 26 |  |  | Teaching |  |
| 27 |  |  | Teaching |  |
| 28 |  |  | Teaching |  |
| 29 |  |  | Teaching |  |
| 30 |  |  | Study week |  |
| 31 |  |  | Annual leave |  |
| 32 |  |  | Annual leave |  |
| 33 |  |  | Teaching |  |
| 34 |  |  | Teaching |  |
| 35 |  |  | Teaching |  |
| 36 |  |  | Practice week |  |
| 37 |  |  | Practice Week |  |
| 38 |  | Submissions | Study week |  |
| 39 |  | Submission | Study Week |  |
| 40 |  |  | Annual leave |  |
| 41 | 11.10.21 |  | Consolidation | SCPHN ONLY |
| 42 |  |  | Consolidation |  |
| 43 |  |  | Consolidation |  |
| 44 |  |  | Consolidation |  |
| 45 |  | AEB/CEB | Consolidation |  |
| 46 |  |  | Consolidation |  |
| 47 |  |  | Consolidation |  |
| 48 |  |  | Consolidation |  |
| 49 |  |  | Consolidation |  |
| 50 |  |  | Consolidation | 50 days |
| 51 |  |  | SCPHN Annual Leave | |
| 52 | 27.12.21 |  | SCPHN Annual Leave | |
|  |  | AEB/CEB |  | |

## What do I need to know about my course?

The BSc (Hons) Specialist Community Public Health Nursing course enables you to gain an academic award and registration on the Nursing and Midwifery Council Register for Specialist Community Public Health Nurses, in either the HV or SN fields of practice.

Public health and community nursing roles are diverse, requiring flexibility in provision to allow you to gain appropriate knowledge and skills. Much thought has been given to the way in which student and service need may be considered and linked meaningfully with individual learning needs. It has been agreed that use of a **Professional Development Plan** (PDP), beginning with optional module selection and continuing throughout the course may help to bring these disparate elements together, to provide links with the existing PDR (Performance Development Review) requirements, and to provide evidence of employability on completion of the course. This idea has been well received by stakeholders who agree that participation in the process by students, trusts and the HEI will be vital to its success.

The PDP will be of benefit in achieving coherence through the period of the course, particularly if an extended part-time route is undertaken. In such a situation the needs identified at the beginning of the course may well change over the total period. This mechanism will ensure that need is assessed on an ongoing basis and adjustments made accordingly. Insights gained from the process of developing the PDP will be drawn into the Work Based Learning module included in the curriculum, enabling students to recognise and capitalise on the value of the work undertaken.

The PDP will also provide the means of monitoring your growth and development within your specific field of practice throughout the course, and provide the basis for your continuing professional development on qualification as a SCPHN Health Visitor or School Nurse.

# Course Aims:

The BSc (Hons) Specialist Community Public Health Nursing aims to prepare Specialist Community Public Health Nurses who are responsive to the needs of various client groups across different settings for public health practice. This will be reflected in the capacity to meet the ten key areas of public health practice (NMC 2004). This requires an ability to assess risk in complex situations; to develop effective relationships based on trust and openness; to work flexibly with other services in a range of settings; to deal with conflicting priorities and ambiguous situations; and knowing when to use different and sometimes contradictory theories and perspectives.

These aims are congruent with the NMC Standards of Proficiency for SCPHNs (NMC 2004) and the Public Health Skills and Knowledge framework (2016). The development of new standards for pre-registration nursing and specialist community public health nursing is currently awaited and may require changes.

# **Course outcomes**:

On successful completion of the course students will be able to:

Theory:

* Critically analyse health information and data in order to make judgements in complex situations relating to health needs and risks in individuals, groups, communities and populations.
* Critically analyse health and social policy and contribute to consequent development of local policy and practice addressing health inequality.
* Appraise the evidence base for practice through critical review of literature and identify its implications for Specialist Community Public Health Nursing.
* Utilise theoretical frameworks to respond effectively as clinical decision makers, managing different, and sometimes contradictory, theories and perspectives.
* Critically evaluate theoretical concepts, models and perspectives underpinning Specialist Community Public Health Nursing practice.
* Critically analyse theory and concepts influencing effective leadership; delegate, supervise and facilitate the work of team members across the public health continuum.
* Integrate knowledge of professional and ethical dilemmas in the practice of promoting health and well-being.
* Critically analyse and develop reflective practice in order to further personal and professional growth.

Skills:

i. Cognitive / Intellectual skills (C/I)

* Using a holistic approach assess, plan, implement and evaluate interventions for individuals, groups, communities and populations.
* Develop and utilise skills of critical reflection and problem solving.
* Work flexibly and collaboratively within inter-professional, inter-agency and inter-disciplinary settings using effective interpersonal and communication skills.
* Work with users and carers, establishing a client centred approach based on trust and openness in order to maximise the opportunities for public health interventions to improve health and well-being.
* Demonstrate skills and knowledge required for effective team leadership.
* Demonstrate responsibility for continuing professional development.

ii. Subject specific skills (SS)

* Practice within a framework of professional accountability and responsibility in relation to Specialist Community Public Health Nursing.
* Demonstrate a range of essential public health working skills relevant to the Specialist Community Public Health Nurse role and related to the chosen field of practice.
* Apply knowledge to the delivery of care to the client group.
* Demonstrate advanced levels of communication and interpersonal skills.
* Develop the ability to function as a team leader in the development, implementation and evaluation of collaborative public health practice.
* Prescribe safely, appropriately and cost effectively (if required.)

iii. Key /Transferable skills (K/T)

* Demonstrate advanced communication and interpersonal skills through a variety of means.
* Utilise numerical skills to interpret data and appropriately apply this to practice.
* Practice within a framework of professional accountability and responsibility in relation to Specialist Community Public Health Nursing.
* Apply evidence based practice and problem solving approaches in order to provide excellence in Specialist Community Public Health Nursing.
* Further develop learning skills in order to promote continuing professional development.

These outcomes have been developed in congruence with the NMC Standards of proficiency for specialist community public health nurses (2004).

# Overview of course

A central feature of this course has been to facilitate shared learning with students undertaking other community nursing and health care courses so that the development of skills relating to inter professional collaboration can be enhanced. The Community public health and project management and leadership modules are delivered in common with other students. Optional modules are delivered to groups of students from a variety of backgrounds, who may be undertaking other courses within the school, or single modules as a part of their continuing professional development. Once an optional module has been selected and three sessions attended it becomes mandatory, that is, it must be passed in order to gain the professional qualification and award. Students undertaking both pathways will be able to meet the required NMC learning outcomes through their combination of mandatory and optional modules.

All students undertaking the course will complete 5 mandatory modules: Community Public Health, Project management and leadership, Capacity building for early interventions with children and families, Behaviour change and Child protection if this has not previously been achieved within the last 5 years. You will have to achieve a total of 120 Level 6 credits in order to achieve the BSc (Hons) award and the professional qualification.

Students undertaking the course may qualify as SCPHNs in either the Health Visitor or School Nurse Field of Practice. The NMC Standards of proficiency (2004) Standard 4, requires students to apply at least 50% of their learning to these settings, and is met within the course. Within the structure of the course all modules are shared across both fields of practice, facilitating shared learning essential for public health practice between the students. At the same time the student centred learning approaches utilised, particularly work-based learning, action learning sets and problem based learning, support the students in applying theoretical learning to their specific field of practice. The focus of assignments and practice assessments in all modules is guided by the students’ field of practice, supported by tutors and practice teachers with appropriate practice knowledge and experience. Academic assessors promote integration of theory and practice relevant to the field of practice through the practice visits with students, PA’s, PS’s.

# Practice experience

You must complete 22.6 weeks in practice in the time-span of the course. Blocks of practice are fixed throughout the course. Hours for a practice day are 7.5 hours and for a vlock practice week 37.5 hours. Hours in practice for full weeks are pro rata for part time students. There is some flexibility in the organisation of practice time, in order to facilitate choice of optional modules, and to maximise your access to practice experience. However the predominant model for full time students is two days in university, two days in practice and one day private study. The number of days spent in the university should be equal with those spent in practice. Practice days and independent study days will be negotiated between you and your PS and PA (depending on learning opportunities in practice), and with reference to your pathway leader.

**All students have supernumerary status throughout the course to enable the achievement of the required standards of proficiency (NMC 2004)**

# Independent study days

You are also entitled to the equivalent of one independent study day a week (pro rata for part-time students) during the taught weeks of the course. This may be negotiated in association with the distribution of practice time, and agreed with your pathway leader.

The course lasts 52 weeks in total.

# Full-time route

Route A: SCPHN + V100 (non-medical prescribing NC641 = 120 credits

|  |  |
| --- | --- |
| * NC 640 Capacity Building for early interventions with children and families   (20 credits) | * NA6137 Child Protection (20 credits) * credits **or** Health Promotion:The challenge for practitioners (O) 20 credits **or** Health, Law and Ethics (O) 20 credits |
| * NC 639 Community Public Health   (20 credits) |  |
| * V100 NC641   (20 credits) | * V100 (taught over both semesters) |
| * NW627 Project Management and Leadership through Work Based Learning (40 credits) | * Project Management (taught over both semesters) |

Route B: SCPHN without V100 non-medical prescribing

|  |  |
| --- | --- |
| * NC 640 Capacity Building for Early Interventions with children and families (M) * (20 credits) | * NA6137Child Protection (20 credits) * credits **or** Health Promotion: The challenge for practitioners (O) 20 credits **or** Health, Law and Ethics (O) 20 credits |
| * NC 639 Community Public Health (20 credits) | * NA6181 Behaviour Change for health improvement (20 credits) |
| * NW627 Project Management and Leadership through Work Based Learning (40 credits) | * Project Management and Leadership through Work Based Learning (taught across both semesters) |

# Part time route

|  |  |
| --- | --- |
| Year 1 Semester 1 | Year 1 Semester 2 |
| * NC 640 Capacity Building for Early Interventions with children and families 20 credits | * NH 6137Child Protection 20 credits **or** * NA6162 Health Promotion: The challenge for practitioners (O) 20 credits **or** * NC647 Health, Law and Ethics (O) 20 credits |
| * V100 Nurse Prescribing 20 credits (M/O) **or** | NA 6181Behaviour Change for health improvement |

|  |  |
| --- | --- |
| Year 2 Semester 1 | Year 2 Semester 2 |
| * NC 639 Community Public Health (M) * 20 credits |  |
| * NW 627 Project Management and Leadership Through Work Based Learning (M) 40 credits (taught over both semesters) | * NW 627 Project Management and Leadership Through Work Based Learning (M) 40 credits (taught over both semesters) |

= 120 credits

## Mandatory modules

For mandatory modules of the course you will join the students registered on the MSc/Post Graduate Diploma in Specialist Community Public Health Nursing for lectures, debates discussions and simulated learning in the bespoke community learning environment.

You will spend time both with the wider SCPHN group, and with your specialist field of practice group and pathway leader.

# Community Public Health

Module Leader: Jacks Moore

Credit rating: 20

Aims:

This module aims to give students the opportunity to explore the concepts of contemporary public health and identify the roles of communities and private, public and non-governmental organisations in promoting health, preventing disease and reducing inequality.

Learning Outcomes

1. Critically analyse, interpret and communicate data and information on the health, wellbeing and needs of a defined community relevant to their own professional role. This will include analysis of the process of collating and interpreting health data and assessing health needs.

2. Examine the roles of communities and organisations in addressing the identified health needs of the defined community.

3. Demonstrate a knowledge and understanding of key contemporary public health issues and perspectives including the factors that affect health and wellbeing and evaluate the impact of policy, health economics, and ethics in reducing inequalities in health.

4. Critically analyse models of health promotion and their use in public health.

5. Identify and critically evaluate strategies which aim to address health inequality at a community or population level and discuss the effectiveness of these services in meeting the identified needs of your clients/patients.

Keynote lectures:

Evaluating Public Health Strategies

Health Data

Health Promotion

Health Needs Assessment

Public Health Law and Ethics

Public Health Policy

The Role of Community in Public Health

Leadership in Public Health

Problem base learning triggers

4 core triggers; Diet, Inequality, Mental Health, Sexual Health. Students will be encouraged to identify practice issues from their field of practice for exploration and learning related to public health. Information and learning will be discussed in class and within a blog.

In addition 5 triggers to be based on contemporary public health issues at the time of the module.

Teaching and Learning Strategies:

The module will be delivered using a combination of Key Note Lectures which will incorporate short film clips and group discussion and problem based learning which will incorporate a group blog.

Formative feedback will be given informally during the problem based learning groups and formally with written feedback on one of the blogs.

External Examiners: Sarah Roberts. Surrey University.

# Project management and leadership through work based learning

Module Leader: Jacks Moore & Donna Goddard

Educational Advisors**:** Specialist pathway leaders /personal tutors

Credits 40

Aims:

This module aims to enable students to develop leadership and management skills through the planning, implementation and evaluation of a work based project.

Learning outcomes:

LO1. Critically examine an issue related to practice.

LO2. Select, critically appraise and evaluate a broad range of relevant research and literature in relation to the chosen project.

LO3.Critically examine the issues arising from role development, including inter-professional learning, resourcing, national and local criteria, socio economic and political issues and ethical dimensions

LO4. Evaluate service user and care reviews together with other stakeholder perspectives in the development, delivery and evaluation of the project ensuring the promotion of equality and diversity.

LO5. Critically analyse leadership strategies related to project development in order to enable individuals, groups, communities and agencies to work effectively in partnership

LO6. Create new perspectives on professional practice through critical reflection on project management and the change process whilst ensuring quality and integrity of service delivery.

Content:

Content will be agreed between the student, practice teacher/Educator and personal tutor.

Developing a learning agreement.

Models of project planning

Critical appraisal of literature, validity and reliability of tool development

Leadership skills and managing change in the workplace

Managing data / evidencing practice development

Exploration of communication strategies and collaborative working

Critical reflection of project management skills required and developed throughout the project.

Content/learning materials will be managed by the learner and clarified through a process of negotiation between the learner, a designated mentor/practice teacher in practice and their personal tutor. This must be related to the specific field of practice being undertaken and NMC standards (NMC2004)

Learning and teaching strategies

The development of the project will be self-managed and supported by the AA, PS and PA. Students will be expected to identify and manage the learning opportunities required to fulfil their learning objectives, they will do this through negotiation of a range of learning opportunities, which may include a combination of the following:

Secondment

Shadowing

Interviewing relevant others in roles of interest to the project / or in an advisory capacity

Reflective journal writing

Action learning sets / dialogue journal meetings with mentor / personal tutor.

Use of information services

Conference opportunities

Online learning materials / email and discussion board facilities

Seminars

Guided experiential learning in practice

Keynote lectures

Formative assessments (2 in total) include; Learning  agreement; project proposal. This will be submitted via turnitin and formative feedback provided.

Students will be expected to organise their studies to reflect the nature of their work-based situation, its constraints, goals to be addressed and their personal work and learning style.

External Examiner

Sarah Roberts: Surrey University

# Capacity Building for Early interventions with Children and Families

Module Leader: Laura Gilbert

Credit rating 20

Aims:

The module aims to facilitate exploration and critical analysis of the concepts underpinning capacity building in practitioners in order to facilitate early interventions in childhood. The module will support the current direction from the Government of promoting positive early intervention work with children and families.

Learning outcomes:

1. Critically analyse principles and concepts, including resilience, that underpin capacity building and apply this knowledge to multi-agency working with children, young people and their families.

2. Evaluate social and health policy referring to the importance of early interventions in childhood and adolescence.

3. Critically analyse current evidence underpinning child development, including developments in neurophysiology, which provide guidance for practice and emphasise the importance of brain development for children and young people.

4. Plan and participate in the development, implementation and evaluation of strategies to promote capacity building in diverse contexts.

5. Demonstrate an ethical awareness of the dilemmas and challenges of working to promote early interventions for children, young people and their families.

6. Develop critical insight in applying principles learned to their own professional practice.

Content

Salutogenic concepts and theories and user models of engagement contributing to capacity building will be discussed.

Psychological and sociological theory, social norms, self-efficacy, developmental psychology and attachment.

Promotion of resilience in clients and professionals.

Children’s mental health.

Child development and neurophysiology.

UNICEF Baby friendly and Infant and child nutrition.

Principles and practice of assessment of need and risk, intervention and evaluation.

Communication strategies and principles of partnership working

Ethical principles

Strengths based practice

Motivational interviewing

Solution focused approaches

Evaluation of a range of approaches to parenting

Teaching and learning strategies

The module will incorporate a variety of teaching and learning strategies including learning keynote lecture; e- learning package for healthy child programme; case studies.

A formative assessment will be undertaken where the students will present the outline of the case study for peer review. Each student will receive feedback from their peers in a written format and each student will receive written formative feedback from the module leader. (LO1, 2 and 4)

External Examiner:Sarah Roberts. Surrey University

# Behaviour Change for Health Improvement

Module leader: Stephanie Stevens

Credit rating: 20 credits

Aim

The aim of this module is to provide students with the theory and practice principles of individual behaviour change techniques to support health improvement. Students will learn how to recognise the signs of non-adherence and how to select the most appropriate behaviour change model / principles to suit particular population groups for example; supporting people with increasing exercise, healthy eating. It can also benefit those working with parents in supporting sleep behaviours for example.

Learning outcomes

1. Examine the key priniciples of behaviour change suited to an individual and demonstrate the application in a role play setting.
2. Analyse behavioural, sociological, psychological, and public health theories of human behaviour and lifestyle choices.
3. Evaluate the primary factors and mechanisms involved in causing and maintaining risk taking behaviours and related morbidity and mortality.
4. Discuss and analyse principles of behaviour change suited to particular settings or lifestyles.

5. Apply models and principles of behaviour change to assess their impact on health

and well-being.

Content

Theories, models and principles of behaviour change eg motivational interviewing, brief intervention, solution focused therapy, nudge theories.

Making Every Contact Count (MECC)

Morbidity and mortality relating to lifestyle.

Evaluation of the evidence base of for behavioural change models and principles.

Risk taking behaviours including why people maintain risky behaviours that have a detrimental impact on health.

Factors that influence positive behaviour change will be discussed.

Socioeconomic and/or cultural factors that may contribute as facilitatory or barriers to behaviour change.

Application of behaviour change models and principles to specific populations, occupations, lifestyles and settings

Evaluation of effect, change and sustainability.

The role of social marketing

External examiner: Sarah Roberts. Surrey University.

# Prescribing from the Nurse Prescribers’ Formulary for Community Practitioners (NPF) for registered nurses with a specialist Practice Qualification (V100)

Module Leader: Hannah Morris

Credit rating 20

Aims

This module aims to equip registered nurses, with a Specialist Practitioner qualification, with the knowledge, skills and competence to prescribe from the *Nurse Prescribers' Formulary for Community Practitioners* (NPF) and to become safe, appropriate and cost-effective prescribers within the community team.

The learning outcomes are specified by the NMC (2006)

On successful completion of the module students will be able to:

LO 1: Assess and consult with patients, clients, parents and carers

LO 2: Undertake a thorough history, including medication history and current medication (including over-the-counter, alternative and complementary health therapies) to inform diagnosis

LO 3: Understand and apply the legislation relevant to the practice of nurse/midwife prescribing

LO 4: Critically appraise and use sources of information/advice and decision support systems in prescribing practice

LO 5: Understand the influences that can affect prescribing practice and demonstrate understanding by managing prescribing practice in an ethical way

LO 6: Understand and apply knowledge of drug actions in prescribing practice

LO 7: Demonstrate an understanding of the roles and relationships of others involved in prescribing, supplying and administering medicines

LO 8: Prescribe safely, appropriately and cost-effectively

LO 9: Practise within a framework of professional accountability

Content

* Consultation, decision-making and therapy, including referral
* Influences on, and psychology of, prescribing
* Prescribing in a team context
* Clinical pharmacology, including the effects of co-morbidity
* Evidence-based practice and clinical governance in relation to nurse prescribing
* Legal, policy and ethical aspects
* Professional accountability and responsibility

Prescribing in the public health context

External examiner: Francine O’Malley

# Child Protection

Module leader Jacks Moore/Kris Fernandes

Module Aims:

This module aims to enable students to develop knowledge and understanding of child protection and safeguarding towards the protection of children and the promotion of the welfare of children, families and communities.

Learning outcomes:

1. Reflect critically upon beliefs and attitudes to safeguarding children and child

protection and analyse the effects of these upon practice and self

2. Identify and develop an evidence – based approach to safeguarding children and

promote effective partnership working with families and professionals

3. Critical reflection on effective decision making in response to complex

safeguarding issues as they arise and the assessment and management of risk

4. Critically analyse national and local guidance, legislation and published research

and their application to practice

5. Critical reflection on: issues of inequity, recognising the increased vulnerability of

some children, families and communities to harm.

Content:

The content will be flexible to enable module leaders to respond to the needs of individual group members and current issues of concern.

External Examiner: Sarah Roberts: Surrey University

# Optional modules:

The remaining credit required for completion of your award will be gained through completion of module options or choices. A number of modules have been identified within existing CPE provision in the School of Health Sciences that will enable you to meet the required outcomes of the course.

Module options include:

Health Promotion: The Challenges for Practice (20 credits)

Health, Law and Ethics (20 credits)

## 

# Consolidation of Practice

Consolidation of Practice is a specifically identified period of 10 weeks (or equivalent if part-time) undertaken at the end of your course. The main intention of this extended period of Consolidation of Practice learning is to;

* Enable transition from student role to autonomous practitioner;
* Consolidate clinical experiences into a realistic framework of practice;
* Provide opportunities to extend specialist professional competencies;

During Consolidation of Practice you will continue to be supervised by a PS and assessed by your PA on continuing proficiency within your field of practice. It is expected that you will function more as an autonomous practitioner.

Qualification as a SCPHN depends on satisfactory completion of this period of consolidation and achievement of the SCPHN standards of practice.

## What support and guidance can I expect?

Our University provides support for all students through the student advice and support services. Support is available across each of our sites and includes advice on child care, health and well-being, financial issues and learning support. Information is available from their web site – [student advice and support services](http://www.brighton.ac.uk/current-students/contacts/advice-and-support-services/index.aspx)

Your academic assessor will offer academic guidance and meet with you a minimum of once each semester. Tutorial support for subject specific issues can be accessed from your academic assessor and from module leaders. Your academic assessor and module leader will offer opportunities for verbal and written feedback. It is your responsibility to arrange appointments for tutorial support. Your practice supervisor and practice assessor will also give verbal and written feedback on your development in practice.

In addition, formative assessment is provided for each module and to students throughout the course through individual and group tutorials, feedback on presentations and seminars, feedback on plans and drafts for written assignments. Formal opportunities for peer feedback also exist through Action Learning Sets (Project Management and Leadership). Reflective practice is encouraged throughout, both within the classroom and practice and on a personal basis. Written feedback based on grading criteria, is provided for all assessments giving clear indication of strengths and development needs for future work. Then same principles for assessment are followed in practice where practice supervisors and practice assessors work with students and give them ongoing feedback on their clinical practice. This formative feedback supports preparation for summative assessment tasks in practice

# Role of the Practice Supervisor

The practice supervisor will:

ensure that the learner is oriented to the area, thus facilitating safe and appropriate practice

* Attend practice supervisor training and updates
* provide an effective role model by demonstrating specialist skills, knowledge and attitudes
* co-ordinate and liaise with other specialists\* involved in supervising, working with or teaching the student
* identify opportunities for the achievement of learning outcomes
* monitor and contribute to the ongoing assessment of achievement of learning outcomes and provide feedback on competency to practise as a SPQ for the duration of and at the end of the course
* document assessment of progress in discussion with the learner
* attend specialist practice education forums

# Role of the Practice Assessor

You will be allocated a practice assessor who will have responsibility for assessing you in practice.

The practice assessor will work with the academic assessor who is the person who takes overall responsibility for your progression and is responsible for approving your fitness to practise at the end of the course.

The practice assessor will:

* support the practice supervisor inensuring that the learner is oriented to the area, thus facilitating safe and appropriate practice
* Attend practice assessor training and updates
* provide an effective role model by demonstrating specialist skills, knowledge and attitudes
* co-ordinate and liaise with other specialists\* involved in supervising, working with or teaching the student
* facilitate the achievement of learning outcomes
* assess the ongoing achievement of learning outcomes and contribute to the sign off the learner as competent to practise at the end of the course
* assess and mark the practice assessment for each module
* document assessment of progress in discussion with the learner, practice supervisor and academic assessor
* attend specialist practice education forums and CPD sessions

You will also be expected to manage your own learning and organise appropriate practice supervisor and practice assessor and academic assessor time.

NB. Students must work with practice supervisors, practice assessors and academic assessors to ensure that action plans for practice for each module address the module learning outcomes in the context of the developing specialist practice role.

\*Other specialists may be asked to provide individual supervision to the student to meet the requirements of the course. These practitioners will have the opportunity to contribute feedback in the practice document (PDP) on which the practice assessor can inform their decisions towards assessment.

## Learning Resources

# My Studies

*My studies* provides a personalised home page to help you manage your studies. It provides access to information and communication tools, including e-mail, ‘Blogs’, discussion boards, on-line library services, course material and other essential services.

This personalised home page provides on-line information that is available for courses and modules. These areas provide tools for tutors to make teaching materials and other information available, communication tools to help discuss issues and assessment tools to help you revise or to take online assessments.

My studies further provides a means for tutors to track the usage of materials posted within course and module areas. Tracking material usage logs the time, frequency and identity of all staff and students making use of the materials. The name and email addresses of all My studiesusers are made available via the online user directory. This information is also made available to those participating in discussion boards and group facilities and this information is **ONLY** available to registered users of the university and not accessible to the public.

The online library can be accessed here:

<https://staff.brighton.ac.uk/is/libraries/Pages/Online-Library.aspx#openinnewwindow>

# Student support

The School of Health Sciences is committed to supporting students and alongside the advice and support available from our University we have designated members of staff available to help you. There are Student Support and Guidance Tutors, one based at Eastbourne and one based at Westlain house Falmer.

You can contact your SSGT via the following link: <https://www.brighton.ac.uk/current-students/my-student-life/my-wellbeing/student-support-and-guidance-tutors/index.aspx>

In addition we have a Disability Liaison Tutor, who advises on reasonable adjustments and support on professional courses. They are all available to discuss your individual needs and any information discussed is confidential and will not be shared with your employer or academic/administrative staff without your consent.

Link to declaring a disability and support page: <https://www.brighton.ac.uk/current-students/my-studies/declaring-a-disability-or-learning-difficulty/index.aspx>

Details of support available from SHS is available on the [student support](https://studentcentral.brighton.ac.uk/webapps/blackboard/content/contentWrapper.jsp?course_id=_50627_1&displayName=Student+Support&href=https%3A%2F%2Fstudentcentral.brighton.ac.uk%2Fwebapps%2Fportal%2Fframeset.jsp%3Ftab_tab_group_id%3Dnull%26url%3D%2Fwebapps%2Fblackboard%2Fexecute%2FcourseMain%3Fcourse_id%3D_69289_1&cR2XilcGYOo=g1Fo7KWL53uNJ4Z1xRz3Oew%2BhJAuwpzZSAHbiBDfYiI%3D) link found on your My course page in My studies.

If this is an issue for you early discussions with the course team and student services on commencing the course is recommended as the course is full time over 52 weeks and as such you will not be eligible for Disabled Students Allowance (DSA). For part time students where the course lasts more than one year there is entitlement to DSA. You can apply for full or part time in negotiation with the sponsoring organisation.

# Disability and Health

Details of how to obtain additional support can be found on the student services [web site](http://www.brighton.ac.uk/current-students/my-studies/declaring-a-disability-or-learning-difficulty/index.aspx) .

## How can I actively participate in the course?

# Action Learning Sets/ Reflective Practice Groups

Action learning sets involve a group of students working together for a period of time to look back over experiences, generate discussion of issues raised, place deliberate attention on the relationship between reflection and effective action, and to propose a way forward. The main difference between action learning sets and other forms of group discussion is that the focus is on the individual and their issues. McGill & Beaty (1995) describe how a set may operate with three students. After confidentiality has been agreed, the first learner acts as a presenter to describe an issue or concern that they have regarding their learning. The second learner acts as an enabler to help the presenter think through their 'problem' and specify steps that can be (rather than ought to be) taken to solve the problem. The third learner has the role of observer, to listen and provide feedback on the effectiveness of the 'enablers' comments and action proposed. This process is rotated so that each learner occupies each role.

# Group Tutorials

Group tutorials can take a variety of forms. One common form is the working tutorial, in which the class (or a section thereof) tackle course-related tasks set by the lecturer, obtaining help or guidance if they experience difficulties. Another is the problem-raising tutorial, in which the members have the opportunity to ask the lecturer about any matters relating to the course with which they are having problems. Group tutorials will be provided, led by your module leader or academic assessor, to support you within your specialist pathway group.

# Problem Based Learning

Problem Based Learning (PBL) is defined and often used in a variety of ways, there is a consensus in the literature that, as a learning strategy, PBL encourages students to develop self-directed learning and critical thinking skills (Wilkie & Burns 2003). As such, it is not so much a method for teaching but a way of learning; an approach to structuring the curriculum, which allows the integration of theory and practice through the use of real problem situations within the curriculum.

PBL is a key learning strategy to selected modules in this course. The process of learning is learner-led as you work in small groups to identify the issues that need to be addressed and clarify what you already know and what you need to know in order to respond to or resolve the situation. Lecturers act as facilitators to provide assistance and promote discussion. This will give you the maximum opportunity to learn and, in particular, will reinforce your development as competent lifelong students. The PBL approach will challenge you due to the fact that you will start with the 'problem' and not the knowledge to solve the 'problem' and so you will become more active in your learning. As Wilkie and Burns (2003) suggest, exposing students to the demands of active participative learning challenges them to take responsibility for their own learning and ultimately their own clinical practice through the process of simulation. This approach is utilised in the ‘Community Public Health’ and the ‘Case Management for Long Term Conditions and Frailty’ module.

# Work Based Learning

Within this course, *work-based learning (WBL)* is a term used to describe a module of learning that is delivered by colleagues and students within the work environment, the higher education institution and the students themselves working together to create new learning opportunities in the workplace. The work-based learning modules have the potential to ensure fitness for practice, fitness for purpose and fitness for award.

Typically a work based learning module will reflect some or all of the following characteristics:

* Learning through work
* The need for new skills and knowledge in the workplace
* Meeting the needs of performance and recognition
* Addressing organisational priorities
* Flexible professional development

Work-based learning offers you the opportunity to manage your own module/programme of learning alongside learning from more conventional academic programmes. As such, work-based learning is unlike that of taught programmes previously experienced. There will be support, advice and help built into the negotiated programme but the student, as an active self-directed learner, is responsible for the successful completion of the module. There is, therefore, a need for you to negotiate your plan of learning with the Trust/CCG/Health and Social Care Employer and the University. Negotiation aims to ensure that the plan of learning can be supported and resourced and competencies and learning identified can be structured into a manageable programme of study that can be assessed and accredited. The kinds of learning that may comprise the work-based learning module are: knowledge development, critical understanding, practical and technical skills and the enhancement of professional attitudes and values.

In this course a work-based project module will be used and this will run throughout two semesters. The module is entitled Project Management and Leadership through Work based Learning. The aims of the module are developed by the learner, in negotiation with their practice assessor and academic advisor at the beginning of the module in the form of a learning agreement. The practice supervisor can also support the student in developing ideas and learning objectives, but it is the practice assessor and academic assessor who must agree these with the student. This module requires students to demonstrate the ability to critique research and synthesise a reliable evidence base for practice. The aims will be unique for each learner; however, each learner must demonstrate that their learning activity leads to useful outcomes within their work place.

## Student participation with course management and monitoring

# Student/ Staff Forum

The Student and Staff Forum is designed to bring students and staff together so that we can listen to students, hear and act on feedback so that we can work together to coproduce an enhanced experience for students. This platform will be constituted with a fixed agenda that will consider, amongst others;

* Course management – a critical reflection of the course, its stated aims and objectives
* Student experience
* Course delivery - the adequacy of the physical and learning resources support for the course
* Admissions - interviewing and selection procedures
* Feedback from module teaching teams
* Assessment arrangements and feedback to students and assessment of academic standards of the course
* Student support and guidance issues
* Liaison with NHS Trusts/CCGs/Health and Social Care Employers
* Evaluation of students’ learning experience and summary of any modification to the course and actions taken as a result of evaluations.

The membership of this Board will consist of the Course Leader, Library Resources Officers, Module Leaders, academic assessors, NHS Trust representatives, CCG representatives, Health and Social Care employer representatives, service users/carers representatives, student representatives and practice assessor and supervisor representatives. Minutes of the meetings will be formally recorded.

# Role of the Student Representative

Each field of practice group is required to elect one if its members to represent them at the Student/ Staff Experience Forum. Each representative is required to:

* Liaise with their group at least once per semester to identify with their peers any issues that need to be brought to the attention of the Student/ Staff Experience Forum.
* Meet with the course leader/representative once per semester
* Attend two Student/ Staff Experience Forums
* Provide feedback from the Student/ Staff Experience Forum to their pathway group

# Module and Course Evaluation

The course will be subject to the normal quality mechanisms of the institution with annual reports scrutinised at departmental, faculty and institutional level.

At course level, students will complete an evaluation at the end of each module, the course and their placement. The module and course leaders will be responsible for collecting this data in a format agreed by the Student/ Staff Experience Forum. The data will then be presented to the Student/ Staff Experience Forum and incorporated into the annual report. Evaluation of the course will be judged against the aims and objectives of the course. Feedback from external examiners will be used in the evaluation process as will feedback from practice supervisors and practice assessors and NHS Trust/CCG/Health and Social Care managers obtained at the Student/ Staff Experience Forum.

## How will I be assessed?

You will be expected to seek out and find new knowledge and information in order to meet the on-going demands of professional practice through literature reviews and research critiques. Furthermore assessment strategies will be designed to facilitate the notion of deep learning of both theory and practice. Assessments will therefore be designed to enable you to reflect and draw upon practice and integrate it effectively with theory throughout your studies. To achieve this, learning outcomes will be identified in each module that relate to both theory and practice.

# Formative assessment

Formative assessment provides essential feedback to you and the lecturer on the level of understanding of the material. Early feedback can encourage and motivate you and, therefore, improve pass and retention rates. Formative assessment is provided for students throughout the course through individual and group tutorials, feedback on presentations and seminars, feedback on plans and drafts for written assignments. Formal opportunities for peer feedback also exist through Action Learning Sets (Project Management and Leadership). Reflective practice is encouraged throughout, both within the classroom and practice and on a personal basis. Written feedback based on grading criteria, is provided for all assessments giving clear indication of strengths and development needs for future work. Then same principles for assessment are followed in practice where practice supervisors and practice assessors work with students and give them ongoing feedback on their clinical practice.

Formative feedback supports preparation for summative assessment tasks in practice and therefore each module includes a constructively designed formative assessment on which to develop students learning in preparation for summative assessment.

# Practice assessment

The aim of assessing practice is to provide evidence of fitness for practice and purpose as a Community Specialist Practitioner. It will also provide a measure of growth and development from first level nurse to specialist practitioner. This growth will be demonstrated in your personal development plan (PDP). This is a learner led course and the PDP will help you to identify and achieve your learning objectives in community specialist practice.

Specific practice assessment tasks are identified for each module. These are assessed by your practice assessor and the marks awarded moderated by another assessor in practice. Evidence of practice assessment is also made available to external examiners (as appropriate to the assessment tasks) who may also meet with students.

Quadripartite reviews with students, practice supervisors, practice assessors and academic assessors will aim to formatively review placement learning and verify written evidence of practice learning and your ability to critical reflect on your performance. Learning contracts/agreements and action plans will be drawn up to enable you to meet your learning outcomes through practice.

Mapping of modules has been completed in the development of the course to ensure that all required NMC outcomes will be met. The flexibility of the course means that these will not be met in exactly the same way for each learner. At the end of the course you will therefore need to provide a summary document demonstrating the achievement of the Standards for Community Specialist Practice. This will comprise a mapping grid identifying the achievement of learning outcomes against modules. This mapping grid will be submitted at the end of the course, together with any supporting documentation from your practice assessment tasks, your practice attendance log, and your personal development plan. At this point your practice assessor and academic assessor will also complete a declaration of your fitness to practise as a Community Specialist Practitioner. The documentation required will be provided on My studies.

# Theoretical assessments

There will be a summative theoretical assessment component to be completed at the end of each module. The assessment details can be found in the relevant module handbook. Assessment methods include written assignments, portfolio of evidence and examination under invigilated conditions. Theoretical assessments will be marked using level 6 marking criteria.

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## Maintaining Confidentiality in academic work

Confidentiality is essential and must be maintained. Information is generally held under legal and ethical obligation of confidentiality. Information provided in confidence should not be used or disclosed in a format that may identify a person without his / her consent. This applies in all aspects of your being privy to confidential information and means that any confidence and or information must not be disclosed in the public domain (e.g. be discussed in a public place).There are a number of exceptions to this rule but it applies in most circumstances (DH 2005). It is essential that all students abide by the Nursing and Midwifery Council (2015) code of professional standards of practice and behaviour for nurses and midwives in their assessed work (for example please do not use any identifiable details of patient/client/trust/teams/trust logos etc within written assignments, practice assessments, examinations, projects, reports, seminars and similar).

Maintaining confidentiality promotes trust and serves to protect against the potential consequences of disclosure, preserves privacy and maintains individual choice for service users / carers / organisations. There is a general common law duty imposed on health care professionals to respect patients’ confidences. This is justified ethically by the consequences of not keeping private a person’s disclosures or information; an issue of trust in a health care relationship. Under the Human Rights Act (1998, Article 8) there is a right and obligation to respect for private and family life, home and correspondence.

NB In some assessment tasks students may be required to produce documentary evidence that identifies individuals and/or organisations. Where this is required specific guidance will be given in the course and module handbook.

Before submitting academic work all students should note the following.

The SHS Student Assignment Declaration Form must be read carefully, completed and submitted with the work.

Documentation should not be used if it discloses the identity of service users, carers, colleagues, organisations or NHS Trusts i.e. completed care plans, referral letters, assessment forms, prescription charts.

Exceptions to this are documents that are in the public domain i.e. can be found on the Internet, government documents / information produced for the public.

To ensure the anonymity of individuals’ / organisations’ names must not be used. Pseudonyms and generalised terms, for example a health visitor, a surgical ward, young, middle aged etc. should be used.

Signatures of staff in the workplace who sign student’s official documentation are an exception.

Informed consent should be obtained before undertaking any activity in which information about individuals is collected. These include interviews, questionnaires, videos, photographs, audio recordings etc. Consent must also be obtained to use unpublished, i.e. NHS Trust, documents not in the public domain.

When it is relevant to include information about individuals and or organisations in assessed work, guidance and or documentation will be included in the course handbook to ensure that data protection is complied with and or to safeguard clinicians, service user, student and University.

Verbal Presentations (i.e. OSCE’s, oral examinations etc)

Confidentiality should be maintained as in documentation above.

Penalties

When there is a breach of confidentiality or failure to obtain consent for disclosure the Academic Misconduct Process will be followed (University of Brighton GEAR Section F: Academic Misconduct). At the end of this process a recommendation will be made to the Examination Board. (This process may lead to a referral to a student’s respective professional regulatory body e.g. Nursing and Midwifery Council).

Consent

Confidentiality promotes trust and gaining consent for disclosures provides choice for service users / carers / colleagues / organisations / practice placements in line with the NMC Code of Professional standards of practice and behaviour for nurses and midwives (2018) section 5.

NB Course / module handbooks must be referred to for specific guidance.

Frequently asked questions.

The following questions may help answer queries regarding confidentiality. Students should seek guidance from academic staff if they are uncertain or have additional questions.

|  |  |  |
| --- | --- | --- |
| Question | Answers | Exemptions |
| Can I include the name of my mentor in a reflective account? | No. This would breach confidentiality.  (If you have concerns about an issue from practice you should talk to your personal tutor or link lecturer). |  |
| Am I allowed to include the names of mentors in skills inventories? | Yes. They will have agreed to this so it does not breach confidentiality. |  |
| Can I include testimonials and letters of support / references in my portfolio / CAP document? | Yes if you have gained their permission. | Where these are being used as evidence (i.e. to support AP(E)L, WBL, Return to Practice, projects) these should be included and you must refer to the handbook for guidance |
| Can I include certificates of attendance in my portfolio / CAP document? | Yes. This does not breach confidentiality. |  |
| Can I include the name of the Trust / Clinic / organisation and or its location in my essay? | No. Normally this would breach confidentiality. | Some modules require that you do this and this will be indicated in the module handbook which you MUST read carefully. |
| What about referencing Trust Protocol’s and or Policies? | Yes if these are in the public domain i.e. can be retrieved from outside the Trust (internet / publications). | Some modules require that you do this and if they are not in the public domain the Trust should be referred to as ‘Trust X’.  Refer to module handbook. |
| Can I reference material from the Trust intranet? | Yes if it is in the public domain i.e. can be retrieved from outside the Trust. |  |
| Can I include discussions in classrooms with lecturers and peers in my academic work? | No. You may mention that the discussion occurred and what you have learnt but you should not reveal names / specific sessions. | If a lecturer has published material discussed in the session this can be referenced in your academic work. |
| Am I allowed to include Trust Care Plans / Prescription Sheets in my academic work if I put them in an appendix? | No. If you are asked to include care plans or any other information or feel that one would illustrate your discussion as an appendix you should compile your own version i.e. no photocopying of patient / client records. |  |
| What about including photographs of patients and the clinical placement area in my portfolio? | ONLY if this is required / suggested in the Course / Module Handbook and you may use these ONLY if you have the permission of those involved and following discussion with the module leader. | If a consent form is needed this will be included in the module handbook.  If you are undertaking research, Research Governance will apply. |
| How is confidentiality affected when we use videos / DVD’s as evidence for an assessment? | ONLY with permission from those involved and these must be used for assessment and / or educational purposes only. | If a consent form is needed this will be included in the module handbook. |
| What about verbal assessments e.g. OSCE’s? Can I mention the name of the Trust then? | No. This would breach confidentiality. |  |
| Am I allowed to reference the ward philosophy? | No. You may mention the existence of a philosophy but you should not name the ward and or Trust. |  |
| What about including signed consent forms for research? | You should include a blank consent form in your work and keep the signed form separately for verification if required. | If you are undertaking research, Research Governance will apply. |
| Can I include printed off discussion boards or blogs from studentcentral? | No. This would be a breach of confidentiality. |  |
| Can I include an email response from an author or expert in my portfolio? | ONLY with the permission of the author / / expert. |  |
| Can I name individuals who have supported me in writing my dissertation in an acknowledgement? | Yes. This is acceptable practice but it would be courteous to seek their permission before doing so. The Trust must not be named. |  |

## Assessment feedback

As a learner on this course you will undertake modules across the CPE framework, in addition to the mandatory modules that are managed within the course.

It is good practice for you to receive marks and feedback within a timescale that allows you to learn from the feedback, apply this to future work, and where necessary to plan for retrieval. In order that you receive timely feedback for these modules it has been agreed that you will receive **unratified** results and feedback for all modules. This means that the marks have not been formally ratified. It is not *likely* that marks will be changed, but it is *possible*.

You will be able to meet with your academic assessor to discuss the markers unratified mark and feedback on the submitted work, which includes advice on how to improve future work. In the event that your submission has not achieved the required standard, advice on how to retrieve it will not be given until after the original mark is ratified.

**Please note** Results are ratified at the Area Examination Board (AEB). Until this has taken place the mark/ grade awarded is **unratified** so cannot be assumed to be the final mark for the work. In the time that elapses between receiving the unratified and the final mark being ratified by the AEB, the Module Leader/ Marker is unable to give you any additional advice on any changes that might be required for a further submission.

Results from the modules undertaken are presented at a number of area examination boards (AEBs). Module results have to be processed through an AEB prior to progression being discussed at the Community Specialist Practice course examination board (CEB). This means that the CSP examination boards have to take place after all the other AEBs in order that all modules have been ratified and progression can be considered. Mandatory modules within the course are therefore subject to a longer time lag between submission and the receipt of feedback than for optional modules.

Your module leader will be able to advise you of the dates of the boards for your modules. Portfolios and practice documents will normally be made available for collection a week after the course examination board.

## Request for extensions and deferrals for submission of assessments

There are times in everyone's life when a life event or life crisis occurs. If circumstances beyond your control mean that you will be unable to submit practical or theoretical work by the appointed deadline, you may apply for an extension from ***the course leader***. Applications for extensions to deadlines should be made on the form ARGEAR1, which is available from the link below or the course administrator. There must be a **substantial and exceptional** reason for this request and the form must normally be submitted to the course leader at least 24 hours prior to the submission date. This request for an extension must be accompanied by corroborating third party independent evidence. This evidence must be provided at the student’s expense. It should be noted that computer/IT failure is not grounds for an extension so you should ensure that all work is backed up to One Drive or on a USB stick.

<https://studentcentral.brighton.ac.uk/webapps/blackboard/content/listContent.jsp?course_id=_48618_1&content_id=_379234_1>

For further guidance on assessment regulations please access GEAR Regulations:

<https://staff.brighton.ac.uk/reg/acs/docs/GEAR%202017-18_final.pdf>

**In addition to GEAR the BSc (Hons) Specialist Community Public Health Nursing has the following course specific regulations:**

1. Students need to pass theory and practice components of the module assessment. Students who do not achieve an overall pass will be given the opportunity to retrieve the module normally within six weeks following written notification. Students will be allowed to progress within the course during this time.

Students failing the module after two attempts as a result of failure in a practice component **may not repeat the module**. Failure in practice at the second attempt will therefore result in discontinuation from the course. Repeats where the theoretical component has been the reason for failure will be at the discretion of the CEB.

2. The SHS policy in relation to maintaining confidentiality in academic work will apply. A breach of confidentiality will be dealt with through the academic misconduct processes. Further information and a session on integrity in academic writing including these issues and issues of plagiarism and cheating, is included in the university induction week.

3. A maximum of 40 credits of the final award may be brought into the course provided they meet the learning outcomes and have been undertaken in the previous 5 years.

4. Up to 60 credits WBL may be undertaken within the course, including the Project Management and Leadership through Work Based Learning module. In the event that RPL *and* WBL learning credit is included the total credit must not exceed 80 credits, in order that the integrity of the development of specialist practice through the course is preserved.

## 

## How to Intercalate (Intermit)

Intercalation is not a student right and is permitted only at an appropriate stage of the course as determined by the course leader, normally at the end of a given semester, term of stage of study ie after completion of all assessment(s) in a module(s). As a student you may experience or encounter exceptional circumstances, such as medical or health related grounds which prevent you from being able to attend or complete a module you are registered on, you may be permitted to intermit during the module and the course leader may require appropriate evidence to be provided. The course leader must be informed in writing. Intercalation is granted at the discretion of the course leader, the academic assessor, practice assessor and the sponsoring/seconding NHS Trust/CCG/Health and Social Care employers.

Your academic programme cannot be guaranteed to resume following re-admission as if no interruption has occurred and the timetabling and modes of assessment following re-admission may be varied at the discretion of the Assessment Board. However, you will receive full credit for any assessment passed. It will be your responsibility o to make yourself familiar with any changes in assessment policy or practice that may have taken place during your absence from the course and in particular to seek information from a member of the course staff about changes in the course syllabus etc.

Further information and guidance can be found here: <https://www.brighton.ac.uk/current-students/my-studies/withdrawing-or-transferring/time-off-from-university.aspx>

## Classification of your degree

Honours degree classification will be determined by an aggregation of marks obtained. All modules will be rated in a percentage scale (i.e. out of 100). In aggregating the marks a quadruple module will comprise the percentage mark x 4. Degree classification is calculated by taking the aggregate of awarded marks. The aggregated mark will therefore be out of 1200. For students who have modules exempted, the mark allocated for each module credited will be the averaged percentage mark of the modules studied. The final aggregation will then be calculated as detailed above.

The Course Examination Board will use the following scale for the award of Honours classification:

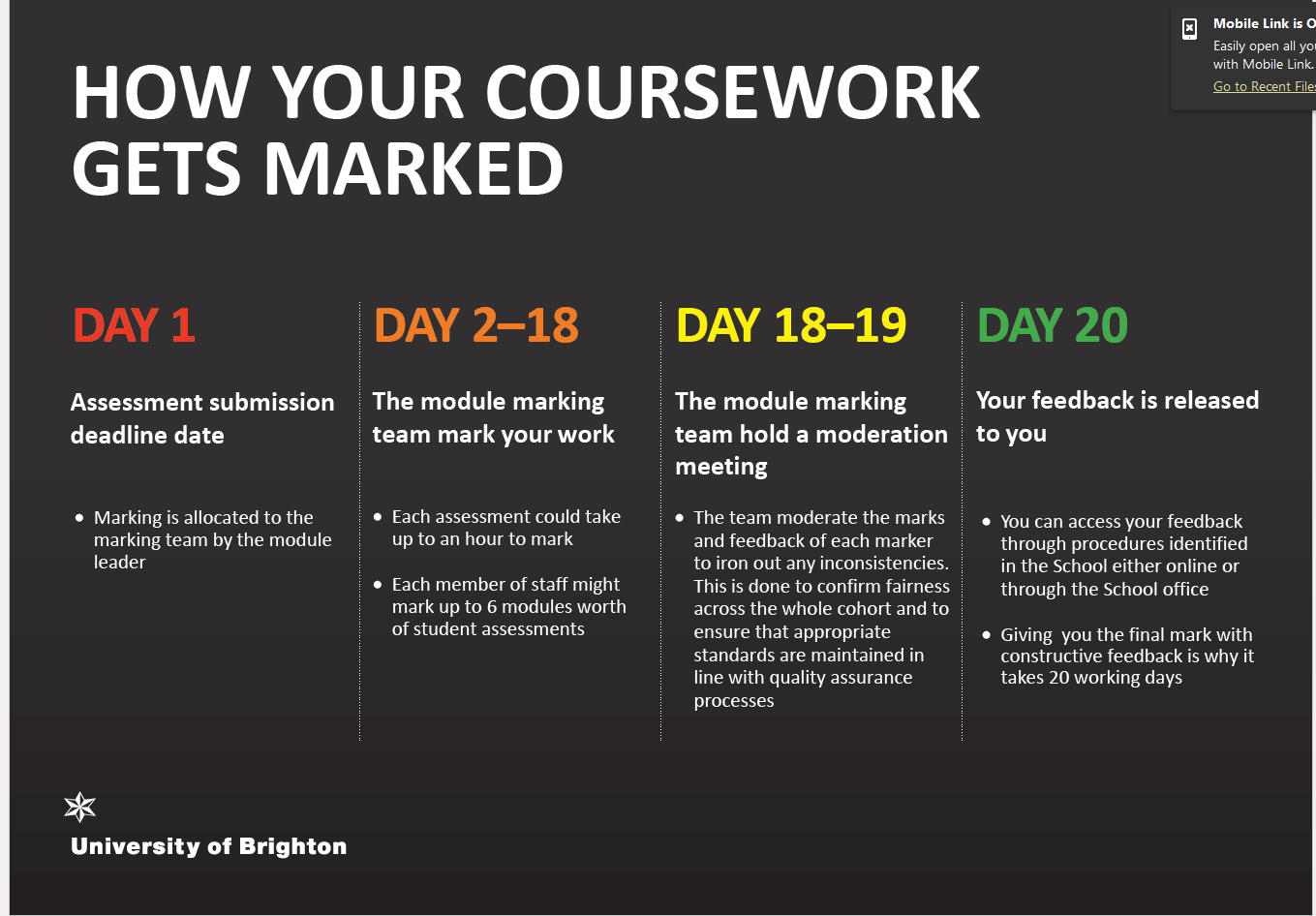
First Class 70% or above

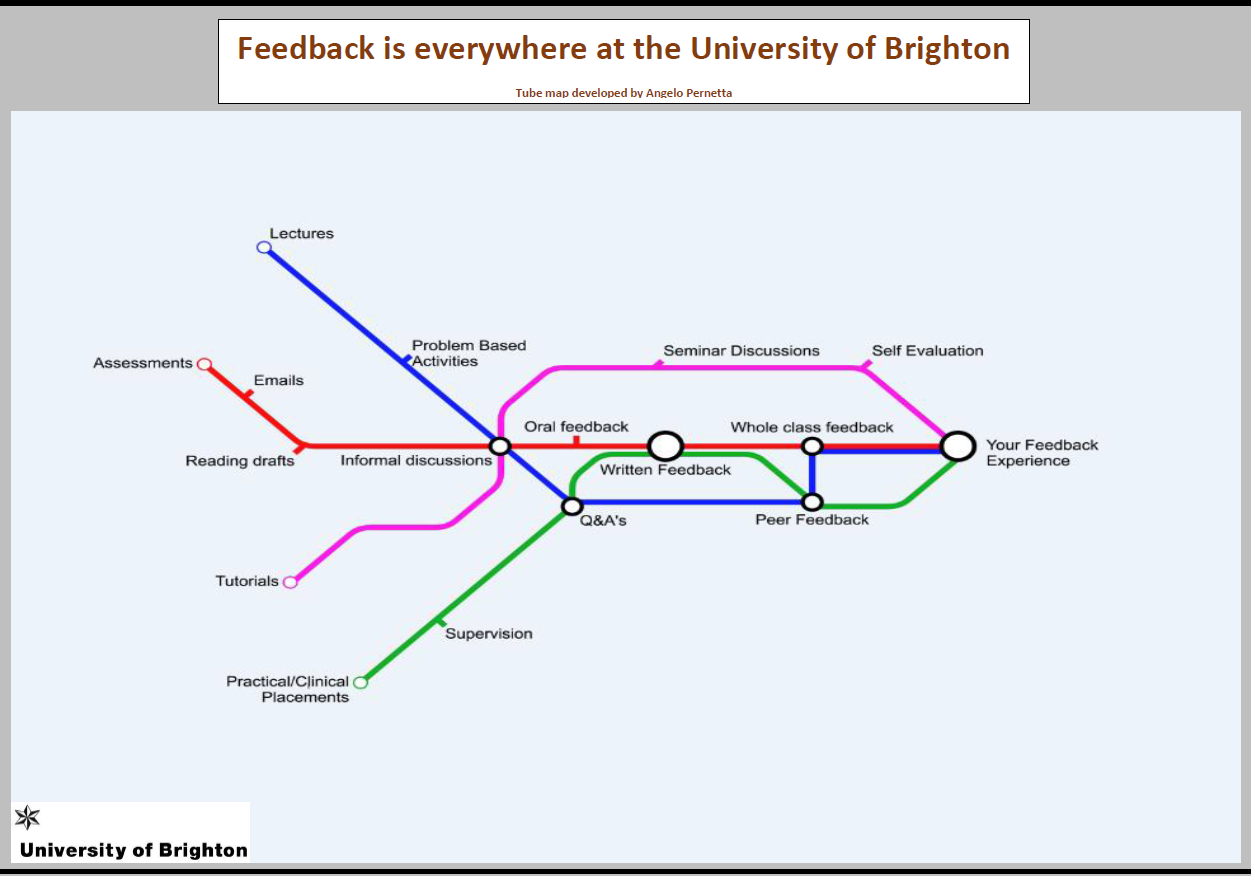
Second Class (Upper Division) 60% - 69%

Second Class (Lower Division) 50% - 59%

Third Class 40% - 49%

Fail 39% or below





## University of Brighton Grading Criteria – Level 6

|  |  |
| --- | --- |
| **80-100 A+** | **First class / Distinction** |
| All learning outcomes / assessment criteria have been achieved to an exceptionally high level. | An **outstanding** response to the task.  The work demonstrates most or all of the following characteristics beyond that expected for work at the given level of study within the discipline: |
|  | * Exceptional display of understanding, exploration, insight and/or research. * All specifications for the assessment task, including word limit/time limit where appropriate, have been adhered to. * The organisation, structure and standard of presentation of the work, including referencing and compliance with the referencing policy is exemplary throughout. * The work has been approached and/or executed/performed in an original way. * Inspirational, innovative and authoritative - evidence of intellectual rigour, independence of judgement and insightful contextualisation, including relevant theory/literature/artefacts/performance. * Evidence of very high quality analysis, synthesis, reflection, evaluation and critical appraisal. * Consistently displays very high levels of initiative, personal responsibility, decision-making and achievement. * Exceptional understanding of the complexity of practice and makes sense of the situation in a meaningful way |
| **A 75-79**  **A-70-74** | **First class / Distinction** |
| All learning outcomes /  assessment criteria have been achieved to a high standard and many at an exceptionally  high level. | An **excellent** response to the task.  The work demonstrates most or all of the following characteristics in relation to those expected at the given level of study within the discipline: |
|  | |  | | --- | | * In-depth understanding, exploration, insight and/or research. * All specifications for the assessment task, including word limit/time limit where appropriate, have been adhered to. * The organisation, structure and standard of presentation of the work, including referencing and compliance with the referencing policy is excellent throughout. * The work has been approached and/or executed/performed in an original way. * Insightful contextualisation, including relevant theory/ literature/ artefacts/ performance. * Evidence of high to very high quality analysis, synthesis, reflection, evaluation and critical appraisal. * Demonstrates high levels of initiative, personal responsibility, decision-making and achievement. * Evidence of insightful understanding of the complexity of practice and makes sense of the situation in a meaningful way. | |
| **B+ 67-69**  **B 64-66**  **B- 60-63** | **Upper Second class / Merit** |
| All learning outcomes / assessment criteria have been met fully at a good or very good standard. | A **good to very good r**esponse to the task.  The work demonstrates most or all of the following characteristics in relation to those expected at the given level of study within the discipline: |
|  | * Good to very good understanding and exploration, some insight and/or thorough research. * No significant inaccuracies, misunderstandings or errors. * The specifications for the assessment task, including word limit/time limit where appropriate, have been adhered to. * The work is well organised, coherent and the standard of presentation, including referencing and compliance with the referencing policy is at least good. * The work has been approached and/or executed/performed in a comprehensive and appropriate way. * Appropriate contextualisation, including relevant theory/ literature/ artefacts/performance. * Evidence of high quality analysis, synthesis, reflection, evaluation and critical appraisal. * Demonstrates good levels of initiative, personal responsibility, decision-making and achievement. * Good to very good understanding of the complexity of practice and makes sense of the situation in a meaningful way. |
| **C+57-59**  **C54-56**  **C-50-53** | **Lower Second class / Pass** |
| All learning outcomes / assessment criteria have been met and some may have been achieved at a good standard. | A **sound, competent** response to the task.  The work demonstrates most or all of the following characteristics in relation to those expected at the given level of study within the discipline: |
|  | * Sound understanding and exploration, some insight and/or appropriate research. * No significant inaccuracies and/or misunderstandings. * No significant aberrations from the specifications for the assessment task, including word limit/time limit where appropriate. * The work is suitably organised (clearly presented but with little development) and the standard of presentation, including referencing and compliance with the referencing policy is at least sound. * The work has been approached and/or executed/performed in a standard way. * Sound analysis, synthesis, reflection, evaluation and critical appraisal. * Demonstrates some levels of initiative, personal responsibility, decision-making and achievement * Sound understanding of the complexity of practice and some insight. |
| **D+ 47-49**  **D 44-46**  **D- 40-43** | **Third class / Pass** |
| All learning outcomes / assessment criteria have just been met. | An **adequate, but weak** response to the task.  The work demonstrates most or all of the following characteristics in relation to those expected at the given level of study within the discipline: |
|  | * Adequate understanding and/or exploration of major ideas with little insight and/or minimal research. * Some minor inaccuracies and/or misunderstandings. * Some minor aberrations from the specifications for the assessment task, including word limit/time limit where appropriate. * The work is largely descriptive (although generally coherent there is some lack of clarity of thought or expression; poor quality in at least one area), some parts of the work are disorganised and the standard of presentation, including referencing and compliance with the referencing policy is barely adequate. * The work has been approached and/or executed/performed in a basic and/or poor way. * Some, but limited, evidence of analysis, synthesis, evaluation and critical appraisal. * Demonstrates limited levels of initiative, personal responsibility, decision-making and achievement. * Adequate understanding of the complexity of practice but with little insight. |
| **E+ 37-39**  **E 34-36**  **E- 30-33** | **Fail** |
| One or more of the learning outcomes / assessment criteria have not been met. | An **unsatisfactory** response to the task.  The work may display some strengths but these are outweighed by several weak features in relation to the expectations for the given level of study within the discipline, such as: |
|  | * Limited understanding and/or exploration of major ideas with very little insight and/or minimal research. * Some significant inaccuracies and/or misunderstandings. * Insufficient attention paid to some of the assessment criteria and some significant aberrations from the specifications for the assessment task (such as not keeping to the word limit/time limit and /or minor elements of the work are missing). * The work is too descriptive, parts of the work are disorganised and unclear and the standard of presentation, including referencing and compliance with the referencing policy is poor. * The work has been approached and/or executed/performed in a poor way. * Insufficient evidence of analysis, synthesis, reflection, evaluation and critical appraisal. * Little evidence of initiative, personal responsibility, decision-making and achievement. * Limited understanding of the complexity of practice with very little insight. |
| **F+ 20 - 29**  **F 10 - 19** | **Fail** |
| Most of the learning outcomes / assessment criteria have not been met. | An **unsatisfactory** response to the task.  Any strengths of the work are heavily outweighed by many features in relation to the expectations for the given level of study within the discipline, such as: |
|  | * Very limited understanding and/or exploration of major ideas with little or no insight and/or minimal research. * Several significant inaccuracies and/or misunderstandings. * Insufficient attention paid to several of the assessment criteria and some serious deviations from the specifications for the assessment task (such as not keeping to the word limit/time limit and/or major elements of the work are missing). * The work is descriptive and the standard of presentation including referencing and compliance with referencing policy is very poor. * The work has been approached and/or executed/performed inadequately. * Little evidence of analysis, synthesis, reflection, evaluation and critical appraisal. * Little to no evidence of initiative, personal responsibility, decision-making and achievement. * Very limited understanding of the complexity of practice with little or no insight. |
| **F- 0-9** | **Fail** |
| Almost none of the learning outcomes / assessment criteria have been met. | An **unsatisfactory** response to the task.  The work fails to meet the requirements in relation to those expected at the given level of study within the discipline, exemplified by most or all of the following: |
|  | * Almost no understanding and/or exploration of ideas. * Many serious inaccuracies and/or misunderstandings. * No attention paid to all or most of the assessment criteria and/or to the specifications for the assessment task (such as not keeping to the word limit/time limit and/or major elements of the work are missing). * Very poor standard of presentation including referencing, where appropriate, and does not comply with referencing policy. * The work has been approached and/or executed/performed inadequately. * No evidence of analysis, synthesis, reflection, evaluation and critical appraisal. * No evidence of initiative, personal responsibility or understanding. * Very poor understanding of the complexity of practice. |

## Practice Assessment Criteria for Level Six Studies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Attitude and Interpersonal Skills** | **Underpinning Knowledge** | **Performance of Skill** | **Reflection on and Evaluation of Practice** |
| **Fail** | Inadequate preparation of setting and client/group.  Inappropriate manner, demeanour, attitude towards client/group. Inappropriate appearance.  Lack of empathy and/or cultural awareness.  Poor interpersonal/ communication skills. | Inadequate level of underpinning knowledge.  No use of framework for assessment.  Lack of awareness of Trust/PCT policies /guidelines.  Unaware of own lack of knowledge/limitations even with prompting. | Unable to perform skill safely or to minimally acceptable level.  Does not involve client/group. Unable to adapt to changes in the situation.  Unable to use any relevant equipment.  Does not use opportunities for health promotion. | No evidence of reflection in and on practice. Inadequate/inaccurate evaluation of own practice.  No insight into own performance of skill. |
| **Borderline**  **Pass**  **40-** | Minimally acceptable level of preparation of setting and client/group.  Acceptable manner, demeanour, attitude towards client/group.  Appropriate appearance.  Displays some empathy and/or cultural awareness  Adequate interpersonal / communication skills. | Superficial level of underpinning knowledge.  Limited use of framework for assessment.  Some awareness of Trust/PCT policies /guidelines.  Shows some awareness of own lack of knowledge/limitations with prompting. | Performs skill competently, safely to minimally acceptable level.  Involves client/group in process.  Able to adapt to changes in the situation to an acceptable level.  Uses any relevant equipment appropriately.  Aware of opportunities for health promotion. | Some evidence of reflection in and on practice.  Minimally acceptable evaluation of own practice.  Some insight into own performance of skill. |
| **Pass** | Acceptable level of preparation of setting and client/group.  Satisfactory manner, demeanour, attitude towards client/group.  Appropriate appearance.  Displays empathy and/or cultural awareness.  Satisfactory interpersonal / communication skills. | Adequate level of underpinning knowledge.  Satisfactory use of framework for assessment.  Acceptable level of awareness of Trust/PCT policies/guidelines.  Shows some awareness of own lack of knowledge/limitations without prompting. | Performs skill competently and safely, involving the client/group in the process.  Able to adapt to changes in the situation with some confidence.  Uses any relevant equipment confidently.  Utilises opportunities for health promotion. | Demonstrates an ability to reflect in and on practice.  Able to evaluate own practice appropriately.  Demonstrates insight into own performance of skill. |
| **Pass** | High level of preparation of setting and client/group.  Responsible, professional manner, demeanour, attitude towards client/group.  Appropriate appearance.  Clearly displays empathy and/or cultural awareness Good quality interpersonal / communication skills. | Very good level of underpinning knowledge.  Creative use of framework for assessment.  Demonstrates knowledge of Trust /PCT policies/guidelines.  In depth awareness of own lack of knowledge/limitations. | Performs skill with proficiency, involving the client/group throughout. Able to adapt swiftly to changes in the situation.  Skilful use of any relevant equipment.  Maximises opportunities for health promotion. | Shows evidence of reflective analysis in and on practice.  Clear evidence of evaluation of own practice.  Clearly demonstrates insight into own performance of skill and is able to defend and justify own stance. |
| **Pass**  **Excellent level** | Excellent preparation of setting and client/group.  Highly responsible, professional manner, demeanour, attitude towards client/group.  Appropriate appearance.  Clearly displays excellent level of empathy and/or cultural awareness. Excellent interpersonal / communication skills. | Excellent level of underpinning knowledge.  Imaginative and creative use of frameworks for assessment.  Demonstrates in depth critical knowledge of Trust/PCT policies /guidelines.  High level of insight into own practice development needs. | Excellent execution of skill tailored to meet the needs of the client/group.  Able to anticipate and troubleshoot any eventualities.  Skilful and responsible use of resources.  Maximises opportunities for health promotion. | Shows excellent ability in reflecting in and on practice.  Clearly evaluates and reappraises own practice in an insightful, systematic and objective manner. |

## Presentation Assessment Criteria for Level 6.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Rationale and underpinning knowledge** | **Inter-professional working** | **Dealing with Questions** | **Reflection and Evaluation** | **Presentation Skills** |
| **Pass**  **(Excellent)** | Rationale supported by excellent level of underpinning knowledge.  Imaginative and creative use of supporting material in formulation of rationale. | Excellent evidence and demonstration of inter-professional working relevant to the topic area. | Articulate handling of questions which encourages discussion and debate in the audience. | Excellent ability in reflecting on presentation and its content. Clearly evaluates and reappraises own practice in an insightful systematic and objective manner. | Excellent design, organisation and presentation of material.  Original and innovative approach. |
| **Pass**  **(Good)** | Clear and concise rationale supported by very good level of underpinning knowledge.. | Very good evidence of inter-professional working relevant to the topic area. | Shows good ability to handle and control the question and answer session. | Shows very good evidence of reflective analysis on presentation and its content. Clear evidence of evaluation with good insight into own performance. | Clear and concise design, organisation and presentation of material. |
| **Pass** | Rationale supported by good level of underpinning knowledge. | Good awareness of inter-professional working with evidence of implementation. | Demonstrates the ability to answer questions appropriately. | Shows good evidence of reflective analysis on presentation and its content. Able to evaluate with insight into own performance. | Presentation of material is coherent and there is evidence of a thorough approach to design and organisation. |
| **Pass**  **Borderline** | Adequately supported rationale with some understanding of subject area. | Awareness of inter-professional working with some evidence of implementation. | Able to deal with straightforward questions. | Shows evidence of reflective analysis on presentation and its content. Able to evaluate to a minimally acceptable level with some insight into own performance. | Material is presented in an acceptable manner with some evidence of thought given to design and organisation. |
| **Refer / Fail** | Inadequate rationale with insufficient or superficial underpinning knowledge. | Little or no evidence of inter-professional working. | Unable to cope with questions adequately / no time left for questions. | Inadequate evidence of reflection on presentation and content. Lack of evaluation with little insight into own performance. | Poor design of material, weak organisation and presentation. |

## Poster Presentation Assessment Grid for Level 6.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poster Design and Organisation of material | Topic Development | Verbal presentation and ability to convey ideas/ arguments | Reflection and Evaluation | Ability to deal with questions |
| Pass | Interesting and innovative well designed study. Sophisticated presentation of illustrated material. | A well structured and informative poster presentation, with excellent use of references. Content shows extensive knowledge of the topic. | Excellent and well structured communication of ideas and arguments. Provides a detailed and innovative critical analysis of the literature and conclusions. | Excellent ability in reflecting on presentation and its content. Clearly evaluates and reappraises own practice in an insightful systematic and objective manner. | Articulate handling of questions which encourages discussion and debate in the audience. |
| Pass | Clear and concise very well designed study. Presentation meets or exceeds the criteria required. | Demonstrates very good use of references to support the poster and its subject matter and conclusions. Content shows advanced knowledge of the contextual subject. | Very good communication of ideas demonstrating ability to formulate arguments from differing standpoints. | Shows very good evidence of reflective analysis on presentation and its content. Clear evidence of evaluation with good insight into own performance. | Shows good ability to handle and control the question and answer session. |
| Pass | A well designed study and poster presentation which includes an acceptable level of information. The presentation meets the criteria well. | Shows good use of the available literature with some critical analysis. Presentation is clearly structured, and shows good knowledge of the topic. | Shows good communication of ideas and ability to argue and / or justify own position.. | Shows good evidence of reflective analysis on presentation and its content. Able to evaluate with insight into own performance. | Demonstrates the ability to answer questions appropriately. |
| Pass | Weak poster presentation. A minimal level of information. | Adequate use of the available literature but with little critical analysis. Presentation is adequately structured, with acceptable level of knowledge of topic area. | Adequate communication of arguments/ideas. Basic level of argument demonstrated. | Shows evidence of reflective analysis on presentation and its content. Able to evaluate to a minimally acceptable level with some insight into own performance. | Able to deal with straightforward questions. |
| Refer/Fail | Demonstrated a poorly designed study and confusing poster presentation. Does not meet the criteria. | Weak use of literature demonstrating inadequate knowledge of topic area. | Weak communication of arguments/ideas across failing to convey the message of the poster. | Inadequate evidence of reflection on presentation and content. Lack of evaluation with little insight into own performance. | Unable to cope with questions adequately / no time left for questions. |

# Assessment of Practice Review Panel

An Assessment of Practice Review Panel (APRP) aims to review the assessment and documentation of practice learning in order to ensure quality, equity and parity in the process and across disciplines. This is a further development of the moderation panel that was established in the previous courses and has proved extremely valuable to the development of the assessment of practice, having been highly commended by the NMC who cited the panel as an example of good practice.

The panel will be comprised of practice assessors representing all fields of practice and pathways, and will operate across the SCPHN and Community Specialist Practice courses. These practitioners are currently self-selecting practice assessors from each of the specialist practice disciplines. There is a commitment to meet twice a year on a designated date, prior to each exam board in order to review practice marking at each summative point in the course. The APRP panel does not change marks but is a supportive context in which practice assessors and practice supervisors can review and reflect on each others assessment and feedback. From each meeting the APRP will prepare a report to present to the exam board. This will be distributed to the practice assessors, module leaders and students in order to feedback on best practice, offer recommendations for improvements and draw attention to areas possibly requiring further work, monitoring and/or review. Relevant findings will be taken to the course board for discussion.

## External Examiner Arrangements

The regulations from GEAR and UoB will apply to the appointment, administration and payment of external examiners. External examiners monitor the internal markers comments and grades awarded. They attend the Examination Boards and provide feedback to the academic staff in the University on the standard of work being achieved by students and on grading of marks and feedback provided for students by the internal markers.

## Area and Course Examinations Boards

Area (AEB) and Course (CEB) Examinations Boards take place twice a year. *Area examination boards* will be held to ratify module results and *course examination boards* will be held to ratify progression and awards. A Course Examination Board will be constituted and chaired by a Deputy Head of the School of Health Sciences. The membership of this board will consist of the Course Leader, Examinations Officer (Registry), Specialist Practitioner academic assessors and External Examiners.

A panel normally meets before the area examination board to consider mitigating circumstances for students to ensure parity and equity across the student body. An AEB ratifies the grade for a specific modular assessment, and the grade may be changed at the discretion of the AEB after consultation with its members. A CEB ratifies all modular results, awards, credits and classifications for a specific pathway; grades cannot be changed at these Boards. All Examination board meetings are confidential, results that are ratified are usually sent to individual students within 10 working days of the Board meeting.

## 

## Mitigating circumstances and extensions to deadline

Please refer to the information on this page: <https://www.brighton.ac.uk/current-students/my-studies/problems-with-your-course/index.aspx>

# How do I make a complaint?

**Are you concerned about the module/pathway?**

This protocol is designed to ensure that you are able to raise concerns in the most effective way possible and with the least delay. If you do not follow this protocol you may find that the issue is not addressed by the responsible person and may therefore not be dealt with appropriately. Please help us to help you.

* If concerns are regarding a module your first point of contact is the Module Leader.
* If concerns are regarding the pathway your first point of contact is the academic assessor

If the matter is not resolved your next point of contact is:

* the Course Leader

If your issue still has not been resolved, Please refer to the information on this page: <https://www.brighton.ac.uk/current-students/my-studies/problems-with-your-course/index.aspx>

## Concerns about practice

If you have concerns regarding any issue concerning professional practice or your practice supervisor or practice assessor you are advised to discuss your concerns with your practice supervisor or practice assessor as appropriate. If the matter cannot be resolved between yourself and the practice supervisor/ practice assessor, your acamdeic assessor will agree a mutual meeting with you and your practice supervisor/ practice assessor to try and resolve the issues, this meeting will be formally documented. If the matter cannot be resolved through this meeting, the NHS Trust management will be contacted to discuss the most appropriate way forward to facilitate your development and progression in practice.

***N.B.*** *If there is any cause for concern identified in practice by either the student or the practice supervisor/ practice assessor, the academic assessor* ***must*** *be notified as soon as possible. A meeting will then be convened between the student, practice supervisor/ practice assessor and academic assessor or course leader to discuss the cause for concern and identify an action plan.*

# Supporting students in practice, addressing concerns process map:

Attitude/

professional behaviour?

Ask yourself, do I have any concerns about the student’s …

Communication & interpersonal skills?

Practical skills?

Knowledge?

Are the criteria for safe practice met?

**PS PA Personal reflection**

Have I?

* Participated in developing a learning contract?
* Clarified my expectations?
* Given feedback?
* Provided the learning opportunities agreed?
* Demonstrated appropriate practice?
* Confirmed my opinion with another PT?
* Discussed with the personal tutor?

**Write action plan** to address my responsibilities

* Talk to student
* Set a remedial action plan
* Write a progress report
* Set a review date
* Discuss with personal tutor
* Set supervision dates

**Review Date**: Adequate progress made

Yes

No

Yes

No

No

Yes

Yes

No

* Constructive feedback
* Update documentation
* Review learning contract

If student is making satisfactory progress in all areas:

* Give constructive feedback to encourage further development
* Update portfolio

Refer/Fail

student

**Review Date**

Required standard of practice achieved

* Contact AA, who will arrange tri/ quadri partite meeting
* Set action plan
* Set review date
* Set supervision dates
* AA will document meeting
* PT informs the Educational Lead

*Ref: Practice Placement Co-ordinators – KSS WDC*

## What is the Disciplinary process?

Students at UoB have a duty at all times to conduct themselves according to the University’s rules and regulations, and to act with good sense, taking due care when using the University’s facilities and having due consideration for other members of the University community or visitors to the University’s property. All students registered at UoB, sign a declaration on enrolment which states that they agree to be bound by such regulations as are in place, or which may be passed during their careers at the University. The University’s right to initiate disciplinary action is thus well established. Nevertheless, the student is entitled to a fair hearing in accordance with the rules of natural justice and will be presumed innocent until judged otherwise through this process; the civil standard of proof (balance of probability) will apply in all internal disciplinary procedures.

**Details of the disciplinary process are laid down in the University student handbook and can be accessed through *studentcentral* at:** [**https://staff.brighton.ac.uk/reg/acs/docs/Student\_Disciplinary\_Procedure\_Student\_Contract\_1920.pdf?\_ga=2.200292525.2058338251.1572422597-918381988.1545736482**](https://staff.brighton.ac.uk/reg/acs/docs/Student_Disciplinary_Procedure_Student_Contract_1920.pdf?_ga=2.200292525.2058338251.1572422597-918381988.1545736482)

**The School of Health Sciences Fitness to Practise Procedure** is designed to complement the University of Brighton’s Student disciplinary procedure, by allowing the consideration of alleged cases on the principle of Fitness to Practise. It is noted that in some cases, the approval of an award leading to accreditation by a particular Professional Body may be dependent on the establishment of an appropriate Fitness to Practise procedure.

The student disciplinary procedures can be accessed at:

<https://staff.brighton.ac.uk/reg/acs/docs/Fitness-to-Practise-Procedure_Student_Contract_1920.pdf?_ga=2.136630835.2058338251.1572422597-918381988.1545736482>

## Academic appeals

Please refer to the policies set out here: <https://www.brighton.ac.uk/current-students/my-studies/problems-with-your-course/index.aspx>

# Where can I find copies of UoB policies?

All University of Brighton policies can also be accessed via online at:

<https://www.brighton.ac.uk/current-students/my-studies/student-policies-and-regulations/index.aspx>

**REFERENCING GUIDE**

The current referencing guide for the School of Health Sciences can be accessed here: <https://citethemrightonline.com/>

**USEFUL LINKS**

Student services can be accessed via: <https://www.brighton.ac.uk/current-students/index.aspx>

Student Support and Guidance Tutors can be contacted via: <https://www.brighton.ac.uk/current-students/my-student-life/my-wellbeing/student-support-and-guidance-tutors/index.aspx>

Disability and Dyslexia services can be accesed via: <https://www.brighton.ac.uk/current-students/my-studies/declaring-a-disability-or-learning-difficulty/index.aspx>

The University of Brighton Recognition of Prior Learning Policy can be found via: <https://staff.brighton.ac.uk/reg/acs/policies/Policyformanagingtherecognitionofpriorlearning_RPL.pdf>

GEAR regulations for examinations and assessment process can be accessed via: <https://staff.brighton.ac.uk/reg/acs/Pages/Assessment-and-regulations.aspx>

Requests for parking permits are available via this link  [Car parking permit](https://blogs.brighton.ac.uk/studentnewsandevents/2019/08/14/car-parking-permit-charges-for-2019-20/). This page has all the information required from the criteria, Car Parking Policy, consultation, FAQs and the link to the parking application portal.

This link will provide maps of the campuses of the University of Brighton :[**https://staff.brighton.ac.uk/about/Pages/campuses.aspx**](https://staff.brighton.ac.uk/about/Pages/campuses.aspx)

## CONSENT FORM – UNPUBLISHED DOCUMENTS

**BSc (Hons) Specialist Community Public Health Nursing**

I consent to ………………………………………. (Title of Document) being referred to in the following

assignments………………………………………………………………………….(Title(s) of Assignment).

I understand that this work may be used for the purposes of:

\*Assessment

\*Supervision

\*Teaching

\*Research

\*Educational Audit

\*Other (specify)............................

(\*delete as appropriate)

The work will only be used for the purposes described above, by the Programme Team and their students, internal and external examiners.

Name of Student.......................................... Signature of Student................................

Date................................

Name of Trust Representative...................…....... Signature of Trust Representative..........................

Position……………………………………… Date................................

## CONSENT FORM – PHOTOGRAPHS

**BSc (Hons) Specialist Community Public Health Nursing**

I/We consent to my photograph being taken and kept. The photograph will be kept \*permanently/temporarily (\*delete as appropriate). If temporary, please state when the photograph/negative/digital image will be destroyed......................................

I/We understand that this photograph may be used for the purposes of:

\*Assessment

\*Supervision

\*Teaching

\*Research

\*Other (specify)............................

(\*delete as appropriate)

If at any time you change your mind about the use of the photograph, it will be erased within 72 hours.

The photograph will only be used for the purposes described above, within the Institute, by professional staff and their students. Photographs will be the property of the School of Nursing and Midwifery.

|  |  |  |
| --- | --- | --- |
| **Names of all those appearing**  (Parents also signing on behalf of a child should write *parent*) | **Age**  (If under 18) | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional names to be added on a separate consent form and attached.**

Name of Student.............................................. Signature of Student....................................................

Date................................................................. Serial no. of photograph...............................................

Date erased...................................................... Signature......................................................................

**Distribution**:

1- Catalogue

2 - Client case notes

3 - With photograph

4 – Client