

Health Promotion and Illness Prevention curriculum domain examples

Below are examples of ways to help you meet the Health Promotion and Illness Prevention curriculum domain.

	Level 1	Level 2	Level 3
Health promotion	Promotes healthy behaviour, including giving advice, from early years to adulthood.	Takes into account the potential impact of cultural, social, religious and economic factors on child and family health.	Demonstrates leadership in promoting health and wellbeing practices in the wider community.
	Reflect on a child's mental health when taking a history in any context.	Exploring the factors that might lead to undue psychosocial pressures e.g. bullying (cyber), being a young carer, parental mental health concerns, vulnerability to gangs.	Participation and leadership in community health outreach projects and workshops aimed at targeting families who do not regularly engage in formal healthcare pathways.
	Discussion with parents regarding smoking cessation as part of discharge safety netting for acute asthma exacerbations.	When taking a family history, considering the potential for overcrowding/ unsafe living environment based on the child's living arrangements or the need for financial/welfare support based on parental employment status.	Attendance at CDOP panels to understand where and how lessons are being learnt in reducing preventable deaths.
	When asking about systemic symptoms such as appetite or bowel habit, digging a little deeper regarding about what constitutes their daily nutritional intake.	Attending multi-disciplinary safeguarding meetings to understand the wider social context which impacts a child's access to health care.	Engaging with and teaching at local schools to help bring public health messages directly to children and young adults.
	When taking a social history and discussing school, asking about extra-curricular activities such as sports clubs.	Attending local authority meetings in health initiatives for the local population such as those aimed at improving dental hygiene or those trying to engage communities that are marginalised by society.	Leading on new public health initiatives that have come through the Public Health England/Scotland/Wales/N. Ireland.
	Recognising the need for referral to weight loss programmes by looking at the growth centile charts.	Understanding the role of the health visitor in enforcing grass-root level public health messages and as a key mediator between hospitals and life in the community for the under 5s.	Taking part in Public Health promotion through RCPCH Ambassador.
	Recognising the potential for risk taking behaviours in vulnerable young adults, especially in the context of safeguarding and mental health concerns.	Keeping up to date with epidemiological changes in disease and reflecting on how this might impact local population and demographics.	Leading on creating improved integration between general paediatrics and child and adolescent mental health.
	Discussing breastfeeding and safe sleeping with parents post NIPE examination.	Challenging myths regarding vaccines with parents and reflecting on what the drivers are for anti-vax sentiments.	Embarking on a masters in Public health to further understanding and contribute to future research.