

# MARY JONES

## REVALIDATION PORTFOLIO

My Portfolio will help me as a Nurse demonstrate that I practice safely and effectively. It will encourage me to reflect on the role of the Code in my practice and demonstrate that I am 'living' the standards set out within it.

Chelsea & Westminster

# PRACTICE HOURS

450 nursing hours

Mary Jones

# # PRACTICE HOURS LOG TEMPLATE

#

## Guide to completing practice hours log

To record your hours of practice as a registered nurse and/or midwife, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and midwife you will need to provide information to cover 450 hours of practice for each of these registrations.

### Work setting

- Ambulance service
- Care home sector
- Community setting (including district nursing and community psychiatric nursing)
- Consultancy
- Cosmetic or aesthetic sector
- Governing body or other leadership
- GP practice or other primary care
- Hospital or other secondary care
- Inspectorate or regulator
- Insurance or legal
- Maternity unit or birth centre
- Military
- Occupational health
- Police
- Policy organisation
- Prison
- Private domestic setting
- Public health organisation
- School
- Specialist or other tertiary care including hospice
- Telephone or e-health advice
- Trade union or professional body
- University or other research facility
- Voluntary or charity sector
- Other

### Scope of practice

- Commissioning
- Consultancy
- Education
- Management
- Policy
- Direct patient care
- Quality assurance or inspection

### Registration

- Nurse
- Midwife
- Nurse/SCPHN
- Midwife/SCPHN
- Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)

#

Dates:	Name and address of organisation:	Your work setting (choose from list above):	Your scope of practice (choose from list above):	Number of hours:	Your registration (choose from list above):	Brief description of your work:
04/05/14-03/12/14	St Matthews	School	Education/ Patient care	150	Nurse	Part time, school nurse and taught some classes on health and wellbeing

# # PRACTICE HOURS LOG TEMPLATE

16/01/15 – 20/07/15	Chelsea and Westminster Hospital	Hospital	Education	200	Nurse	Part time teaching nurses in the learning and development department
20/07/13- presesnt	Bank Nursing	Hospital, community, school	Direct patient Care	100	Nurse	Working shifts through bank shifts giving direct care to patients.

#  
(Please add rows as necessary)  
#

## JOB DESCRIPTION

### A first class education for our community

Staff from all of our educational sites are sharing best practice and experience, with the aim to improve services for local people. Benefits for patients will include:

- Improved clinical outcomes
- Improved patient experience
- Improved choice

The integration will also bring about greater opportunities for staff at both sites, including:

- Wider professional experience
- Rotation and opportunities to be involved in research
- Opportunities for greater sub-specialisation and to maintain skills in specialist areas
- Greater security and organisational resilience
- More staff involvement in Foundation Trust governance and leadership
- Increased referral base and better 'system management'.

We will build a strong and sustainable foundation trust which provides high-quality, value-for-money services to meet the educational needs of the local population. It's a very exciting time to come and work for us. Found out more about our school by visiting [www.StMatthews.gov.uk](http://www.StMatthews.gov.uk)

<b>JOB TITLE: School Nurse</b>	
<b>BAND: 6</b>	<b>DIVISION:</b> Clinical Support
<b>HOURS:</b> 15.5	<b>RESPONSIBLE TO:</b> Education/clinical lead  <b>ACCOUNTABLE TO:</b> Headmistress

**JOB SUMMARY:**

The School Nurse will:

Provide high quality clinical care to the students, in line with our values and in accordance with professional regulations.

Accept delegated responsibility for specific activities/areas from the senior nurse in charge

Work in line with policies, objectives, protocols and local guidelines, whilst also being aware of the importance of their role in supporting members of the team, and always adhering to the values, and in accordance with NMC regulations.

Work autonomously and with others to always deliver high standards of care to patients and their carers, autonomously and as part of a team.

Communicate in line with our values, the students, patients, carers and staff at all times.

Take every opportunity to continue to develop, practice and expand their own general and specialist nursing skills.

Maintain high standards of professional and ethical responsibility, and accountability and be aware of the medico-legal aspects of nursing, in line with professional, regulating and local guidance.

**KEY WORKING RELATIONSHIPS:**

- Students, Patients and their carers
- Nursing and medical staff
- Senior Staff Nurse / Junior Sister
- Sister / Charge Nurse
- Matron
- Multidisciplinary team
- Directorate / Divisional Nurse



Chelsea and Westminster Hospital  
HR Department  
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London  
SW10 9NH

Tel: 02033158000  
[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)

**PRIVATE & CONFIDENTIAL**

7<sup>th</sup> September 2014

Mary Jones,  
77 Ealing Road,  
London,  
W5 2TT

Dear Mary Jones,

**RE: Conditional offer of appointment**

Congratulations on your success at your recent interview. I am pleased to confirm this conditional offer of employment for the role of Staff Nurse Band 6 in the Education centre, within the Learning and development Directorate at Chelsea and Westminster Hospital NHS Foundation Trust.

Your employment with the Trust would be on the terms set out in the enclosed contract of employment and would also be subject to various policies and procedures of the Trust which are available from the Human Resources Team or via the Trust's intranet. The terms of the offer in this letter and the enclosed contract override anything said to you during your interview or any other discussions about your employment with the Trust.

**Conditions/clearances**

This conditional offer is subject to each of the conditions set out below and will be withdrawn if any of these conditions are not satisfied.

Once you have satisfied each of the conditions in this offer letter and your employment has been confirmed, your employment will be subject to your satisfactory completion of a six month probationary period. The Trust may, at its discretion, extend this period for up to a further three months. During this probationary period your performance and suitability for continued employment will be monitored.

**ID and Documentation Check**

As part of your pre-employment process, we will need to complete a face to face ID and documentation check. Please contact the Recruitment Team no later than **31<sup>st</sup> August** (two weeks from today) to arrange your pre-employment check appointment.

Please bring originals of the following documents with you to the appointment as we are required to check and verify these:

1. Your valid passport
2. Full UK Driving Licence (if you have one)
3. A payslip from your previous NHS employment
4. Your P45 (if you have received one) and a P46
5. Your National Insurance card, P60 or P45 (within the last 12 months)
6. Two Proofs of your current address issued within the last 3 months eg Utility bill (Water/Gas/Electricity/Broadband/Landline), Bank/Credit Card statement or Local Authority Tax Bill issued for the current financial year
7. Diploma or Certificate of Qualification
8. Certificate of professional registration (if applicable)

## References

Satisfactory references to cover recent and up to 3 years of employment/training history including any gaps in employment. Please note that if you are coming from another NHS organisation only one reference will be requested, subject to length of completed service.

You will be given an opportunity to notify us of anything that is likely to come up on your references at the pre-employment appointment which you may want to discuss.

Please note that this conditional offer of employment will be withdrawn if, at any time, it subsequently becomes apparent that you have either knowingly withheld information, or have provided misleading or false information.

## Professional Registration and Qualification

Please note that this conditional offer of employment may be withdrawn if you knowingly withhold information, or provide false or misleading information in relation to your professional registration and qualification. In addition, if you commence employment, your employment may be terminated should any information subsequently come to light

## Work Health Assessment form

Please complete the Work Health Assessment form and return to the Recruitment Team and Occupational Health at the email addresses noted. Please note that candidates who are EPP workers and/or respond to Option B will be required to complete a further health assessment form (this will be sent to you by Occupational Health if applicable).

## Declaration form

Before you can be considered for the appointment we need to be satisfied about your character and suitability. Please complete the attached Declaration Form and return by email marked 'confidential' to [recruitment.team@chelwest.nhs.uk](mailto:recruitment.team@chelwest.nhs.uk).

## Disclosure and Barring Services (DBS) Check (remove if post does not require any DBS)

The post you have been offered has been identified as providing a regulated activity within the terms of the Protection of Freedoms Act 2012 and/or is an eligible position as per the Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) Order 1975. As such you are required to have a Standard/ enhanced DBS check before starting work.

Please note that disclosure certificates will be sent to you only (by post) and as such you will need to present the original to us.

## Right to work in the UK/Work Permit

You will be required to provide proof of your right to work in the UK, either through production of a current UK/EU passport or documentation endorsed by the Home Office confirming your right of residence in the UK, prior to starting in your new post.

As a new appointee to the Trust, you will be required to read through and complete essential documents which can be accessed via the link provided below:

<http://www.chelwest.nhs.uk/working-here/information-for-new-starters>

Please print out and complete the forms below, and bring them with you to your pre-employment check appointment.

Please note the following

- (i) that the Human Resources Department is not based at Chelsea and Westminster Hospital. The address where you will your new starter appointment is Chelsea and Westminster Hospital NHS Foundation Trust, HR Department, Unit 111, First Floor, Harbour Yard, Chelsea Harbour, London, SW10 0XD;
- (ii) that if you do not bring all the requested documentation to your pre-employment check appointment, you may be required to return in person at a later date to complete the process. This may delay your start date as a result;

By accepting this offer, you confirm that you are able to accept this job and carry out the work that it would involve without breaching any legal restrictions on your activities, such as restrictions imposed by a current or former employer.

I hope that you will accept this offer of employment, subject to the satisfaction of the above conditions. If you wish to do so, please sign the enclosed contract of employment and return it to me. If you do accept this offer, we would like you to start as soon as possible, subject to the satisfaction of the above conditions, and I would be grateful if you would indicate a likely start date.

If you have any queries relating to the content of this letter, please feel free to contact me.

Yours sincerely,

XXXXXXX  
Recruitment Assistant  
Recruitment and Pre-employment Services

Chelsea and Westminster Hospital NHS Foundation Trust  
Tel 0203 315 XXXX E: [Recruitment.team@chelwest.nhs.uk](mailto:Recruitment.team@chelwest.nhs.uk)



### **STATEMENT OF EMPLOYMENT PARTICULARS**

This document details your principal terms and conditions of employment relating to your appointment, and together with your letter of appointment constitutes your contract of employment with the Trust. This statement of terms and conditions of employment will supersede any previous contract of employment with the Trust.

This appointment is governed by the agreements of the NHS Staff Council relating to Agenda for Change Terms and Conditions of Employment, agreed by the NHS Staff Council, details which are contained in the NHS Staff Council Handbook and the Agenda for Change: NHS Terms and Conditions of Service Handbook.

Your employment is also subject to various policies and procedures of the Trust as referenced in this document. The Trust agrees local terms and conditions of employment and employment policies and procedures with the locally recognised Staff Side Organisations via the Partnership Forum. Any changes to your contract of employment will only be made after consultation and discussion in partnership with Staff Side and with you individually or by collective agreements with the Partnership Forum or the NHS Staff Council.

For your information copies of all policies, rules and documents referenced in this Statement of Terms and Conditions are available for inspection from your Line Manager, the Human Resources Team or via the Trust's intranet.

#### **SECTION 1: SUMMARY STATEMENT OF TERMS AND CONDITIONS:**

(Go to explanation notes for further details)

Name:	Mary Jones
Post title:	Educational Nurse
Date of appointment: (See section 3)	16 <sup>th</sup> January 2015
Date of Commencement with the Trust: (See section 4)	16 <sup>th</sup> January 2015
Date of Continuous NHS Service: (See section 5)	16 <sup>th</sup> January 2015
Nature of appointment	6 months
Pay Band: (see section 7)	6
Basic salary: - (see section 9)	£28,000 per annum (pro rata? – if part time)
High Cost Area Supplement	Inner
Recruitment/Retention premium: (see section 9)	Long Term / £ per annum
Incremental date: (see section 10)	16 <sup>th</sup> January 2015
Place of work (see section 14)	Learning and development, education centre
Contracted hours per week: (see section 15)	15.5
Minimum notice period for employee and Trust: (see section 23)	8 weeks

## BANK TIMESHEET

Please complete one form for each ward worked using black ink and block capitals as per example. All fields in Section A are mandatory and must be filled in correctly. Any altered/amended shifts will be rejected.

### SECTION A: DETAILS OF BOOKING

<b>NAME</b>	Mary Jones	<b>DEPARTMENT/WARD:</b>	Paediatrics
<b>Payroll Number</b>	E 47628		

### SECTION B: DETAILS OF HOURS WORKED

Booking Reference	Shift date	Start Time (24 Hr Clock)	Finish Time (24 Hr Clock)	Less total break time	Total Hours Worked (less Breaks)	Cost Centre	Band/Assignment Codes	I am an authorised signatory for my Ward/department. I am signing below to confirm that both the grade and the shift that I am authorising are correct and approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I give full consent to disclosure of information from this form to and by the Trust and the NHS Counter Fraud and security management service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of Fraud
<i>Example</i> 2536548	26/04/08	07.45	19.45	01:00	11.00	123 456	Band 5	Janet Smith
364258	21/07/15	07:30	18:00	00:30	10hrs		6	SUZ Y UIEW
524666	22/07/15	07:30	20:00	01:00	10.5hrs		6	SUZ Y UIEW
725827	25/07/15	07:30	20:00	01:00	10.5hrs		6	SUZ Y UIEW

### SECTION C: BANK STAFF AUTHORISATION

I declare that the information I have given on this form is correct and accurate. I confirm that I worked the above stated hours and have not claimed for these elsewhere. I understand that if I provide false information, disciplinary action may be taken against me and I may be liable for prosecution and civil recovery proceedings. Finally I give consent for this form to be used by other NHS bodies, Fraud Management and for audit purposes.

Signed by **BANK STAFF member:** Mary Jones      DATE: 25/07/15  
 Authorised by **BUDGET HOLDER:** Chrissi Boot      DATE: 29/07/15  
 Name of **BUDGET HOLDER:** Chrissi Boot

### SECTION D: TO BE COMPLETED BY BANK OFFICE

I confirm that this timesheet has been checked against booking records and agree for payment to be made.

**NAME OF BANK OFFICE REPRESENTATIVE:**

Signed by **BANK STAFF member:** Mallisa Orange      DATE: 30/07/15

**For Payroll queries please call: 01932 722799**



Resuscitation Council (UK)



## Certificate

Awarded to

MARY JONES

For successfully completing the

## Immediate Life Support Course

Demonstrating skills in:

Initial Resuscitation

Basic Airway Management

Defibrillation:

Manual ☐

AED ☐

Supraglottic airway device ☐

On: 27 March 2015

At: Chelsea and Westminster Hospital

I confirm that this course adhered to the Resuscitation Council (UK)

ILS Course core programme, using the recommended course materials and in accordance with the Council regulations.

Signed by:

(Course Director)

Name and title:

Zayne Crow

(Please print)

Hospital:

Chelsea and Westminster Hospital

Candidate

reference number:

Course reference: CWM-27/03/2015-ZayneCrow

The award of this certificate indicates that you have successfully completed the ILS Course but does not constitute a licence to practise. This is a matter for your employer who may recommend further training.

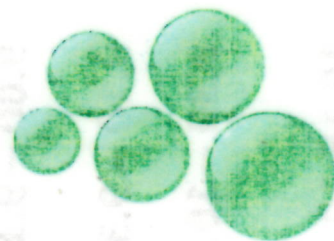
In some situations a disabled candidate might successfully pass all of the theoretical aspects of a course but, due to a disability, be unable to complete all of the physical course requirements. Employers are themselves directly responsible for establishing that their staff have the capabilities requisite to their clinical setting - this is essential in the interests of patient health and safety.

Accordingly, they must not rely to any extent on the holding by an individual of a Certificate of Qualification from the Resuscitation Council (UK) as lessening their responsibility in that respect.

# } Burns Management Study Day 6<sup>th</sup> March 2015 Gleeson Lecture Theatre, LG floor lift C

TIME	TOPIC	SPEAKER
8.45 – 9.00	Registration and Burns Quiz	
9.00 – 9.10	Welcome, introducing the burns team	Annette Kempster Burns Care Advisor/TRIPS coordinator
9.10 – 9.30	Burns aetiology and epidemiology	Silvia Hernandez Clinical Nurse Specialist Burns
9.30 – 10.15	Major burns: assessment and EMSB principles	Jo Atkins MBChB MSc FRCS (Plast)
10.15-10.30	Toxic Shock Syndrome	Jo Atkins
10.30 – 11.00	Burns First Aid	Gloria Olaofe Burns Outreach Sister
11.00 – 11.15	<b>BREAK</b>	
11.15 – 12.00	TBSA assessment and fluid resuscitation:	Silvia Hernandez Annette Kempster
12.00 – 12.30	Practical session Burns Referral Guidelines and Telemedicine	Annette Kempster
12.30 – 13.00	Burns in children and safeguarding	Suzie Wood Paediatric Ward Sister
13.00 – 13.45	<b>LUNCH</b>	
13.45 – 14.45	Minor burns: assessment and treatment (dressings)	Annette Kempster
14.45 – 15.30	Minor burns: practical sessions	Annette Kempster, Silvia Hernandez, Gloria Olaofe
15.30 – 16.00	Burns rehabilitation	Burns Therapist
16.00 – 16.30	Psychological issues in burns	Jonathan Gibbins Clinical psychologist
16.30 – 17.00	Conclusion and evaluation	





MÖLNLYCKE  
HEALTH CARE

# Certificate of Attendance

*This is to certify that*

*Mary Jones*

*Attended the Burns Management Study Day*

*On March 6<sup>th</sup> 2015*

Signed by

*Conte*

*Mölnlycke Health Care*



Chelsea & Westminster

# CONTINUING PROFESSIONAL DEVELOPMENT

35 hours CPD

Mary Jones

# # CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

## LOG TEMPLATE

### Guide to completing CPD record log

#### Examples of learning method

- Online learning
- Course attendance
- Independent learning

#### What was the topic?

Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.

#### Link to Code

Please identify the part or parts of the Code relevant to the CPD.

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and the types of evidence you could retain, please refer to Guidance sheet 3 in *How to revalidate with the NMC*.

#

Dates:	Method Please describe the methods you used for the activity:	Topic(s):	Link to Code:	Number of hours:	Number of participatory hours:
05/03/13	Online learning	Safeguarding Children Level 1:- To learn to recognise when children may be at risk and the appropriate action to take.	Prioritise people, Preserve safety, Promote professionalism and trust, Practise effectively	1.5	
05/03/15	Online learning	Anaphylaxis: - To learn clinical skills required in managing and recognising a patient with anaphylaxis and ensuring that the correct course of action is taken.	Preserve safety, Promote professionalism and trust,	1.5	

# # CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

## LOG TEMPLATE

05/03/15	Online learning	Infection Control: - Designed to show why infection control is vital. Ways to protect patients and staff from transmissions and how to promote correct practice	Preserve safety, Promote professionalism and trust, Practise effectively	1.5	
18/03/15	Online learning	Blood transfusion: - Online element of the blood transfusion competencies. Ensuring that you understand the process that is required when ordering, storing, giving and monitoring.	Preserve safety, Promote professionalism and trust, Practise effectively	1.5	
31/03/15	Online learning	Safeguarding Adults Level 1, To learn to recognise when adults may be at risk and the appropriate action to take.	Prioritise people, Preserve safety, Promote professionalism and trust, Practise effectively	1.5	

# # CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

## LOG TEMPLATE

13/11/15	Independent learning	British Journal of Nursing: - The national Early Warning Score in Practice: This helped me further understand the introduction of the NEWS onto our ward. I felt it gave me a better understanding of the reasons behind it.	Practise effectively	4	
27/02/1	Course attendance	Mental Health Issues Update:- An update to support my work discussing some of the more prominent issues that are affecting people with mental health issues.	Preserve safety, Promote professionalism and trust, Practise effectively	8	8
06/03/15	Course attendance	Clinical burns management:- Provided a foundation to understand the care required when nursing a burns patient. I sometimes nurses burns patients.	Preserve safety, Practise effectively	8	8
27/03/15	Course attendance and independent learning	Immediate life support:- Gained skills & understanding to managing patients requiring immediate life support within a clinical setting.	Preserve safety, Promote professionalism and trust,	20	8
				<b>Total: 47.5</b>	<b>Total: 24</b>

**Record: 1**

**Title:** The National Early Warning Score in practice: a reflection.

**Authors:** Day, Tina; Oxton, Julie

**Affiliation:** Lecturer, Department of Postgraduate Research and Adult Nursing,  
Florence Nightingale Faculty of Nursing and Midwifery, Kings College London  
Consultant Nurse for Critical Care, Imperial College Healthcare NHS Trust, London

**Source:** British Journal of Nursing (BR J NURS), 10/23/2014; 23(19): 1036-1040.

(5p)

**Publication Type:** Journal Article - research, tables/charts

**Language:** English

**Major Subjects:** Critical Illness -- Therapy

Emergency Care

Heart Arrest -- Prevention and Control

**Minor Subjects:** National Health Programs; England; Staff Development; Patient

Identification; Vital Signs -- Evaluation; Human; Inpatients; Hospital

Mortality; Outcomes (Health Care); Checklists; Pilot Studies; Health Status --

**Evaluation;** Nursing Assessment; Audit; Algorithms

**Abstract:** In 2012, The Royal College of Physicians (RCP) developed a National Early Warning Score (NEWS) as a standardised approach to assessment and response to critical illness. This paper reports the authors' experiences whilst implementing NEWS across one large inner London NHS Trust. NEWS was introduced to all adult areas between November 2013 and January 2014. All healthcare staff completed the RCP's online e-learning module and received scenario-based teaching. One of the challenges was the Trust's geographical location over three sites. Comparisons across all sites will be made over time

as data become available. Introducing NEWS has been a challenging but exciting initiative.

**Journal Subset:** Core Nursing; Double Blind Peer Reviewed; Editorial Board

Reviewed; Europe; Expert Peer Reviewed; Nursing; Peer Reviewed; UK & Ireland

**Special Interest:** Critical Care; Emergency Care

**ISSN:** 0966-0461

**MEDLINE Info:** PMID: 25345453 NLM UID: 9212059

**Entry Date:** 20141208

**Revision Date:** 20150820

**DOI:** <http://dx.doi.org/10.12968/bjon.2014.23.19.1036>

**Accession Number:** 107840215

**Jones, Mary**

**Bluebell Ward**

**Mandatory E-Learning**

Topic			Date
Adult Basic Life Support			29-Sep-14
Anaphylaxis	<b><u>e-learning</u></b>	Completed via e-learning	05-Mar-15
Appraisal Record			01-Sep-14
Blood Transfusion	<b><u>e-learning</u></b>	Completed via e-learning	18-Mar-15
Conflict Resolution			09-Jul-14
Dementia Level 1	<b><u>e-learning</u></b>		12-Dec-12
Epidural			05-Mar-14
Equality and Diversity	<b><u>e-learning</u></b>	Completed via e-learning	05-Mar-15
Fire	<b><u>e-learning</u></b>	Completed via e-learning	31-Mar-15
Health and Safety and Risk Management	<b><u>e-learning</u></b>	Completed via e-learning	17-Apr-15
Inanimate Loads	<b><u>e-learning</u></b>	Completed via e-learning	24-Mar-15
Infection Control	<b><u>e-learning</u></b>	Completed via e-learning	05-Mar-15
Information Governance	<b><u>e-learning</u></b>	Completed via e-learning	05-Mar-15
Intravenous Drug Administration			10-Feb-14
Medicines Management			26-Feb-13
Patient Experience - Positive and Respectful Culture			12-Dec-12
Patient Handling			26-Jul-13
Pharmacy Induction			22-Apr-15
Pressure Ulcer			
Safeguarding Adults Level 1	<b><u>e-learning</u></b>	Completed via e-learning	31-Mar-15
Safeguarding Children Level 1	<b><u>e-learning</u></b>	Completed via e-learning	05-Mar-13
Safeguarding Children Level 2			
Safer Administration of Insulin			



Chelsea and Westminster

# PRACTICE RELATED FEEDBACK

5 pieces of practice related feedback

Mary Jones

## PERFORMANCE & DEVELOPMENT REVIEW (APPRAISAL)

PRIVATE AND CONFIDENTIAL

<b>Name:</b> Mary Jones <b>Post:</b> Education officer <b>Department/Ward:</b> Learning and Development <b>Division:</b> Education	<b>Date of development review (appraisal)</b> 10/02/2016 <b>Date of mid-year review:</b> 10/07/2016 <b>Manager undertaking the appraisal:</b> Abdi Patel <b>Date of latest Job Description Review:</b> 2014
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### Getting Ready for Development Review (Appraisal)

Manager	Member of staff
Use the preparation section to plan the meeting. You will need to sign off the sheet at the end of the appraisal as an agreement of the discussions and actions identified.	Complete the preparation sheet and take it to the meeting for discussion. To be signed off by your manager at the end of the meeting as agreement of the discussions and any actions identified.
Identify the mandatory & statutory training required for the coming year. The Trust's mandatory & statutory training grid can be found on the Intranet.	Think about the mandatory & statutory training you need for the coming year.
Consider if the objectives for the year have been met.	Think about your objectives from the last year and how you have met them.
Think of the corporate objectives and which objectives will be needed for this person.	Think of the corporate objectives and which objectives will be needed for you this year.
Think what additional training or skills the person may benefit from	Think what further training or skills you would like in addition to mandatory training.
Talk to colleagues about how the person is doing	Talk to colleagues about how you are doing.

## Appraisal Discussion

### What are your key achievements for the past year?

I think I have settled into my new work place well.  
Constructing a detailed education plan for nurses studying immediate life support. Recognising the need for easily memorable techniques that they can use to retain and recall information quickly and effectively.

### What areas could have gone better (challenges)?

I found having limited budget and access to materials a challenge, having to learn to do a lot with a little has been a learning experience for me.

**How would you rate your contribution to the Trust's values & behaviours (respectful & positive culture)?** (✓ box, - neutral/negative response to be included in PDP). The recorded rating must be agreed by the manager.

<b>Contribution to the team.</b> Give examples of why you have selected the rating you have.	Exceptional		Positive	Y	Neutral		Negative	
	I have introduced new approaches to older subjects and tried to make existing courses more interactive.							
<b>Communication,</b> incl. open dialogue, sharing information, listening and giving feedback. Give examples	Exceptional		Positive	Y	Neutral		Negative	
	I have always felt one of my strengths is communication, I feel I can relate well to the staff and be able to understand their concerns about the courses content and be able to take advice about where the course could improve.							
<b>Appreciation &amp; Recognition</b> incl. celebrating success, spreading good news, positive/'can do' attitude and saying thank you. Give examples	Exceptional		Positive	Y	Neutral		Negative	
	I feel that I have been received well by my colleagues; I have received positive feedback for my contributions from some of the students I have taught.							

## Objectives for Year

Objectives should be **SMART** - **S**pecific, **M**easurable, **A**greed, **R**ealistic, **T**imescales. All individual work objectives should be linked to Trust and/ or Business Unit plans. The first line is an example. Quarterly reviews should detail progress towards achieving the objectives.

Corporate Objective/ BU/ Department Objective	Individual Objective	Timescale	Success Criteria	Progress report (inc. milestones)	Monitoring progress against objective							
					Mid year review				End of year review			
					Exceeds	Met	Partially	Not met	Exceeds	Met	Partially	Not met
Quality	To finish the changes to the immediate life support course	1 month	Time management									
	To gain feedback from staff and colleagues	2months	Results of feedback									
People	To continue engaging with people to better understand different mechanisms to use which engage learning	1 year	Development of training sessions									
Productivity & efficiency	Make sure all presentations are available online for download	Continuous	Ability to access the information online									

For guidance only it is advised that staff should have a minimum of four objectives and a maximum of eight objectives.

## Personal Development Plan

Having discussed your achievements against last years objectives, agreed objectives for the coming year and any areas of development you and your manager have discussed you should be able to identify a PDP for you.

Benefits of a PDP are multiple and include helping to focus on learning needs, improve performance and personal motivation. PDP should reflect the objectives of the wider Trust, your own department and where possible personal aspirations.

Development Agreed	Action/activity to be taken and by whom	Timescale	State briefly the benefits of this development (to the individual, dept or wider Trust)
To finish the changes to the immediate life support course	Mary Jones	1 month	Better training for staff, stronger understanding of care to patients.
To gain feedback from staff and colleagues	Mary Jones and colleagues	2 months	Helps staff feel they contribute to their development.
To continue engaging with people to better understand different mechanisms to use which engage learning	Mary Jones	1 year	Stronger education mechanisms strengthen the trusts relationships with its staff.
Amongst bored excellent			

***No training can be agreed until statutory & mandatory training is up to date.***

***The following manager's comments must be completed***

**Manager's comments:**

I feel that Mary has appropriately considered her contribution to our team over the last year, she has reflected on things that have been a success and also how she wishes to further develop her ideas in the future.

Mary has demonstrated taking feedback in a positive manner and I hope will continue to thrive under the education team.

Manager signature:

Date: 10/02/2016

**Employee's comments:**

I feel that I have many new ideas for the upcoming year and that my colleagues are supportive of my development.

Employee's signature:

Date: 10/02/2016

**Reviewer's manager's comments (if applicable):**

Reviewer's Manager's signature:

Date:

Dear xxxxxxxx

I wish to make a complaint about the care my son received from the school nurse xxxxx.

My son came to the school nurse on the xx/xx/xx to tell her that he had fallen in the playground and cut his leg. The nurse cleaned his wound and applied a material type plaster to cover it, then sent him back out to play.

I feel upset that I was not informed that my son had fallen and hurt himself, I am also upset because a material plaster was used and my son has an allergy to these type of plasters, he developed a very painful and itchy rash where the plaster had been sitting all day.

I feel that there was a lack of communication between the nurse and myself and also the school by not providing details about my son's allergies when they were needed.

I would like something to be done about the way this school nurse communicates with the parents and also for her to have ready access to information about the children.

Yours

Mrs xxxxx xxxxxx

Dear Mary Jones

Thank you so much for the class today on Immediate Life support.

I am a newly qualified nurse and work in an acute setting where the patients are very unwell, and can become un-stable quickly. I really enjoyed your class and felt that you communicated the information to us very clearly and in way that was easy to understand and also delivered it to us in a method that we could retain well and be able to recall it should we need to.

I very much enjoyed the ABCDE approach to assessing an unstable patient. I feel that this will be of great benefit to me in the unit and I feel much more confident at being able to manage a situation where a patient has become critical.

Thank you for the course and for you time.

Yours sincerely

xxxxxxxxxxxxxxxxxxxxxxxxxx

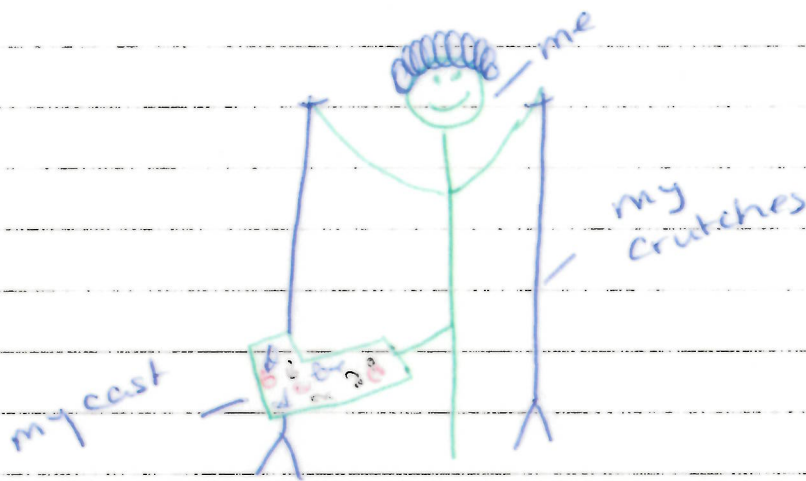
Dear Miss Jones

Thank you for looking after me when I fell over. I really hurt my leg but you made me feel better and not scared when the ambulance men came.

I have got my leg in a cast now, everybody has signed it. When I see you, you can sign it too.

Thank you

Bobby Taylor



Mentor Feedback form

Students Name Steven Sherry Mentors name Mary Jones  
Year of study 2nd year Name of department/ward St Matthews School  
Length of placement? 3 weeks Date of placement 28/05/14 - 18-06-14

- Do you feel as though you and your mentor had an adequate number of shifts together?

Yes, I worked w Mary 2-3 times a week. It also allowed me to work with other members of team, gaining more experience

- Did you manage to complete all required documentation over the time spent with your mentor?

Yes, I have completed the appropriate parts of my Booklet. Mary sat with me over our last 2 days together to sign me off

- What did you think was the most rewarding part of working with your mentor?

Watching how she dealt with conflict amongst the students, learning about paperwork + reporting to her senior staff.

- What did you think could be improved in regards to your learning experience?

Sometimes I felt a bit bored. When the children were in class there wasn't much happening.

- What did your mentor do well?

She has excellent Communication skills, she has a wonderful way with calming the children down and listening to them.

- Are there areas where your mentor could improve?

Maybe praising me with learning experiences during quieter times. Maybe activity sheets or going out and about more.

SA Sherry 17/06/14



Chelsea and Westminster

# WRITTEN REFLECTIVE ACCOUNTS

Five written reflective accounts

Mary Jones

# REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

## Reflective account: Management of a young adult diabetic patient

### What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

A teenage/young adult patient was admitted into my ward area with a diagnosis of Type 1 Diabetes Mellitus, DKA (diabetic ketoacidosis). His diabetes was unstable on admission, but as the medical condition was stabilised over the first 24 hours it was noticed that the patient was not wishing to self-manage his medication. He became aggressive and upset on several occasions. I noted that he was most distressed regarding having to manage his own dietary needs and when discussing future lifestyle changes. It appeared he preferred to not be engaging and self-managing his blood glucose levels within target. This escalated to the patient wishing to take his own discharge from the ward when not safely ready for discharge.

### What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

Reflecting on my experience looking after younger people with chronic diseases, I can see that they are more likely to neglect their condition, and potentially suffer more acute complications.

My experience has shown that younger patients pose a real challenge, in terms of helping them self-manage their condition. There is a need for specialist input in terms of structured education, counselling and clinic support to help this group independently manage their condition.

### How did you change or improve your practice as a result?

I put time aside to research the care of diabetes in young people. I spent some time with the trust's diabetes specialist nurse where I was able to ask questions and gained a greater insight into how these specialists approach the support, education and care of younger diabetes patients.

I have gained a greater appreciation of how a condition can sometimes affect patients in different ways depending on their age, lifestyles and experiences.

I more recognise the need for early referral to the Diabetes Specialist Nurses in order to assess the needs of this group of patients. To add to this and I have learnt from the diabetes specialist nurses that to listen to the patient is of as much value for diabetes management as a clinical or advice approach.

I have developed my knowledge on some issues that affect young adults living with diabetes and in particular the need for them giving their views on their treatment, understanding the appropriate diet and insulin management. This has enabled me to approach my patients first listening sensitively, but clear in my approach bearing in mind the changes they are experiencing with their development into being an adult. I am now able to support this group of patients more effectively and able to advise the appropriate support groups and other professionals who can also help in this clinical situation.

I have established a stronger working relationship with the diabetic nursing team and feel more equipped and experienced to seek advice for the most appropriate patients on the ward and to identify those who may be at greater risk. For the future, I will be attending the ward education sessions and the link nurse updates to remain updated in the area of diabetes management.

### **How is this relevant to the Code?**

Select one or more themes: **Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust**

This reflection is relevant for me for Practising effectively in caring for a discrete group of young adult diabetic patients and Promoting professionalism and trust by enhancing my knowledge of care of diabetic patients, to listen to their needs and to gain the trust of my patients to be able to manage their own care more proactively and to Preserve safety.

I feel I am also able to Prioritise People (this discrete group of diabetes patients) and their individual care.

# REFLECTIVE ACCOUNTS FORM

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## Reflective account: HCA Ward orientation and induction

### What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I was required to deliver/lead the orientation in my clinical area for a new HCA. The new HCA was also new to working in healthcare. On undertaking the orientation and introduction to the ward it appeared that this new staff member was rather nervous and reserved in their communication with staff and other patients. Despite encouragement and close support, the communication did not improve within the first week in the clinical area.

### What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

It was challenging to maintain the confidence, engagement and interest of the HCA and this was concerning and frustrating for me as I wanted the orientation to go well, to be helpful and for the new HCA to become a confident and motivated member of the ward team.

I learnt I had to adapt my approach to ascertain the best way to work around the situation to understand what may be a cause of the way the HCA was approaching their work. I spent a little more time with the HCA than other new staff even though the ward was busy, but I considered this appropriate at the time. I realised I needed a balanced approach to support the HCA as well as keeping in mind that they also had to engage in their duties effectively and consider their wider role and integration in the ward team.

### How did you change or improve your practice as a result?

I took advice from the ward manager after the session and this led me to allocate a review session with the new HCA which then developed to supporting other new HCAs on a regular basis after their induction. As a result of taking the time to support the highlighted HCA all other new members of HCA staff I have a better understanding of their thoughts and concerns when new in post which I have worked through to support them with. I have adapted a clear and transparent induction programme to incorporate support structures for all new HCAs. The HCA retention rate in the ward area has remained steady and all new HCAs have settled into the clinical area well and are caring for the patients they are allocated to effectively.

## REFLECTIVE ACCOUNTS FORM

As a result I have gained more confidence in managing staff that may be new to healthcare and who may take time to integrate into a new role as part of the ward team.

I will be leading the appraisals of a group of HCAs in future and I have taken greater assurance that they are both now settling into the ward well and often now come to me for feedback and support. They cite their early days on the ward as new HCAs as very daunting and that my supportive and individual approach made the difference to them settling in and dealing with the uncertainty of a new role.

I have attended the trust appraisal course to be effective in my interaction with these staff individually for their appraisals.

As a result of greater confidence to support staff I have asked my manager if I could take forward the buddying of the HCAs in the ward team I work in on a permanent basis to develop and build on my development and management skills.

### How is this relevant to the Code?

Select one or more themes: **Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust**

Prioritise People, Promote Professionalism and Trust.

It was important to ensure these themes were considered when orientating HCAs to the clinical area. I prioritised the needs of these new staff to ensure they met their learning objectives and promoted professionalism and their trust being part of their recognised support structure.

# REFLECTIVE ACCOUNTS FORM

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## Reflective account: Management of a challenging relative

### What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I was responsible for managing and supporting a relative who was attempting to take a patient (her Mother) home without her being formally discharged from hospital care. The relative appeared very distressed and said she was worried about her family member's condition and said she felt she would be best cared for at home. The patient still required ongoing medical and nursing care for their condition and for a sustained period of time. It was considered that if this patient was not to continue receiving hospital care they could deteriorate and their condition worsen.

It was observed that the patient did not wish to go home until the medical staff felt she was fully well and was in turn becoming distressed in trying to understand why her relative was promoting her early discharge.

### What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

Ensuring the safety of the patient must be my first concern, regardless of the wishes of the family if the patient has the capacity to make choices I want to act in the interests of the patient and aim to support them regarding the choice they take for their care and providing them with the information they require.

In this case the realised it was necessary to seek advice and I referred the situation to my ward manager and the medical team and we listened to the concerns of the relative with the patient present. I learnt the importance of the relative and patient being aware that I was engaged in helping them both, but ultimately to be able to make sure the clinical needs of the patient were met. I found it important to remain calm, promote an environment of trust for the patient and their relative with myself and the medical team.

I learnt that if it was considered necessary that I could and should always escalate the issue to a senior member of staff who would have the knowledge or know where to seek the advice to take any additional steps (such as invoke any safeguarding measures), to ensure the patient is cared for.

### How did you change or improve your practice as a result?

I am as a result of the learning from this situation more aware of how to approach challenging relatives and ensure that the patient's best interests are paramount to the outcome of any intervention. Understanding the protocol for these issues helped me embed the clear guidelines to follow, I am more aware that I can escalate the issue if I required additional support. I have also enhanced my knowledge of safeguarding vulnerable adults after the experience with this patient.

### How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

This experience has given me an awareness of how I should always prioritise people ((my patients)), in terms of practicing effectively, preserving safety and promoting professionalism and trust and therefore provide safe and effective care.

# REFLECTIVE ACCOUNTS FORM

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## Reflective account: Management of the discharge of ward patients

### What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

The team I work in received feedback from a number of surgical patients who had been discharged from the ward over a 3 month period. These themes were noted both from the PALS and the complaints departments and in the patient feedback surveys. The feedback outlined the concerns of a group of patients (n18) who had been discharged home after intermediate general surgical procedures such as laparoscopic hernia repairs, open hernia repair, and cholecystectomy.

The patients reported some concern regarding their reported experiences on a rushed discharge procedure, particularly with discharge information that was sometimes lacking in terms of their follow up care. A small proportion of the patients stated they subsequently also contracted wound infections that required subsequent treatment from their own general practitioners.

### What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

It was identified from investigation of the documentation of this group of patients that:

- Information that some of the patient documentation was inadequately completed for the patient group cared for in the ward area.
- The discharge checklist requires updating to include more detailed information of themes to ensure are in place before discharge.
- Some patients reported they had not received adequate information about their discharge and what they needed to know in the immediate days after their surgery which they reported as stressful and felt was inadequate care.

### Observations noted by ward nurses

- Some TTA drugs that requires prescribing in theatre after the surgical procedure had been prescribed too late resulting in a delay to discharge

- That some hospital transport orders have been delayed and transport has a result not arrived for some patients on time to effect timely discharge
- Discharge documentation always is not being utilised and actions not signed for.
- Wound care bundles were not being ahead to care for patients in the immediate post-operative period on the ward. Some patients were unaware of the care they should undertake regarding their surgical wound site.

### How did you change or improve your practice as a result?

A discharge improvement project was instituted by our area Matron to resolve these themes. I became part of the clinical project team to produce an updated and improved discharge planning document. This was reviewed by the multidisciplinary ward team to capture the information fields required for safe effective discharge and for a new system to be instituted.

I was part of the team who were responsible for training the other members of the ward team in the new documentation and amended discharge process.

We monitored the discharge documentation by audit for the first 30 patients following the introduction of the new documentation to ensure adherence to the new process and the documentation. In addition we monitored our patient feedback to see if any themes of the previous concerns were still being reported.

The ward team has worked with the Infection Control Team and the Tissue Viability Nurse to review the discharge information for surgical wound care. The new discharge booklet has enhanced information and the clinical process on the patient actions to be taken in the care of their surgical wound post discharge.

To add to information sources for our patients we also now recommend the NHS Choices website as it is useful to supplement with some of our ward procedure specific information <http://www.nhs.uk/Conditions/Pages/hub.aspx>

### How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

This work is relevant to all of the themes in the Code:

Prioritise people as the patient group who had expressed concern to ensure the concerns are investigated, actions identified and new system established

Practice effectively as new documentation and discharge procedure and wound care was implemented

Preserve safety as the new system was to improve safety and care for our patient with and improved discharge process and documentation

Promote professionalism and trust as the aim was to achieve more effective care with improved outcomes would improve patient satisfaction and trust.

## REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

### **Reflective account: Attendance at a Sepsis workshop**

#### **What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?**

I completed a half day sepsis management workshop with other multidisciplinary clinical professionals. The workshop outlined the principles of sepsis management and best practice in the management of sepsis. The day was led by the local Central Commissioning Groups Collaborative and included experienced speakers from several national organisations, including NHS England.

#### **What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?**

The learning I gained was of the current strategies to control sepsis and how structured processes can make a difference to identifying and managing sepsis. The workshop provided a revision to my knowledge of sepsis management and what is relevant to my practice as an acute ward nurse. I have cared for a sick patient with sepsis in the last 18 months and this workshop refreshed my knowledge to be able to respond to sepsis management swiftly and effectively. This session provided me with a clear reflection of my response with this patient's care and an understanding of where I could have escalated the patient's condition via the NEWS scoring and SBAR with even greater urgency.

#### **How did you change or improve your practice as a result?**

The learning changed my approach to a greater understanding of monitoring patients who may be at risk of, or suffering from sepsis. It has embedded my knowledge of systemic inflammatory response syndrome (SIRS) and its relationship to sepsis, the importance of the use of NEWS observations and SBAR (situation background, action and recommendation) communication in relation to sepsis management. I now have a refreshed and updated knowledge of the Sepsis 6 principles. With this new learning I have been able to deliver a standard briefing to other staff on my ward regarding sepsis management and this has further consolidated my nursing knowledge and teaching skills.

I also now more confident in my nursing role in managing a patient with sepsis.

### How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

In my view this enhanced learning has given me greater knowledge to be able to prioritise people (my patients) to practice effectively and preserve safety in a patient with sepsis.



Chelsea and Westminster

# REFLECTIVE DISCUSSION

Reflective discussion with another NMC registrant

Mary Jones

# REFLECTIVE DISCUSSION FORM

You must use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in How to revalidate with the NMC for further information. To be completed by the nurse or midwife:

Name:	Mary Jones
NMC Pin:	E14335

To be completed by the nurse or midwife with whom you had the discussion:

Name:	Abdi Patel
NMC Pin:	E43598
Email address:	Abdi.patel@chelwest.nhs.co.uk
Professional address including postcode:	West Middlesex Hospital Twickenham Rd, Isleworth, Middlesex TW7 6AF
Contact number:	0208321xxxx
Date of discussion:	20/03/2016
Short summary of discussion:	I have discussed all 5 reflective accounts. I feel that Mary has appropriately reflected on each account and has taken steps to changed/improved her practice and helped her develop as a nurse. She has real insight into her CPD and the feedback she received; projecting this in the reflective accounts.
I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.  I agree to be contacted by the NMC to provide further information if necessary for verification purposes.	Signature:
	Date: 20/03/2016



Chelsea and Westminster

# CONFIRMATION

Look at the evidence I have collected and 'confirm' that I have met the revalidation requirements.

Mary Jones

# CONFIRMATION FORM

To be completed by the nurse or midwife:

Name:	Mary Jones
NMC Pin:	E14335
Date of last renewal of registration or joined the register:	30/04/1995

I have received confirmation from (select applicable):

- ☐ A line manager who is also an NMC-registered nurse or midwife
- ☐ A line manager who is not an NMC-registered nurse or midwife
- ☒ Another NMC-registered nurse or midwife
- ☐ A regulated healthcare professional
- ☐ An overseas regulated healthcare professional
- ☐ Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

Name:	Abdi Patel
Job title:	Line Manager
Email address:	Abdi.patel@chelwest.nhs.co.uk
Professional address including postcode:	West Middlesex Hospital Twickenham Rd, Isleworth, Middlesex TW7 6AF
Contact number:	0208321xxxx
Date of confirmation discussion:	20/03/2016

If you are an NMC-registered nurse or midwife please provide:

NMC Pin: E43598

If you are a regulated healthcare professional please provide:

Profession:

Registration number for regulatory body:

If you are an overseas regulated healthcare professional please provide:

Country:

Profession:

Registration number for regulatory body:

If you are another professional please provide:

Profession:

Registration number for regulatory body (if relevant):

## Confirmation checklist of revalidation requirements

### Practice hours

☒

You have seen written evidence that satisfies you that the nurse or midwife has practised the minimum number of hours required for their registration.

### Continuing professional development

☒

You have seen written evidence that satisfies you that the nurse or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife

☒

You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.

☒

You have seen accurate records of the CPD undertaken.

### Practice-related feedback

☒

You are satisfied that the nurse or midwife has obtained five pieces of practice-related feedback.

### Written reflective accounts

☒

You have seen five written reflective accounts on the nurse or midwife's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

### Reflective discussion

☒

You have seen a completed and signed form showing that the nurse or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself).

I confirm that I have read *Information for confirmers*, and that the above named NMC-registered nurse or midwife has demonstrated to me that they have complied with all of the NMC revalidation requirements listed above over the three years since their registration was last renewed or they joined the register as set out in *Information for confirmers*.

I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse or midwife's revalidation application at risk.

Signature: **MARY JONES**

Date: **20/03/2016**