15

**Professional Portfolio**

**Revalidation Evidence**

**Name**



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# Personal Details

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| --- | --- |
| Name | Julie Platten |
| NMC Pin Number |  |
| Date of Revalidation |  |

# Professional Qualifications

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| --- | --- | --- | --- |
| Qualification | Year | Place of Study | Grade |
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# Training Courses Attended

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| Course Title | Training Provider | Duration | Year Completed |
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# Research / Publication / Presentations

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| --- | --- | --- |
| Research / Article / Presentation Title | Where published / presented | Year |
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# Practice hours record log

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| **Dates** | **Name and address of organisation** | **Type of organisation** | **Scope of practice** | **Number of hours** | **Registration** | **Brief description of work** |
| April 12 – April 15 | Queen Elizabeth Hospital  Gateshead Health NHS Foundation Trust  Gateshead  NE9 6SX | Secondary Care | Direct patient care | 37.5 per week | Registered Nurse - Adult | Deliver all aspects of patient care on a critical care department |
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**Continuing Professional Development (CPD) record log**



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| **Dates** | **Method**  Please describe the methods you used for the activity.  **For example:**  Online learning  Course attendance  Independent learning | **Topic(s)**  Please give a brief outline of the key points of the learning activity, how they are linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice | **Link to Code**  Prioritise people  Practise effectively  Preserve safety  Promote professionalism and trust | **Number of hours** | **Number of participatory hours** |
|  | ***Course:***  *Acute Illness Management (AIM)* | ***Early recognition and response of acutely deteriorating patient. ABCDE assessment.***  *This links to my role as I nurse postoperative patients following major surgery. Early identification of shock SBAR calls were most useful. I now use SBAR to escalate care.* | ***Preserve safety***  *13- work within the limits of your competence*  *13.1* ***-****accurately assess signs of normal or worsening physical or mental health* | *7 hours* | *7 hours* |
|  | ***Workbook:***  *Dementia Awareness* | ***Signs and symptoms of dementia, personhood, carers, patient environment and communication.***  *I have improved the way I communicate with people who have cognitive impairment. Getting down to the same level as the person and allowing time for understanding.* | ***Prioritise People***  *1 - treat people as individuals and uphold their dignity*  *7 -communicate clearly* | *1 hour* |  |
|  | ***Independent Learning:***  *Further reading around sepsis treatment* | ***The sepsis 6, rational behind each intervention****.*  *I gained a greater understanding of why urine output monitoring is important. I now make better use of the fluid balance charts* | ***Practice Effectively***  *10 – keep clear and accurate records relevant to your practice.* | *2 hours* |  |
|  | ***Course:***  *Clinical Supervisor Training* | ***What is a clinical supervisor, the role of a clinical supervisor, confidentiality, how to run a supervision session.***  *This will enable me to deliver effective clinical supervision to my supervisee’s* | ***Promote Professionalism and trust***  *25.2 support any staff you may be responsible for to follow the Code at all times* | *15 hours* | *15 hours* |
|  | ***Course:***  *Patient Safety Conference* | ***Various aspects of patient safety.***  *I was particularly interested in the communication improvement work by another Trust. I have shared my learning with the ward team and we are now implementing daily safety huddles.* | ***Practice Effectively***  *9 – share your skills, knowledge and experience for the benefit of people receiving care and your collegues.* | *15 hours* | *15 hours* |
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| **Total:**  **40 Hours** | **Total:**  **37 Hours** |

# Template: Reflective accounts record log



***Example***

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| Reflective account: |
| *Dementia Awareness Workbook* |
| What was the nature of the CPD activity/ practice-related feedback? |
| *Involving Carers is very important.*  *Tips for better communication are:*   * *Make sure you have the patients full attention* * *Make sure that the person can see you clearly* * *Try to make eye contact. This will help the person focus on you.* * *Minimise competing noises, such as the radio, TV, or other peoples conversations* * *Speak at a slightly slower pace, allowing time between sentences for the person to process the information and to respond.* * *Avoid speaking sharply or raising you voice, as this may distress the person.* |
| What did you learn from the CPD activity and/or feedback? |
| *I take more time and think carefully about the particular needs of a person with dementia. I use the tips above to help my communication be more effective, getting down to the same level as the person and making sure I speak clearly and allow them the chance to think about what I am saying.* |
| How did you change or improve your work as a result? |
|  |
| How is this relevant to the Code?  Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust |
| *Prioritise People – 1. Treat people as an individuals and uphold their dignity*  *Practice Effectively – 7. Communicate clearly* |

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| Reflective account: |
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| What was the nature of the CPD activity/ practice-related feedback? |
|  |
| What did you learn from the CPD activity and/or feedback? |
|  |
| How did you change or improve your work as a result? |
|  |
| How is this relevant to the Code?  Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust |
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| Reflective account: |
|  |
| What was the nature of the CPD activity/ practice-related feedback? |
|  |
| What did you learn from the CPD activity and/or feedback? |
|  |
| How did you change or improve your work as a result? |
|  |
| How is this relevant to the Code?  Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust |
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| NMC logo blue 72dpi RGBReflective account: |
|  |
| What was the nature of the CPD activity/ practice-related feedback? |
|  |
| What did you learn from the CPD activity and/or feedback? |
|  |
| How did you change or improve your work as a result? |
|  |
| How is this relevant to the Code?  Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust |
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| Reflective account: |
|  |
| What was the nature of the CPD activity/ practice-related feedback? |
|  |
| What did you learn from the CPD activity and/or feedback? |
|  |
| How did you change or improve your work as a result? |
|  |
| How is this relevant to the Code?  Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust |
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# Professional development discussion (PDD) form

**This form should be completed by the registrant with whom you had the discussion:**

|  |  |
| --- | --- |
| **Name:** |  |
| **NMC Pin:** |  |
| **Email address:** |  |
| **Professional Address (including postcode):** |  |
| **Name of registrant:** (with whom you had a PDD discussion) |  |
| **NMC Pin of registrant:** (with whom you had a PDD discussion) |  |
| **Date** that the discussion took place: |  |
| **Number of reflections discussed:** |  |
| **I confirm that I have discussed the number of reflective accounts listed above, with the above named registrant, as part of a PDD and in line with the ‘How to revalidate with the NMC’.** | **Signature:** |



# Confirmation from a third party form

|  |  |  |
| --- | --- | --- |
| **Name:** | **NMC pin number:** | **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 health care professional  An overseas regulated health care professional |
|  |  |  |

**To be filled in by your confirmer:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Personal email** | **Professional email** | **Address including postcode** | **Date of confirmation discussion** |
|  |  |  |  |  |  |

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

NMC Pin Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**If you are a regulated health care professional please provide:**

Profession**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ID of membership for regulatory body**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are an overseas regulated health care professional please provide**

Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID of membership for regulatory body\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| I confirm that the above named NMC registrant has demonstrated to me that they have complied with the NMC revalidation requirements as set out in ‘How to revalidate with the NMC’.  **By signing this document, I agree to be contacted by the NMC to provide further information and/or verification.** | **Signature:** |



# Certificates