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Nmc revalidation reflection ideas

Nmc revalidation reflective account examples. Nmc revalidation reflective account ideas. Nmc revalidation reflection examples.

On the top floor, you have five written reflective reports within three years of your last registration or registration. Each reflective report must be kept in an approved form and be based on your feedback on professional development and/or practice and/or an event or experience in your professional practice and how they refer to the code. Back it up, we want to encourage nurses, midwives and nursing staff to think about their practice so that they can identify any improvements or changes to practice that have been learned. Each of the five reflections can relate to an example of professional development, feedback, events or experiences in your work as a nurse, midwife or nursing assistant - you can even write a reflection on a combination of the above. When writing your reflections, it is important to think about the code and consider the role of the code in your practice and professional development. If you're a midwife, you might find it helpful to use our help to get you thinking when you start thinking about your reflective accounts. When recording written reflecting accounts, you use the reflecting accounts form to record your written reflecting accounts. These reports may not be long academic texts. You can simply note what you learned, how it improved your practice, and how it relates to the code. The completed form can be saved in electronic or paper form. Be careful not to store any information that could identify another person. Some of the de-development information provided in the article may be useful for re-evaluation using NMC. Back to the main reflecting accounts form (required), you must use this form to record five written reflecting accounts. Samples of completed forms and templates, search history and several other advanced features are temporarily unavailable. A .gov domain means it's official.

PRACTICE HOURS LOG TEMPLATE						 Nursing & Midwifery Council
Month	Name and address of employer	Your work setting	Your role at practice	Number of hours	Your registration	
2015	Arden Brown, University Health Board (NHS)	Respiratory paediatric setting	Direct and indirect patient care	400	Nurse RSCN	Provide of high quality nursing care to children and young people. Promote of high standards of care and safety. Development of clinical skills. Contribute to research and professional development through study, research and reflective practice. Contribute to the education, supervision and assessment of junior members of staff and students. Undertake management roles in the setting design of the ward as a senior member of staff.
24-26 2015	ABD/NB	Primary care public health setting	Direct patient care and patient education	8	Nurse RSCN	Work with parents and complete actions plan for care and education of children. Register observe colleagues complete health assessment. Deliver health visiting midwifery risk prevention meetings.
Jan-Feb 2016	ABD/NB	Education department	Teaching patient care and education	80	Nurse	Work as a senior member of the department in health and social care. Support the student and the supervisor to complete the module, prepare booklet to cover the module content.

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evidence & practice / mentorship



Mentorship practice and revalidation

► **N5848 McCallum J et al (2016)** Mentorship practice and revalidation. *Nursing Standard*, 30, 492, 56-68.
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Conflict of interest
None declared.

Review
All articles are subject to external double-blind peer review and checked for plagiarism using automated software.

Revalidation
Prepare for revalidation: read this CPD article, answer the questionnaire and write a reflective account nursingstandard.com/revalidation

Abstract

Nurses and midwives who are registered with the Nursing and Midwifery Council (NMC) are required to renew their registration with the NMC. In April 2016, the NMC introduced revalidation, which replaces the requirements for renewal of registration set out in the post-registration education and practice standards. Every registrant should be aware of the revalidation process and requirements. Revalidation is linked to the professional standards for nurses and midwives set out by the NMC and known as The Code. Mentorship is an essential component of The Code; therefore, mentorship practice will assist registrants in meeting some or all of their revalidation requirements. As registered nurses, mentors will be required to reflect on their practice and update their preparation for mentorship. This article provides guidance on how mentorship preparation and practice can contribute to meeting revalidation requirements.

Keywords
education, mentor, mentorship, mentorship preparation, Nursing and Midwifery Council, registration, revalidation

Aims and intended learning outcomes
This article aims to provide guidance on how mentorship preparation and practice align with, and can be used to meet, revalidation requirements. After reading this article and completing the time out activities you should be able to:

- Explain the importance of revalidation for your professional practice.
- Summarise the actions to be taken to meet revalidation requirements.
- Outline the relationships between mentorship preparation, ongoing mentorship practice and revalidation.
- Develop a plan to align your ongoing mentorship practice with revalidation requirements, maximising the benefits of mentorship for your nursing or midwifery practice.

Introduction
Pre-registration nursing and midwifery students in the UK are supported and assessed in practice by registrants known as mentors, who will have undertaken a programme of study to prepare for the role. The Nursing and Midwifery Council (NMC), the profession's regulatory body in the UK, outlines the professional standards required for mentorship preparation and maintenance of mentorship status in Standards to Support Learning and Assessment in Practice (NMC 2008). In April 2016, the NMC implemented a revised process for renewing registration, referred to as revalidation, which must be undertaken every 3 years (NMC 2015a). This process is designed to integrate continuing professional development (CPD) and fitness to practise requirements when renewing nursing or midwifery registration, and replaces the post-registration education and practice (PREP) renewal process (NMC 2011). One important aspect of revalidation is that registrants must engage in, reflect on and record the benefits of CPD for their professional practice. The NMC (2008) states that 'mentors should be prepared to demonstrate to their employers, and the NMC quality assurance agents as appropriate, how they have maintained and developed their knowledge, skills and

56 | 15 June 2016 | nursingstandard.com
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Each of the five reflections can relate to an example of professional development, feedback, events or experiences in your work as a nurse, midwife or nursing assistant - you can even write a reflection on a combination of the above.

REFLECTIVE ACCOUNTS FORM

Reflective account: No 5 - Communication

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

Attended London Nurse Show. As we are near election, a couple of politicians spoke – well, talked a lot of flannel. Not particularly well received by the audience, although I was surprised that there were so few delegates to a free event.
Best speaker of the day was Kate Granger. Have been following her and her #HelloMyNames... campaign on Twitter. What a truly inspirational lady. She's a Dr and she' has a terminal illness. She has taken her experience - negative as it is, and turned it into something remarkable
March 2016: Update. Have just been with 89 year old relative to urgent care centre. Two male nurses examined and/or treated her. Neither introduced themselves

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

It's easy to give up or feel sorry for oneself, especially when ill. And for sure, we should all have a few times when we can indulge in a bit of self-pity. But taking a bad experience – health professionals not introducing themselves to patients – and turning into a campaign that highlights this omission in a nice way, is a positive legacy.
And we all should consider that – what do people think of us after an interaction, be it with a patient, client or colleague?

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

Much of my job involves me having to start conversations, socialise or put people at their ease. It is torture as I am essentially shy! But, chances are, the other person is feeling just as nervous, so I shouldn't assume.
I will report poor practice. I appreciate this is a requirement as a professional, but it is hard to do. I have previously had to report someone to the NMC and they were struck off. I know that was the right decision, but it haunts me at times. However, introducing yourself doesn't take up time, nor does it cost anything

How is this relevant to the Code?

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

Promote professionalism and trust.

When recording written reflecting accounts, you use the reflecting accounts form to record your written reflecting accounts. These reports may not be long academic texts. You can simply note what you learned, how it improved your practice, and how it relates to the code. The completed form can be saved in electronic or paper form. Be careful not to store any information that could identify another person. Some of the de-development information provided in the article may be useful for re-evaluation using NMC. Back to the main reflecting accounts form (required), you must use this form to record five written reflecting accounts.

Written reflective accounts

- You must record a minimum of five written reflections on the Code, your CPD and practice-related feedback over the three years prior to the renewal of your registration.
You must discuss these reflections with another NMC-registered nurse as part of a professional development discussion- usually your line manager.
- Each reflective account can be about an instance of CPD or feedback, or a combination of both. For example, you could create a reflective account on a particular topic which may have arisen through some feedback your team received, such as consent and confidentiality, and identify how that relates to the Code.
Portfolio record:- You will need to record
- Five written reflective accounts that explain what you learnt, how you changed or improved your work as a result and how it is relevant to the Code.
- A completed reflection and discussion form with details of, the person with whom you have had the discussion.
You must use the mandatory NMC templates provided online

If you're a midwife, you might find it helpful to use our help to get you thinking when you start thinking about your reflective accounts. When recording written reflecting accounts, you use the reflecting accounts form to record your written reflecting accounts. These reports may not be long academic texts. You can simply note what you learned, how it improved your practice, and how it relates to the code. The completed form can be saved in electronic or paper form. Be careful not to store any information that could identify another person. Some of the de-development information provided in the article may be useful for re-evaluation using NMC. Back to the main reflecting accounts form (required), you must use this form to record five written reflecting accounts. Samples of completed forms and templates, search history and several other advanced features are temporarily unavailable.

REFLECTIVE ACCOUNTS FORM

Reflective account: Practice-related feedback

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? I reflected upon my practice following a recent shift. I regularly take charge of the ward when I had to allocate other staff to roles within the team and patients to care for. In a recent shift I had allocated the patient to the staff depending on their qualification and experience. The shift started when I was asked to supply help to special care baby unit (SCBU). I needed to send one of the staff nurses to assist. I then had to rearrange the staff to ensure the best care for my patients. As the shift went on the admission nurse informed me of a critically ill child who would need to be nurses in high dependency unit (HDU). I needed to communicate with SCBU to decide how best to cover the ward. The sister on SCBU was able to send back the staff nurse and then I asked the healthcare assistant to cover in SCBU for feeding babies. I was concerned that the healthcare assistant would not be happy to go down to SCBU but I tried to explain how busy they were and that when the mums came in to feed that she would be able to return to the ward.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? On reflection I felt that I dealt with the situation in a calm and professional manner. I feel that I was able to show how to communicate effectively with other professionals and colleagues and I ensured the safety of the patients and as a result the smooth running of the ward. On returning to the ward the healthcare assistant seemed happy and had enjoyed the experience.

How did you change or improve your practice as a result? I realise how important it is to communicate with other member of staff in a polite and understanding way to develop relationships and trust. I feel that my management skills are developing slowly and I am gaining in confidence. I feel that this has been affected by only working one shift a week and then sometimes I am not in charge on hat one day. As a result I can be less confident in making decisions.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust This links to promoting professionalism and trust. I was providing leadership to make sure people's wellbeing was protected and to improve their experiences of the healthcare system. To achieve this I identified priorities, managed time, staff and resources effectively, and dealt with risk to make sure that the quality of care or service delivered was maintained and improved, putting the needs of those receiving care or services first. It also links to 'practise effectively' as I was working co-operatively. I respected the skills, expertise and contributions of colleagues, referring matters to them when appropriate. I also maintained effective communication with colleagues, and kept colleagues informed when sharing the care of individuals with other healthcare professionals and staff.

When recording written reflecting accounts, you use the reflecting accounts form to record your written reflecting accounts. These reports may not be long academic texts. You can simply note what you learned, how it improved your practice, and how it relates to the code. The completed form can be saved in electronic or paper form. Be careful not to store any information that could identify another person. Some of the de-development information provided in the article may be useful for re-evaluation using NMC. Back to the main reflecting accounts form (required), you must use this form to record five written reflecting accounts. Samples of completed forms and templates, search history and several other advanced features are temporarily unavailable. A .gov domain means it's official. Federal governmentB "returns to the first three years after the last recording or voice in the register.

You have to create five written reports. Each reflective account must be included in an approved and following form: the CPD and/or reviews associated with the practice you have made, and/or an event or an experience of work in your professional practice and how this is related to the code. Returning at the beginning: we would like to encourage nurses, obstetricians and nurses to think about their practice so that they can identify them improvements or changes in their practice they have learned. Each of your five considerations can refer to a continuous improvement, feedback or an event or an experience such as a nurse, work, midwife or nurse, you can even write a reflection on a combination of it.

On the code and think of the role of the code in your practice and professional development. If you are a midwife, you can use our aid to reflection if you think about your reflection accounts. Record the reflection accounts written to insert your written reflection accounts, it is necessary to use the "reflection account" module. These accounts must not necessarily be long or academic models. You can simply write what you learned, how it improved your practice and in which relationship it is with the code. You can save the module compiled in electronic or paper form.

Make sure you don't write information that could allow you to identify another person. You can use the section with unidentified information in the section as a new NMC permit. It is necessary to use this (requested) module in the "Reflective Account" module to write this form and record the five reflection accounts created. Examples of modules and models completed for sharing, searches chronology and various other extensive functions are not temporarily available. .Gov this means \xe2\x80The main attention is paid to ensuring that nurses and midwives have a reflected discussion with the NMC registrar. The purpose of reflective discussion is to promote the culture of information exchange to support professional development and improve practice. »Reflection should occur with the NMC registrar. "The discussion of reflection should include five written reports on the thoughts necessary to extend registration. Reflecting activities. The articles "How Reaffirr" can help you update your practice and provide

information about the confirmation process, including how you can participate in a reflective discussion. Think about this briefly and write down the following: 1. How to look at the situation from the point of view of another person through a reflected discussion with someone, who is registered in the NMC. 2. How to use this article to teach your colleagues. Subscribers can load their mirror accounts at rni.com/portfolio. Key words: NMC; Care and obstetrics council; File; Professional Development; Consideration; reflexive discussion; Registration; Reztation. Pubmed Liability Exclusion How to apply for approval. Middleton L, Llewellyn D, Middleton L et al. Care station. August 3, 2016; 30 (49): 40-3. Doi: 10.7748/NS.2016.e10555. Care station. 2016. PMID: 27484566 How to issue a reflexive account for repeated certification. Middleton L, Llewellyn D, Middleton L et al. Care station. In 2016, July 13; 30 (46): 42-4. DOI: 10.7748/NS.2016.e10520. Care station. 2016. PMID: 27406518 How to get an expansion permit. Middleton L, Llewellyn D, Middleton L et al. Care station. In 2016, July 27; 30 (48): 42-4. DOI: 10.7748/NS.2016.e10536. Care station. 2016. PMID: 27461327 Professional rules. Part 7b: Chre Report and NMC -answer. Fullbrook S. Fullbrook S. Br J. 9.22. October 2008; 17 (18): 1174-5. Br J. Nurses. 2008. PMID: 18946396 Review. How to cope with a suffocating adult. Simpson E. Simpson E. State nurse. In 2016 September 14; 31 (3): 42-46. DOI: 10.7748/NS.2016.e10542. Care station. 2016. PMIDFormat compliant with AbstractPubMedPMID 2016. in April Review Options Nurses must meet the requirements of the new NMC and Midwifery Council reassessment process to maintain registration. It is their responsibility to ensure they meet all reassessment requirements, but organizations and carers can help them with this. Reflection is an important part of reassessment, so nurses must provide written reports of reflections and engage in thoughtful discussion. This article explains how reappraisal fosters a more conscious and active form of reflection. It also describes how managers can help nurses reflect on practice to identify improvements and become familiar with the NMC code.

Keywords: NMC code; nurse managers; professional practice; reflection; thoughtful discussion; CONFIRMATION. PubMed Note on how to prepare for reassessment. Middleton L, Llewellyn D, Middleton L et al. Nursing support. in 2016 on June 15; 30(42): 42-4. doi:10.7748/ns.2016.e10511. Nursing support. 2016. PMID: 27305257 Approval of the Nursing and Midwifery Council. Myatt R. Myatt R.

The Nurse's Position. in 2015 on October 14; 30 (7): 52-9. doi:10.7748/ns.30.7.52.s48. Nursing support. 2015. PMID: 26463811 How to apply for a revaluation. Middleton L, Llewellyn D, Middleton L et al. Nursing support. in 2016 on August 3; 30(49): 40-3. doi:10.7748/ns.2016.e10555. Nursing support. 2016. PMID: 27484566 Nursing skills 10 years later: adaptation to practice and focus? Bradshaw A, Merriman C, Bradshaw A et al. J Clin Nurs. 2008. Móc.; 17(10): 1263-9. doi:10.1111/j.1365-2702.2007.02243.x. J Clin Nurs. 2008.

PMID: Overview 18416778. Compulsory continuing vocational education: what are the prospects? James A, Francis K, James A et al. Colleague. 2011; 18(3): 131-6. doi:10.1016/j. colleague.2011.03.001. Colleague. 2011. PMID: Version 21957666. Link Grid Terms - Other Resources Citation Format: AMA APA MLA NLM Back to Top You should have had a thoughtful discussion with another registered NMC, including five written reflective accountsYour conversation with another approved nurse, midwife or sister. This could be someone who works with you regularly, but you can decide who it will be. The discussion must take place on face and you have to make sure not to discuss other people in a way that identifies them. If your confirmtor is a nurse, a midwife or a nurse, your thoughtful conversation can be part of a confirmation discussion. If your confirmed person is not registered with the NMC, a detailed discussion will be agreed with you before approval.

You have to use a thoughtful discussion about the reflection discussion to record your thoughtful discussion. Even if you do not have to send this form at any time, you have to protect your files. You can save the completed reflected discussion form either in paper form or in electronic form. Please note that personal data from the interlocutor are taken into account in this form and that you will meet your obligation to confident and data protection. You will find a section of non-identifiable information on the overestimation of the NMC profit. If you arrive to conclude your assessment request via NMC online, we will ask you to enter the NMC PIN of your reflective interlocutor. If you enter a PIN error, you cannot continue the application. Back to the upper reflection form (required). You need to use this form to record the discussion of reflection. Reflecting practical guidelines for nurses, midwives and sisters to reflect on the discussion. Examples of filled forms and templates