

Faculty of Health and Applied Sciences

Department of Nursing and Midwifery

**practice portfolio Handbook: Specialist practice Qualification (SPQ)**

NMC standards for completion during BSc/PGDip/MSc Specialist Practice (District Nursing)

For submission in Community Specialist Practice

UZTSWL-20-3

**Contents**

|  |  |
| --- | --- |
| Introduction and how to use this document | 3 |
| Section 1: Portfolio guidance | 8 |
| Section 2: Portfolio Pro forma and types of evidence | 22 |

**Programme Team**

* Dr Alison Hughes – Programme lead, Module lead ‘Current Issues in Community Practice’, Academic Assessor
  + [Alison2.hughes@uwe.ac.uk](mailto:Alison2.hughes@uwe.ac.uk)
* Angela Young – Programme team, Academic Assessor
  + [Angela2.young@uwe.ac.uk](mailto:Angela2.young@uwe.ac.uk)
* Kathy Rogers – Programme team, Module lead ‘Community Specialist Practice’
  + [Kathy.rogers@uwe.ac.uk](mailto:Kathy.rogers@uwe.ac.uk)

**Introduction and how to use this document**

This document is divided into two Sections; section 1 contains the guidance on developing your portfolio and Section 2 contains the pro-forma that need to be completed. The guidance should be read in conjunction with the pro-forma. The documents which you must submit via Blackboard on the submission date identified in the Community Specialist Practice module, are in a separate document entitled: ‘DN SPQ documents for electronic submission’ and can be found on Blackboard. There are several elements to the portfolio, most of which must be developed and maintained throughout the programme. The elements are:

1. Learning Contract (based on QNI/NMC Standards)
2. Cumulative record of hours achieved in supervised practice
3. Cumulative record of theory hours
4. Declaration of hours practice and theory hours
5. Declaration of theory/practice integration days
6. Mid-point summary; Formative Assessment (Student comments)
7. Mid-point summary; Formative Assessment (Practice assessor comments)
8. Action Plan (based on mid-point summary)
9. Summative Assessment (Student comments)
10. Summative Assessment (Practice assessor comments)
11. Action Plan (in the event of failure)
12. Declaration of achievement of NMC Standards

This document is intended to be a record of your learning and achievement throughout the programme. Using the right skills in the right place, at the right time, is pivotal to the delivery of safe and effective community nursing care. There are specific NMC SPQ standards and skills that you will be expected to achieve (NMC, 2001), these have been mapped against the Queen’s Nursing Institute Voluntary Standards for District Nursing Education and Practice (2015). In achieving the QNI standards you will also achieve the NMC standards. These are divided into 4 key domains; **Clinical Care, Leadership and Management, Facilitation of Learning and Evidence, Research and Development** with specific Learning Outcomes under each domain.

To achieve the NMC standards you will be supported and assessed by a range of professionals;

**Practice assessor** - to demonstrate that you have achieved the required learning outcomes you will need to be assessed in practice and signed off by a practice assessor from your area of practice. The practice assessor conducts assessments in practice to confirm student achievement of NMC standards for the DNSPQ programme. The practice assessor must have the relevant Specialist Practice Qualification (District Nursing) and attend an annual ‘standards for student supervision and assessment’ update.

**Practice supervisor** - throughout the programme you will be supervised by practice supervisors, these are appropriately qualified and experienced professionals who can support and contribute to the assessment process.

**Academic assessor** - working in collaboration with practice assessors, academic assessors collate and confirm student achievement of learning outcomes and recommend students for progression/qualification as appropriate. The academic assessor is a member of the programme team and must have the relevant Specialist Practice Qualification (District Nursing).

You will be required to provide evidence of your achievement of the standards and skills to your practice assessor. Evidence can include: summary of practice observation, reflection, family/carer/colleague feedback, an annotated bibliography, review of research evidence and application to practice (pro-forma are given in section 2). This is not an exhaustive list; you can use other forms of evidence if you feel they demonstrate your learning and development.

Evidence should be presented to your practice assessor in order for them to confirm you have achieved the standards as it is recognised that your practice assessor may not be able to directly observe you performing every skill or competence. The Programme Team will provide support and guidance for students and practice assessors on the types of evidence to expect for the competencies and skills.

**Steinaker and Bell’s Experiential Taxonomy and clinical evaluation tool**

To help assess competence and achievement of the standards, practice assessors are encouraged to use the following clinical evaluation tool (Steinaker and Bell, 1979)

Level required by end of consolidated practice

The table below provides a description of activities, which are included in each category of Steinaker and Bell’s Experiential Taxonomy and the level allocated for proficiency in that category (1979).

|  |  |
| --- | --- |
| **Exposure** | * Student is exposed to the experience * Shows an awareness but lacks knowledge and skills * Listens, observes, asks questions * Reacts to the experience and recognises own responsibilities * The student is willing to engage in the learning experience |
| **Participation** | * Student is able to reproduce the activity encountered at the exposure level * Begins to articulate underlying rationale and skills for the activity * Shows recall of ideas and concepts * Introduces and discusses background information * Practises under supervision in a standardised way * Responds to constructive criticism |
| **Identification** | * Student is able to carry out the activity competently * Recognises and explains situations where the activity is applicable * Assesses own strengths and limitations * Utilises theory and research in relation to carrying out the activity * Can classify apply and evaluate data relevant to the experience * Beginning to show initiative, recognises standards, values and qualities required |
| **Internalisation** | * Student identifies with the activity so that it becomes second nature * Shows confidence in own activity, adapts to unforeseen and complex situations * Reflects on experiences in an objective manner * Applies new knowledge to new situation * Shows creativity * Utilises research in relation to the activity * Student practice compares with role model practice |
| **Dissemination** | * Student acts as a role model, informing others and promoting the experience to others * Demonstrates competence and the ability to teach others * Illustrates motivational abilities in relation to others * Is able to carry out the activity in complex unfamiliar surroundings * Is able to discuss the wider political, social and economic influences and how these impact on practice |

Adapted from Steinaker and Bell (1979), *The experiential taxonomy: A new approach to teaching and learning*. New York. NY Academic Press

**Notes for using the Steinaker and Bell’s (1979) clinical evaluation tool**

This measuring tool provides a way of systematically assessing and monitoring progress. It should be used to evaluate your practice and by your practice assessor to guide their professional judgement of your practice.

* **The aim is for you to demonstrate performance which is equivalent to internalisation (I) by the mid-point of the consolidated practice period.** This will prepare you with the necessary skills, knowledge and confidence to fulfil the requirements of the role on qualification.
* Students will enter the continuum at different stages and progress at different rates dependent on the practice experience available to them, and the level of experience they have gained prior to starting the programme.
* Progress should be recorded and discussed at tripartite meetings between members of the programme team, the student and their practice assessor, and if progress is slow, an action plan to correct this must be devised and agreed between the student, the practice assessor and member of the programme team.

### Section 1: PORTFOLIO GUIDANCE

**Learning Contract**

Learning contracts are about planning your learning in practice. They enable you to make the most of the opportunities available and be organised about achieving your assessment requirements. A learning contract is a plan of what you are going to achieve with your practice assessor’s help. The process allows you to discuss your needs and plan your time and learning in practice. The learning contract enables you to discuss the skills and competencies you need to develop, and how you might demonstrate the achievement of the QNI/NMC SP (District Nursing) standards. An example is included on page 9.

**Identify your learning needs**

Look at the standards you need to achieve. Which do you feel confident about? Which do you feel less confident about? What personal and professional traits do you need to work on? What activities and learning do you need to prioritise whilst on the programme to allow you to achieve the standards? What is your preferred learning style? Considering these questions allows you to prioritise activities to fit your own needs, experience and skills.

**What evidence will you submit to show you have succeeded?**

Describe how you are going to achieve each standard, in what time frame, and the help and resources you will need. Your practice assessor will offer guidance about how you may do this, including activities that you may undertake or visits you may make. You could identify specific activities, such as shadowing members of the multidisciplinary team, carrying out a literature search or writing a reflection. These learning activities must be achievable, and your practice assessor will help you to be realistic about what can be achieved. Using SMART[[1]](#footnote-1) criteria will help. Agree target dates so that you always have something that you are aiming to do, but the outcomes are spread throughout the length of the module/ programme. Review your own progress regularly. For each standard you and your practice assessor will need to agree what evidence is required to prove that learning has occurred and the outcome met. Both student and practice assessor sign the outcome to signify its completion. This should be an ongoing activity as you progress through the programme. Evidence demonstrating achievement of the standards should reflect a questioning/critical approach to practice.

**Evaluation**

It is important to evaluate your progress as you go through the programme – this is part of formative assessment. Here is your opportunity to reflect on what has gone well and why, and what has gone less well, enabling you to plan how to make improvements or changes to your practice. You may have achieved all you set out to achieve. You may also find that you have not achieved as much as you hoped, but this enables forward planning. Whilst on-going support and contact is expected between students and practice assessors throughout the programme, students will also be expected to review their progress more formally at the mid-point review. The timing of this will depend on whether you are studying part time or full time, but as a guide, once you have completed 3 modules, you should aim to formally review your progress as part of the mid-point review.

**It is recommended that a draft learning contract be agreed within the first four weeks of commencement of the programme.**

**Consolidated Practice and Elective**

At the end of the programme, during the professional practice module Community Specialist Practice, students are required to undertake a 3 month period of consolidated practice. Students will be expected to consolidate their practice and work in another base within their organisation.

During consolidated practice, students are also encouraged to undertake a week’s Elective giving them an opportunity to experience practice in a very different setting / organisation and /or undertake other activities to further consolidate their learning and development. The intention is for students to visit areas / organisations different from their own, and identify other learning opportunities to further support their development as Specialist Practitioners. For example, students whose practice is limited to rural areas may wish to experience some of the challenges and opportunities of working within an inner city area.

The employing Trust/Organisation will identify, in negotiation with the student, areas for consolidated practice and the Elective. The programme team will also support students to consider possible options for their Elective period during the programme, so they have time to prepare for this. It is important that this Elective experience is student- led; in negotiation with their practice assessor students decide the activities they would find most helpful on the basis of their experience and learning and development needs.

**Celebration day**

At the end of the programme a ‘celebration day’ will be held; students will invite their practice assessors to hear about their learning and development during the programme and to help celebrate students’ achievements.

**Supervised Practice Hours**

**Over the course of the programme you must achieve 600 supervised practice hours. This is an NMC programme requirement of 50/50 practice and theory split and represents 16 weeks of practice (equivalent to 600 hours) and 16 weeks of theory (equivalent to 600 hours).**

Practice hours refer to supervised practice hours achieved during the whole programme, including consolidated practice**.** You should use the Record of Hours form to record your hours of supervised practice which will include the learning activities you undertake (i.e. shadowing another professional, visiting another practice area/ organisation, attending a study day or conference outside of the taught course days, teaching a group of students, being observed by your practice assessor etc.). If you are planning to use these activities as evidence for the achievement of the NMC standards, you will need to write a reflection, or summary of key learning etc. as simply attending a session, or carrying out an activity, does not provide evidence of learning.

You will also be required to confirm that you have had the requisite number of theory/practice integration days during the programme (3 per module). This will need to be confirmed by your practice assessor. In addition, you will need to record your attendance at all taught sessions (theory).

Notes for completion**:**

* You must ask your practice assessor to sign the signature box on the declaration of time spent in practice form to confirm your practice hours, and this must be submitted at the end of consolidated practice.
* This document must be available for discussion and review during tripartite visits.
* You will spend a 3 month period of consolidated practice at the end of the programme. It is recommended that you have at least **one hour** per week of reflection with your practice assessor during consolidated practice.

**Overview of supervised practice hours**

|  |
| --- |
| 135 hours will be achieved via supernumerary practice/theory integration days = 3 days per module, 6 modules = 18 days.  Students using credit from previous modules (Accredited Learning/ AL) will still need to demonstrate that they have spent an equivalent time in practice linking previous learning with the NMC standards. Please discuss further with your practice assessor and programme team. |
| The remaining 465 hours will be achieved using a **combination of**:  a) Hours logged during supervised practice i.e. in students substantive post whilst enrolled on the programme. In discussion with their practice assessor, students identify and take part in activities which support their development as Specialist Practitioners and record this time.  b) Hours logged during consolidated practice in an alternative base (12 weeks at the end of the programme during Community Specialist Practice module). Consolidated practice hours will all count as practice hours. The amount of hours you can log will depend upon your weekly contracted hours, annual leave, sick leave etc.  You should keep a running total of your hours to ensure you achieve the requisite number. |

**Assessment**

**The Pass/Fail Assessment System**

The practice assessor is responsible for judging whether the student has passed, or failed the portfolio.

**Pass:** the student has evidenced and achieved competence in the identified standard/outcome.

**Fail:** the student has not evidenced competence in the identified standard/outcome because they:

* lack either knowledge, skill or understanding at the required level
* are unsafe in their practice
* lack insight
* lack competence in the skill
* required significant support
* were inconsistent in their delivery of the skill or competence

**Formative Assessment**

Formative assessments should be carried out throughout the programme and at the mid-point review which will enable your learning contract to be evaluated/revised to support you in achievement at the summative point. The practice assessor and student should complete the formative assessment using the Pass/Fail criteria above. If the practice assessor has concerns about a student’s achievement of any of the standards, these concerns must be discussed with the student, recorded in the document, and an action plan developed. Where the student’s competence does not improve after instigating the action plan, practice assessors are advised to contact the programme lead for support and guidance.

Tripartite meetings will also take place twice yearly (or as appropriate) between members of the programme team, the student and their practice assessor. These will provide an opportunity to review progress, discuss any particular difficulties/ challenges and identify any further support required.

**Summative Assessment**

This activity takes place at the end of the programme, and this is where the final decision on the student’s performance must be completed using the Pass/Fail criteria above and Steinaker and Bell (1979) taxonomy. Please ensure that all of the competencies and skills are assigned an outcome, initialled and dated by the practice assessor and student. Both student and practice assessor have a responsibility to complete the assessment in time to meet hand in dates. The student must check that the relevant assessments are completed and submit the document on the date specified in the Community Specialist Practice module handbook. Submission dates cannot be extended. Where practice assessor and student require support this must be sought in good time from the programme team.

**Confidentiality**

Students must ensure that work included in the portfolio respects the right to confidentiality of patients, carers, staff and organisations. Work and references should be anonymised in line with UWE guidelines. Information can be found on the library website <https://www1.uwe.ac.uk/students/studysupport/studyskills/referencing/uwebristolharvard.aspx#referencingconfi>

The QNI/NMC standards to be met within the SPQ District Nursing Programme

|  |  |
| --- | --- |
| **QNI Specialist Practice Standards** | **NMC Specialist Practice Standards** |
| **Domain 1; Clinical Care** | |
| 1.1 Demonstrate a broad range of specialist district nursing clinical expertise that supports high quality person-centred care for the caseload population in a variety of community settings. | 13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities;  13.2 plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people’s homes and also small institutions, health centres, surgeries, schools and places of work;  13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one;  28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes.  28.5 manage programmes of care for patients with chronic disease |
| 1.2 Use appropriate physical and clinical examination skills to undertake the assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence-based assessment tools and consultation models to enable accurate diagnostic decision making and recognition of other potential differential diagnoses. | 13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities;  28.1 assess the health and health-related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals and groups;  28.2 assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols  28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes.  28.5 manage programmes of care for patients with chronic disease |
| 1.3 Assess the health related needs of families and other informal carers, developing therapeutic relationships and using creative problem solving that enables shared decision making for the development of care plans, anticipatory care and delivery of care packages | 13.1 assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities;  13.3 support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient;  13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one;  13.5 provide counselling and psychological support for individuals and their carers |
| 1.4 Supervise the delivery of person centred care plans by the district nursing team ensuring regular evaluation of care and develop systems to support staff interventions and care quality. | 13.2 plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people’s homes and also small institutions, health centres, surgeries, schools and places of work;  28.3 assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes.  28.6 play a key role in care management as appropriate |
| 1.5 Assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care. | 13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one;  13.14 identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities |
| 1.6 Source and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the district nursing service.  1.6.1 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management. |  |
| 1.7 Promote the mental health and well-being of people and carers in conjunction with mental health professionals and GPs, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making and providing appropriate emotional support. |  |
| 1.8 Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes. | 28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups;  28.2 assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols |
| 1.9 Assess and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff, and people within their home environments.  1.9.1 Develop and implement risk management strategies that take account of people’s views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff. |  |
| 1.10 Work in partnership with individuals, formal and informal carers and other services to promote the concept of self-care and patient-led care where possible, providing appropriate education and support to maximise the individual’s independence and understanding of their condition(s) in achieving their health outcomes. | 13.6 facilitate learning in relation to identified health needs for patients, clients and their carers;  13.13 stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help;  13.17 empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so;  28.5 manage programmes of care for patients with chronic disease |
| 1.11 Analyse and use appropriate approaches to support the individual’s health and well-being and promote self-care in addressing their short or long term health conditions.  1.11.1 Support the team to facilitate behaviour change interventions for individuals | 13.8 act independently within a multi-disciplinary/multi-agency context and  28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups; |
| 1.12 Explore and apply the principles of effective collaboration within a multi-agency, multi- professional context facilitating integration of health and social care and services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person’s journey. | 13.8 act independently within a multi-disciplinary/multi-agency context  13.9 support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.  13.19 act as a source of expert advice in clinical nursing practice to the primary health care team and others  28.6 play a key role in care management as appropriate |
| 1.13 Demonstrate advanced communication skills engaging and involving people and their carers that foster therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers and members of the caring team. | 13.5 provide counselling and psychological support for individuals and their carers. |
| 1.14 Prescribe from the appropriate formulary relevant to the type of prescribing being undertaken, following assessment of patient need and according to legislative frameworks and local policy. | 13.7 prescribe from a nursing formulary, where the legislation permits. |
| **Domain two: Leadership and Management** | |
| 2.1 Contribute to public health initiatives and surveillance, working from an assets-based approach that enables and supports people to maximise their health and well-being at home, increasing their self-efficacy and contributing to community developments. | 13.13. Stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help;  13.18. Provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.  28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups |
| 2.2 Lead, support, clinically supervise, manage and appraise a mixed skill/discipline team to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the District Nurse whilst retaining accountability for the caseload and work of the team.  2.2.1 Enable other team members to appraise, support and develop others in the team and develop strategies for addressing poor practice. | 13.20 lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources.  13.21 identify individual potential in registered nurses and specialist practitioners, through effective appraisal system. As a clinical expert, advise on educational opportunities that will facilitate the development and support their specialist knowledge and skills to ensure they develop their clinical practice  13.27 explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success. |
| 2.3 Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed. | 13.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action;  13.12 identify the social, political and economic factors which influence patient/client care and impact on health. |
| 2.4 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of district nursing whilst establishing and maintaining the continuity of caring relationships. |  |
| 2.5 Lead, manage, monitor and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management. | 13.20 lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources. |
| 2.6 Manage and co-ordinate programmes of care, for individuals with acute and long term conditions, ensuring their patient journey is seamless between mental and physical health care, hospital and community services and between primary and community care. |  |
| 2.7 Collaborate with other agencies to evaluate public health principles, priorities and practice and implement these policies in the context of the district nursing service and the needs of the local community. | 13.8 act independently within a multi-disciplinary / multiagency context  13.12 identify the social, political and economic factors which influence patient/client care and impact on health;  13.14 identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities;  13.15 search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care;  13.16 initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities;  28.4 contribute to strategies designed to promote and improve health and prevent disease in individuals and groups. |
| 2.8 Participate in the collation of a community profile, nurturing networks that support the delivery of locally relevant resources for health improvement and analysing and adapting practice in response to this. | 13.10 advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up-to-date and advice given to people on how to access and use them;  13.18 provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care. |
| 2.9 Articulate the role and unique contribution of the district nursing service in meeting health care needs of the population in the community and the evidence that supports this in local areas. | 13.19 act as a source of expert advice in clinical nursing practice to the primary health care team and others. |
| 2.10 Ensure all staff are able to recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures. | 13.15 search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro- active, it must not be dependent on waiting for people to request care. |
| 2.11 Use knowledge and awareness of social, political and economic policies and drivers to analyse how these may impact on district nursing services and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for people or resources. | 13.12 identify the social, political and economic factors which influence patient/client care and impact on health;  13.17 empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so. |
| **Domain three: Facilitation of Learning** | |
| 3.1 Promote and model effective team working within the district nursing team and the wider multi-disciplinary team and primary care.  3.1.1 Use creative problem-solving to develop a positive teaching/learning environment and workplace for supporting disciplines and professions learning about caring for people in the community and the interdependency of integrated service provision. | 13.22 ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.  13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated |
| 3.2 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation and strategic leadership. |  |
| 3.3 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported and developed, inspiring a shared purpose to support the delivery of high quality effective care. | 13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated |
| 3.4 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to district nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care. | 13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care  13.25 undertake audit review and appropriate quality assurance activities  13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated |
| **Domain four: Evidence, Research and Development** | |
| 4.1 Ensure care is based on all available evidence/research or best practice.  Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice. | 13.24 identify, apply and disseminate research findings relating to specialist nursing practice |
| 4.2 Identify trends in the characteristics and demands on the district nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision making.  4.2.1Produce operational plans, supported objectively by data that identify key risks and future management strategies. | 13.18 provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.  13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care  13.25 undertake audit review and appropriate quality assurance activities |
| 4.3 Use a range of change management, practice development, service and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve patient care.  4.3.1 Participate in the development and implementation of organisational systems to enable individuals, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback. | 13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care  13.27 explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success. |
| 4.4 Apply the principles of project management to enable local projects to be planned, implemented and evaluated. |  |

**Section 2: PORTFOLIO PROFORMA**

# In this section you will find pro-forma which you may use to collate your evidence for your portfolio. You do not have to use these if you wish to record and present your evidence in another way.

|  |  |
| --- | --- |
| **Component** | **When to complete** |
| Learning Contract | During Current Issues in Community Practice |
| Cumulative record of hours achieved in supervised practice | Ongoing throughout programme |
| Cumulative record of theory hours | Ongoing throughout programme |
| Record of theory/practice integration days for each module | Ongoing throughout programme |
| Evidence of achievement of NMC standards | Ongoing throughout programme |
| **Electronic documents for submission via BB in Community Specialist Practice** | |
| Declaration of hours achieved in supervised practice | Electronic submission by submission date |
| Declaration of theory hours achieved | Electronic submission by submission date |
| Declaration of theory/practice integration days | Electronic submission by submission date |
| Mid-point summary; Formative Assessment (student comments) | Electronic submission by submission date |
| Mid-point summary; Formative Assessment (practice assessor comments) | Electronic submission by submission date |
| Action Plan (if required based on mid-point summary) | Electronic submission by submission date |
| Summative Assessment (student comments) | Electronic submission by submission date |
| Summative Assessment (practice assessor comments) | Electronic submission by submission date |
| Action Plan (in the event of failure) | Electronic submission by submission date |

**Example Learning Contract**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **QNI standard** | **NMC standard** | **How will the standard be met?** | **Progress /target date** | **Location of evidence** | **Date Met** | **Practice Assessor signature** | **Student signature** |
| What you must learn/achieve for each standard.  **You must demonstrate that you have achieved these.** | | What exactly you need to learn?  Breakdown to manageable chunks.  How you will learn it?  Where you will learn?  What help you need?  *Theory*  Familiarise myself with…  Read…  Explore…  *Practice*  Observe…  Attend…  Carry out a…  Participate in…  Make contact with… | What you learned,  Any barriers to learning.  Any further steps to be taken.  Any further deadlines.  I have a working knowledge of…  I have developed my skills in…  …experience has improved my…  I am confident…  I am competent…  I need to further develop… | Reflection no. 1  Practice Assessor observation no. 3 |  |  |  |

## 

**Cumulative record of hours in supervised practice**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date | | Student Signature | | Hours achieved | Running total |  | Date | | Student Signature | Hours achieved | Running total |
| Mon |  | |  | |  |  | Mon |  | |  |  |  |
| Tues |  | |  | |  |  | Tues |  | |  |  |  |
| Wed |  | |  | |  |  | Wed |  | |  |  |  |
| Thurs |  | |  | |  |  | Thurs |  | |  |  |  |
| Fri |  | |  | |  |  | Fri |  | |  |  |  |
| Sat |  | |  | |  |  | Sat |  | |  |  |  |
| Sun |  | |  | |  |  | Sun |  | |  |  |  |
|  | |  | | Total Hours for week | | | | |
|  | Date | | Student Signature | | Hours achieved | Running total |  | Date | | Student Signature | Hours achieved | Running total |
| Mon |  | |  | |  |  | Mon |  | |  |  |  |
| Tues |  | |  | |  |  | Tues |  | |  |  |  |
| Wed |  | |  | |  |  | Wed |  | |  |  |  |
| Thurs |  | |  | |  |  | Thurs |  | |  |  |  |
| Fri |  | |  | |  |  | Fri |  | |  |  |  |
| Sat |  | |  | |  |  | Sat |  | |  |  |  |
| Sun |  | |  | |  |  | Sun |  | |  |  |  |
|  | |  | | Total Hours for week | | | | |

Please copy as necessary

**Cumulative record of theory hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Modules | Credits per module | Face to face theory hours | Independent study hours | Total theory hours | Date module achieved | Student signature |
| Current Issues in Community Practice | 20 | 48 | 152 | 200 |  |  |
| Research module | 20 | 48 | 152 | 200 |  |  |
| Leadership & Innovation | 20 | 48 | 152 | 200 |  |  |
| V100 | 20 | 48 | 152 | 200 |  |  |
| Optional Module | 20 | 48 | 152 | 200 |  |  |
| Community Specialist Practice | 20 | 48 | 152 | 200 |  |  |
| Total hours achieved |  |  |  |  |  |  |

**Ongoing record; Theory/Practice integration days**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Module | **Date of T/P Day** | | | **Practice Assessor signature** | **Student signature** |
| Current Issues in Community practice |  |  |  |  |  |
| Evidence and Research in Practice/Research Methods/Methodologies |  |  |  |  |  |
| V100 |  |  |  |  |  |
| Leadership and Innovation |  |  |  |  |  |
| Optional module |  |  |  |  |  |
| Community Specialist Practice |  |  |  |  |  |

**Types of Evidence**

**1. Reflection**

Critical reflection is integral to professional practice. A key part of reflection is learning from experience, and reflecting on practice provides an opportunity to learn and develop knowledge and skills in an individual way. Use a model of reflection to assist with your analysis of the topic chosen.

1. Describe briefly the chosen aspect of your work and give a rationale for selecting this aspect for reflection.
2. Analyse the experience to identify the key learning points for you.
3. **Make links between these learning points and the relevant academic literature and the learning outcomes for the module.**
4. Explain how this new learning has influenced your professional practice.

**2. Observation**

During your module you will have the opportunity to observe the work of practitioners within health care and in related fields of the public, private and voluntary sectors. Possible examples of such observations are:

* Shadowing member of Mental Health Team
* Visiting a voluntary sector health care provider e.g. Alzheimer’s Society run group
* Shadowing a community matron / consultant nurse in dementia care
* Shadowing a discharge coordinator
* Visiting a hospice / community palliative care team
* Shadowing a specialist team such as Respiratory/ Pulmonary rehab/Diabetic nurse specialist

Describe briefly a visit you have made to observe the work of other individuals or teams using the questions below.

1. Which individual or team did you observe?
2. What event or piece of work did you observe?
3. What surprised or interested you about what you observed?
4. How does this observation contribute to your development
5. How will you consolidate your academic and/or professional learning following this observation?

**3. Discussion with your practice assessor**

1. Describe briefly an aspect of practice you have discussed with your practice assessor about
2. The practice assessor will then assess the student on the points listed below and put a tick in the relevant box.
3. The student and practice assessor then identify some action points for the student to address in future practice.

**Topic:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Average | Good | Very good | Excellent |
| Knowledge/ Understanding |  |  |  |  |  |
| Reasoning |  |  |  |  |  |
| Communication |  |  |  |  |  |
| Analysis |  |  |  |  |  |
| Problem solving |  |  |  |  |  |
| Ethical issues considered |  |  |  |  |  |
| Outcome |  |  |  |  |  |

**Action points:**

* **................................................**
* **................................................**
* **................................................**

**Practice assessor - signature/date:**

**Student - signature/date:**

**4. Critical incident**

A critical incident is something which happened in practice and has caused you to reflect on the situation and its implications. Suitable incidents are those that enable you to demonstrate your development.

1. Describe briefly the incident
2. Explain what you felt during the incident and what you reflected on after   
   the incident
3. Describe the links between the incident and some aspect of theory or policy.
4. Did the incident highlight any learning needs?
5. How might this incident influence your future professional practice?

**5.**  **Connecting evidence with practice**

As with all branches of health and social care, professional practice is increasingly based upon evidence from research. There is a growing body of empirical research into the practice of those working in community/primary care, as well as research from fields such as medicine and social policy. This piece of evidence encourages you to seek out research literature to illuminate aspects of professional practice which you have identified in practice as areas where you need to expand and contextualise your existing knowledge.

1. Identify an aspect of professional practice which you would like to explore further
2. Find and read at least two research articles which will add to your knowledge in this area.
3. Briefly describe the subject chosen and the contributions made by the research articles to your understanding of this subject.
4. Assess the impact of this research upon your practice

**6. Practice assessor observation of student’s practice**

Students will be observed by practice assessors in carrying out a range of activities, including individual interaction with patients/ service users /carers. For this observation of practice the practice assessor is required to comment on the student’s practice, identifying areas of proficiency or development such as inter-personal skills, partnership working / shared decision making.

Brief description of practice observed:

Practice assessor comments:

Student comments:

Signed ……………………………. Date …………………

**7. Patient / service user / carer feedback to enhance practitioner learning**

|  |  |
| --- | --- |
| **Name of practitioner** |  |
| **Name of practice assessor** |  |
| **Date** |  |

The involvement of patients/ service users and carers in the assessment of practice is highly valued. Therefore we would be grateful if you would consider providing comments on the service that you have received from the practitioner named above. This could be anything you wish to share. This information will contribute to ‘practical assessment’ as part of their development.

Please circle one of the answers provided and /or provide comments. If you have any questions, please do not hesitate to discuss these with the practitioner or their practice assessor.

To completely anonymise all comments, your personal details are not required, and such data will be removed. Your comments will be retained as evidence in the practitioner’s portfolio. Feedback will be treated in confidence between the practitioner and their practice assessor and will not affect your care. Your care will not be affected should you choose not to complete this form.

Thank you for your time.

Please answer the following questions in relation to the student named above.

1. **How would you rate the level of skill and expertise of the practitioner?**

Excellent Good Satisfactory Poor Very Poor

1. **How supported did you feel by the practitioner?**

Excellent Good Satisfactory Poor Very Poor

1. **How respectfully did the practitioner treat you?**

Excellent Good Satisfactory Poor Very Poor

1. **How well did the practitioner listen to you?**

Excellent Good Satisfactory Poor Very Poor

1. **How clearly did the student communicate with you?**

Excellent Good Satisfactory Poor Very Poor

|  |
| --- |
| Please add any additional comments for example is there any way that the practitioner could have helped you better? |

Student reflection, identifying areas of good practice and areas for development

practice assessor comments

**References**:

Nursing and Midwifery Council (2001) *Standards for specialist education and practice*. London: NMC

Nursing and Midwifery Council (2008) *Standards to support learning and assessment in practice*. London: NMC

Nursing and Midwifery Council (2009) *Guidelines for records and record keeping*. London: NMC

Nursing and Midwifery Council (2018) *The Code***.** London: NMC.

Queen’s Nursing Institute (2015) *The QNI/QNIS Voluntary Standards for District Nurse Education and Practice.* London: QNI.

1. Specific, Measureable, Attainable, Realistic, Timed [↑](#footnote-ref-1)