APPENDIX A

PORTFOLIO DOCUMENTS FOR ELECTRONIC SUBMISSION VIA UWE BLACKBOARD

All of the documentation in this section must be completed and submitted electronically via Blackboard by 14.00 on the submission date identified in the module handbook.

This can be done as a word document which includes electronic signatures or as a scanned signed document.

Revised September 2020

|  |  |
| --- | --- |
| **Student name** |  |
| **Student number** |  |
| **Practice Assessor name** |  |
| **Employing organisation** |  |

**Learning Outcomes Achieved**

Domain 1: Clinical Care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QNI Standard | NMC standard | Date achieved | Practice Assessor signature | Student signature |
| 1.1 | 13.1; 13.2; 13.4; 28.3; 28.5 |  |  |  |
| 1.2 | 13.1; 28.1; 28.2; 28.3; 28.5 |  |  |  |
| 1.3 | 13.1; 13.3; 13.4; 13.5 |  |  |  |
| 1.4 | 13.2; 28.3; 28.6 |  |  |  |
| 1.5 | 13.4; 13.14 |  |  |  |
| 1.6; 1.6.1 |  |  |  |  |
| 1.7 |  |  |  |  |
| 1.8 | 28.4; 28.2 |  |  |  |
| 1.9;1.9.1 |  |  |  |  |
| 1.10 | 13.6; 13.13; 13.17; 28.5 |  |  |  |
| 1.11; 1.11.1 | 13.8; 28.4 |  |  |  |
| 1.12 | 13.8; 13.9; 13.19; 28.6 |  |  |  |
| 1.13 | 13.5 |  |  |  |
| 1.14 | 13.7 |  |  |  |

Domain 2: Leadership and Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QNI Standard | NMC standard | Date achieved | Practice Assessor signature | Student signature |
| 2.1 | 13.13; 13.18; 28.4 |  |  |  |
| 2.2; 2.2.1 | 13.20; 13.21; 13.27 |  |  |  |
| 2.3 | 13.11; 13.12 |  |  |  |
| 2.4 |  |  |  |  |
| 2.5 | 13.20 |  |  |  |
| 2.6 |  |  |  |  |
| 2.7 | 13.8; 13.12; 13.14; 13.15; 13.16; 28.4 |  |  |  |
| 2.8 | 13.10; 13.18 |  |  |  |
| 2.9 | 13.19 |  |  |  |
| 2.10 | 13.15 |  |  |  |
| 2.11 | 13.12; 13.17 |  |  |  |

|  |  |
| --- | --- |
| **Student name** |  |
| **Student number** |  |

Domain 3: Facilitation of Learning

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QNI Standard | NMC standard | Date achieved | Practice Assessor signature | Student signature |
| 3.1; 3.1.1 | 13.22; 13.26 |  |  |  |
| 3.2 |  |  |  |  |
| 3.3 | 13.26 |  |  |  |
| 3.4 | 13.23; 13.25; 13.26 |  |  |  |

Domain 4: Evidence, Research and Development

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QNI Standard | NMC standard | Date achieved | Practice Assessor signature | Student signature |
| 4.1 | 13.24 |  |  |  |
| 4.2; 4.2.1 | 13.18; 13.23; 13.25 |  |  |  |
| 4.3; 4.3.1 | 13.23; 13.27 |  |  |  |
| 4.4 |  |  |  |  |

**I confirm that all the QNI standards and NMC standards for Specialist Practice (District Nursing) have been achieved successfully.**

**Practice Assessor signature: …………………………………………………….**

**Date: ……………………..**

|  |  |
| --- | --- |
| **Student name** |  |
| **Student number** |  |

**Complete the table below to confirm the number of hours achieved during the programme**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Total achieved | Practice assessor signature | Student signature |
| Cumulative record of hours in supervised practice, can include theory/practice days.**Must total a minimum of 600 hours.**  |  |  |  |
| Cumulative record of theory hours. **Must total a minimum of 600 hours.**  |  |  |  |
|  |  |  |  |
| Number of theory practice integration days achieved (max 18 days) |  |  |  |

**Declaration of hours achieved in supervised practice**

|  |
| --- |
| **Total hours achieved in supervised practice (this includes consolidated practice).**  |
| **Verification by Practice Assessor** I have checked the hours of experience recorded by the student.**Signature of Practice Assessor…………………………………………………………………………Date………………………** |
| **Declaration by student** I confirm the hours recorded on this sheet are a true and accurate account of my supervised practice hours. **Signature of student……………………………………………………………………………Date……………………** |

**Formative assessment – Student and Practice Assessor comments**

|  |
| --- |
| **Mid-Point Student Overall Comments –** Please provide specific examples in relation to competencies and skills **Domain 1: Clinical Care****Domain 2: Leadership and Management****Domain 3: Facilitation of Learning** **Domain 4: Evidence, Research and Development**Practice Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Assessor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mid-Point Practice Assessor Overall Comments –** Please provide specific examples in relation to competencies and skills **Domain 1: Clinical Care****Domain 2: Leadership and Management****Domain 3: Facilitation of Learning** **Domain 4: Evidence, Research and Development**Practice Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Assessor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Action Plan to address any areas for further development following mid-point review**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Standard to be achieved** | **How will the standard be met and when?**  | **Progress / date to be completed** | **Date Met** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Practice Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Assessor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summative Assessment – Student and Practice Assessor comments**

|  |
| --- |
| **End Point Student Overall Comments**: Please provide specific examples in relation to competencies and skills for example, communication, professional behaviour**Domain 1: Clinical Care****Domain 2: Leadership and Management****Domain 3: Facilitation of Learning** **Domain 4: Evidence, Research and Development** Practice Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Assessor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **End Point Practice Assessor Overall Comments:** Please provide specific examples in relation to competencies and skills for example, communication, professional behaviour**Domain 1: Clinical Care****Domain 2: Leadership and Management****Domain 3: Facilitation of Learning** **Domain 4: Evidence, Research and Development**Practice Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Assessor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Action Plan to be completed in the event of failure of one or more domains following summative assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  **NMC standard** | **How will standard be met?**  | **Progress/ date to be completed** | **Date Met** |
| **Domain 1: Clinical Care** |  |  |  |
| **Domain 2: Leadership and Management** |  |  |  |
| **Domain 3: Facilitation of Learning**  |  |  |  |
| **Domain 4: Evidence, Research and Development** |  |  |  |

Practice Assessor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Assessor signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_