northumbria UNIVERSITY

BSc (Hons) Nursing Studies / Registered Nurse Programme

Personal and Professional Development File (PPDF)

Student's Name:

Cohort / Guidance Tutor Group: **September 2012** **GT**

Guidance Tutor:

Guidance Tutor's Telephone Number:

- **Introduction**

The Nursing Studies programme is the first step of your professional life as a registered nurse. The PPDF is an on-going record of your personal, academic and professional achievements which enables you to demonstrate the acquisition of the knowledge, skills and attributes required of a registered nurse.

The PPDF also provides you with a framework on which to base and record your continuing professional development (CPD) in order to maintain your professional registration with the Nursing and Midwifery Council. This will be an on-going requirement throughout your working life as a nurse and, as such, the professional development planning process is integral to your preparation for working life.

The PPDF is owned by you and involves you integrating your learning from a number of sources in order to recognise your areas of strength in terms of your knowledge and skill base but, just as importantly, to recognise and understand your on-going learning needs. Developing awareness of your strengths and weaknesses prepares you to be a self-regulated learner; someone who takes the initiative to acquire new knowledge and who is aware of their limitations – both are vital skills for professional practice.

- **Purpose of the PPDF**

The PPDF is a working document that enables you to record your achievements and developments during your time at University. This will include all activities that you undertake as part of the programme, but also other activities such as involvement in University life and volunteering activities.

The PPDF will help you build a comprehensive personal profile and curriculum vitae (C.V.) that recognises not only the knowledge and skills that you have gained through your programme of study, but also those based upon your previous experiences prior to commencing the programme.

The aim of the PPDF is to engage you in a range of activities, both guided and self-directed, which will facilitate your development as a proactive, self-regulating, lifelong learner, which is essential to your development as a nurse. Whilst the PPDF is a formative activity and not directly assessed, the evidence you develop and collate within the PPDF will be drawn upon and will contribute to the summative assessment for the **Preparation for Working Life module** in your final year.

- **Role of the Student**

You are encouraged to review your personal and professional development regularly by reflecting on your progress and identifying and planning goals to meet your learning needs. You will have the opportunity to engage in a range of activities that will support you in this process, including individual guidance tutorials, pre and post placement seminars and other learning activities. Therefore, it is your responsibility to ensure that your personal profile and record of achievement is kept up-to-date.

- **Role of the Guidance Tutor**

Your guidance tutor (GT) will provide academic and pastoral support and will work with you throughout the course of your study facilitating the development of your skills and monitoring your

achievement as you progress towards registration. Regular review of the PPDF process with your GT will enable you to take responsibility for your own learning and your on-going professional development. You will access your GT at several points in each year in order to review your progress and development. During these tutorials you can discuss your marks and your learning experiences, within modules and on placement, in order to evaluate your progress. At the end of each academic year, your GT will help you to formulate your evaluations into a summary, a learning needs analysis and an action plan for the forthcoming year.

- **The PPDF process**

The PPDF will be introduced by your GT during induction week. This session will aim to explain the purpose of the PPDF and provide an overview of the process. Seminar sessions will take place in PL0400. These will introduce you to the process of self-regulated learning, reflection, and the collation of evidence. Specific links will be made to guided activities in the workbook, which will help you prepare for these sessions. Tutorial sessions with your GT will also add to this process by reflecting upon and evaluating your learning. At the end of the academic year, your tutorial will focus on evaluating your learning across the year, identifying your future learning needs and developing an action plan to address those learning needs in the forthcoming academic year. All tutorials are recorded and this record forms part of the evidence base for the PPDF.

- **Practice learning**

Prior to each practice placement, you will attend a pre-placement seminar with your GT and it is important that you carry out the preparation activities you will find in the workbook. These activities will enable you to consider the learning opportunities you will have during your practice placement; to review the requirements for the learning experience and to discuss, with your GT, how you aim to achieve this. During this tutorial, your GT will arrange the midpoint contact with you. During placement, you will work with your mentor to meet your competencies. You can find more information about this in the practice assessment documents and student guide.

- **The PPDF and your Practice Learning records**

Each year you will be issued with a Practice Assessment Document (PAD) and you will also collate a range of evidence to support the achievement of competencies (or in the first year of the course, progression criteria). Your Practice Assessment Documents and the supporting evidence should all be stored in your PPDF. It is important that you maintain your PPDF as it will form the on-going record of achievement, which your mentor will require in order to sign you off as a competent practitioner.

When you submit your Practice Assessment Document to the University, you may be selected as part of the sample for moderation. If this occurs, you will be notified and will be asked to also submit your PPDF for review. Your PPDF and PAD will then be reviewed by a group of academic staff and practice colleagues. At various points in the academic year, moderated PADs and PPDFs will also be reviewed by External Examiners.

Diagram showing the relationship of the PPDF with other elements of the Programme

- **Annual Summary of progress towards professional competence**

At the end of the academic year you will meet with your GT for a tutorial which is focussed on reviewing your PPDF. This is time allocated each year to ensure that you are actively engaging in the process of evidencing your learning as outlined in the introduction. This tutorial provides you with the opportunity to discuss the evidence you are collating, receive feedback on the quality of your evidence base and be provided with guidance on future development. In particular, your GT will want to see evidence of how you are progressing in relation to the achievement of professional requirements, such as the essential skills clusters and EU directives, as well as development of skills such as numeracy. This tutorial will also help you focus on your learning goals for the following year and also consider some of the practical issues such as re-enrolment and confirmation of good health and character.

Self-Regulated Learning

Undergraduates within a University are often described as individuals who are 'reading for a degree'. Whilst University degrees include taught elements (Lectures, Seminars and Practicals), they also contain an element of directed and independent learning. Obviously, in the case of Health Professional Education, they also include a considerable element of practice based learning during student placement.

Your degree programme consists of several modules each year. Each module contains a student workload (often referred to as an NSW—Notional Student Workload). You can find details of each module's student workload in the module handbooks. A typical student workload (for a 20 credit module) consists of 200 hours and is made up of:

Lecture	12 hours
Seminars	20 hours
Tutorials	0.5 hours
Practicals	14 hours
Directed learning	60 hours
Independent learning	94.5 hours

As you can see, a large proportion of the hours in each module is allocated to directed and independent learning. This section of the PPDF is designed to guide your use of directed and independent learning. In order to utilise this time effectively you will need to develop your ability to be a **self-regulated Learner**.

What is Self-regulated Learning?

Self-regulated learning involves targeting thoughts, feelings and actions towards the achievement of the student's own goals (Zimmerman and Schunk, 1989).

Self-regulated learners are aware of their own academic strengths and weaknesses. You may be aware of some of these already from your completed study, prior to commencing your degree programme. However, the transition to Higher Education is likely to highlight new strengths and other areas for development as you progress through the programme. Academic success is dependent on more than intelligence and success or failure, during your degree, will be dependent upon a number of external factors (most of which are within your control). These external factors include the effort expended on tasks such as assessments and seminar preparation; the use of feedback, both formal from past assessments and informal via seminars and tutorials; also the extent to which you are engaged in the programme and the material of the module. This is sometimes referred to as the Social Cognitive Perspective of Self-Regulated Learning which relates to the triadic relationship between the person, their behaviour and the environment (Zimmerman, 2002).

Zimmerman et al (2011) describe how there are three characteristics of a self-regulated learner. These are:

1. Self-observation (the student monitors their own actions)
2. Self-judgement (the student evaluates their own performance)
3. Self-reactions (the student responds to performance outcomes and feedback)

A self-regulated learner has to have high self-efficacy; has to set and monitor goals and has to demonstrate strong goal orientation (motivation).

Self-efficacy

Bandura (1989) postulates that human behaviour is determined by self-efficacy, that is, the individual's beliefs about their capability to exercise control of events. Perceptions about capability and capacity determine how much effort people put into different tasks. For example, a learner may be convinced that a certain action leads to goal achievement *'revision for an examination results in a higher grade*' but, in spite of this, the learner has doubts about their ability to complete the task *'I'm not good at exams irrespective of how much I revise'* . The result of this low level of self-efficacy will be that the student will probably not achieve the desired grade, as they will see little value in investing large amounts of time in revision.

Goal-Orientation and Goal Setting

Self-regulated learners have clear goals and are motivated towards the achievement of these goals. Short or medium term goals may be set against the achievement of targets, or an individual may work towards an ultimate goal such as becoming a registered health professional. Schmidt and DeShon (2007) describe how the greater the distance an individual is from their goal, the more time and resources they will invest to achieve their goal. This means that it may be helpful for students to set goals related to the achievement of the skills, knowledge and competence as a registered health professional, as opposed to setting goals related to the achievement of individual module assessments etc. Once goals have been set, it is possible for an individual to work to correct the discrepancy between their current performance and their goal.

Discrepancy Creation / Discrepancy Reduction

Discrepancy creation is a concept articulated by Organisational Psychologists to describe how employees strive to improve their individual performance. Phillips et al (1996) describe how discrepancy creation involves either the measurement of current performance against a standard, or by driving achievement when an individual sets higher personal goals. One helpful way of thinking about discrepancy creation is to consider how elite athletes monitor and develop their performance. Elite athletes strive to outperform their personal best time or season best time, with the ultimate goal to win medals and be the best at their particular event. Once discrepancy has been created, the individual works towards discrepancy reduction by directing cognitive and behavioural efforts towards reducing the level of discrepancy identified (Carver and Scheier, 1981).

The ultimate aim of self regulated learning is to develop the individual's Learning Goal Orientation (LGO). LGO is characterised by a desire to learn new things, increased competency in the task, persistence in the face of difficulty and seeking out new challenges.

As a starting point, you may wish to assess your current stage of being a self regulated learner using the assessment rubric below. You should revisit this regularly and revise your learning goals as you progress through the programme. Your Guidance Tutor and other academic staff can assist you to develop your goals by providing feedback, outlining expected performance and providing information on the standard you will be expected to achieve, for registration.

Table 01: Self Regulated Learning Student Assessment Rubric

Characteristic	Novice	Advanced Beginner	Skilled	Competent
GOAL SETTING	Does not set appropriate and realistic goals. Allows the teacher to set goals	Limited participation in goal setting. Goals set are realistic and appropriate	Capable of setting appropriate and realistic goals with assistance	Student sets own goals without assistance
STRATEGIC PLANNING	Does not plan own learning. Allows teacher to guide the learning	Limited plan with a reliance on the teacher	Uses planning strategies to guide own learning with minimal assistance from the teacher	Student plans own learning independently
SELF-EFFICACY (CONFIDENCE IN OWN ABILITIES)	Student believes that he / she is not capable of completing task without assistance	Student needs constant reassurance	Student believes in his / her own ability to complete the task with minimal assistance from the teacher	Student is confident in his / her ability to complete the task
MOTIVATION (GOAL ORIENTATION)	Student shows a lack of motivation	Student motivated to complete the task with prompting and support from the teacher	The student is motivated to complete the task with minimal intervention from the teacher	The student is motivated to complete the task
ENGAGEMENT (INTRINSIC INTEREST)	The student is not interested in task, requires consistent monitoring	The student expresses limited interest in the task and requires some monitoring	The student develops interest in the task with minimal teacher involvement	The student is highly interested in the task without teacher monitoring

From Self Directed Learning. Available online at http://akron5.metiri.wikispaces.net/*+RUBRIC+FOR+SELF+DIRECTED+LEARNING [accessed 18/03/2012]

The Action Plan

Following your final tutorial of the academic year, you should develop your action plan (insert form code) for the forthcoming year utilising:

- Your tutorial record form
- Your summary of strengths and areas for development
- Your learning needs analysis
- Feedback from academic tutors
- Feedback from practice placement educators

This will enable you to focus on developing your knowledge, skills and confidence in order to enable you to become an independent learner. It should promote efficacy in your learning through clearly identifying what you think you know, what you actually know and what you need to know, in order to continue your lifelong learning journey. The action plan should then be placed in your PPDF and be reviewed with your GT at the beginning of the next year.

Following the last tutorial of your final year, your action plan should link to your development needs as a graduate practitioner and can be utilised to inform your preceptorship with the Key Skills Framework.

Some students find it helpful to create a record of their goals and to plan their learning towards these goals. When setting goals you should remember that these need to be SMART:

SPECIFIC

Goals need to be straightforward and need to emphasise what you want to achieve. The Specifics of a goal include the What? Why? and How?

What are you planning to achieve?

Why is it important?

How are you going to do it?

MEASURABLE

If your goal is not measurable you will not know whether you have achieved it or not.

To make a goal measurable, you need to establish concrete criteria by which you would measure progress.

ATTAINABLE

This involves identifying clearly what you feel you can achieve in a given timescale. Remember, your goals should stretch you towards your ultimate goal e.g. to become a registered health professional. Avoid setting goals which are essentially avoiding tasks which you find difficult

REALISTIC

Again this does not relate to setting a goal which is easy to achieve. Rather it relates to having a goal which is 'do-able' in the timescale you have set yourself.

TIMELY

You need to identify a timeframe in which you plan to achieve your goal. If the timeframe is too vague—your motivation will suffer. Remember your timeframe must be achievable.

The following pages allow you to record your own goals for learning and to monitor your progress towards these goals.

Clinical Practice is informed by knowledge from a variety of sources. This includes empirical (research based) knowledge as well as practice-derived knowledge. Practice-derived knowledge is sometimes referred to as experiential knowledge because its origins lie in an individual's experiences of practice. A number of methods of identifying practice knowledge and learning from practice, exist. There are lots of ways in which you will develop the skills to become a self-regulated learner throughout your programme: lecture and seminar activities; directed study; GT tutorials; reflection; academic and practice feedback.

Evidence of Learning and Achievement

Record of Academic Achievement BSc (Hons) Nursing Studies

Students should record their assignment marks in the boxes below

	Module Code	Module Title	Mark
Year One	PR0400	Study Skills for Professional Practice	
	PR0401	Foundations of Safe and Effective Practice	
	NS0400	Fundamental Concepts in Nursing Care	
	NS0401	Introduction to Anatomy & Physiology	
	NS0402	Care, Compassion and Communication	
	NS0403	Development of Fields within Nursing	

	Module Code	Module Title	Mark
Year Two	NS0500	Public Health in Contemporary Nursing	
	NS0501	Applied Life Sciences	
	PR0500	Evidence & Research	
	PR0501	Developing Skills for Safe and Effective Practice	
	AA0508	Developing Knowledge & Skills within Adult Nursing	
	AA0509	Applying Knowledge & Skills within Adult Nursing	
	CN0504	Developing Knowledge & Skills within Children's Nursing	
	CN0505	Applying Knowledge & Skills within Children's Nursing	
	MH0504	Developing Knowledge & Values within Mental Health Nursing	
	MH0505	Implementation of Mental Health Nursing Knowledge & Values	
	DB0504	A Developmental Approach to Learning Disabilities Practice	
	DB0505	Personalised Healthcare for People with a Learning Disability	

Record of Academic Achievement BSc (Hons) Nursing Studies

Students should record their assignment marks in the boxes below

	Module Code	Module Title	Mark
Year Three	PR0600	Evidence Based Practice Project	
	NS0600	Leading and Improving Nursing	
	NS0601	Preparation for Working Life	
	AA0608	Values & Principles for Nursing People in Later Life	
	AA0609	Nursing Care of Adults with Complex Needs	
	CN0602	Children & Young People Healthcare Challenges	
	CN0603	Critical Care & High Dependency Needs in Children's Nursing	
	MH0605	Specialist Interventions in Mental Health Nursing	
	MH0606	Advances in Mental Health Nursing Practice	
	DB0603	Innovations in Learning Disability Practice	
	DB0604	Learning Disability Nursing in Specialist Environments	

Record of Practice Learning Experience BSc (Hons) Nursing Studies

Students should record their placements (Hub and Spokes) in the table below

	Type of Experience	Location	Duration in weeks
Year One	Hub		
	Spoke 1		
	Spoke 2		
	Hub		

	Type of Experience	Location	Duration in weeks
Year Two			

	Type of Experience	Location	Duration in weeks
Year Three	Hub		
	Spoke 1		
	Spoke 2		
	Hub		

International Experience (if appropriate)

	Type of Experience	Location	Duration in weeks

Practice assessment documentation and on-going record of achievement:

You should store your completed practice assessment documents within section 2 and make them available to your GT, Mentor and sign off Mentor. The NMC require that each student has an on-going record of achievement which informs planning for learning and assessment decisions and your completed assessment documents will enable you to meet this requirement.

Evidence to support practice achievement

There are numerous ways in which other evidence of learning and achievement can be recorded and collated. Remember, this is a personal and professional development file that is owned by you. However, when you are collating evidence, you should ensure that it is of good quality and is fit for the purpose it was intended. The evidence kept within you PPDF should be:

- Professional in nature and presentation- respecting confidentiality and using correct terminology / professional language
- Succinct
- Meaningful to you
- Linked to the programme learning outcomes and your own goals

Remember that this evidence will be drawn upon to complete the summative assessment for the Preparation for Working Life Module.

This list is neither exhaustive nor prescriptive but aims to provide you with some ideas. Below you will find a list of templates that can be found in the appendices of the workbook on the ELearning portal. These can be downloaded for your use in developing this section of your PPDF. Further guidance in the completion and use of these can be found through the directed activities within the workbook.

- Module assessment feedback
- Reflective diary
- Critical incident reflection
- Graduate skills
- SWOT/SWOB and SCORE analysis
- Learning needs analysis
- Pre-placement tutorial record
- Witness testimony
- Skills Passport & Experiential learning log

Types of Practice Evidence:

During your Programme, you will be required to collect a range of evidence to support the achievement of the competencies required of a registered nurse. Some of this evidence will be structured and you will be issued with individual guidance on how to collect the evidence and the process of assessment.

Such evidence may include:

Total Client Care (TCC) Assessments

Direct Observation of Practical Skills (DOPS)

Team Assessment of Performance on Placement (TAPP)

Leading and Managing Care (LMC) Assessments

In addition, students may collate other forms of assessment including discussions with mentors, structured reflection, recording and reflecting on critical incidents etc. Specific templates exist to assist students to collate such evidence in the PPDF.

Your Skills Passport:

The skills passport has been developed alongside the core skills modules, to enable you to provide practice with a record of all core skills and the theoretical evidence base for each skill. There are a number of core/essential skills which can be identified and included in the skills passport. This demonstrates standardisation of skill acquisition across the professions. There are several mandatory skills which require documentation including:

- Handling and moving
- Basic life support
- Hand hygiene
- First aid
- There are also a number of profession specific skills; including Midwifery EC Mandatory Skills and EU Directives for nurses.

The majority of skills teaching takes place in the Clinical Skills Resource Centre and is underpinned by theory. Students attending the sessions need to record this appropriately. You are expected to maintain your own record of attendance which will be countersigned by the session facilitator. Whilst in practice you should negotiate, during your initial interview with your mentor, time for observing and practicing skills.

The following points are for guidance:

- The passport is for formative use and to be used as an aide memoir and learning prompt for students.
- The theoretical element and demonstration will be signed and dated by the student; this process underlines the importance of students taking responsibility for their own learning.
- On placement, the student will negotiate with their mentor opportunities to observe and practice the skills.
- The student will complete the sections related to learning and application during placement.

Insert Skills Passport here

Reflection:

All too often we are so busy with the delivery of care that there is no time allowed to take a step back and reflect upon our actions. Health professionals today are being increasingly obligated to evaluate their practice in order to improve their care of the individual needs of their patients/clients. Using critical self-assessment, reflection can enable practitioners to evaluate and develop their practice.

By using reflection effectively you will have evidence which will enable you to meet the aims of the module and/or placement assessment. Your reflection will act as an aide memoir, providing the opportunity for self-analysis to inform planning for learning.

For reflection to be useful there is a need to be:

- Honest
- Open minded
- Exploratory
- Critical (in a constructive and objective way)

The following are examples of questions you will need to be asking yourself throughout the Programme:

- How well have I settled into life at Northumbria University?
- In which key skills do I think I have made most progress to date? What extra skills do I need? How am I going to develop these skills?
- In which areas of the Programme am I less satisfied with my progress? How am I going to improve my performance in these areas?
- How do I intend to prepare for assessments? How do I evaluate my performance in assessments? Which areas of my performance am I pleased with and why? Which areas am I disappointed with and why?
- How do I intend to prepare for placements? How do I evaluate my performance on placement? Which areas of my performance am I pleased with and why? Which areas am I disappointed with and why?

Examples of Models for reflection

Following are some examples of reflective models that might be useful for you and help you to reflect in a structured way.

Example of a reflective practice tool (Accessed at: http://www.wipp.nhs.uk/uploads/GPN%20tools/Tool4.6-Example%20Reflec%20Prac.pdf) Identifying your learning needs for your continuing professional development

One of the ways in which we might reflect is to consider any encounters that we have in practice; consider what we did well and what we need to improve upon, in order to develop ourselves personally and professionally. The following are some hints adapted from Hillard (2006):

Reflection and portfolios

Reflecting on a critical incident helps to identify the knowledge and motivations guiding the practitioner during that incident. A portfolio provides an account of nurses' personal and professional development by connecting similar incidents to reveal how learning has occurred over time. In this way, patterns of nursing practice and knowledge gaps can be revealed, enabling practitioners to identify areas of practice that need to be developed (Hillard, 2006; 36).

Types of reflection:

Schön (1987) distinguished between two types of reflection:

Reflection-on-action is the process of looking back at an event and analysing it to make explicit the knowledge which guided action.

Reflection-in-action is the process of thinking about and altering action during an episode. This process is usually employed when faced with an unexpected event (Hillard, 2006; 37).

The knowledge and understanding gained through reflecting on a critical incident is not static. Nurses should be willing to scrutinise and possibly change their understanding of incidents. In this way, reflection can be discomfiting, because it requires us to challenge our practice and beliefs (Hillard, 2006; 38).

Nursing practice is guided not only by theoretical and practical knowledge, but also by nurses' beliefs, values and personal philosophies. Insight into beliefs that motivate our actions enables us to consider how such beliefs fit with, and influence, the different situations we encounter whilst in clinical practice.

Knowing ourselves may be the most difficult aspect of knowledge to master (Carper, 1978). As there is a natural tendency to portray ourselves favourably, reflective practitioners need to acknowledge their prejudices, biases, assumptions and beliefs (Hillard, 2006; 38).

You should therefore:

- Treat reflection as a learning process.
- Allow sufficient time.
- Revisit incidents several times.
- Be open to all possibilities.
- Have courage to explore personal beliefs.
- Be willing to challenge these beliefs.
- Acknowledge positive decisions and actions.
- Use a 'critical friend' to assist in reflection (Hillard, 2006; 40).

Please remember though, to ensure that any material relating to particular people or places is anonymised: as required within the Nursing and Midwifery Council Code of Professional Conduct (2008).

The following is adapted from: Greater Manchester AHP/HCS Life Long Learning Project Team . 2008.

Reflective practice is associated with learning from experience and is viewed as an important strategy for health professionals who embrace life-long learning. The act of reflection is seen as a way of promoting the development of autonomous, qualified and self-directed professionals. Engaging in reflective practice is associated with the improvement in the quality of care, stimulating personal and professional growth and closing the gap between theory and practice.

The following examples of models of reflection are outlined to give you a feeling of choice about the most appropriate strategies to use to encourage reflection in practice.

Gibbs Reflective Cycle (1988) – this encourages a clear description of the situation, analysis of feelings, evaluation of the experience and analysis to make sense of the experience in order to examine what you would do, if the situation arose again.

John's Model for Structured Reflection (2000) – this can be used as a guide for analysis of a critical incident or general reflection on experience. John supports the need for the learner to work with a supervisor throughout the experience. He recommends that the student uses a structured diary. He

advises to 'look in on the situation', which would include focusing on yourself and paying attention to your thoughts and emotions. He then advises to 'look out of the situation' and write a description of the situation around your thoughts and feelings; what you are trying to achieve; why you responded in the way you did; how others were feeling; did you act in the best way; ethical concepts etc. He also considers the use of internal factors, such as expectations from others, time factors, normal practice, anxiety of the situation etc.

Rolfe's Framework for Reflective Practice – he uses three simple questions to reflect on a situation: 'What, so what, and now what?' Rolfe considers the final stage as the one that can make the greatest contribution to practice.

Stage 1: Description of the Event
Describe in detail the event you are reflecting on. Include: where were you; who else was there; why were you there; what were you doing; what were other people doing; what was the context of the event; what happened; what was your part in this; what parts did the other people play; what was the result?

Stage 2: Feelings and Thoughts
At this stage, try to recall and explore those things which were going on inside your head. Include: How were you feeling before the events commenced? What were you thinking about at the time? How did the event make you feel? How did others feel?

Stage 3: Evaluation
Try to evaluate or make a judgement about what has happened. Consider what was both good and bad about the experience OR what went well and what perhaps did not go quite as well as you had hoped.

Stage 4: Analysis
Break down the event into its component parts so they can be explored separately. Include: What went well? What did you do well? What did others do well? What went wrong or did not turn out as expected? In what way did you or others, contribute to this?

Stage 5: Conclusion (Synthesis)
This is different from the evaluation stage. You have now explored the issue in detail and you have lots of information on which to base a judgement. You now need to develop insight into your own and other people's behaviours / actions in terms of how they contributed to the positive and negative aspects of the event

Student Signature		Date	

FACTSHEET: Critical Incidents

Critical Incident Technique is a set of procedures for collecting observations about behaviour and performance that have critical significance. A critical incident is an event which makes a significant contribution either **positively** or **negatively**. Elliott (2004) describes how a critical incident is one which causes a person to pause and contemplate events which have occurred, to try and give them some meaning. Critical incident technique usually concentrates on five key areas, these are:

1. Determining the issue to be explored
2. Fact Finding
3. Identification of the issues
4. Search for solutions to resolve issues
5. Evaluation of how the situation can be avoided in the future

Critical incident technique is widely used within healthcare to examine issues arising from clinical practice. A major advantage of this approach is that it provides a relatively inexpensive and highly effective method of learning from clinical issues. Major disadvantages of critical incident technique is the temptation to concentrate on negative events, issues around recall and a failure to 'close the loop' to ensure that people learn from events and prevent them from recurring (Rolfe, Freshwater and Jasper, 2001). Critical incident analysis is commonplace, almost without exception every practitioner has, at one time or another, considered how situations can be avoided, overcome or improved upon (Hagland, 1998).

The significant issue is moving away from purely concentrating on the analysis of negative events towards a system which promotes learning from things which are successful. One of the key issues in all types of reflection is that, all too often, practitioners see themselves as powerless to introduce changes. Structured reflection, like the use of critical incident analysis, offers practitioners the opportunity to explore issues and to identify what actions they could take to effect changes which have a positive impact on patients (Page and Meerabeau, 2000).

The following pages provide a structure through which you can explore critical incidents arising from practice. Please remember to ensure that any patient and staff details are anonymised. The final sheet provides a series of questions which you should ask yourself in order that you can complete your analysis of the critical incident and to enable you to identify a way forward. You can utilise your recorded critical incidents as a form of evidence towards the achievement of competencies.

Critical Incident

Synopsis of the Incident
Describe in detail the incident

Why was this Incident or Event critical to you?

What have you learnt from this Incident?

Student Signature		Date	

Critical Incident Analysis: Questions to ask yourself

What was I trying to achieve?

Why did I intervene as I did?

What internal and external factors influenced my decision making?

How could I have dealt with the situation differently?

What choices did I have to do things differently?

How do I feel about this experience?

What have I learnt about myself?

How might I use what I have learnt in my future practice?

What do I need to do to improve my skills and knowledge?

Personal & Professional Development File	Witness Testimony Report

This form can be used by the student, service users or other healthcare professionals to record activities or achievements outside of the allocated practice learning environment e.g. during visits or when working with individuals other than a mentor / co-mentor

Student's Name:		**Mentor's Name:**	
Placement:		**Location of Experience:**	
Witness' Name:		**Witness' Position:**	

What did the student do?

Feedback from Witness on achievement(s)

Student Signature		Date	
Mentor's Signature		Date	

Context of the discussion:
Detail what the discussion was about and what competencies it is designed to provide evidence for

Summary of discussion:

What competencies / progression criteria does this link to?

Student Signature		Date	
Mentor Signature		Date	

Insert Experience log here

Preparing for Working Life

This section of the PPDF is designed to enable you to develop an informative, accurate and up-to-date Curriculum Vitae (C.V.) and, along with the first two sections, to contribute towards the assessment of a final year module NS0601 - Preparation for Working Life in year 3 of your programme.

If you need help to get you started on your CV the following websites may be useful:

- NHS web site accessed at: http://www.nhscareers.nhs.uk/explore_teachers_students.shtml
- Nurses.co.uk accessed at: http://www.nurses.co.uk/careers_detail.asp?id=32

You might begin to develop your C.V. through using the following template:

- RCN CV template can be found at: http://www.rcn.org.uk/__data/assets/pdf_file/0009/176319/Tool2.5-GPNCVExample.pdf

Module - Preparation for Working Life Year 3

As you may remember from the introduction to the PPDF, it is also designed to contribute to the assessment of a module in Year 3. This module aims to prepare you for your role as an accountable practitioner and to provide the opportunity to reflect upon your own personal and professional levels of competence.

Reflection will involve recognising your own strengths and areas for development in preparation for subsequent work within the nursing care arena, with a particular focus on the safe management, organisation and delivery of patient care. Opportunities will be provided to examine the processes required to secure employment and capitalise on personal knowledge, skills and personal contributions.

This will include relevance to contemporary health policy, your role in managing, leading and organising care and resources, and enhancing quality in clinical practice. You will evidence decision making and problem-solving processes and the ability to think critically and independently as a registrant, making effective use of evidence from a range of sources. Importantly, you will critically reflect on personal and professional development and articulate your readiness to practice in relation to professional and regulatory bodies and employer expectations.