**BSc (Hons) Nursing**

**Recognition of Prior Learning**

**Assessment of Prior Learning Mapped Against the Learning Outcomes for Part 2 of the Programme (Level 5)**

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| **Name of applicant:** |  | **Name Nursing Subject Assessor:** |  |
| **Date:** |  | **Date:** |  |

For consideration of RPL, you must submit a copy of your transcript that details previous modules that you have successfully completed and a copy of the content of each module against which you are making an application. This will usually be found in a programme/module guide. Without this, applications cannot be progressed, as NMC standards require programme providers to match content of previous study against the outcomes of the pre-registration nursing programme.

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| **Module Code** | **Module against which RPL is being claimed** | **Credits** | **Related Programme Learning Outcomes** | **Tick****(√)** |
| NUR5001M  | Integrative Nursing for the Person with Long Term Health Challenges | 40  | 5.1, 5.2, 5.3, 5.4 |  |
| NUR5002M  | Researching Whole Person Nursing | 20  | 5.1, 5.3 |  |
| NUR5003M  | Optimizing Wellbeing Through Integrative Nursing | 20  | 5.2, 5.3, 5.4, 5.5 |  |
| NUR5004P  | Nursing Practice 2 | 40  | 5.1, 5.2, 5.3, 5.4 5.5 |  |

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| Programme Learning Outcome | Match the module learning outcomes from your previous certificated study to the learning outcomes for Part 2 of the BSc Nursing Programme at York St John University. Enter these learning outcomes below along with any other relevant evidence. Please also highlight any areas of deficit. | Comments by Nursing Subject Assessor |
| 5.1 |  |  |
| Reflect on practice and demonstrate professional conduct and behaviours in accordance with Nursing Midwifery Council requirements. |  |  |
| 5.2 |  |  |
| Optimize whole person health through integrative nursing practise and co-production of care, building therapeutic relationships that emphasise inclusivity, togetherness, and healing. |  |  |
| 5.3 |  |  |
| Appraise appropriate evidence from professional sources, comparing literature from different perspectives to inform clinical decisions. |  |  |
| 5.4 |  |  |
| Plan and deliver safe, person-centred nursing care of people across the lifespan, using the full range of therapeutic interventions to support the healing process. |  |  |
| 5.5 |  |  |
| Demonstrate self-awareness identifying how personal strengths, values and behaviours impact on the nurse’s role in the healthcare team. |  |  |

**BSc (Hons) Nursing**

**Recognition of Prior Learning**

**Assessment of Prior Practice Experience Mapped Against the Learning Outcomes for Part 1 of the Programme (Level 5)**

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| **Name of applicant:** |  | **Name of Nursing Subject Assessor:** |  |
| **Date:** |  | **Date:** |  |

Please identify the practice experiences you have successfully completed during your previous studies. Please state the type of placement in which your practice experience has taken place. Please indicate the number of hours given to each experience. You must submit a copy of your course transcript as verification of successful completion of your practice experience. Please obtain employer/institution verification of your hours and experience.

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| **Dates:**(from and to) | **Evidence:**Please provide information to illustrate your previous practice experiences. This should come from your Practice Assessment Documents.  | **Type of placement**Please tick/highlight the area(s) in which you gained experience. | **Number of Hours**(Must total 790 for Part 2) |
|  | **Participates in assessing needs and planning person-centred care with increased confidence.** | Type of placement | Tick(√) | Hours |
|  |  | General & specialist medicine  |  |  |
| General & specialist surgery  |  |  |
| Child care and paediatrics  |  |  |
| Maternity care  |  |  |
| Mental health & psychiatry  |  |  |
| Care of older people & geriatrics  |  |  |
| Home/district/community nursing  |  |  |
|  | **Participates in delivering and evaluating person-centred care with increased confidence.** | Type of placement | Tick(√) | Hours |
|  |  | General & specialist medicine  |  |  |
| General & specialist surgery  |  |  |
| Child care & paediatrics  |  |  |
| Maternity care  |  |  |
| Mental health & psychiatry  |  |  |
| Care of older people & geriatrics  |  |  |
| Home/district/community nursing  |  |  |
|  | **Participates in the procedures for the planning, provision and management of person-centred care with increased confidence** | Type of placement | Tick(√) | Hours |
|  |  | General & specialist medicine  |  |  |
| General & specialist surgery  |  |  |
| Child care & paediatrics  |  |  |
| Maternity care  |  |  |
| Mental health & psychiatry  |  |  |
| Care of older people & geriatrics  |  |  |
| Home/district/community nursing  |  |  |
|  | **Participates in improving safety and quality of person-centred care with increased confidence** | Type of placement | Tick(√) | Hours |
|  |  | General & specialist medicine  |  |  |
| General & specialist surgery  |  |  |
| Child care & paediatrics  |  |  |
| Maternity care  |  |  |
| Mental health & psychiatry  |  |  |
| Care of older people & geriatrics  |  |  |
| Home/district/community nursing  |  |  |
|  | **Participates in the coordination of person-centred care with increased confidence** | Type of placement | Tick(√) | Hours |
|  |  | General & specialist medicine  |  |  |
| General & specialist surgery  |  |  |
| Child care & paediatrics  |  |  |
| Maternity care  |  |  |
| Mental health & psychiatry  |  |  |
| Care of older people & geriatrics  |  |  |
| Home/district/community nursing  |  |  |
|  | **Medicines Management** | Type of placement | Tick(√) | Hours |
|  |  | General & specialist medicine  |  |  |
| General & specialist surgery  |  |  |
| Child care & paediatrics  |  |  |
| Maternity care  |  |  |
| Mental health & psychiatry  |  |  |
| Care of older people & geriatrics  |  |  |
| Home/district/community nursing  |  |  |
|  | **Summary** | **Type of placement outstanding****(List)** |  | **Total hours****Claimed**  |
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| **Employer/ Institution Verification** | **Tick****(√)** | **Signature** | **Date** | **Contact details** |
|  I confirm that the statements above are an accurate representation of the applicants work experience and insight into nursing practice.  |  |  |  | **Name** |  |
|  |  |  |  | **Job title** |  |
|  |  |  |  | **Organisation** |  |
|  |  |  |  | **Work address** |  |
|  |  |  |  | **email** |  |
|  |  |  |  | **Telephone** |  |

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| **Nursing Subject Assessor Decision** (not for use by applicant)    |  **Comments** |
| Programme learning outcomes evidence as met. Please list any deficits. | Demonstrated □ Partly Demonstrated □   Not demonstrated □   |  |
| Practice learning outcomes evidenced as metPlease list any deficits. | Demonstrated □ Partly Demonstrated □   Not demonstrated □    |  |
| Programme hours for the part completed.Please list any deficits. | Demonstrated □ Partly Demonstrated □   Not demonstrated □    |  |
| Practice experiences needed prior to programme completion. Please list.  |    |  |
| Declaration of good health and good character completed.  |  Yes □ No □    |  |
| DBS & Occupational Health Screen Requested | Yes □ No □   |  |
| Reference of good standing obtained. | Yes □ No □   |  |
| **DECISION** | **ACCEPT □ FURTHER EVIDENCE REQUIRED □   REJECT □** |  |
| **Date for review if required.**  |  |  |