Institute of Health and Allied Professionals

**MSc Nursing: Portfolio of Evidence to Support Achievement of 600 hours of prior work/voluntary experiences where skills were developed that can be transferred to nursing practice within the last 5 years for admission to the programme.**

1. **Background Information**

The MSc Nursing programme is a two-year accelerated course. D2005/36/EC/31(3)11 states that: *‘The training of nurses responsible for general care shall comprise at least three years of study or 4,600 hours of theoretical and clinical training*’. For the MSc Nursing 600 hours of theory and 600 hours of practice will be accredited using Recognition of Prior Learning (RPL).

Therefore, as part of the direct application process to Nottingham Trent University MSc Nursing programme you are required to demonstrate evidence of suitable previous transferable experience and academic development to account for the RPL that is a core part of this course. To do this you must provide evidence of experiences where you have utilised skills that can be transferable to nursing within the last 5 years equivalent to 600 hours. If you pass the RPL we will organise an interview to explore this evidence with you.

1. **Appropriate Transferable Experience**

We ask you to evidence appropriate experience, the following is a guide.

* Your selected experiences should have occurred in the last five years.
* Work can be across a variety of settings and your focus should be on the skills that you have utilised rather than the setting that you used them in. The only stipulation is that you must have used these skills in a formal capacity – i.e. in paid employment or formal, recognised voluntary work.
* You will need to verify these experiences and will we require a statement/reference from your line manager or supervisor to support this.
* You will need to outline for each evidence the skills, knowledge you have gained and how this applies to Nursing values and behaviours. This should be a minimum of 400 words for each of the 8 indicators and this should be supported by relevant literature that is of a suitable academic standard.
* You could scan in copies of this evidence into an appendix.
* In text quotations are counted in the word count but Reference lists are not.



1. **Identifying Appropriate Transferable experience**

Based on twelve of the NMC Standards of Proficiency (NMC 2018), we have identified a number of ‘Indicators’ of transferable skills. These are listed below, one of these is mandatory and you need to select seven others. For each one provide examples of work/voluntary work situations where you have utilised skills that will achieve the indicator. You may use one work/voluntary work situation to demonstrate achievement of more than one indicator, but you must include details of a minimum of four situations as you complete this document.

**Indicators of Transferable Skills**

|  |  |  |
| --- | --- | --- |
|  | **Indicator** | **Further details** |
| **MANDATORY** | Digital Skills | Give details of situations where you have needed to use IT and digital skills in the course of your job/voluntary work. Discuss the impact of your use of technology in your work. |
| 1 | Assessing a problem | Include identification of what happened, how you recognised the issue to be a problem, the process you went through to assess it formally and what you did with the information once you had completed the assessment |
| 2 | Making decisions | Include identification of the decision, how you recognised that a decision needed to be made, your role in the decision and the impact that this had on yourself and others |
| 3 | Working in partnership | Include anonymised details of the other parties with whom you worked in partnership, how you promoted collaborative working and how any challenges with such working were addressed. |
| 4 | Supporting a person in distress | Include consideration of what signs you noticed to suggest that the person was in distress, the things you considered as you approached the person and how you communicated with the person to demonstrate your support. |
| 5 | Identify and acting upon cultural issues | Give an example of where you found yourself experiencing an alternative culture to your own, how you felt, its impact on yourself and others and how you demonstrated cultural sensitivity. |
| 6 | Dealing with sensitive issues | Include an overview of the nature of the issue that the person found to be sensitive, how you reacted and any skills that you used to make the person feel at ease. |
| 7 | Maintaining a safe environment | Identify a situation where there was potential for harm. Discuss the hazards that existed and the role of yourself and colleagues in addressing these hazards. |
| 8 | Infection control | Discuss a situation where there was a need for heightened infection control. Outline the infection control principles that informed your actions as well as the actions that you took. |
| 9 | Awareness of circumstances that highlight the importance of hand hygiene | Describe a situation where there was a need for rigorous hand hygiene. Explain the potential consequences of poor hand hygiene and the principles that underpinned your actions. |
| 10 | Supporting a person who appears seriously ill. | Give details of a situation such as one that required first aid intervention. Outline how you noticed that the person appeared to be seriously ill and any actions that you took to address the situation. |
| 11 | Positive verbal and non verbal communication | Describe a situation where you needed to use enhanced communication skills. Explain your thinking as you determined your approach to communication. |

**Examples for guidance**

P*lease note these are just examples to help you understand what evidence we are looking for.*

**EXAMPLE ONE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date from and to: | Hours Completed | Transferable skill Experience | Evidence to verifiy this experience (examples included as an appendix) |
| XXX-XXX | XXX | Front desk supervisor in a hotel | Reference from line manager |
| During my tenure as a front desk supervisor within hospitality, I encountered a situation that vividly demonstrated the criticality of effective communication and empathetic support—skills that are paramount in clinical nursing practice. One evening, a guest, Mrs. X, arrived in a state of acute distress following the sudden receipt of troubling family news. Her nonverbal cues, for example distressed tone and tear-filled eyes, demonstrated the need for a well-being intervention.  Recognising her vulnerability, I promptly escorted Mrs. X to a quiet, private area where I could engage with her in an uninterrupted dialogue. I employed active listening techniques, inviting her to articulate her feelings and concerns without judgment. For instance, I offered reflective statements such as, “It sounds as though you are feeling overwhelmed by this news,” thereby validating her emotional experience and fostering an environment of trust and safety. Trust is widely acknowledged as a cornerstone of the therapeutic relationship in nursing. As Peplau’s Interpersonal Relations Theory (1997) posits, establishing trust is essential for facilitating open communication and empowering individuals to engage actively in their care. Similarly, Watson’s Theory of Human Caring (2008) emphasizes that authentic caring relationships, built on empathy and trust, are transformative for patient well-being. Recent empirical studies further reinforce this theoretical foundation; Arnold and Boggs (2020) underscore that trust, cultivated through consistent, respectful, and empathetic interactions, significantly enhances patient engagement, adherence to care plans, and overall clinical outcomes. Moreover, contemporary research suggests that the deliberate and mindful fostering of trust not only mitigates patient anxiety but also promotes more effective decision-making and recovery processes (McCabe & Timmins, 2013). By prioritising trust in our communication, I was able to create a supportive atmosphere that mirrored the essential dynamics of a therapeutic nurse–patient relationship.  Simultaneously, I ensured that my tone and body language conveyed empathy and reassurance, drawing on the principles of emotional intelligence (Goleman, 1995). Recognizing that emotional support is a dynamic process, I coordinated with my team to discreetly arrange additional assistance, including connecting Mrs. X with a senior colleague trained in crisis management. This collaborative approach ensured that she received both immediate emotional support and practical assistance with her subsequent needs.  In synthesizing these theoretical perspectives with practical action, I facilitated a supportive framework that allowed Mrs. X to feel both heard and cared for—mirroring the relational dynamics fundamental to nursing practice. This experience reinforced my understanding that the empathetic communication and collaborative strategies honed in hospitality are directly transferable to the clinical context. As such, the skills I developed—attentive listening, emotional validation, and teamwork—are integral to providing patient-centred care, a core tenet of contemporary nursing models such as Boykin and Schoenhofer’s Nursing as Caring (2018).  **Indicators achieved: 11, 7, 4, 1** | | | |
| References:  Arnold, E. C., & Boggs, K. U. (2020). *Interpersonal Relationships: Professional Communication Skills for Nurses*. Elsevier.  Boykin, A., & Schoenhofer, S. O. (2018). *Nursing as Caring: A Model for Transforming Practice*. Jones & Bartlett Learning.  Goleman, D. (1995). *Emotional Intelligence: Why It Can Matter More Than IQ*. Bantam Books.  McCabe, C., & Timmins, F. (2013). *Communication in Nursing*. Wiley-Blackwell.  Peplau, H. E. (1997). *Interpersonal Relations in Nursing: A Conceptual Frame of Reference for Psychodynamic Nursing* (Revised ed.). Springer Publishing Company.  Watson, J. (2008). *Nursing: The Philosophy and Science of Caring* (Revised ed.). University Press of Colorado. | | | |

**EXAMPLE TWO:**

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| --- | --- | --- | --- |
| Date from and to: | Hours Completed | Transferable skill experience | Evidence to verifiy this experience (examples included as an appendix) |
| XXX-XXX | XXX | Care assistant in a Nursing home | Reference from line manager |
| During a night shift I found Mrs X in the corridor and she appeared distressed. Mrs X has been a resident in the care home for 2 years and has a diagnosis of Alzheimers and also has a wound on her arm which is dressed regularly by the registered nurse.  I approached Mrs X gently and with empathy, I spoke in a soft tone and asked her if she needed anything. Mrs X responded in tears stating that she was looking for her husband as he should be home from work now. Using my knowledge of Mrs X I was aware that she frequently searched for her husband and would become more distressed the more she looked for him however, I had learnt that there were some distraction techniques that I could use that might help her settle back into her room. I knew she liked to listen to soothing music and look at photographs of her and her husband and talk about him. This approach of knowing the person and using this knowledge to treat them as a person of value is consistent with the person centred principles developed by Kitwood (1997). McCormack and McCance (2017) reinforce this view as they state you need to understand who a person is before you can care for them effectively.  While looking at photographs with Mrs X I noticed that her arm dressing had become loose as she had in her distressed state pulled at it. I knew that as a care assistant I could not change this dressing as it required a sterile technique (Lister et al 2021) and this was not in my sphere of competence, however to ensure her safety I called the nurse to re dress this as soon as possible to prevent infection (Lister et al 2021). After the dressing had been changed I helped Mrs X into bed and asked her if there was anything else she needed and reassured her that we were there for her if she needed us. I felt that I had showed compassion and treated Mrs X with diginity and respect in line with the principles outlined by the Health Foundation (2014).  Indicators achieved: 1, 3, 4, 6, 8, 11 | | | |
| References:  Kitwood T (1997) **Dementia reconsidered: The person comes first.** Buckingham, Open University Press.  Lister S, Hofland J, Grafton H, Wilson C (2021) **The Royal Marsden manual of clinical nursing procedures.** Tenth edition, student edition. Wiley Blackwell, Chichester.  McCormack B, McCance T (2017) **Person Centred practice in nursing and health care: theory and practice.** 2nd edition. Wiley, Blackwell, Sussex.  The Health Foundation (2014) **Person centred care made simple: What everyone should know about person centred care.** London, The Health Foundation | | | |

**Record of Transferable Skill Experience**

**Please complete a box for each of your experiences being used as evidence (please add more boxes as necessary)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Transferrable skills experiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date from and to: | Hours Completed | Transferable skill experience | Evidence to verifiy this experience (examples included as an appendix) |
|  |  |  |  |
| Brief description of the experience:  **Indicator(s) achieved:**  **References:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date from and to: | Hours Completed | Transferable skill experience | Evidence to verifiy this experience (examples included as an appendix) |
|  |  |  |  |
| Brief description of the experience:  **Indicator(s) achieved:**  **References:** | | | |

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| --- | --- | --- | --- |
| Date from and to: | Hours Completed | Transferable skill experience | Evidence to verifiy this experience (examples included as an appendix) |
|  |  |  |  |
| Brief description of the experience:  **Indicator(s) achieved:**  **References:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date from and to: | Hours Completed | Transferable skill experience | Evidence to verifiy this experience (examples included as an appendix) |
|  |  |  |  |
| Brief description of the experience:  **Indicator(s) achieved:**  **References:** | | | |

|  |  |
| --- | --- |
| **Total hours** |  |

I**nternal Use Only**

|  |  |
| --- | --- |
| Total hours of experience demonstrated in initial profile |  |
| Proceed to RPL interview | Yes / No |
| Additional notes for admissions |  |

**Please get your referee to complete the form below to demonstrate the 600 hours of health and social care experience.**

Detail of applicant:

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of referee:

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time that they have known the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for agreeing to provide a reference for the above-named applicant to demonstrate experience of work that involves skills that can be transferred into nursing. You might have been asked to supply a reference for the applicant earlier in the process, but the purpose of this second reference is to ratify the number of hours that the applicant has worked in a job that requires skills that can be transferred into nursing. We appreciate that not every aspect of the job will be transferable into nursing but need to be assured that the applicant has developed a number of these skills during their time working with you.

The skills that we consider to be transferable into nursing include:

Assessing a problem

Making decisions

Working in partnership

Supporting a person in distress

Identifying and acting on cultural issues

Dealing with sensitive issues

Maintaining a safe environment

Infection control

Awareness of circumstances that highlight the importance of hand hygiene

Supporting a person who is seriously ill

Positive verbal and non-verbal communication

Digital skills

If you believe that the applicant has worked in a role that has utilised a number of these skills, please sign the declaration below.

**Declaration**

Name of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours worked using transferable skills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the applicant named above has worked the above number of hours in a role that has required them to use skills of the type listed above.



Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_