

# REFLECTIVE DISCUSSION FORM

You **must** use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in *How to revalidate with the NMC* for further information. This form should be completed, stored and shared in manual paper form, as opposed to electronically. This is important because creating, storing or sharing these data electronically may trigger an obligation to register with the Information Commissioner. For this reason this form is not editable.

## To be completed by the nurse or midwife:

Name:	
NMC Pin:	

## To be completed by the nurse or midwife with whom you had the discussion:

Name:	
NMC Pin:	
Email address:	
Date of discussion:	
Number of reflections discussed:	
Short summary of discussion:	

--	--

I have discussed the number of reflective accounts listed above with the named nurse or midwife as part of a reflective discussion.

I agree to be contacted by the NMC to provide further information if necessary for verification purposes.

Signature:

Date: