

Flying Start NHS®

Developing confident and capable health practitioners



Resource Booklet : NHS Highland



Practice Education Team 2024

Introduction

With grateful thanks to NHSGGC Practice Education Team.

These resources have been compiled to support your learning as a Newly Qualified Practitioner (NQP) and to help navigate through the Flying Start programme.

The learning you undertake for Flying Start and the NHS Highland Graduate Programme can be used towards your NMC Revalidation and HCPC standards.

Click on each document, it will open a fillable PDF document. Save this to an appropriate place. This can then be printed, kept as an electronic document and can also be uploaded to TURAS portfolio, to use towards Flying Start and professional portfolio requirements.

Flying Start/Professional portfolio

Portfolios can developed as:

E-portfolios/TURAS professional portfolio

or

Hard copy

This is individual choice as to how you choose to keep your portfolio of evidence.

What learning contributes to Flying Start

As an NQP, you will find that you are continually learning and the learning will fit under at least one of the four Pillars of Practice:

- Induction
- Corporate/statutory/mandatory training – all found on TURAS
- Professional development
- Clinical skills and role development
- Local competencies
- CPD/Professional requirements
- Reflective accounts
- Feedback you receive in line with your role
- Flying Start Example activities

You may also be within an area where there are competency programmes for you to complete. Use these examples to meet your learning outcomes.

Self Assessment

Complete the self-assessment regarding the pillars of practice before you start working through the Flying Start programme. Identify how confident you are in relation to each pillar. Be true to yourself when answering. You should repeat this self-assessment when you are nearing the end of your first year as it will highlight your development.



Flying Start NHS



Self Assessment					
	1	2	3	4	Comments
Clinical Practice					
How confident are you in reflecting on your practice.					
How confident are you in discussing with your colleagues/manager ways to contribute to or improve person-centred care?					
How confident are you in working with others to evaluate the service you provide?					
Facilitating Learning					
How confident are you in planning for self-development?					
How confident are you in linking your learning experiences to the Flying Start Pillars of Practice?					
How confident are you in supporting others to learn within your practice environment?					
Leadership					
How confident are you in challenging behaviours inconsistent with person-centred care?					
How confident are you in your capabilities with motivating/ organising a team?					
Evidence, research and development					
How confident are you drawing on best practice to inform the care that you give?					
How confident are you in accessing e-health resources to underpin person-centred care?					
How confident are you in using feedback from patients, carers and service users to contribute to improvements in care delivery?					

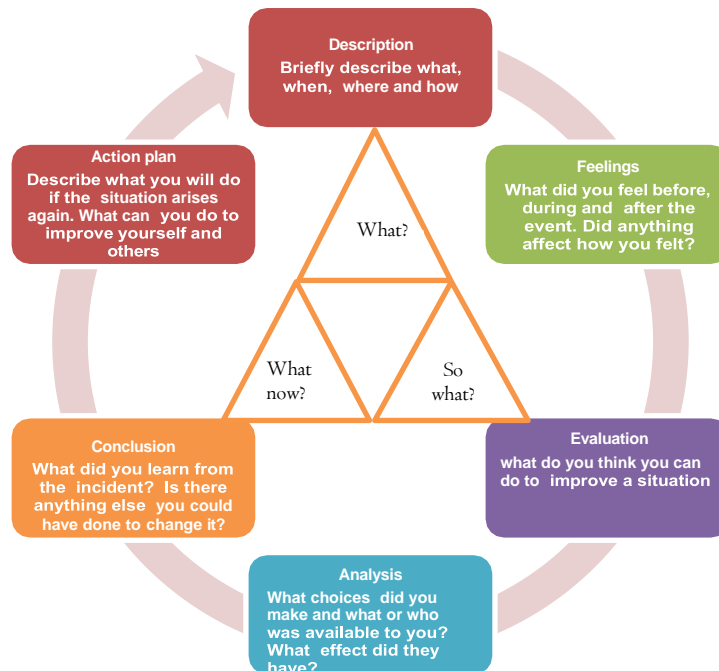
- 1- No confidence
- 2- Little confidence
- 3- Increasingly confident
- 4- Very confident

Reflection

Reflective practice and reflective writing.

For reference, we have included the Gibbs cycle, but you can use any reflective cycle you want. The Flying Start documentation uses the Gibbs model, the NMC Revalidation document uses 'What? So what? What now? Model.

Reflective models



The following link will give you some guidance about what reflective practice is all about and why we should be doing it in our area of practice.



[Reflective Practice](#) (Ctrl + click)

Reflective writing is something that you need to get into the habit of, please see the clip below. You can use either document, but for nurses and midwives, if you are going to use your reflection for your Revalidation, it must be on the NMC document.



[Reflective writing](#) (Ctrl + click)

NMC Reflection template

For nurses and midwives: This template is the mandatory reflective form, which you are required to use when undertaking reflections towards your NMC revalidation. This template is suitable for you to use to undertake reflective activities to meet Flying Start Learning outcomes, where reflection is required.



REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in **How to revalidate with the NMC**.

Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Flying Start Reflection template

For all NQPs: This template is based on Gibbs 1998 model of reflection. It is suitable for you to use to undertake reflective activities to meet Flying Start Learning Outcomes, where reflection is required.

For AHPs: It is also suitable to be used towards professional requirements (HCPC Standards) for reflective activities.

Please note there are other models of reflection available, which you can choose to use when undertaking reflection.

Reflective Account (Adapted from Gibbs 1998 Model)

Title

Date

Description: What happened

Feelings: What were you thinking and feeling?

Evaluation: What was good and bad about the experience?

Analysis: What sense can you make of the situation?

Conclusion: What else could you have done?

Action Plan: If it arose again, what would you do?

Are there any development needs that could be included in your Personal Development Plan (PDP)?

Example

Record of reflective account

Reflective Account (Adapted from Gibbs, 1998, Model)

Title

Critically reflect on your contribution to the delivery of safe care

Date

Today

Description

What happened?

I recently attended a course where we had a presentation about medication errors and it made me think about my own practice when it came to drug rounds. When I started as a newly qualified practitioner I was on a busy ward that I didn't know at all as I had never had a placement there so everything was new. The drug round was done with one drug trolley that was crammed full of packets of different drugs, supposedly in alphabetical order. This was a cardiac ward, so everyone was on multiple drugs of varying doses. Six nurses would crowd round the trolley, pulling out packets and stuffing the drug strips back in them when they had put the pills in a pot. All the drug kardexes were kept in one folder and not kept with the patient. Not all the drugs were kept in alphabetical order as there wasn't enough room and it took new nurses a while to navigate round the trolley and to know where everything was kept. After the presentation it made me think of all the opportunities for errors that could have happened and possibly did happen with other staff members.

Feelings

What were you thinking and feeling? |

I never thought at the time that it was important as I never saw drugs rounds as being potentially dangerous. It was a task that we did at certain times of the day. My feelings at the time were that I was anxious about doing it properly and that I was able to show to the team I was working with that I could keep up and not spend too long doing the round. I wanted to fit into the team and not be seen as a burden.

Example

Evaluation

What was good and bad about the experience?

The good part of this meant that I learnt a lot very quickly. On night duty it was one of the tasks to clean the trolley and put everything in order. I made sure that I did this in order for me to get to know where everything was. The bad experience was that I did have a few near misses when it came to giving out drugs and at the time, I never reported them as I felt there was no real need to as nothing happened that could harm a patient. I didn't have an understanding of why it can help to report such issues, I only saw reporting as something you did when something went wrong. The presentation also made me more aware of the policies and procedures that govern our practice and help make our care more safe.

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Analysis

What sense can you make of the situation?

It made me realise that I needed to know more, but be methodical in the way that I did my drug rounds. I also realised that we needed to change our practice and maybe the way we did things. A lot of what we do is because it has always happened this way and no-one had thought about how we could make it better. The presentation helped me look at my practice and the practice of others and I could see why and where we needed to make changes that would help prevent mistakes and near misses happening. Reporting these would highlight this to management and beyond, and could potentially help change policy to help staff feel that they are supported. I didn't know where our policies were and made sure I was aware of them and how to find them. It also made me think about checking things I wasn't sure about.

Example

Conclusion

What else could you have done?

Seeing the presentation was really helpful in that it highlighted areas that were potentially dangerous to patient care. As nurses we should do no harm and seeing how many potential drug errors there are on a yearly basis made me see that this is a common mistake that can have dire consequences. I am now more mindful when I do my drug rounds and I take care to check and re-check, just in case. I try and make patients and staff more aware of the importance of the drug round and that it should be prioritised. I understand that there will be occasions when something else will take precedence such as an emergency, but as the risk from error is quite high, it is a task that should be done with care.

Action Plan

If it arose again, what would you do? Are there any development needs that could be included in your Personal Development Plan (PDP)?

I think my action plan should be to continue to learn about the drugs that are used regularly in my area. It might also be good to see if there is a way of changing practice and putting new procedures in place that might make the error of risk less. There is a possibility of doing a course around Quality Improvement that might help me with this and this can be discussed at my PDP and help me make the changes that would be necessary.

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Example

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in *How to revalidate with the NMC*.



Reflective account: Person Centred Care

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

This reflection relates to a conversation a colleague had with a partner of a woman they were caring for. Mrs A was an in-patient in the ward I was working on. She had been admitted with an antepartum haemorrhage (APH) and scar pain at 30+2 weeks gestation. She had been reviewed on the ward round by the obstetric team that day and the decision was made to deliver the baby by caesarean section the following day. Later in the day Mrs A's husband phoned the ward and spoke to the midwife caring for her, highlighting his concerns that the baby was getting delivered the following day, so prematurely. Shortly after this discussion Mrs A came to the office door and was annoyed that any discussions had taken place with her partner and asked for no further information to be shared.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

From this experience I have learned, we should never assume that women are consensual to information regarding their care relayed back to their partners even when they are in relationships. If a partner wishes to discuss information, I would advise that he comes into the ward and therefore is informed when his wife is present and agreeable to such information being shared. It was clear that what was most important to Mrs A was that her confidentiality and privacy were maintained.

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How did you change or improve your practice as a result?

As a result of this experience, I have learned; firstly, to always maintain confidentiality to the highest possible standard. All conversations relating to care should take place in the hospital with the consent of the patient. Secondly, we should never assume that just because a couple are in a relationship that the woman wishes her care to be discussed to her partner. Instead, we should always check first.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Promote professionalism and trust and Prioritise people

1

Facilitators sheet



Facilitators Information

Name of NQP: _____

Has your NQP been allocated a Flying Start facilitator? If not, please allocate a

facilitator for NQP. Name of Facilitator: _____(please ensure facilitator is given this

What is the role of the Flying Start facilitator? To support and guide learning, and confirming the NQP has met the learning outcomes for the programme.

Who can be a Flying Start facilitator? An experienced nurse, midwife or AHP colleague.

Who can offer support to the facilitators: Line Managers, PEFs/CHEFs/AHP PELs.

Are all NQPs required to undertake and complete Flying Start programme? Yes. This is a Scottish Government requirement that all NQPs undertake and complete the programme, it is also NHS Highland policy.

How long do NQPs have to complete the programme? Within 12 months.

Is the NQP required to work with facilitator at all times? No, not all of the time. It is important that the NQP works as part of the team and seeks feedback/learning opportunities within the working environment, with other team members.

What are the learning outcomes for the 4 Pillars of Practice for Flying Start?

 <p>1: Critically reflect on your contribution to the delivery of safe care.</p> <p>2: Examine your practice in relation to enhancing person-centred care</p>	 <p>1: Examine your practice in relation to how you demonstrate effective self-leadership.</p> <p>2: Critically reflect on your behaviours and actions that impact on working collaboratively with colleagues</p>
 <p>1: Engage in professional development that demonstrates your commitment to career-long learning and excellence in practice.</p> <p>2: Demonstrate ability and confidence in developing and supporting others to learn</p>	 <p>1: Source evidence relevant to an aspect of your practice.</p> <p>2: Review service user participation in your workplace.</p>

Further information can be found in the Flying Start Definitive Guide:

<https://learn.nes.nhs.scot/735/flying-start-nhs>

What evidence should NQP be providing and discussing with facilitator to achieve learning outcomes. Professional/reflective discussions, feedback, learning activities undertaken, identification of self development needs. This evidence can then be used towards NMC Revalidation/HCP Standards. There is also The Graduate Programme run by NHS Highland that complements the learning within Flying Start and all NQP are invited to join the programme.

Who confirms completion of Flying Start programme for NQP? The facilitator confirms completion using the link, which the NQP initiates via TURAS. This should be done following review of evidence for each individual pillar.

Who should be informed of completion of programme? Line Managers, PEFs/CHEFs/AHP PELs. Completed certificate for the programme can be forwarded by NQP to your PEF/CHEF, and the record is then updated to reflect completion.

Date of initial meeting: _____

Date clinical pillars evidence reviewed: Pillar 1: _____ Pillar 2: _____

Pillar 3: _____ **Pillar 4:** _____

Date clinical pillars confirmed: Pillar 1: _____ Pillar 2: _____

Pillar 3: _____ **Pillar 4:** _____

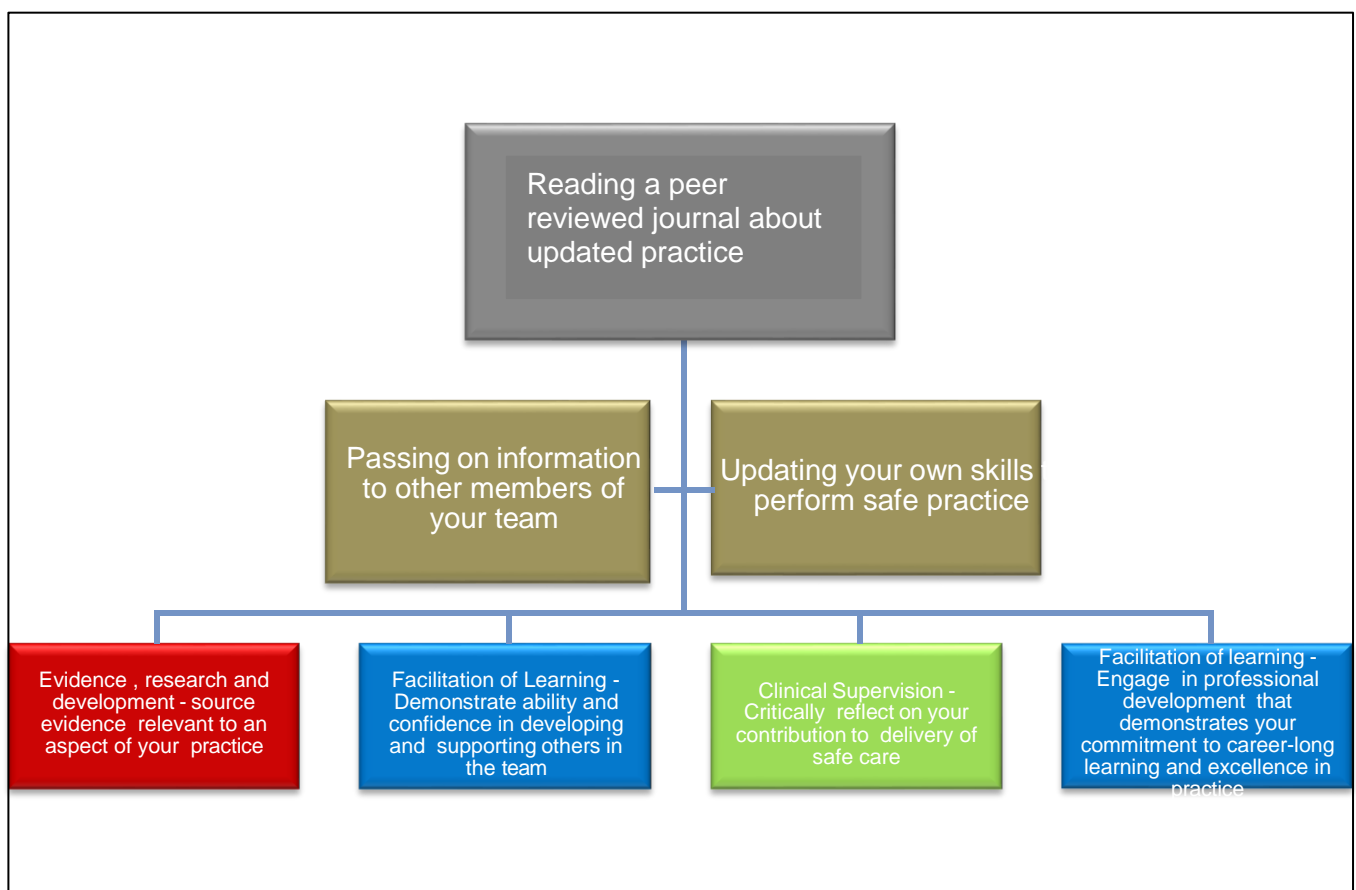
Completion certificate forwarded to PEF/CHEF/AHP PEL by NQP: _____ **Date:**

Activities that can be used as evidence in Flying Start e.g.

- Audits
- In house training
- External training
- Competency training
- Practice experiences
- Discussions with colleagues about practice
- Shadowing
- Supervising students/colleagues
- Research for work
- Maintaining and developing professional skills
- Reading journals and articles

How these activities can be used as evidence in Flying Start and how one activity can be used to answer the reflective questions.

Example – reading an article could potentially answer four of the Flying Start questions



What next

When you are confident that you have achieved the Flying Start Learning Outcomes, you are required to evidence the learning and discuss this with your Flying Start Facilitator – **Remember** you can do this one unit at a time, or all at once.

You can use the activities within the units, or you can answer the questions using an activity/event/experience that is relevant to your area of practice.

Should you require support at any time or have any queries, please discuss this with your Flying Start facilitator/Line Manager or PEF/CHEF.

You should also refer to the Flying Start [Definitive Guide](#) and the Booklets for each pillar of practice for further guidance. These can be accessed on [TURAS Flying Start](#).

Completion of Flying Start Units

In TURAS click on the link highlighted

★ Added to favourites

Flying Start NHS is the national development programme for all newly qualified nurses, midwives and allied health professionals, to be undertaken in the first year of practice. It's designed to help support the transition from pre-registered student to qualified, confident and capable health professional. The programme supports learning and development for all newly qualified practitioners working in all sectors and settings across Scotland.

If you are a newly qualified nurse, midwife or allied health professional and want to start your Flying Start NHS learning journey, first of all you will need to create a [Turas account](#), then return to this page and enter the programme by clicking on the button below.

Flying Start NHS® Programme

Scroll down to Record your progress

▼ 2. Record your progress

✓ Complete

► Flying Start NHS: Clinical practice unit

✓

Click on the Unit that you have completed – there is a box to tick to say you have completed the unit and you wish to have it signed off – mine says it's already been done.

▼ Flying Start NHS: Clinical practice unit

✓

Flying Start NHS: Clinical practice unit *

Learning outcomes

At the end of this unit you will be able to:

1. Critically reflect on your contribution to the delivery of safe care.
2. Examine your practice in relation to enhancing person-centred care.

Find out more about the [clinical practice unit](#), including example learning activities.

☒ I have completed the clinical practice unit and reviewed my evidence with my facilitator

Signed off by: fiona.smithies@uhi.ac.uk

Once the box has been ticked, it asks for the Facilitators email address to be added. An email is sent to your Facilitator.

After clicking the grey bar, as indicated, click check box to confirm you have completed this. Enter facilitator's email address and click confirm, as indicated.

Facilitator will receive email from TURAS. This shows the attached. When facilitator is satisfied they have reviewed your evidence, they click on Sign Off as indicated.

You have been asked to sign off the following question by your NQP

Flying Start NHS: Clinical practice unit

Learning outcomes

At the end of this unit you will be able to:

1. Critically reflect on your contribution to the delivery of safe care.
2. Examine your practice in relation to enhancing person-centred care.

Find out more about the **clinical practice unit**, including example learning activities.

☒ I have completed the clinical practice unit and reviewed my evidence with my facilitator

Sign Off

There should be a discussion between the NQP and the Facilitator before signing off to say the Unit is complete.

Once you have clicked the Sign off box, and email is sent back to the NQP and a certificate is generated.

Once all units have been completed, TURAS generates a Completion of Flying Start certificate.



Going Home Checklist



- ☒ Take a moment to think about today
- ☒ Acknowledge **the most difficult** thing at work today, and then let it go
- ☒ Be **proud** of what you did at work today
- ☒ Consider **three** things that went well
- ☒ Check on your colleagues before you leave: *are they ok?*
- ☒ *Are you ok?* Your colleagues are here to listen to and support you too
- ☒ Now switch your attention to home.
Rest and recharge

