# Flying Start portfolio

# Midwife



**Flying Start NHS**

# Flying Start NHS®
## Clinical Practice Unit

Clinical practice · Facilitating learning · Leadership · Evidence, research and development

Flying Start NHS

NHSGGC Practice Education 2020

Clinical practice · Facilitating learning · Leadership · Evidence, research and development

# Safe Care

## Learning Activity – Three Buckets Model

***Think of an everyday clinical task or activity that you have undertaken recently where there could be potential for error:***

Administering a controlled drug.

***Using the questions on the template, evaluate risk by rating the questions that are applicable as (1) low, (2) medium or (3) high***

See Three Buckets Template.

***Reflect on the fullest bucket and consider what steps you could have taken to reduce the risk?***

***Thinking about your future practice and how you can adopt a more proactive approach to safe care, now consider how you could apply this approach to everyday clinical situations.***

The bucket with the highest score was the "Context" bucket. Areas in particular which increased the risk for this task were the potential for being interrupted whilst completing the task, and the chances that something may be missed – particularly if there is time pressure or lack of support from other staff who are required to assist with the task.

In order to reduce the risk, it is important to ensure a calm, quiet environment without distractions or interruptions. As a practitioner, it is important to be able to explain to colleagues who may be causing an interruption that I am busy at the moment and asking them to wait until I am finished. This will reduce the risk of error and enhance safe practice.

However, although the "Context" bucket had the highest score, it is important to be aware of the areas in the other buckets which scored medium or high. For example, ensuring that up to date information about local policies and protocols is always sought, having the confidence to ask questions of senior staff and to challenge decisions if I am not comfortable or feel there is a safety risk. Furthermore, ensuring that I am not mentally tired and am able to focus on the task, particularly when calculations are involved.

## RECORD OF LEARNING ACTIVITY: THREE BUCKETS MODEL

**Title**

Three Buckets Model

**Date From**

30/04/2019

**Date To**

30/04/2019

**Number of CPD hours**

1 hrs

**Number of Participatory CPD hours**

1 hrs

**Description of Learning / Professional Development Activity**

Completing the "Three Buckets Model" to satisfy the first learning outcome of Unit 1 of the Flying Start Programme.

**Key Learning Points**

I learned how to critically reflect on my contribution to safe care. By carefully evaluating each aspect of a task and the many factors which can affect it, I feel able to critically reflect on how any risk of harm may be reduced.

**Impact On Your Practice**

Before conducting any task, I will aim to evaluate the potential for any risk and act to reduce this risk where possible. For example, ensuring adequate support from senior staff if necessary, asking questions if I am unsure as well as ensuring adequate time, space and equipment to complete the task. This relates to the NMC code section entitled "Preserve Safety", in particular to section 19 - "Be aware of, and reduce as far as possible, any potential for harm associated with your practice."

**Future Actions or Areas of Development**

# Three buckets model questions

The questions in this template are © National Patient Safety Agency, Foresight Training Resource Pack, 2008, (**www.npsa.nhs.uk**), and used by permission; NES have adapted the work.

## CONTENTS OF THE SELF BUCKET

| 'Bad stuff' | How to 'weigh up' the bad stuff | Potential for risk | | | |
|---|---|---|---|---|---|
| **Level of knowledge** | | 1 (low) 2 (medium) 3 (high) N/A | | | |
| Unaware of current policies or protocols | Are all new policies communicated to staff? | 1 | 2 | 3 | N/A |
| | How do you know if you are up to date with policies and protocols? | 1 | 2 | 3 | N/A |
| Newly qualified or training | Do you feel you have been given enough training to be doing this task? | 1 | 2 | 3 | N/A |
| | Do you have the necessary competencies to do this task? | 1 | 2 | 3 | N/A |
| Decision support not available | Are senior staff available to give advice? | 1 | 2 | 3 | N/A |
| New to ward/unit/ department | Are you familiar with all staff, patients and working practices? | 1 | 2 | 3 | N/A |
| | Have you had a local induction? | 1 | 2 | 3 | N/A |
| **Level of skill** | | | | | |
| Competence and experience | Are you up to date on training? | 1 | 2 | 3 | N/A |
| | Have you developed any unauthorised workarounds (variations to recommended practices to save time or efficiency)? | 1 | 2 | 3 | N/A |
| **Level of expertise** | | | | | |
| Involuntary automaticity (regular jobs done without thinking) | Is this a job you do so often that you do not have to think about it? | 1 | 2 | 3 | N/A |
| | Could you have done anything wrong without noticing? | 1 | 2 | 3 | N/A |

*Continued...*

| | | |
|---|---|---|
| Unable to challenge decisions of senior staff | Do you find it hard to challenge senior staff, even if you think there is a patient safety risk? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Expectations and assumptions of knowledge | Are you comfortable asking a question if you need to? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Over/under confidence | Are you working beyond your level of competence? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| **Current capacity to do task** | | 1 (low)  2 (medium)  3 (high)  N/A |
| Fatigue and time of day | How are you managing your shifts at the moment? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Have you had your break? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Are there additional risks due to the time of day, weekends, holidays, etc.? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Is the shift length appropriate? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Negative life events | Argument at home this morning? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Bad journey to work? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Feeling under the weather | Stress? Illness? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Alcohol? Drugs? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Stressors at work | How is your relationship with your line manager? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Is the organisation stable at the moment? | 1 ◯  2 ◯  3 ◯  N/A ◯ |

**Add up bucket total =** ☐

EXAMPLE PORTFOLIO

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# CONTENTS OF THE CONTEXT BUCKET

| 'Bad stuff' | How to 'weigh up' the bad stuff | Potential for risk |
|---|---|---|
| **Equipment and devices** | | **1 (low)** **2 (medium)** **3 (high)** **N/A** |
| Usability | Is the device easy to use? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you understand all of the functions on the equipment? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Does the equipment's alarm activate too easily? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you need training to operate the device? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Maintenance and servicing | Can you tell if the equipment is serviced and up to date? | ◯ 2 ◯ 3 ◯ N/A ◯ |
| Not informed of change in stock | Is there a wide range of similar devices? | ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do all devices work in the same way? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Required materials and equipment not available | Do you have all the materials and equipment you need? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you have to use equipment that is not intended for that purpose? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Compatibility and mobile equipment | Is the patient likely to be moved? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you know if the equipment will work when it is moved? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Batteries and power sources | Do you know if the equipment is going to work for the length of time you need it? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| **Physical Environment** | | |
| Lighting | Can you see what you are doing? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Are there shiny surfaces that cause glare or reflections? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Is there adequate lighting at night? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |

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| | | | | | |
|---|---|---|---|---|---|
| Floor surfaces | Are there any slippery surfaces? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Changes in levels, stairs or steps? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Temperature | Are there any extremes in temperatures? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Hot or cold surfaces? Draughts? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Noise | Can you hear equipment alarms? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Can you hear what colleagues or patients are saying? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Building maintenance | Is there any building work at the moment that will change the way you work? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Has anything been moved? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Cleaning and infection control issues | Is cleaning and infection control being maintained? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |

| Workspace | | 1 (low) 2 (medium) 3 (high) N/A | | | |
|---|---|---|---|---|---|
| Working environment | Are you working in your usual place? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Is there anything missing or different that will make it difficult to do the task? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | What about working in the patient's home/care home/community? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Handovers | Do you have adequate time and information at handovers? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Layout of computers, notes, medicines, equipment | Do you know where everything is kept? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Can you read everything, even in an emergency? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Is anything put back in the wrong place? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Writing space | Do you have enough room to complete notes, prescription charts etc.? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Do you ever have to leave written work unfinished and come back to it? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Distractions and interruptions | Do you have space to complete tasks such as drug calculations, notes etc. without being interrupted? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| Travel distances | Do you have to walk far to complete your tasks? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Do you ever forget to take things with you? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |
| | Is it difficult to move patients and equipment? | 1 ○ | 2 ○ | 3 ○ | N/A ○ |

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| Team and support | | 1 (low) 2 (medium) 3 (high) N/A |
|---|---|---|
| Leadership | Do you have clear direction and instructions? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you have more than one person telling you what to do? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do the instructions conflict? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Stability and familiarity | Do you work regularly with the same people? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you know how they work? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Have you understood what they are doing and vice versa? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Briefing and reflection | Have you had chance to discuss today's workload, for example surgery list, casenotes? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Have you been given feedback on if you are doing things correctly? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Trust | Are you worried about any of your team's performance? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Can you confide in any of your team? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you feel they will support you if you are feeling under pressure or are worried about something? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Team focus, group think | Does anyone feel able to challenge the way things are done? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Harassment | Do you feel pressurised to do something you are not comfortable with? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Job design, roles and responsibilities | Do you have a clear idea of what you are expected to do and what others are doing? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Is there any chance that something might get missed? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you see the bigger picture or get embroiled in what you are doing? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |

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| Organisation and management | | 1 (low) 2 (medium) 3 (high) N/A |
|---|---|---|
| Communication - conflicting, unclear, missing information | Have you been heard correctly? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you have all of the information you need? Is it correct? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Have you made any assumptions? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Have you left any gaps in the information you have given? Were you specific? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Does the person know what is needed of them, why and when? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Could anyone have misinterpreted? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Safety culture and reporting | If you have raised a safety concern, has it been acted on? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you need to do more? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | If someone has raised a concern to you, have you done anything about it? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Culture and power distance | Has anyone listened to your suggestions? Why not? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Are you working within a steep hierarchy? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Targets and workload | Are you able to achieve all of your tasks in the time allocated? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | If not, have you raised this with your manager? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Are you taking any shortcuts to achieve your workload? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Is this safe? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| Lines of management and support | How approachable is your line manager? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |
| | Do you feel you have adequate support? | 1 ◯ 2 ◯ 3 ◯ N/A ◯ |

**Add up bucket total =** ☐

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## CONTENTS OF THE TASK BUCKET

| 'Bad stuff' | How to 'weigh up' the bad stuff | Potential for risk |
|---|---|---|
| **Errors** | | 1 (low) <br> 2 (medium) <br> 3 (high) <br> N/A |
| Omission errors (particularly the steps close to the end of a task) | Do you ever forget to finish things off? Leave jobs half way through? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Lack of cues from previous steps | Do you ever forget where you are in a task and have to start again? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Primary goal achieved before all steps complete | Do you ever put notes away and then realise they were incomplete? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Doing something that is not needed (commission errors) | Do you ever make mistakes when programming devices because you have gone through a step you did not need? For example, pressed button twice instead of once? Automatically hit 'save' at the wrong time? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Sequence errors | Do you ever do things in the wrong order? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| Fixation errors | Do you ever do a task so regularly that you do not notice when something goes wrong or not as expected? If you are not expecting something do you think you are open to noticing it? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| **Task complexity** | | |
| Calculations | Do you feel confident to carry out calculations when needed? | 1 ◯  2 ◯  3 ◯  N/A ◯ |
| | Do you check for mistakes? | 1 ◯  2 ◯  3 ◯  N/A ◯ |

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Clinical practice   Facilitating learning   Leadership   Evidence, research and development

| Novel task | | 1 (low) 2 (medium) 3 (high) N/A |
|---|---|---|
| Unfamiliar events | Do you take more time when you are doing new tasks? | 1 ◉  2 ○  3 ○  N/A ○ |
| | Do you have time to prepare? | 1 ○  2 ◉  3 ○  N/A ○ |
| Rare events | What processes are in place for rare, but possible events, for example power failures? | 1 ○  2 ○  3 ○  N/A ○ |
| New ways of working | When new ways of working are introduced, are you aware of any new risks that might have been introduced? | 1 ○  2 ○  3 ○  N/A ○ |
| **Process** | | |
| Task overlap | Do you get distracted from your primary task easily? | 1 ○  2 ○  3 ○  N/A ○ |
| | Can you plan your work to avoid this? | 1 ○  2 ○  3 ○  N/A ○ |
| Multi-tasking | Do you stop when you realise you are juggling too many things at once? | 1 ○  2 ○  3 ○  N/A ○ |

**Add up bucket total =**

EXAMPLE PORTFOLIO

Clinical practice   Facilitating learning   Leadership   Evidence, research and development

# **Person-Centred Care**

## Enhancing Your Practice

*Think about your practice and the following aspects of person-centred care:*

- *showing dignity, compassion and respect*
- *thinking about things from the person's point of view*
- *considering people's preferences and expressed needs*
- *respecting people's values*
- *involving carers and family*
- *offering coordinated and integrated care*

*enabling people to develop knowledge, skills and confidence to manage and make informed decisions about their own health and healthcare.*

*Reflect on a conversation that you have had with a service user, their family or carer lately. How well did you consider these aspects? What did you do that supports person-centred care and what could have been improved?*

See written reflection

## NMC REFLECTIVE ACCOUNT - PERSON-CENTRED CARE

**Nursing & Midwifery Council**

### NMC 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"*.

**Title**

Person-centred Care

**Date From**

20/09/2018

**Date To**

**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 with a patient in relation to their care. Mrs A was attending the consultant-led clinic as part of her antenatal care. During her appointment, Mrs A expressed that she was experiencing high levels of back and pelvic pain which were not alleviated by regular pain relief. After discussion with the obstetric registrar, they wished to arrange for alternative pain medication to be prescribed for Mrs A. However, the registrar was required to discuss this with the obstetric consultant before proceeding. On this particular day, the clinic was extremely busy and the consultant was not immediately available. As such, Mrs A was asked to wait in the waiting area while the prescription was arranged. After Mrs A had been waiting for a significant amount of time, I decided to follow this up with the registrar; the prescription was signed and I approached Mrs A in the waiting area to provide her with a copy to take to pharmacy. Whilst handing over the prescription for to Mrs A, she became upset. Despite not disclosing any details about her care or details of the prescription, Mrs A felt that the conversation should not have taken place in the crowded waiting room but in a private area of the clinic. She wished to discuss this further with senior midwifery staff as she felt that her confidentiality and privacy had been breached.

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 to not assume what is important to each individual patient, their family or carer. I believed that, as Mrs A was in a considerable amount of pain and had been waiting for a long time in the clinic, it was most important to arrange her prescription quickly so that she may collect it from pharmacy and begin treatment. However, from the events that followed, it was clear that what was most important to Mrs A was that her confidentiality and privacy were maintained.

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 as privately as possible, even if no immediately obvious confidential information is being discussed. Secondly, I will no longer assume what is most important to patients, their families or carers. Instead, I will endeavour to seek this information from them directly.

How is this relevant to the Code?

I believe that this learning experience relates to two areas of the Code. Firstly, it relates to the section "Prioritise People" - the code states that practitioners must avoid making assumptions and recognise diversity and individual choice as well as respect a person's right to privacy in all aspects of their care.  This learning experience also relates to the "Promote professionalism and trust" section of the Code. In particular practitioners must treat people in a way that does not cause them upset or distress. Furthermore, practitioners must use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice, which is the purpose of this reflective account.

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# Your continuing professional development (CPD)

## Enhancing Your Practice

*As a professional, you have a duty to keep your knowledge and skills up to date through a continuous process of learning and reflection. You need to do this to:*

- *maintain safe, effective and person-centred care*
- *improve your practice or develop new skills where a gap has been identified*

*respond to changes and advances in your profession*

*CPD is your responsibility and an ongoing process throughout your career. It is also a mandatory requirement to maintain your professional registration with the Nursing and Midwifery Council.*

See records of CPD activities.

**RECORD OF LEARNING ACTIVITY: BLOOD TRACK TRAINING**

**Title**
Blood Track Tra...

**Date From**
06/12/2018

**Date To**
06/12/2018

**Number of CPD hours**
1 hrs

**Number of Participatory CPD hours**
1 hrs

**Description of Learning / Professional Development Activity**
Simulated training in collecting and delivering blood components, and receiving blood components.

**Key Learning Points**
Completing blood collection form, collecting and delivering blood component, receiving blood component

**Impact On Your Practice**
Enhanced knowledge of safe practice when collecting and receiving blood components.

**Future Actions or Areas of Development**

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## RECORD OF LEARNING ACTIVITY: IMMEDIATE LIFE SUPPORT COURSE

**Title**

Immediate Life Support Course

**Date From**

11/06/2019

**Date To**

11/06/2019

**Number of CPD hours**

12 hrs

**Number of Participatory CPD hours**

7 hrs 30 mins

**Description of Learning / Professional Development Activity**

Face to face participation in Immediate Life Support Course

**Key Learning Points**

Checking equipment, Airway assessment, Airway maintenance, Artificial ventilation, Patient assessment using ABCDE approach, Identification of cardiac arrest, Correct delivery of high quality chest compressions, Use of AED

**Impact On Your Practice**

Enhanced knowledge of immediate life support, ABCDE approach, identification of cardiac arrest, emergency procedures including delivery of chest compressions and use of AED.

**Future Actions or Areas of Development**

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# RECORD OF LEARNING ACTIVITY: K2 PERINATAL TRAINING PROGRAMME

**Title**

K2 Perinatal Training Programme

**Date From**

20/01/2019

**Date To**

15/04/2019

**Number of CPD hours**

16 hrs 45 mins

**Number of Participatory CPD hours**

16 hrs 45 mins

**Description of Learning / Professional Development Activity**

Completion of K2 Medical System Online Perinatal Training Programme

**Key Learning Points**

Fetal Physiology, Antenatal CTG, Intrapartum CTG, Cord Blood Gases, Errors and Limitations, in Fetal Monitoring, Intrapartum Intermittent Auscultation, Shoulder Dystocia, Breech, Postpartum Haemorrhage, Maternal Collapse, Pre-eclampsia, Uterine Rupture/Inversion, Cord Presentation and Prolapse, Antepartum Haemorrhage.

**Impact On Your Practice**

Enhanced knowledge of the principles and limitations of fetal monitoring. Enhanced knowledge of risk factors, signs and symptoms and treatments for a variety of emergency situations.

**Future Actions or Areas of Development**

# RECORD OF LEARNING ACTIVITY: LEARNPRO E-LEARNING COURSES

**Title**

LearnPro E-Learning Courses

**Date From**

03/09/2018

**Date To**

31/01/2019

**Number of CPD hours**

12 hrs

**Number of Participatory CPD hours**

12 hrs

**Description of Learning / Professional Development Activity**

Completion of Mandatory LearnPro E-Learning Courses relevant to role.

**Key Learning Points**

Fire Safety, Health and Safety, Reducing Risks of Violence & Aggression, Equality, Diversity and Human Rights, Manual Handling Theory, Public Protection, Standard Infection Control Procedures, Security and Threat, Protecting Scotland's Children, Management of Needlestick & Similar Injuries, Prevention and Management of Occupational Exposure, Child Protection for Midwives, Domestic Abuse Awareness, Asking about Domestic Abuse, Responding to Disclosures of Abuse, Identifying and Responding to FGM, Learn Blood Transfusion, Maternal Sepsis

**Impact On Your Practice**

Enhanced knowledge of local policies and protocols regarding a range of clinical and non-clinical issues.

**Future Actions or Areas of Development**

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## RECORD OF LEARNING ACTIVITY: MOVING AND HANDLING ASSESSMENT

**Title**

**Moving and Handling Assessment**

**Date From**

20/01/2019

**Date To**

20/01/2019

**Number of CPD hours**

0 hrs 30 mins

**Number of Participatory CPD hours**

0 hrs 30 mins

**Description of Learning / Professional Development Activity**

Assessment of one moving and handling activity to ensure safe practice

**Key Learning Points**

**Impact On Your Practice**

Always ensuring safe practice is adhered to when carrying out any manual task - particularly moving heavy objects such as beds or assisting patients to mobilise.

**Future Action or Areas of Development**

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## Supporting others to learn

*Most of the activities in Flying Start NHS focus on developing your skills and knowledge as a newly qualified practitioner. However, supporting others to learn is also an essential component of practice. For example, supporting people who use services, their families and carers, colleagues in your own or another profession, support staff and students to learn.*

*Supporting others to learn can be about formal, pre-planned activities or seizing informal, opportunistic learning moments. Either way it requires a range of skills, including:*

- *being committed to supporting learning and developing*
- *identifying learning opportunities*
- *knowing the type of learning that will be effective*
- *recognising the range of factors influencing learning*
- *recognising others' learning styles*

*having access to the resources needed*

See reflections on supporting others to learn.

## NMC 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"*.

**Title**

Supporting others to learn 1

**Date From**

15/04/2019

**Date To**

28/06/2019

**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 experiences during my practice to date where I have been required to support senior students in the clinical environment. During my rotation in labour ward, I was tasked on several occasions with supporting third year students while caring for women during labour and delivery. Having been qualified for less than a year myself, this was something which was challenging; I was still finding my own style of working and did not always feel that I had the confidence to support other practitioners. However, with support from senior colleagues, all of these experiences were positive. In particular, I supported students in basic labour care - including CTG interpretation, vaginal examinations and coaching women to safely deliver their babies.

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

When delivering basic labour care to women having continuous fetal monitoring, I learned to have the trust and confidence to leave senior students in the labour room; being near the end of their training, the students thrived on this opportunity to practice more autonomously but it

was important that they understood that any concerns must be escalated quickly to ensure safe care. Furthermore, the availability of the remote monitoring system in labour ward meant that I was confident that any issues could be identified and acted upon without delay. Where possible, I also supported students to carry out vaginal examinations and artificial rupture of membranes. However, this is something which I found slightly more challenging due to being so early in my career and at times requiring support from senior colleagues to carry out these tasks myself. My findings when carrying out vaginal examinations are often correct and, as such, I know that I must have more confidence in my own abilities so that I can fully support students to learn these skills. Finally, I also learned the importance of allowing students to take the lead when coaching women through vaginal delivery. Again, being so early in my own career, I am still developing my own style of working and found it challenging to step back and allow senior students to to take the lead in this regard. Finally, I found it extremely helpful to debrief with students after these experiences to ask them what they felt went well and what could have been improved - including with my own practice and teaching techniques.

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

As a result of supporting students to learn, I have begun to have more confidence in my own skills and I no longer find the prospect of supporting a student so daunting. I have learned to utilise senior staff when I feel that I require support. For example, if there is a particular skill where I feel that I still require practice, I can seek help from a senior colleague and use this as a learning opportunity for myself as well as the student. Working with students gave me an opportunity to reflect on my own practice. Students ask many questions and I found this an excellent way for me to examine my own practice - in particular thinking about why certain things are done, the way they are done and if there is a better way that a student may have learned from another practitioner.

## How is this relevant to the Code?

Supporting students to learn relates to the NMC Code section Practise effectively. In particular, when teaching students you must always practise in line with the best available evidence, communicate clearly, and be accountable for your decisions to delegate tasks and duties to other people. This is particularly important when working with students who may not have the skills necessary to complete such tasks.

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**Title**

Supporting others to learn 2

**Date From**

06/08/2019

**Date To**

08/08/2019

**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 working on the postnatal ward where I was required to support a woman with infant feeding. Mrs C had given birth to her first baby and wished to breastfeed. Having been given support to do so and feeling that feeding was going well, Mrs C was keen to be discharged home with her baby. However, before Mrs C was discharged from the ward, her baby was due to be weighed. The baby had lost over 10% of its birth weight and was beginning to become sleepy and reluctant to feed. As such, Mrs C was encouraged to remain in the ward for further feeding assistance and until her baby began to put weight on. Over the course of a few shifts, I supported Mrs C with continuing to breastfeed her baby, stressing the importance of putting the baby to the breast at every feed to stimulate the necessary hormones to increase her milk supply. Mrs C was also taught how to hand express as well as how to use an electric breast pump by myself and other members of staff. As per UNICEF guidelines, Mrs C was advised to breastfeed and express 8-10 times in 24 hours, including at least once overnight, as this is an ideal time for milk production due to hormone levels. Due to tiredness, Mrs C struggled with adhering to this feeding plan at first. She felt the plan was extremely demanding and believed that as long as she fed her baby whenever he woke up, her milk supply would

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increase and the baby would begin to gain weight. The problem which Mrs C did not understand at that time was that the less her baby fed, the more sleepy he would become. He would lose more weight and breastfeeding would become increasingly difficult. Over the course of a few shifts, I spent a lot of time with Mrs C. I continued to explain to her the importance of the plan and the implications if her baby did not begin to put on weight i.e. prolonged hospital stay, potential admission to the neonatal unit. I soon realised the importance of talking to Mrs C in a manner which she could understand and without the use of medical jargon. I also used teach-back techniques to ensure Mrs C's understanding. And by my third shift of caring for Mrs C her baby's weight as well as her milk supply began to increase.

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

Through this experience I have learned that when supporting others to learn, it is important to do so at a level they can understand. In my role, I care for women from a variety of different social and educational backgrounds and, as such, their needs can be vastly different. It is important to have discussions with them to understand their educational needs and then pitch information at a level which they can understand. Furthermore, I have also learned to use the teach-back technique. It is not enough to simply ask women if they understand information that they have been given, as many will simply agree to save embarrassment. The best way to combat this is to ask women to relay the information that they have been given in their own words to ensure that they understand and give them an opportunity to clarify any points.

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

As above, I have changed my practice by taking time to learn the educational needs of those I am supporting. I can them provide information at a level that they are likely to understand. Furthermore, I now also use the teach-back technique much more frequently in my practice when supporting women, families, colleagues and students to ensure that any teaching I provide is fully understood.

How is this relevant to the Code?

This experience relates to the NMC Code Prioritise People; particularly you must avoid making assumptions and recognise diversity. Furthermore, it also relates to the Practise effectively section and in particular the need to communicate clearly - ensuring reasonable steps are taken to meet people's language and communication needs and check people's understanding from time to time to keep misunderstanding or mistakes to a minimum.

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# Self-leadership

## *Examine your practice in relation to how you demonstrate effective self-leadership.*

My latest rotation to the postnatal ward has involved me developing self-leadership and self-management skills. On any particular shift, I will be tasked with caring for multiple women and it is, therefore, my responsibility to use effective time management skills to devise and implement care plans for my patients.

Generally at the beginning of a shift, I will introduce myself to the women and find out what they expect from their care on that day. In particular, I find it is important to establish at the beginning of the shift which of the women would like to be discharged. I can then structure my care plans for the day accordingly.

I also need to be able to adapt my care plans, as necessary – many things can change on the ward which can affect my plans and how long it may take me to deliver them. For example, a woman may become unwell and require significant attention, therefore, delaying other less urgent tasks. I may have several women admitted to my care who also require my attention as a priority. Furthermore, women who wish to be discharged may require to be reviewed by medical staff, test results may be awaited, their babies may require to be examined by paediatric staff, or prescriptions may need to be amended and ordered from pharmacy. Therefore, it is important also to arrange such tasks early in the day, where possible, and manage women's expectations regarding timing of discharge. It also necessary to keep women updated about the progress of their care and if there are any delays.

I have also learned that it is imperative to ask for help from colleagues and senior staff, where necessary. The postnatal ward is busy and pressure can often mount causing tasks to potentially be missed and errors to be made. This was the focus of the tasks and reflection I completed for Unit 1 – Clinical Practice, which demonstrated the importance of minimising the impact of time pressures or distractions on the delivery of safe care.

Finally, whilst demonstrating self-leadership, it is also important to demonstrate effective self-care and ensure that myself and my colleagues are able to take adequate breaks. Although the ward can be busy and this can often be difficult, it is counter-productive to work through breaks as this can lead to stress and tiredness which in turn may lead to errors and unsafe care.

# Working collaboratively with colleagues

*Health and social care depends on people working well together in multi-professional and multi-agency teams. As a midwife, this can mean focussing on common and shared outcomes, where you might need to put your own needs and agenda to one side.*

*Critically reflect on your behaviours and actions that impact on working collaboratively with colleagues.*

See reflection.

NMC REFLECTIVE ACCOUNT - WORKING COLLABORATIVELY WITH COLLEAGUES

Nursing & Midwifery Council

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Title

Working collaboratively with colleagues

Date From

17/09/2018

Date To

25/08/2019

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

Throughout my post as a registered midwife in various areas of the hospital, I have been required to work as an effective member of the multi-disciplinary team by developing my communication skills, confidence and by learning the roles of the other members of the team. This began with my first role in the consultant-led antenatal clinic. In this role I was required to seek medical reviews for the majority of women who I saw in the clinic. This involved carrying out an antenatal check and reviewed the woman's notes before handing over relevant information to the medical staff so that they may devise a care plan for that woman. On rotating to labour ward, I was also required to work within the multi-disciplinary team, particularly when caring for a woman in labour and providing the medical staff with her relevant history when they undertook the ward round. In labour ward, I would also be required to request that medical staff of a relevant grade attend when women's situations changed. For example, if they showed signs of becoming unwell, or if CTG patterns were not reassuring. Finally, in my latest rotation to the postnatal ward, I am required to work as part of the MDT on a daily basis - from delegating tasks to maternity care assistants, asking for clarification of

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prescriptions from pharmacists, to asking for junior grade doctors to assist with venepuncture or amending medication, as necessary.

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

Throughout my time as a qualified midwife I have developed my confidence and my communication skills. Beginning my career in the antenatal clinics provided me with an excellent opportunity to get to know the different medical staff at each grade and their role. I learned how different consultants conducted their clinics and the level of information each doctor liked to be provided with when reviewing women. I also learned that the most effective way to communicate with the multi-disciplinary team was through use of the SBAR technique and this is something which I have carried with me and developed from my time as a student.

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

As above I have improved my communication skills and my use of the SBAR technique. I have also increased my confidence in delegating tasks to maternity care assistants etc. as well as escalating issues to medical staff of varying grades.

**How is this relevant to the Code?**

This learning experience relates to several aspects of the NMC Code. It relates to the sections Practise Effectively as well as Preserve Safety. Firstly, it is imperative to maintain effective communication with colleagues and to respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate. It is also important to deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times. Furthermore, practitioners must always be accountable for their decisions to delegate tasks and duties to other people. Finally, practitioners must always recognise and work within the limits of their competence and must make timely referrals to other practitioners when any action, care or treatment out with their scope of practice is required.

NHSGGC Practice Education 2020

EXAMPLE PORTFOLIO

Flying Start NHS

NHSGGC Practice Education 2020

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## <u>Sourcing evidence</u>

*It is important to recognise that evidence to inform actions, decisions and quality improvement is often a combination of evidence and knowledge from:*

- *published literature*
*the experience of others*

*Think of a question that you would like more information on, or identify an aspect of your work where you need to keep up-to-date with the latest developments.*

Working on the postnatal ward, one of the most important aspects of care is postnatal bladder care. This includes the timeframe after which urinary catheters may be removed and the post-catheter voiding policy.

*Where should I look?*
*Knowing which resource to use to answer your question or keep up-to-date depends on your question and the purpose of your enquiry.*

When looking for information regarding a specific aspect of care the first place to check would be the trust's own database of policies and protocols. If there is no information on the topic here, it may be necessary to look further – such as the NICE or SIGN guidelines.

There is a postnatal bladder care guideline available in the NHS GG&C database.
See guideline included.

How do I know if I can trust the information I've found?

Given that the guideline was sourced from the trust database, it has been formulated by a multi-disciplinary team of professionals. Furthermore, the guideline contains cites several references where that the guidance is based upon.

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# Review service user participation in your workplace

**NHS** Education for Scotland

## TURAS Learn
### Certificate of Completion

This certificate is presented to:

For successfully completing:

**Flying Start NHS Programme**

Date: 20/12/2019

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