STRUCTURED LEARNING FOR NEWLY QUALIFIED NURSES

This is a summary: the full paper can be accessed at nursingtimes.net

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Newly qualified health professionals often feel unprepared and unsupported in making the transition from student to practitioner. A positive learning environment can influence long-term recruitment and retention. The Scottish Executive Health Department commissioned a national programme to support all newly qualified nurses, midwives and allied health professionals (AHPs) employed by NHS Scotland. It is web based but supported by workplace mentors.

There are now 3,335 newly qualified practitioners using Flying Start NHS. They are supported throughout the year by mentors who guide them towards completing a portfolio of evidence designed to meet the needs of the NHS Knowledge and Skills Framework (Department of Health, 2003). Alongside the online programme, a parallel project, Flying Start NHS Primary Care, explored the direct employment of newly qualified nurses into a range of primary-care posts.

FLYING START NHS

The Flying Start NHS and Flying Start NHS Primary Care projects were undertaken concurrently and their project leaders worked closely together. The learning outcomes of Flying Start NHS were developed, taking into account the evidence that newly qualified practitioners could present at their NHS KSF development reviews. Critical readers from the nursing, midwifery and allied health professions reviewed draft texts for the learning units, offering helpful comments and suggestions for further topics, learning activities and reference materials.

The programme is made up of 10 learning units, which were distilled from a scoping exercise combined with the views of NHS employers, higher education institutions and newly qualified staff in NHS Scotland.

The units begin with clearly defined learning outcomes, assisting practitioners to create an individual pathway. Subsections encourage the completion of more topic-specific activities. Practitioners set goals with support from work-based mentors and record their progress in a reflective portfolio. The programme concludes with a reflective summary and an agreed personal development plan for the forthcoming year, providing a basis and a natural progression towards the NHS KSF foundation gateway.

Some 150 hours of varied learning activities make up the programme. It is envisaged that newly qualified practitioners will select roughly two-thirds of the content that best relates to their role and learning needs. Early indications are that ‘light-touch’ mentoring of 2–4 hours per month can significantly improve the experience of working through the programme.

The online programme (www.flyingstart.scot.nhs.uk) is linked to the NHS Scotland e-library, allowing users easy access to a wide range of information and reference materials and encouraging ongoing use of this valuable resource from early on in their careers. Registering allows newly qualified staff to engage with the site’s online community functions, which include discussion forums, a members’ area and access to discussions with expert clinicians.

The move from a higher-education diploma (Scottish Credit and Qualifications Framework Level 8) to an ordinary degree (SCQF Level 9) would be evident in a Flying Start NHS portfolio. Staff seeking Scotcat accreditation can submit a complete portfolio for recognition of prior learning.

SUPPORTING MENTORS

From the outset, NHS mentors were viewed as crucial to the success of Flying Start NHS. The programme’s website provides forums, a members’ area and access to discussion with expert clinicians.

Some experienced health professionals believe that newly qualified nurses will benefit from two years’ consolidation of skills in a hospital setting before working in primary care, but participation in the Flying Start NHS Primary Care scheme is challenging these views.
BACKGROUND

Structured support in the early months of a career can make a difference to confidence levels as well as to recruitment and retention (Field, 2004; Gerrish, 2000). Facing the Future (SEHD, 2001) highlighted key themes to improve the recruitment and retention of nurses and midwives in Scotland. These are careers, leadership, flexibility, new roles, education and training, research and evaluation and employment packages.

The impetus for the Flying Start NHS and Flying Start NHS Primary Care initiatives, designed to address issues of recruitment and retention in nursing, came from the Facing the Future group.

For the full version of this paper, including background to an implementation of the project and full reference list, log on to nursingtimes.net and NT Clinical and Archive then Clinical Extra.

specific information for mentors, suggesting a ‘light-touch’ approach be used. The relationship has similarities to a coaching one and acknowledges that a different approach is required when mentoring qualified staff compared with students.

A mentor area in the website offers guidance on preparing for the role of being a mentor to a newly qualified practitioner. It describes the qualities of an effective mentor and directs mentors to useful websites for further information.

Within NHS Scotland, an educational infrastructure was established in 2003 by introducing the new role of practice education facilitators in each health board. In 2006 this network was strengthened by appointing regional practice education coordinators for nurses, midwives and AHPs. This network contributes significantly by supporting the work-based mentors.

Flying Start NHS Primary Care

Flying Start NHS Primary Care is a parallel project to Flying Start NHS. The introduction of community health partnerships, the implementation of the general medical services (GMS) contract and changing demographics all affect the workforce profile in primary care. To address this, the Scottish Executive commissioned NHS Education for Scotland to concurrently manage a project to explore how, despite traditional resistance, newly qualified nurses could be employed directly into primary care nursing posts and supported in the first year of employment.

In 2005, 45 newly qualified nurses were recruited by NHS Scotland. Health boards received a development grant of £6,000 for each new member of staff employed on the terms and conditions of the project.

Consultations indicated that the learning needs of all new practitioners are very similar. Therefore, all new recruits in Scotland access the same programme, which aids staff transferring between NHS boards. Those working in primary care settings are directed to the learning activities with an emphasis on primary care.

A scoping exercise was completed before the start of the project to map employment practices. It will be repeated at the end of the project to ascertain any changes.

Various rotational programmes have been developed to suit different geographical areas and local deployment needs. For example, in the west of Scotland newly qualified nurses have worked in remote island communities, in community hospitals, district nursing teams and local hospices. In other areas, such nurses have worked in public health nurse teams, practice nurse teams and out-of-hours services as well as district nursing teams.

Special concerns were raised around mentoring in rural areas within small nursing teams but these were not considered to be insurmountable. Early feedback provided encouraging examples of how these could be addressed. In some areas, for example, mentors have designed programmes where new recruits meet with peers for learning set activities, thereby reducing individual mentors’ teaching input. In NHS Western Isles, part of the primary-care funding paid for mentors to study an Open University programme – (K350) Assessing Practice in Nursing and Midwifery – which has been reported very positively.

Early challenges included a lack of clarity on role boundaries for newly qualified nurses and some resistance to their employment in primary care. Some staff still believe that newly qualified nurses benefit from two years’ consolidation of skills in a hospital setting before moving to primary care. However, participation in the scheme is challenging these views.

Building on the lessons learnt in the first year, a second group of newly qualified nurses has been recruited.

CONCLUSION

The initial benefits of Flying Start NHS have been identified from the perspective of newly qualified staff, employers and the wider NHS Scotland community.

NHS Scotland and the way in which healthcare is delivered is continually evolving and needs confident, competent practitioners from all disciplines. It is vital that newly qualified practitioners get off to a ‘flying start’ in their chosen careers.

A full evaluation of Flying Start NHS is planned and the results will be eagerly anticipated by, and of interest to, managers, educators, mentors and newly qualified practitioners alike. Further publications will be based on the evaluation outcomes.