THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES:

Contemporising Practice Placements for Undergraduate student nurses: Are 'hub and spoke' models the future?

Final Report

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EXECUTIVE SUMMARY

Background and Context to the Project

This report brings together the findings from an 18 month project which aimed to develop, implement and evaluate new approaches to providing practice placements in one pre-registration nursing programme in Scotland. Issues that may impact on student retention and attrition are multifactorial but a number of key areas have been highlighted, including the quality of support and learning experiences in practice settings.

Currently practice placements in pre-registration programmes in Scotland have, in the main, been organised in a way that commonly involves students attending a number of different placement types and areas over the duration of their training programme. As the Recruitment and Retention Delivery Group Report 2009/10 (NES 2010) state this poses several challenges including:

- Configuring placement experiences in a way that respond to the policy drive to shift the balance of care
- Focus on health improvement and reflect the service user journey, including access to appropriate placements within the community
- Variability in number and length of placements across the branches (soon to become Fields of Practice and between education institutions
- Balancing the supply and demand for particular placements
- Ensuring quality of student practice placement experience

Project Design

The project aimed to develop, implement and evaluate the impact of a hub and spoke model of clinical practice placement across 3 geographically diverse locations, with a particular focus on enhancing the 1st year student experience.

The theoretical framework for the project draws on the work of Tinto (1993). Tinto's "Model of Institutional Departure" (1993) is based on the idea of 'integration' both academically and socially. He suggests that integration is a predictor of whether a student will stay or leave a programme of study. Tinto's theory aligns with the core concepts of this study namely belongingness, continuity, continuous support and clinical learning environment. We propose that effective placements must display these qualities.

A Hub and Spoke model is where the student is allocated to their Mentor (Hub) and allocated by that mentor to other areas / mentors (Spoke) to ensure the student achieves a variety of experiences and skills that allows them to achieve the NMC Standards of Proficiency. The (Spoke) mentors provide feedback and assessments to the main Mentor (Hub). In total 22 hubs were identified with three broad type of Hub and Spoke model being implemented rather than the original intention to have a single model.

Evaluation

The evaluation of the pilot employed a multi-method approach using a range of methods to gather relevant data from a variety of stakeholders included student nurses, mentors, NHS Managers and Academic staff.

Findings

- Models were developed in different ways in different areas;
- Implementation of the models did not provide sufficient time to prepare clinical areas and mentors;
- Traditional and hub and spoke placement students reported less positive feelings around the clinical learning environment at the end of year one;
- Hub and Spoke allocation models provide a sense of belongingness to the clinical team and to the Hub clinical area;
- Hub and Spoke allocation models provide a good sense of continuity in mentorship;
- Hub and Spoke allocation models foster continuity in the assessment of practice;
- Hub and Spoke allocation models demonstrate greater perceived innovation in practice placement learning;
- Higher levels of support are reported in this study than those reported in the benchmark National Evaluation of Pre-Registration Programmes in Scotland (Lauder et al 2008a).

Recommendations

Local

We recommend that:-

Additional mentor preparation to support this contemporary model should be provided. However despite the different allocation model the core mentoring role remains the same.

'Spoke' placements must be of a minimum duration of 4 weeks. This facilitates student feelings of belonginess and supports continuity in the practice placement. This avoids students suffering from short term illnesses running in to difficulties with meeting the NMC standard of a minimum continuous four week placement in order to be adequately assessed by their mentor in placement. NMC Standards to support learning and assessment in practice also stipulate this minimal timescale (NMC 2008).

In developing a 'hub and spoke' placement model flexibility in the nature of the spoke arrangements must be necessary.

National

We recommend that:-

Realistic timescales for implementation of placement allocation models must be adhered to.

NHS and HEI should cease to 'label' placement areas, for example surgical, acute mental health. This will afford increased access to clinical areas for student nurses when the focus is on the learning opportunities available within the clinical area.

Mentor influence on clinical learning is pivotal. Further exploration should be conducted as to whether all registered nurses should be mentors.

The practicalities of PEFs supporting a 'hub and spoke' model at implementation must be considered due to the time involved but more importantly the national role descriptors of this role.

Further study of the component hub and spoke placement experiences of this allocation model should be carried out to understand the impact of hubs and spokes on student learning.

CHAPTER 1   INTRODUCTION

1.1   Background and Context to the Project

This report brings together the findings from an 18 month project which aimed to develop, implement and evaluate new approaches to providing practice placements in one pre-registration nursing programme in Scotland.

The School of Nursing, Midwifery and Health, University of Stirling is based on three University Campuses at Stirling, Highlands (Inverness) and Western Isles (Stornoway).

The latter two are geographically remote from the main campus at Stirling.   We offer placements in what is arguably the most diverse geographical area in Scotland which ranges from the Falkirk to Lewis.   This diversity offered the potential for testing placement models which could generalise to Scotland as a whole.

Issues that may impact on student retention and attrition are multifactorial but a number of key areas have been highlighted, including the quality of support and learning experiences in practice settings.   The 'Recruitment & Retention' Report of the 'Facing the Future' Subgroup & Working Groups (SGHD, 2007) recommended

> "*a small number of focused projects should be established to enhance mentor and practice learning where NHS boards and their partner education institutions work collaboratively to develop a specific area of good practice*".

Additionally NHS Education for Scotland commissioned Evaluation of the Fitness for Practice Pre registration Nursing and Midwifery Curricula in Scotland (Lauder et al 2008a, NES 2008) also suggested a need to evaluate current clinical learning experiences in terms of balance, length and quality.

This project was commissioned by NHS Education for Scotland as part of the broader SGHD Student Recruitment and Retention programme.

Currently practice placements in pre-registration programmes in Scotland have, in the main, been organised in a way that commonly involves students attending a number of different placement types and areas over the duration of their training programme. (NES 2010)

This poses several challenges including:

- Configuring placement experiences in a way that respond to the policy drive to shift the balance of care
- Focus on health improvement and reflect the service user journey, including access to appropriate placements within the community
- Variability in number and length of placements across the branches (Fields of Practice) and between education institutions
- Balancing the supply and demand for particular placements
- Ensuring quality of student practice placement experience

1.2 Summary of Associated Literature

Healthcare provision and the nursing profession in Scotland are in the midst of an exciting and challenging phase. One report that is having an impact on this is Rights, Relationships and Recovery – the Report of the National Review of Mental Health Nursing in Scotland (SEHD 2006a). The report sets out a framework for pre-registration mental health nursing programmes that strongly reflects principles of patient self-management, promotion of recovery and developing patient and carer autonomy. The Perinatal Mental Health Curricular Framework (NES 2006) is another report in which the focus is mental health and the recognition that mental health problems have a significant impact during the perinatal period. Similarly, changes in the structure of nursing and midwifery services in the community detailed in Visible, Accessible and Integrated Care: Report of the Review of Nursing in the Community in Scotland (SEHD 2006b), are influencing the expectations of how practitioners in community settings practice.

Other national drivers include the recently published standards for pre-registration nursing programmes (NMC 2010). Nursing and midwifery education must play a full part in these reviews and consultations by providing practitioners whose portfolio of skills and attributes enables them to be both flexible and responsive to a changing environment (SEHD 2006c).

This will require a vision for nursing and midwifery education that will enable the professions to prepare practitioners whose portfolio of skills and attributes enables them to be both flexible and responsive to a changing environment over their entire career (SEHD 2006c).

The National Evaluation of Fitness for Practice Programmes (Lauder et al 2008a), commissioned by NHS Education for Scotland found many successes in the preparation of future nurses and midwives however there were areas of student and mentor preparation that required further attention. In particular further exploration of and redesign of clinical practice placements and the models of support within these.

Nurse education is placing an ever increasing value on learning in practice and it is crucial to monitor the learning opportunities offered to students to ensure they can meet their required competencies (Burns & Patterson 2004, page 5). Burns & Patterson suggest that:

> *"Providing adequate support and supervision for learners can be challenging however and managing patients' and students' needs can lead to role conflict for mentors. While it is important that students receive appropriate supervision throughout their placements moreover, support for ever increasing numbers of students has implications for the quality of practice placement learning".*

Currently students spend 50% of their programme on placement, in both hospital and community settings, other health and social care organisations such as nursing homes, and the prison service. Lauder et al (2008a) noted that this experience is planned and managed in a variety of different ways according to both programme specification and placement allocation.

The literature refers to the significance of this 'being in practice' as part of the socialisation process of becoming a nurse or midwife (Melia 1987, Levett-Jones & Lathlean 2007) and that students acknowledge the importance of 'fitting in' to the environment in which they are allocated as significant to their actual experience and their success in becoming a qualified nurse (May & Veitch 1998).

Lauder et al (2008a) identified that whilst it is apparent that student nurses, in their various branch programmes, and student midwives will be prepared for their practice experience (practice being used here to mean any placement the student is allocated to) through the same theoretical curriculum in each university, it is not the same situation with regards to their clinical curriculum. Although there are prescribed NMC standards (NMC 2004) and outcomes to be achieved, the pathway to achieving them will differ for each student.

Each student will experience clinical practice in an individual way, and will be involved in varied and unique interactions with a range of patients, clients, service users, families, health and social care professionals.

Various approaches to improving the quality of the students experience in practice settings have been described. Most are under evaluated and often rely on small scale projects in one institution, evaluated by those who have developed the approach. Issues considered include the role of the academic (Brown et al 2005), mentors, structure and management of placements and learning opportunities.

A study by Last and Fullbrook (2003) found that the qualities of placements as well as the poor support received from some mentors and tutors, together with not being supernumerary and not being valued, were contributing factors to students leaving nursing and midwifery. They could not, however, generalise their findings to other settings due to the size of the study and local factors. These are possible indicators to be considered in HEIs with high attrition rates.

Placement experiences also formed the basis of a study by Andrews et al (2005), in which it was concluded that 'in particular the absence or presence of a supportive and positive learning environment, are seminal for many students in shaping their first destination employment decisions' and also that 'experiences of one ward can impact upon the perception of the entire institution and consequently the decision to apply for work there'.

Supporting learning in the clinical setting and the many mechanisms proposed to facilitate this is one of the oldest and most written about aspects of pre-registration curricula over the last 45-50 years. However, there is little consensus in the literature on the appropriate support that facilitates deep learning (Andrews & Roberts 2003).

Jones et al (2001), in their comprehensive study of mentors, suggest that students were often unable to work for sufficiently long periods of time with their allocated mentors. In their study of 458 associate degree students, Shelton and Sellers (2003) identified two forms of support: psychological support, directed at promoting a sense of competency and self-worth; and functional support, directed at the achievement of tasks to reach the goals of persistence and academic success.

1.3 Summary

Quality of practice learning in preregistration nursing is an under-researched area. In particular the relationship between quality of students' learning experience and retention needs to be better understood.

The literature suggests that support, continuity, belongingness, quality of the learning environment and future focussed practice are core concepts when designing and evaluating the quality of clinical placements.

CHAPTER 2   PROJECT DESIGN

2.1   Aim

To develop, implement and evaluate the impact of a **hub and spoke model** of clinical practice placement across 3 geographically diverse locations, with a particular focus on enhancing the 1st year student experience of *belongingness*, *continuity*, *continuous support* and *contemporary* and *future focused practice*

2.2   Objectives

- To design, test and evaluate a hub and spoke model of clinical practice placement for 1st year student nurses
- To explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses
- To investigate if perceptions of the quality of the learning environment changed over the first year of the programme
- To explore and identify positive and negative benefits of student nurses being placed in a 'hub' base for 1 year from the student, mentor, senior charge nurse and personal tutor perspective.

2.3   Theoretical Framework / Philosophy

The theoretical framework for the project draws on the work of Tinto (1993). Tinto's "Model of Institutional Departure" (1993) is based on the idea of 'integration' both academically and socially. He suggests that integration is a predictor of whether a student will stay or leave a programme of study. Tinto's theory aligns with the core concepts of this study namely belongingness, continuity, continuous support and clinical learning environment. We propose that effective placements must display these qualities.

2.3.1 Belongingness

Tinto (1975) described how belonging is believed to be fundamental to how people make sense of their lives. A person's sense of identity is based on social interactions that show our belonging to particular communities through shared beliefs, values, or practices (Tinto 1975). Tinto argues that high levels of retention are linked with high levels of student integration and congruence with the course and with the culture of the institution (Tinto 1975, Tinto 1993).

His work with community college students provided evidence of the connection between persistence and community: *"The research in this regard is quite clear, namely that the frequency and perceived worth of interaction with faculty, staff, and other students is one of the strongest predictors not only of student persistence but also of student learning"* (Tinto 1993). In his view, effective retention consists of *"an enduring commitment to student welfare, a broader commitment to the education, not mere retention, of students, and an emphasis upon the construction of supportive social and educational communities that actively involve students in learning."*

Levett-Jones & Lathleans (2007) work with nursing students looking at belongingness suggests that belongingness is context specific. They detail how this sense of belonging develops as a result of feeling secure and valued within a group and that the individual's professional values and behaviours complement the group and facilitate group cohesion.

The lack of knowledge regarding sense of belongingness for nursing students in remote, rural and urban settings in Scotland represents a weakness for nurse educators relying on these types of clinical placement for their students. This warrants an exploration of the clinical learning environments as it relates to 'hub and spoke' model(s) given the shifting emphasis of contemporary nursing education and in recognition of the clinical environment for learning and role development. In light of the limited information regarding the 'belongingness' of nursing students whilst in these settings, factors that influence their ability to develop a sense of belonging must be identified and described so that their meaning might be understood.

2.3.2 Clinical Learning

The quality of the clinical learning environment experienced by students is a further crucial factor. Chan (2002) identified the following items as being necessary within the learning environment; individualisation, innovation, involvement, personalisation, task orientation and satisfaction.

Grealish & Trevitt (2005) identified clinical areas where the focus is on achieving workplace tasks rather than on supporting students learning are not always ideal learning environments. Factors identified in the literature that pose difficulties for mentors to support student learning include staff shortages, nursing staff stress, perceived scarcity of clinical placements, higher patient acuity levels, shorter patient hospital stays (Hall 2006, McKenna & Wellard 2004).

More pragmatic elements of the clinical learning environment include the planning and organisation of placements, travel times, length of placement and possibly most important of all the quality of the mentor.

2.3.3 Support

As learners, students require supervision, support, guidance and feedback in order for them to learn and assimilate knowledge. The NMC (2006, 2008) clearly detail the responsibility for supporting the learner in practice is that of an identified mentor. The mentor is required through professional regulation to '*whilst giving direct care in the practice setting at least 40% of a student's time must be spent being supervised (directly or indirectly) by a mentor/practice teacher'.*

Numerous challenges for mentors in achieving this requirement have been reported by Lauder et al (2008b) and Holland et al (2010). Issues identified included greater student numbers within the practice arena, the variation and complexity of the practice learning documents and the level of formal preparation for the mentor role.

Additionally a large scale evaluation of curricula in Scotland (Lauder et al 2008a) noted that not all registered nurses wished to mentor students. This obviously has implications for the quality of support that students' experience. Furthermore, Cameron et al (2011) observation when conducting a literature review of why students stay was that the term 'support' repeatedly arises in the literature however it is rarely defined.

2.3.4 Continuity

A key feature in designing the 'hub and spoke' model was to identify if such a model could provide greater continuity for the student. Aspects of continuity important in this study primarily related to the continuity in terms of mentoring.

Continuity of mentoring was again an aspect of the Lauder et al (2008a) study which showed that for many students they did not work alongside a named mentor as per the NMC requirements (NMC 2008) due to a number of factors; shift patterns, workload and patient acuity. Holland et al (2010) reported that this lack of continuity posed challenges not only for the student but also for the mentors. Such challenges included consistency of assessment of the students' clinical practice, and continuity of exposure to learning opportunities within a given clinical area.

2.3.5 Future Focused Practice

Future focused practice was defined by the project team as 'modernisation' of practice placements. Aspects of practice placements focused upon included how such a new model(s) could be enacted across three geographically different sites, and those aspects of modernising placement allocations that could support greater integration, support and a sense of belonging to the clinical area and teams to which the student would be allocated.

2.4 The Model: Definition of our Hub and Spoke Model

Hubs and spokes are contrasting but complementary learning experiences. For the purposes of the pilot a working definition of hub and spoke was devised by the project team.

A Hub is defined as the main base for practice learning and student attainment of NMC competencies and essential skills (NMC 2004). Crucially in allocating students whilst on the pilot we operated a concept of a hub as being geographic in location but also defined by consistency of and continual access to a named mentor / mentor team.

Students returned to the same hub placement in subsequent periods of clinical learning to, facilitate a higher level of learning and development, deepen assessment validity and increase independent supervised practice. The return to the hub area allowed guaranteed access to the same mentor and mentor team.

Spoke placements are secondary learning opportunities, derived from and related to Hubs through the provision of additional learning experiences not offered in the hub placement. Spoke placements can be in health or social care settings but all such placements emphasise the patient journey and allow experience of models of local care delivery / integrated care pathways.

While spoke placements can be assessed or un-assessed for the purposes of this study spoke mentors communicated with the hub mentor of each student to allow the hub mentor to carry out assessment of student performance. Additional documentation was devised to ensure consistency of approach in the spoke placements used.

2.5   Hub & Spoke Model for Clinical Practice Placement

A Hub and Spoke model of placement allocation is where the student is allocated to their Mentor (Hub) and allocated by that mentor to other areas / mentors (Spoke) to ensure the student achieves a variety of experiences and skills that allows them to achieve the NMC Standards of Proficiency. The (Spoke) mentors provide feedback and assessments to the main Mentor (Hub). This aimed to allow for continuity of mentorship for the student and we believe a sense of belongingness. It is proposed that this model will provide community based / family care pathway focussed provision of practice placement to nursing students.

This model incorporates NHS acute hospital facilities with GP clinics and community hospitals in community health partnerships, and in some instances includes innovative mobile units and telemedicine facilities.

The essential features of the allocation model used in this pilot are;

The practice arrangements to be utilised provide a unique opportunity for consistency of mentorship with an overview of the student journey. The Hub Mentor will be able to see the student development throughout the programme. Such a model will allow the pre-registration nursing programme to be community based and locally accessed by students and patients alike.

To provide for student insight into patient care pathways and care options. Value is added to student experiences by exposure to coordinated care experiences around the needs of a particular client / patient in a locale.

Participants involved in the pilot were the Hub Mentor, the Spoke Mentors, the Student, Practice Learning Co-ordinator, Practice Education Facilitators (PEFs) and the students' Personal tutors on the three campus sites. Placements were then co-ordinated by a combination of the campus Practice Learning Co-ordinator in partnership with PEF and Hub mentors.

The models used in the pilot are located within 3 NHS Boards. We have appended 4 examples (Appendix 1) across each of the nursing programmes that we piloted.

Placement Learning opportunities were identified in the audit cycle by PEFS, staff from the clinical areas and held electronically by the campus Practice Learning Co-ordinators.

2.6 How did the model fit with the existing pattern of placements?

Students following this pilot placement project followed the same theoretical content and assessments as their intake group. Their placement would take place at the same time as their intake group but follow a different pattern.

2.7 The Development and Numbers of Hubs and Spokes

The identification, development and enactment of the Hubs and Spokes have been conducted in collaboration with Practice Learning Co-ordinators and PEFS.

We had originally intended to develop the following numbers of hub and spokes:
- Original proposal was 6 hub sites on Campus A. This was increased to 12.
- Original proposal was 4 hub sites on Campus B. This was increased to 8.
- Original proposal was 1 hub on Campus C. This was increased to 2.

The rationale for these changes was informed by Senior Nurse Managers in the NHS and PEFs who felt that clinical areas (Hubs) could not support more than one pilot student due to the perceived additional demands on mentors in supporting a student in this model.

2.8 Local Enactment of the Model

The original conception of the pilot was to allocate students to hubs and spokes based upon an awareness of the notional care pathways used by the patients and service users of the hub area. We believed that registered nurses working in a particular clinical area would know intuitively where their patients were admitted from and also where they discharged them to. In addition as primary care givers nursing staff would also be familiar with the

peripatetic and complementary care personnel who delivered services to the patient group whilst they were resident in the hub area. As previously indicated due to existing and imminent pressures within the local NHS boards this model was more difficult to guarantee. As such, after discussions with local Senior nurses and placement coordinators three models of hub and spoke allocation were developed for use within the pilot study. All variations of the allocation model met the requirements of the NMC Standards for pre registration nurse education (NMC 2004, 2006, 2008)

The allocation model closest to the original intention that was operated in the study can be called the *"internal spoke model".* Within this model the responsibility for planning arranging and reporting on student progress was accepted and discharged by the hub mentor. This required the hub mentor to have a good knowledge of the care pathways experienced by patients and to have or to develop working relationships with the spoke areas. The student had input into the planning and hub mentor contact was on a weekly basis when in spoke placement. An example of this model would be that of Campus A.

A second allocation system operated by a shared responsibility for spoke placement arrangements. The responsibility for planning and communicating with spoke placements in assessment of student learning was shared between the Practice Education Facilitators for the hub clinical area, both hub and spoke mentors and the student. This *"facilitated spoke model"* was devised to help place students being supported by mentors with limited knowledge of, or disadvantaged by an absence of proximal care pathway resources.

Hub mentors might feel this model is indicated for use if they think they might be hindered in arranging spoke placements by pressures of time and volume of work. The responsibility for planning and arranging the spoke placement time was accepted by the PEF who consulted with both hub and spoke mentors in making the arrangements. Reporting on student progress was agreed as the responsibility of, and was discharged by, the hub mentor.

Student autonomy and influence in this model was less than that enjoyed by the internal spoke students but they did manage to maintain contact with hub mentors whilst on spoke placement.
An example of this model was that of Campus B.

The final model of student placement used in the project can be called the *"fixed spoke model"* of allocation. In this model the responsibility for planning arranging and reporting on

student progress was accepted and discharged by the University campus placement coordinator at the outset of the year's clinical learning experience. This did not require the mentor to have direct knowledge of the care pathways experienced by patients nor to have fostered specific relationships with the spoke areas, although in a few cases these relationships existed on a professional or personal level. The student had no input into the planning and hub mentor contact was arranged on an informal basis when in the spoke clinical placement.

The spoke mentor communicated with the hub placement by various means but concentrated on written communication mainly in the spoke booklets. The students engaged in this model accepted a high degree of responsibility for maintaining contact with the hub mentor and placements were effected in a fairly rigid and planned way.
An example of this model was that of Campus C.

In all models the spoke mentors communication with the hub mentor was facilitated by face to face contact, telephone conversation or by use of the spoke documentation devised by the PEF team.

Similarly, in all models, a focus on the notional care pathway accessed by users of the hub service was maintained by all participants in the pilot and connections with care and treatment possibilities made explicit.

Examples of the various student pathways are included in Appendix 2.

2.9   Challenges to the Project

Mentor preparation in the short time scale between securing approval for the pilot and commencement of the placement was a challenge to the project team. This was handled on a cascade basis where the team, in conjunction with PEF, targeted the specific hub mentors in the areas where the pilot students were to be placed.

Maintaining the student participants in the hub for the 5 week duration of the first scheduled placement, provided spoke mentor preparation time. Information and advice was delivered by means of two open invite placement based seminars and additional one to one communication between members of the project team and participating mentors.

To aid communication between hub and spoke mentors about student performance as assessed against the common foundation learning outcomes a spoke document was developed and distributed to participating students and all pilot clinical areas (Appendix 3).

This document allowed the project team to give written advice and information to spoke areas and mentors about the nature of the pilot and the expectations students may have of them as spoke mentors. Great care was taken to ensure that this documentation allowed 'due regard' principles to be afforded to spoke placement time.

2.10 Design and Methods

2.10.1 Evaluation

A longitudinal evaluation was developed with the specific aim of capturing positive and negative aspects of using a hub and spoke model of clinical practice placement over time. A process of illuminative evaluation utilising a number of data collection methods was adopted. Illuminative evaluation does not come as a standardised methodological package rather it is a flexible research strategy that can adopt different methods according to the research questions to be answered (Sloan & Watson 2001). Different methods of data generation are used in order to triangulate and substantiate findings, with the emphasis on description and understanding of the phenomena studied.

The methods selected allowed a tailor-made approach appropriate for different participant groups, organisations and geographical diversity at the same time as allowing a degree of flexibility to respond to specific circumstances.

2.10.2 Sample

The University of Stirling expected to admit 364 students to the September 2009 Common Foundation programme over all three campus sites. The School recruited 376. In our original bid we intended to recruit an approximate 10% sample to the contemporary models of practice placement pilot. This would have been **38** students. The pilot study drew great interest from all three campuses and our actual recruitment exceeded this number to **46.**

Table 2.1: Breakdown of student recruitment by location and programme

Location	Mental Health Programme Pilot numbers	Adult Programme Pilot numbers	Learning Disability Programme Pilot numbers	Total Participants
Campus A	9 students	18 students	4 students	31 students
Campus B	3 students	7 students	1 student	11 students
Campus C		4 students		4 students
	12 students	29 students	5 students	46 students

We had to decline a number of students (**14**) to the hub and spoke allocation model within the pilot following consultation with NHS Partners who were concerned about expanding the number of 'Hubs and Spokes' further and putting additional pressure on mentors.

In addition we recruited students from the same cohort in order for us to compare the quality of the clinical learning environment in the 'traditional' placement model as compared to the pilot model.

We recognise that the three models of allocating students delivered a degree of variation in the student experience but the consistent use of, and return to the "hub" placement provided sufficient continuity amongst the pilot group to allow us to report on them as a homogeneous grouping in the context of the study.

While the remaining students who participated in the study consented to their participation for the purposes of reporting we shall define them as "non pilot" students.

We also recruited a convenience sample of Mentors, SCN and Personal Tutors to take part in a short pre and post survey. Tables 2.2 and 2.3 detail the response rates.

Table 2.2: Pre-survey response rates Mentors, SCN and Personal Tutors

Questionnaire Returns pre survey	Returned Questionnaires	N (%)
Mentor	16	16/29 (55%)
SCN	3	3/12 (25%)
Personal Tutor	7	7/12 (58%)

Table 2.3: Post-survey response rates Mentors, SCN and Personal Tutors

Questionnaire Returns post survey	Returned Questionnaires	N (%)
Mentor	16	1638 (42%)
SCN	1	1/18 (5%)
Personal Tutor	5	5/10 (50%)

A total of 85 students completed the Short Support Questionnaire (N=22 hub and spoke and N=63 traditional placement).

Students completing in the CLEI survey comprised 85students at time point one (N=29 hub and spoke and N=56 traditional placement) and 89students (N=28 hub and spoke and N=61 traditional placement) at time point two. Time point three saw a total of 40 students returning the questionnaire (N=12 hub and spoke and N=28 traditional placements). Differences in numbers at each data collection point and with each instrument are explained by non-returns.

2.10.3 Data Collection

Our commentary here holds true to our stated intention of treating hub and spoke students as a homogenous grouping but where possible we state different response rates and themes that emerge from the three variant model participants.

Pre and Post Survey

Prior to the initial first placement for the student we undertook a survey of the Senior Charge Nurse, Lead Mentor and the Personal Academic Tutor who provided support to the student. An open – ended survey tool was developed, piloted and refined (Appendix 4).

Following the student placement the Senior Charge Nurse, Lead Mentor and Personal Academic Tutor were surveyed again (Appendix 5).

Reflective Diaries

Student participants were asked to complete on a twice weekly basis a reflective diary. The aim of the diaries were to capture student recorded thoughts on factors associated with belonging, continuous support, future focused practice (Appendix 6).

Administration of Clinical Learning Environment Inventory

The questionnaire was administered to students, usually within two weeks of returning to University (end of semester 1, 2 and 3), by a member of the research team and the questionnaire was completed and returned at that point. Simultaneously non-pilot students were asked to complete the same questionnaire to provide a comparison between the two models. Each pilot student's questionnaire was given a unique identifier in order to track responses and compare across semesters one, two and three. Non-pilot students were not given a unique identifier as they were a convenience sample (Appendix 7).

Administration of Short Support Questionnaire

All students participating in the study completed a short questionnaire on support at the end of semester 3. Simultaneously non-pilot students were asked to complete the same questionnaire to provide a comparison between the two models. Support was measured by a four-item scale developed by Lauder et al (2008b). Items elicited views on the quality of support from the university, supervisor, peers, family and friends (Appendix 8).

Focus Groups with Students, Mentors, Academic Personal Tutor and PEFS

Focus groups were conducted 3 months into the placement of the student and at the end of the CFP. Focus groups explored experiences in relation to *belongingness*, *continuity*, *continuous support* and *contemporary* and *future focused practice.* Focus groups were homogenous and by geographical location (Appendix 9).

2.10.4 Data Analysis

Pre and Post Survey

Both a frequency analysis and content analysis were conducted on the survey tools. This enabled comparing and contrasting of issues and concerns identified pre introducing the hub and spoke model with experiences post implementation.

Reflective Diaries

Student reflective diaries were collected and analysed using both a content analysis (qualitative) and frequency analysis (quantitative). A total of 87 diaries were completed and data gathered from the diaries was utilised to inform the development of future focus group schedules.

Short Support Questionnaire

Support was analysed as four variables (range 0-9) reflecting the source of support and also as an `all source support` variable (Range 0-36). The `all source support` variable was developed by combining raw scores from all four individual sources of support.

Clinical Learning Environment Inventory (CLEI)

The CLEI has subscales with each sub-scale measuring actual and future dimensions. The sub-scales are individualisation, innovation, involvement, personalisation, task orientation and satisfaction. Each sub-scale contains 7 items with responses strongly agree, agree, disagree and strongly disagree and scores on each sub-scale range from 3-35. Differences between Hub and Spoke and comparison group were explored using T-tests.

Focus Groups

All focus group interviews in the study were recorded and transcribed. Data analysis involved an iterative process, whereby coding categories were continuously revised. Patterning in the data was systematically identified and interrogated using the constant comparative method.

2.10.5 Ethics Approval

Advice and guidance were sought from National Research Ethics Service (NRES). NRES judged this project as service evaluation and therefore advised there was no requirement for NRES approval. The project team however, decided to apply for SREC (School) ethical approval through University of Stirling. SREC approval was gained at the end of September 2009 (Appendix 10).

All participants were provided with written information about the study and were offered the opportunity to discuss the study with a member of the research team before deciding to participate. Written consent was obtained from each participant. It was also emphasised that participants were free to withdraw at any point from the study without detriment (Appendices 11-21).

2.10.6 Procedure

The evaluation commenced with the *administration of an open ended survey* administered 3-4 weeks to Mentors and Senior Charge Nurses and Personal Academic Tutors prior to the student going on practice placement. The rationale was to explore perceived opportunities and challenges of such a model from their perspective(s) prior to enacting the model. At the end of the 1st year this survey was administered again with the aim of comparing and contrasting earlier perceptions with actual experiences of such a model.

At the end of Semesters 1 and 3 homogenous *focus groups* were conducted with pilot students, Mentors, Senior Charge Nurses and Academics Personal Tutor.

Student participants were provided with a *diary* which they were asked to complete at least 2 times per week. Diaries were returned to the Project team at the end of each semester for analysis.

On return to University each semester pilot student and non-pilot students completed the *Clinical Learning Environment Inventory*. At the end of semester 3 Pilot and non-pilot students completed the *short support questionnaire*.

Table 2.4: Overview of participants

Concept Measured	Participants	Method	Time
Clinical Learning Environment	Pilot Students Traditional Students	Survey (CLEI)	End of semesters 1, 2 and 3
Belongingness	Pilot students Mentors	Diaries and Focus groups Survey and Focus Groups	Semester 1,2 and 3 Semester 1 and 3
Support	Pilot Students Traditional Students Mentors	Diaries, Focus groups and Short Support Questionnaire Short Support Questionnaire Survey and Focus Groups	Semester 1, 2 and 3 Semester 3 Semester 1 and 3
Continuity	Pilot Students Mentors	Diaries and Focus groups Survey and Focus Groups	Semester 1,2 and 3 Semester 1 and 3
Future Focused Practice	Pilot students	Diaries and Focus groups	Semester 1,2 and 3

CHAPTER 3   FINDINGS

3.1   Introduction

Data was collected through a mixed methods approach which is consistent with Illuminative evaluation. This methodological triangulation facilitates greater richness and validity of data and resulting conclusions.

In reporting the findings we have specifically focused on those findings that relate to the original project objectives of identifying and reporting factors which relate to belongingness, continuity, continuous support and contemporary and future focused practice. These qualities were identified in the educational philosophy and theory which underpins hub-and spoke models. This allows for a golden thread from theoretical framework, data collection, findings, through to conclusions and recommendations.

We have previously discussed why three models and not one were enacted. In addition we include evidence which details the quality of the clinical learning environment as it relates to a 'hub and spoke' model.

The additional data collected via focus groups, pre and post surveys, diaries and short support questionnaire have been merged and will be reported in such a way as to highlight students' experiences of each model, linked to the themes of the clinical learning environment, belongingness, continuity, continuous support and future focussed practice. Equally we have provided mentor and personal tutor experiences where they relate to belongingness and support.

3.2   Clinical Learning Environment

The quality of the clinical learning environment is at the core of the hub and spoke project. It is often a taken-for-granted assumption that the quality of student learning is related to the quality of their learning experience in practice. This element in the study should be seen as complementary to other data collected and as a form of methodological triangulation.

3.3   Findings

At the end of semester one non-pilot placement students reported highest score for actual satisfaction (25.38, SD 2.53) and future satisfaction (25.37, SD 2.57) and lowest score for actual innovation (18.88, SD 2.61). Hub and spoke students reported highest score for satisfaction in the future (25.38, SD 2.90) and lowest scores for actual innovation (18.46, SD 2.78).

Independent T –Tests were conducted to compare groups and the only difference was a significantly higher score (T = -2.408, df = 82, p = 0.18) for actual task for the non-pilot placement group (23.10, SD 2.65) relative to hub and spoke (21.50, SD3.47).

Table 3.1: Descriptives for CLEI for Semester One

	group	N	Mean	Std. Deviation
Actual personalisation	Pilot	27	23.4815	2.90054
	control-non pilot	46	23.7609	4.19091
Future personalisation	Pilot	19	20.5789	2.38783
	control-non pilot	38	21.3947	3.65794
Actual Student Involvement	Pilot	28	22.7500	1.85841
	control-non pilot	49	23.0000	2.85044
Future Student Involvement	Pilot	22	24.2727	2.33364
	control-non pilot	43	23.4651	2.56672
Actual Satisfaction	Pilot	28	23.8571	3.65872
	control-non pilot	56	25.3750	2.52668
Future Satisfaction	Pilot	21	25.3810	2.90648
	control-non pilot	48	25.3750	2.56511
Actual Task Orientation	Pilot	28	21.4643	3.46925
	control-non pilot	56	23.1071	2.65384
Future Task Orientation	Pilot	21	24.0952	3.26963
	control-non pilot	49	23.9796	2.74992
Actual Innovation	Pilot	28	18.4643	2.78198
	control-non pilot	53	18.8868	2.61402
Future Innovation	Pilot	21	20.4286	2.58014
	control-non pilot	45	20.7111	2.07389
Actual Individualisation	Pilot	29	19.0345	2.89683
	control-non pilot	53	19.7736	2.82599
Future Individualisation	Pilot	20	20.6000	2.45807
	control-non pilot	48	20.6250	2.85557

The scores on all aspects of the learning environment increased in both groups from semester one to semester two (Table 3.2). At the end of semester two non-pilot placement students reported highest score for future satisfaction (24.80, SD 3.41) and lowest score for actual innovation (17.00, SD 2.88). Hub and spoke students reported highest scores for future satisfaction (24.46, SD 3.19) and lowest scores for actual individualisation (18.41, SD 2.55). Independent T –Tests were conducted to compare groups and the only significant difference was a significantly higher score (T = 2.166, df = 82, p = 0.33) for actual innovation in the hub and spoke group (18.41, SD 2.55) relative to the non-pilot placement group (17.00, SD 2.89).

Table 3.2: Descriptives for CLEI for Semester Two

	Group	N	Mean	Std. Deviation
Actual personalisation	Pilot	26	23.5385	3.52398
	control-non pilot	50	21.9200	4.56625
Future personalisation	Pilot	17	24.00	3.18198
	control-non pilot	42	23.50	4.41312
Actual Student Involvement	Pilot	28	20.8929	2.61533
	control-non pilot	52	20.9231	3.07326
Future Student Involvement	Pilot	24	21.8333	3.15769
	control-non pilot	43	22.0930	3.2246
Actual Satisfaction	Pilot	27	24.4444	3.42315
	control-non pilot	61	23.7869	3.65657
Future Satisfaction	Pilot	22	24.4545	3.18818
	control-non pilot	50	24.800	3.40468
Actual Task Orientation	Pilot	27	21.9259	3.23355
	control-non pilot	60	21.5000	3.37739
Future Task Orientation	Pilot	23	23.3913	2.99604
	control-non pilot	49	23.1224	3.46189
Actual Innovation	Pilot	27	18.4074	2.54588
	control-non pilot	57	17.0000	2.88469
Future Innovation	Pilot	24	19.7500	3.57832
	control-non pilot	43	19.3256	2.98983
Actual Individualisation	Pilot	29	18.1724	2.96490
	control-non pilot	57	18.0877	3.01355
Future Individualisation	Pilot	23	18.9130	3.20388
	control-non pilot	48	19.4792	3.19567

At the end of semester three non-pilot placement students reported highest score for future task orientation (20.11, SD 1.62) and actual task orientation (19.43, SD 1.20) and lowest score for future innovation (17.18, SD 1.70) (Table 3). Hub and spoke students reported highest score for actual task orientation (19.08, SD 1.38) and lowest scores for future innovation (17.42, SD 1.68). Independent T–Tests were conducted to compare groups and the only significant difference was a significantly higher score (T = 2.413, df = 66, p = 0.19) for actual innovation reported by the hub and spoke group (18.00, SD 1.54) relative to non-pilot group (17.60, SD 1.23). Scores for both groups were noticeably lower at point three than point one and point two.

Table 3.3: Descriptives for CLEI for Semester Three

	group	N	Mean	Std. Deviation
Actual personalisation	pilot	12	18.583	1.311
	control-non pilot	28	18.3571	1.36665
Future personalisation	pilot	12	18.6667	1.50
	control-non pilot	28	19.00	1.39
Actual Student Involvement	pilot	12	17.67	1.87
	control-non pilot	28	17.82	1.16
Future Student Involvement	pilot	12	17.50	1.38
	control-non pilot	28	17.36	1.16
Actual Satisfaction	pilot	12	18.10	1.24
	control-non pilot	28	18.11	1.52
Future Satisfaction	pilot	12	18.17	1.34
	control-non pilot	28	18.57	1.23
Actual Task Orientation	pilot	12	19.08	1.38
	control-non pilot	28	19.43	1.20
Future Task Orientation	pilot	12	19.25	1.66
	control-non pilot	28	20.11	1.62
Actual Innovation	pilot	12	18.00	1.54
	control-non pilot	28	17.60	1.23
Future Innovation	pilot	12	17.42	1.68
	control-non pilot	28	17.18	1.70
Actual Individualisation	pilot	12	18.33	2.15
	control-non pilot	28	18.18	1.36
Future Individualisation	pilot	12	18.50	1.38
	control-non pilot	28	18.32	1.57

At the first data collection point scores on all but one of the sub-scales were higher in the non-pilot group. The difference was significant only for actual task orientation. This is not surprising given the well tried and tested arrangements for placements in the traditional model. This may be consistent with implementing innovation at which point the uncertainty and unfamiliarity of the hub and spoke approach may have caused students to have a lowered view on the quality of the learning experience.

The trend reversed at the second data collection point with the hub and spoke model scoring higher in all but two sub-scales. There was a significant difference with higher scores for the hub and spoke model in the rating of actual innovations. This is defined as the extent to which clinical teachers / mentors plan new, interesting and productive ward experiences, teaching techniques, learning activities and patient allocations.

At the third data collection point there were two notable findings. The only significant difference between groups was once again the hub-and spoke model reporting higher scores for actual innovation. This points to the possibility that innovation can be maintained for a sustained period and supports the value of new and innovative educational practice being developed.

In other studies which used the CLEI instrument the Innovation sub-scale has often reported lowest scores (Chan 2004, Chan and Ip 2007).

The second notable finding was the downward trend in all sub-scales evident in both groups. There are a number of possible explanations for this. The technical explanation may include the loss of students from the study. A more educationally concerning explanation may be the tendency for all students to feel less positive about their clinical experience in general at the one year point. Further research is indicated and if this is a phenomenon that occurs across the sector educational interventions aimed at students at this point in time may be necessary.

The data from this element of the evaluation gives support for the hub and spoke model being seen by students as more innovative than traditional placements. It should be noted that numbers of students were relatively small and this phase may be underpowered and thus less likely to detect differences between groups.

3.4 Belongingness

As identified earlier Levett-Jones & Lathlean (2007) proposed that belongingness develops as a result of feeling secure and valued within a particular context. In this study the majority of students (range 92-100%) reported positive feelings of belonging (Table 3.4).

Table 3.4: Belongingness

Model	Theme	Total diaries	N (%)
Internal spoke model	Belongingness	50	46(92%)
Facilitated spoke model		25	23(92%)
Fixed spoke model		12	12(100%)

Commonly used terms to describe students' experience of belonging included 'the team' and 'welcome'. Students expressed this sense of belonging to the hub in a number of diary excerpts and focus group responses:

Made to feel welcome within multidisciplinary teams – as I'm on the hub for a year you get to know the staff you are working with. I felt part of the team because of all the information given to me (Internal Model)

I was never treated as 'just the student' but felt accepted as member of the nursing team, the nursing staff do not hesitate to seek assistance from me, the patients see me as a nurse and not a student (Internal Model)

I felt very included; I was always brought into conversations and my advice seemed as valid as my mentor's. It was like being with family the team are so helpful and kind (Fixed Model)

Really enjoying being back, feel a sense of belonging and attachment – the way you get from a job you enjoy. What I have found interesting about the hub and spoke is the way it can give you a real sense of belonging on return to ward. However some of the spokes have been equally as supportive (Facilitated Model)

Excerpts support similar findings from Cahill (1996) and Davidson (2005) who report that a positive learning environment can be created by simply acknowledging a person by name and being expected.

Findings from the pre-surveys perceived the model would provide a sense of belongingness. Mentor respondents N=4 (25%) reported that they saw the pilot as potentially promoting feelings of belongingness to team / clinical area in the learners. Mentors similarly foresaw a strengthened mentor / student relationship as accruing from the pilot. Personal Tutors anticipated student placement belongingness developing N=6 (85.7%) in the hub and spoke group due to the method of allocation being employed.

Post survey Mentor respondents N=4 (25%) reported that the pilot had promoted feelings of belongingness to team / clinical area in students, and three respondents (18.7%) reported that their student had attained increased levels of confidence in their clinical performance.

However negative experiences of belonging were predominantly expressed in relation to the 'spoke' aspect of the model from students, which are not confined to anyone model. The negative comments relate to 'communication'.

I feel that that personally there has been minimum contact between the hub and the spoke and there could be more and there could be more structure and there could be more paperwork that could help them structure it because there is none because what has happened is you have got a preexistent oar format and you have got the pilot study going on and there isn't actually any interconnecting paperwork, so, there is verbal connection between the spoke and hub but it has been minimal and not structured (Fixed Model).

It's a great ward to be on, the (name of ward) because you get to see loads, and there's lots of different things and they are really happy to send us out especially, my mentor has been trying for months to get me into places, so, that is really good, that's another thing as well is she is trying to get me into places and the places she is trying to get me into they are not understanding why she is saying do you want a student from Uni why don't we get them from the University, so, I don't know why that doesn't work (Internal Model).

I turned up and my mentor was just back from holiday unaware I was coming and not knowing about the trial. When I receive support I tend to feel more relevant and valued and not like a hindrance (Facilitated Model)

Similarly N=3 (18.7%) mentors reported that spoke communication had been a problematic issue in their mentoring role.

Also identified were the variations in the length of time students experienced in 'spoke' placement. This 'time limited' element of 'spoking' affected the students' perception of 'belongingness'.

I do feel as we got sent out to the spokes that it wasn't long enough because I only had 3 days in the hospital that the person I worked with felt like she had to, she needed time to build trust so we could develop and I felt it put me back a bit (Facilitated Model).

I find that on the 2 spokes I have been on so far not having a mentor as such you feel a bit uninvolved at times, although I do ask if there is anything I can do/help with/learn. I think that as they see me as only being there a day or 2 they don't use my capabilities (Fixed Model)

I was really nervous as I was going into another one of my spokes. When I got there nobody was aware that I was coming so I thought that I was in the wrong place (Internal Model)

Post survey, when asked about planning for spoke experiences, 9 responses from mentors were obtained. The highest rate of response in this part of the survey, which indicates that spoke activity, as a new development for mentors, was particularly considered by

practitioners as an important part of the study. Given that this was the intention of the pilot this finding alone is gratifying to the research team.

Of the 9 respondents, 3 relayed their need to communicate with the spoke areas in advance of the student being placed with them. The involvement of the PEFs in smoothing the way for student articulation to the spoke was cited in two returned questionnaires Reliance upon the spoke documentation in planning spoke experiences was articulated in one reply as was the use of pre spoke discussion with the student.

There appears to be little difference between models in relation to belongingness. Where this was reported as a negative experience it related to spokes in all models.

3.5   Continuity

Continuous and integrated exposure to positive role models across academic and practice settings are seen as paramount to a successful first year experience (QAA 2005). Similarly Andrew et al (in press 2011) identify the need for continuity through clear integration of theory and practice and exposure to excellence and expert clinicians from the beginning of the professional journey.

Furthermore, the literature (McKendry et al 2010, Lemonidou et al 2004) is replete with findings that students express the need to have both their emotional and physical effort recognised to help build a sense of security and a sense of purpose. Positive reports in student diaries (Table 3.5) in relation to continuity ranged from 28% - 58%.

Table 3.5: Continuity

Model	Theme	Total diaries	N (%)
Internal spoke model	Continuity	50	27(54%)
Facilitated spoke model		25	7(28%)
Fixed spoke model		12	7(58%)

Continuity as portrayed by the students' includes both the continuity that students feel and express regarding their mentor and also their hub and spoke experience.

It was reassuring to be back on Ward (number) – knew all the nurses so I felt confident going back. Enjoy being at work now and feel much more confident and able. I am beginning to have my own routine and feel I don't need to ask every time I do something (Facilitated Model).

It was good to be back in my hub again - I was encouraged to carry on from where I was last time I was on the ward (Fixed Model).

They have gave me quite a lot to do and probably I wouldn't have got if I was only there for six weeks and, like, they gave me, like, a patient that I had to admit and care pack, like his care plan, so, it was really good, they have been really good and they explain things really, really well (Internal Model).

Post survey findings N=3 (18.7%) mentors reported that ensuring continuity of mentor availability had been challenging over the placement length (the mentors would later relate how they developed without reference to the project team, a system of semi-formal team mentoring to address this concern. This is reported on under the support mechanisms used section of the findings).

Personal tutors who participated in the study reported unanimously on completion of the pilot (N=5) that more helpful clinical feedback and consistency of mentor support was delivered to their students by mentors. This compares very well with pre survey levels when consistency of mentor support was expected to increase N=3 (42.8%).

A key aspect in developing hub and spoke models was to align these to the patient journey in order for the students to gain a greater, more holistic view of the patient experience through healthcare. As can be noted this has been a by-product success of the original project aims.

I feel I am getting that for my next 4 spokes. I am seeing a whole journey because I am going to acute admissions. I am in rehab just now, I have been to (named place) and I am going to Ward x and then I am going to the Day Hospital as well so I feel like I have and I am going into community as well so I feel like I am seeing a whole circle (Internal Model).

She enjoys the variety but I also think she enjoys, she was recognising how it all fitted together and how things she might pick up on the spoke had some relevance to back in the hub and vice versa, so, she was aware of the outcomes that she was trying to achieve but she was also aware I suppose more latterly aware of the how it was all fitting in (Personal Tutor).

One thing I found strange but I'm glad for it now I , I'm a mental health student and my hub is a general ward and there's no, hardly any mental health work in my hub but my spokes are mental health. I'm the wrong way around, I'm glad of that because I am getting all the essential nursing skills which I wouldn't get otherwise I might not get a chance (Internal Model).

Students, personal academic tutors and mentors reported throughout the data collection period to have found continuity in the pilot allocation model. Continuity was found in various forms; in clear integration of theory and practice; in continuity of support across hub and into spoke placements; and in the understanding of the patient experience through exposure to the notional care pathways that exist within the local NHS. Continuity featured less than belongingness in all models but the Facilitated spoke model had noticeably fewer positive reports. This may have less to do with the model per se, and the more likely explanation being the relatively unsatisfactory way in which this was initiated and implemented.

3.6 Continuous Support

Students require supervision, support, guidance and feedback in order for them to learn and assimilate knowledge whilst on clinical practice. As noted earlier the QAA identify the importance of continuous and integrated exposure to positive role models across academic and practice setting as being paramount to a successful first year experience (QAA 2005).

Table 3.6: Continuous Support

Model	Theme	Total diaries	N (%)
Internal spoke model	Continuous Support	50	50(100%)
Facilitated spoke model		25	24(96%)
Fixed spoke model		12	12(100%)

Continuous support was mentioned positively in the vast majority of student diaries (Table 3.6). Continuous support primarily indicates the support reported from the mentor, as demonstrated by the verbatim student reports. Support from the wider team also features here.

Mentor off ill but other staff gave great support advice and information. Really felt a part of the team – the support is so good I feel I can contribute and my contributions are respected and taken seriously. It's now almost as an equal and not just 'support the student' (Facilitated Model)

Patient died who I had been nursing in her coma for a week. It was very unpleasant cleaning her afterwards so I asked to leave the room. The other nurses were brilliant and I learnt a lot from them. Next shift my mentor asked how I was feeling and said she'd be happy to discuss anything or any questions I have about the patient. I feel I get a lot of support from the team (Internal Model)

I really enjoy being out with my mentor. We have a rapport. She knows where I am in my training and is keen to teach me new skills. My mentor said that I was to take the lead today and tell her what to do – I was given responsibility yet she was there (Fixed Model)

Post survey mentors N=9 (56.2%) reported of the use of team mentoring in supporting their student and that is an increase on the 50% of mentors who thought they may use team mentoring before students were allocated to them.

Of mentors who participated in the post survey 50% (n=8) commented on the reliability of assessment of student progress being enhanced over the years placement. They reported that the pilot facilitated consistency of support and provision of an opportunity to witness students developing towards competence was equally highly reported. This compares well with the pre survey beliefs about mentor expectations with regard to the opportunity for student skill development and facilitation of meaningful student assessment. There was a clear finding in mentor responses of benefits in their mentoring relationship to their student over an elongated relationship.

Finally a single response (6.2%) from a mentor commented on the experience of hub mentoring as making the students more relaxed.

Of note is the most frequently expressed concern in the pre commencement phase from the personal tutor group N=5 (71.4%) regarding the likelihood of emerging relationship problems or personality clashes developing in the clinical learning environment. A senior nurse respondent too could also foresee difficulties in the event of a mentor/student personality clash over the extended placement period. However as can be seen from the student excerpts this was not something that they experienced.

Administration of the short support questionnaire demonstrated the mean All support reported by students was 30.62 (SD 3.75) with scores of 30.45 (SD 4.46) for hub and spoke students and 30.68 (SD 3.51) for traditional placement students. There were no significant differences in all support dimensions between hub and spoke and traditional placement students.

Table 3.7: Levels of Support provided to Students

Support	N	All (SD)	N	Hub and Spoke (SD)	N	Traditional (SD)
Mentor	85	7.65 (1.46)	22	7.64 (2.06)	63	7.70 (1.20)
University	85	7.09 (1.62)	22	7.27 (1.52)	63	7.03 (1.66)
Peer	85	7.99 (1.15)	22	7.95 (1.29)	63	8.00 (1.11)
Friends & Family	85	7. 86 (1.35)	22	7.59 (1.47)	63	7.95 (1.30)
All	85	30.62 (3.75)	22	30.45 (4.46)	63	30.68 (3.51)

There were significant correlations between mentor support and university support ($r = .296$, $p = .006$), mentor support and peer support ($r = .325$, $p = .002$), mentor support and family and friends support ($r = .213$, p - .050), university support and peer support ($r = .302$, p = .005) and peer support and family and friends support ($r = .491$, $p = .001$).

In summary the short support questionnaire demonstrated that levels of support reported in this study are notably higher than those previously reported in the National Evaluation of Pre-registration programmes in Scotland (Lauder et al 2008a). High levels of support were reported by both groups (pilot and non-pilot) and there was no significant difference between groups. Although not statistically significant it is interesting to note that the only type of support in which hub and spoke scored higher than traditional placements was university support. Consequently there are no advantages or disadvantages in terms of support for students from adopting either placement model. Similarly there appeared no major differences in support provided by the three hub and spoke models.

3.7 Future Focused Practice

In considering 'future focused practice' the evaluation team's interpretation of this aspect of the development was focused on 'modernisation' of practice placements. Thinking about 'modernisation' evidence from previous studies and our own anecdotal evidence as Personal Tutors shaped our subsequent thinking in relation to developing the model. Our interpretation of a contemporary allocation model influenced how the pilot was operationalised across three geographically different sites. We assessed and operated those aspects of modernising placement allocations on the basis that they could support greater integration and support a sense of belonging to the clinical area and teams to which the student would be allocated.

Table 3.8: Future Focused Practice

Model	Theme	Total diaries	N (%)
Internal spoke model	Future Focused Practice	50	34(68%)
Facilitated spoke model		25	16(64%)
Fixed spoke model		12	7(58%)

Future focused practice was mentioned in many student diaries (Table 3.8). Students exemplified future focused practice by their inclusion in training opportunities afforded to all clinical staff. Students also related how their overall experience of hub and spoke as a model for practice learning is future focussed.

When I went to spokes I found that there were some negative attitudes and some staff really thought it a waste of time showing/teaching me things if I was only there for a day or two – on these occasions I did not really enjoy my nursing experiences and truthfully felt quite isolated... highlights the problem that the experiences we gain as nurses are totally dependent on the nurse/mentor you are with and how encouraging and supportive they are.. I think to sum up it is a great idea hub and spoke but it needs tweaked (Internal Model).

Today could have been enhanced if I had been assigned to a mentor who knew I was coming and knew about hub and spoke, as later in the day the staff nurse I was with apologised for not spending time with me as they didn't know I was going to be there. I felt that when out on spokes as I was only there for a day or 2 at most I was only ever touching on the basics and spent a lot of time observing as I didn't always have a mentor as such who knew my capabilities (Facilitated Model).

A longer placement (spoke) here would be beneficial because I feel that the midwives don't want to invest time because there is no long term benefit for them. This is not meant to be a criticism of the staff, just feedback. Mentor has said placement too short (Fixed Model).

As reported in Chapter 2 the enactment of the model varied locally. Students provided insightful suggestions as to aspects of the model that could be improved should this be the future model of practice placement learning.

> *My spokes have ranged from 2-7 days only. Its good but I don't feel I get as much out of it had been there for say a few weeks (Facilitated Model)*

As can be evidenced students who did have longer spoke placements equally identified the need for these to be longer.

> *Really enjoying community but wish I had longer on this placement as 3 weeks isn't really long enough (Fixed Model)*

> *Well this block basically I have got a two week spoke and a one week spoke not like last time when it was just 3 days and that so I am much happier with it this time (Internal Model)*

Students across the three campuses were asked if they would recommend hub and spoke as a model of practice learning. All students agreed that despite the initial communication difficulties identified earlier in this chapter that yes they would. However, they also offered suggestions that the ideal length of spoke placement should be of a minimum duration of around 3-4 weeks and further suggested that short one or two day placements were useful but should not be labelled as a spoke placement. They also suggested that having their clinical timetable which identified hub and spoke placement times and lengths of time at the beginning of each academic year may be a helpful aid to both the hub placement and spoke placement areas.

In reviewing comments about future desires in placement allocation from students, mentors and personal academic tutors it became clear that many positive indications that support the use of the hub and spoke model of placement allocation related primarily to the hub experiences of the cohort. While there were positive comments attached to the spoke placement experiences they were not encountered in anything like the same quantity as the hub positive comments.

The pilot project set out to develop implement and evaluate the complete allocation model, i.e. hub and spoke allocation not to identify differences in the reported experiences of the students whilst on either hub placements or whilst in spokes. Indeed without allowing spoke allocations to the pilot students the new allocation model would not have been tested in practice.

Clearly more study is warranted to gain insights into the impact of the component parts of the allocation model in future

CHAPTER 4   DISCUSSION

Evidence from the evaluation of this pilot has demonstrated that, for the student, mentors and NHS managers Hub and Spoke is a model that works for them.   It has real educational merit in orientating students to clinical learning and restates the primacy of the mentor relationship in producing competent and confident nurses.

4.1   Primary Outcome Measures

The primary outcome measures in this evaluation were belongingness, support, continuity, quality of clinical learning environment and future focused clinical practice. The relatively small scale, possible statistically underpowered and preliminary nature of the pilot makes firm conclusions problematic, but it may be trends and not statistical significance that give firmer indications for the design of future projects.

Students in both hub and spokes and traditional placement organisation reported much higher levels of support that seen in a previous study (Lauder 2008a). Hub and spoke students did report higher levels of support from the university. This may suggest a real underlying difference or simply an artefact of the increased university input into the new model but would be worthy of future study.

After analysing the diverse data collated in the fieldwork it is clear that mentors are yet again evident as a crucial link in achieving a sense of belongingness and instilling confidence in their student's abilities. Students on hub and spokes did in fact seem to feel a sense of belongingness to their clinical hub and mentor and this was a common theme in their diaries. This sense did not extend to spokes and this is not unexpected due to their relative short duration. Belongingness and its related concept integration may indicate that hub and spokes may militate against attrition from the programme but it is questionable, within the current data, whether it is the hub rather than the spoke placement that does this. What appears clear from this study however is that the pilot participant students enjoyed the spoke placements more than the students placed on a traditional model of allocation.

 Such is the pivotal nature of mentor influence on clinical learning that the issue of whether all registered nurses should be required to act as mentor is worthy of further exploration.

From the early data collected mentors across the geographic sites foresaw the pilot as potentially supporting feelings of belongingness to the team/clinical area. They later suggested that this model promoted ease of mentoring continuity, student skill development and facilitating more meaningful student assessment. However, they did raise concerns regarding increased workload, the potential for personality clashes over an elongated period and the existence of communication challenges with spoke areas. Hub and spoke and the traditional model showed few differences in the quality of the learning environment, with the exception of 'actual innovation' being a feature of hub and spoke.

We have also identified a small retention effect in comparing the 2 methods of placement allocation. Over the duration of the pilot 2 of 46 pilot students (4.3%) have left the programme compared with 19 of 351 (5.4%) of non-pilot. This is a small change but may be important in that it is usual to find increased attrition levels in the early part of the programme, particularly as students first experience clinical placement. This evidence suggests that hub and spoke allocation may marginally impact positively on attrition from the programme for clinical placement reasons.

4.2   Preparation for the Placement

In developing our hub and spoke model of student nurse placement allocation we challenged some long held assumptions about how placements should be, and are, arranged for nursing students. We intended to engage clinicians in a debate about the cumulative nature of clinical practice learning. As a pilot study, fully supported by our NHS Board nurse managers, we took an opportunity to speak to registered nurses who traditionally mentored no undergraduate students, or supported placements only in an advanced stage of the programme, and discussed with them the opportunities presented to beginner nurse students for learning from their practice.

We audited their clinical area and contextualised their client and patient groups within the care pathway framework that was central to the planning of the hub and spoke model and convinced the majority of these services of the benefits to them, their case load and the student nurses that access would present. Accordingly, we managed to break down student seniority access barriers to areas such as community practice, in mental health and learning disability, and gained access to new placement areas for 1st year student nurses such as gynaecology services and primary care community. This leads us to suggest that 'labelling' of placements should be discarded and that the focus should be on the learning opportunities.

At a time when there is a prevailing perception that placement availability is scarce this pilot through engaging with placement redundant clinical areas managed to re-establish student placement access and reignited the enthusiasm of a group of senior clinicians to the task of mentoring junior student nurses.

During the preparatory phase, mentor preparation for this new placement model was crucial to the student experience.

Mentor preparation included giving information about the study but concentrated quickly on mentors in hub and spoke areas and their roles as coach, advisor and assessor to the students. The message we intended to deliver was that despite the different allocation model the mentoring role remained unchanged.

During the project planning stage the issue of communication and how to ensure effective communication channels was a constant preoccupation of the researchers and the participants. While we utilised traditional cascade communication channels (i.e. contact with a clinical area through a central communication point who could then distribute the information widely to the appropriate people) and relied upon the PEFs to respond to requests for support on the ground, the key effective communication strategy deployed was the preparation and use of spoke documentation - one for student use and a further version for spoke mentor guidance. These documents were distributed to spoke participants and allowed explanation of the role and function of the mentor to be consistently interpreted. They also promoted communication between the hub and spoke mentors.

Rather than limit the scope of the student placement it seems that it is possible to make a case that having flexibility in the nature of the spoke arrangements might actually allow for increased participation in the allocation model. Areas that by reason of geographic remoteness or placement capacity shortages would find a fixed model restrictive, can use a variation of the model at times they deem to be most appropriate. This will promote student exposure to high quality clinical opportunities that are mentor led and care pathway illuminative, providing that a planned approach to placement allocation is observed.

This flexibility of allocation seems to have influenced the ability of students and mentors to respond imaginatively to managing the onus of service demands against the learning needs of the students. Throughout the year of the pilot clinical placements our largest clinical partner concluded their plans to close two smaller general hospitals and open a new purpose built replacement hospital on a different site. This required closure and reallocation of clinical areas and registered staff, some of who had hub students attached to them at the point of change. It speaks well of the ingenuity of the mentors and the commitment of the students that often this transfer occurred seamlessly long before the placement co-ordinators learned of it.

4.3 Influences on Student Learning in Clinical Areas

While at a basic level we can report that students enjoyed their clinical experience, even if not enjoying a social relationship with their mentor this does not really advance the evidence base for planning clinical attachment. Nevertheless it must be stated that the pilot students all reported, through diaries and focus groups, that they were glad they participated in the project.

It has become apparent that use of an elongated model of placement avoids students whom are suffering from short term illnesses from running in to difficulties with meeting the NMC standard of a minimum continuous four week placement in order to be adequately assessed by their mentor in placement. Pilot students have been maintained in their training line by virtue of continuous contact with the hub mentor over the duration of their CFP placement. Extended placement time was reported by mentors as building integration to the ward team and allowed perceptions of student competence to be widely considered, and acted upon, by that team.

Prior to the implementation of the model Personal Tutors foresaw student placement 'ownership' developing and that continuity of support would lead to deeper learning in students, with integration of theory and practice also anticipated.

Personal Tutors were concerned, however, about the depth and range of experiences being offered to pilot and non-pilot students due to the impact of hub placements. Mandatory experiences being delayed were seen as potentially detrimental to the pilot participants. Nonetheless, Personal Tutors, throughout the study, indicated that, for them, the educational needs of the students on the pilot differed little and required no additional variation in how they delivered support to the educative process. They did spend more time preparing for, and thinking about how they might best support the hub and spoke student, and in delivering that support. However, they tended to use the same support mechanism and coaching strategies with all students independent of their pilot participation status.

It might be inferred that the range of responses made by Personal Tutors related more to the diversity of their role conception than to the involvement of their personal students in the pilot study.

Whilst there was agreement amongst the mentor and personal tutor groups that students were being encouraged towards taking ownership of their own learning experiences, there is little indication, other than merely an elongated exposure to the same set of supports (academic and clinical) as to why that should be. Perhaps confidence improves with repeated exposure to clinical concepts which, once learned, enhances student orientation towards clinical learning.

4.4 Conclusion: Did we meet the objectives and what will this do to our new curriculum?

As can be noted from the data reported the evaluation of the Hub and Spoke model of practice placement learning has met the intended objectives. We developed three variations of a hub and spoke placement model to accommodate local circumstances (Objective 1). In this sense a hub and spoke placement model can provide a significant degree of flexibility and can address perceived issues around placement scarcity. The model(s) do provide a sense of belongingness for students not only to the clinical team but also to the hub clinical area. The model has demonstrated that it provides continuity in mentorship for students, whether this is enacted on a one to one basis or using a team approach to mentorship. Equally, it fosters continuity in the students' assessment of practice. Students would appear to have obtained higher levels of support than expected (Objective 2).

When investigating perceptions of the quality of the learning environment and whether these perceptions change over the first year of the programme (Objective 3), the model has demonstrated innovation in practice placement learning. When comparing the hub and spoke model with the traditional model there was a tendency for both groups of students to feel less positive about their clinical experience in general at the one year point.

Positive and negative benefits of student nurses being placed in a 'hub' base for 1 year (Objective 4) have been identified. These included the variation in length of spoke placements students experienced, coupled, in many cases, with spoke areas not being clear about the role the spoke played in the students' clinical learning. For mentors more extended placement time was reported as building integration to the ward team and allowed perceptions of student competence to be more considered, shared and acted upon, by that team. Senior Charge Nurses saw opportunity for increased understanding of patient care pathways.

Personal Tutors throughout the study indicated that for them the educational needs of the students on the pilot differed little and required no additional variation in how they delivered support to the educative process.

Taking the aforementioned learning from this pilot study our curriculum development team is reviewing the outcomes and for future students embarking on the Adult Field of Practice, it is our aim to implement an adapted version of the models(s) as there remain perceived concerns around placement capacity issues and the resultant pressure placed on mentors. That said our identification that if we stop 'labelling' placement areas as notional nursing specialities and base placements on the learning opportunities identified via the clinical placement audits then, that might allow us to access clinical areas for junior students when previously they would not have been offered access at such an early stage of their programme. This action will be adopted.
Our Mental Health Branch (Field of Practice) are currently reviewing placement availability and determining if they can place all students using the hub and spoke approach.

CHAPTER 5   RECOMMENDATIONS

Building on good practice creates energy, whereas criticism can be draining, whether intended constructively or not. Thus our recommendations are based on the notion of 'best practice'. Our understanding of what 'best practice' would comprise is derived from the findings of the focus groups and surveys with individuals with a vested interest in the support provided to student nurses, as well as the surveys with pilot and non-pilot students and the findings from the reflective diaries completed by those students participating in this pilot project.

Local

We recommend that:-

Additional mentor preparation to support this contemporary model should be provided. However despite the different allocation model the core mentoring role remains the same.

'Spoke' placements must be of a minimum duration of 4 weeks. This avoids students suffering from short term illnesses running in to difficulties with meeting the NMC standard of a minimum continuous four week placement in order to be adequately assessed by their mentor in placement. NMC Standards to support learning and assessment in practice also stipulate this minimal timescale (NMC 2008).

In developing a 'hub and spoke' placement model flexibility in the nature of the spoke arrangements must be necessary.

National

We recommend that:-

Realistic timescales for implementation of placement allocation models must be adhered to.

NHS and HEI should cease to 'label' placement areas, for example surgical, acute mental health. This will afford increased access to clinical areas for student nurses when the focus is on the learning opportunities available within the clinical area.

Mentor influence on clinical learning is pivotal. Further exploration should be conducted as to whether all registered nurses should be mentors.

The practicalities of PEFs supporting a 'hub and spoke' model at implementation must be considered due to the time involved but more importantly the national role descriptors of this role.

Further study of the component hub and spoke placement experiences of this allocation model should be carried out to understand the impact of hubs and spokes on student learning.

CHAPTER 6   PROJECT LIMITATIONS

While the project team are confident in their findings there are a few limitations of the study that must be acknowledged and brought to the attention of the funders and any interested reader.

The study was conducted within one institution, albeit a three campus institution diverse in social and geographical attributes, that strives to deliver a common programme with a congruent placement philosophy. From this perspective the change to a new placement allocation model might have impacted more or less on participants in some geographic areas than in others.

The project team tried to mitigate this effect by concentrating on year one students who by their novice status would be more likely not to ascribe qualitative differences in the allocation model to geographic factors. This mitigation would not of course extend to mentors who had experience of the traditional allocation system.

An unexpected limitation to the robustness of the findings was the lack of mentor involvement from one geographic base of the institution. Despite the levels of support delivered to the student participants on this site, and the involvement of the Practice Education Facilitator neither pre or post survey responses nor involvement in focus groups from the Mentors occurred. Other than attributing 'non participation' as an artefact of potentially stretched communication channels, the authors have no substantive explanation.

As a pilot, the study legitimately sampled only a small number of students and those students were self-selecting participants. In generalising the use of hub and spoke placements to a full cohort, by definition not self-selecting, findings from this research may not be consistently replicated and participants might experience different outcomes in a larger scale enforced use of hub and spoke allocation.

The pilot project set out to develop implement and evaluate the complete allocation model, i.e. hub and spoke allocation not to identify differences in the reported experiences of the students whilst on either hub placements or in spokes. Indeed without allowing spoke allocations to the pilot students the new allocation model would not have been tested in practice.

Clearly more study is warranted to gain insights into the impact of the component parts of the allocation model in future.

Finally readers should be aware that the project was limited over a relatively short time frame and may produce more pronounced and irresolvable challenges if used constantly with large cohorts being allocated continually to placement areas.

CHAPTER 7   POTENTIAL FOR FUTURE WORK AND DISSEMINATION STRATEGY

7.1   Dissemination Strategy

To date we have disseminated the development of this new approach to placing students through the following means:

- July 2010 – presented at Stirling University EduFair Conference
- Sept 2010 – NET Conference, Cambridge
- Invited to produce article for NEP Journal (currently being reviewed)
- 2nd Paper in progress based on CLEI and Support data
- Invitation to Keele University to work with Curriculum Development team and share the work on hub and spoke model (Jan 2011)
- Interest from Salford University to share experiences with Curriculum planners
- Held a feedback and dissemination event to stakeholders Jan 2011 at Stirling Management Centre – students and registered staff (PEFS) presented their experiences of the new model
- February 2011 - NHS Education for Scotland. *Implementing the New Graduate Pre-Registration Nursing Programmes, Second National Workshop.*

7.2   Planned Future Dissemination Events

September 2011 – NET International Conference, Cambridge

June 2012 – NET/NEP International Conference, Baltimore, USA

Further publications in International Journals

7.3   Potential for Future Work

Given the possible findings that the two component parts of the allocation model might have different impact on the participants it may be useful to further study hub and spoke placement allocations to understand the quantifiable and qualitative differences of hub placements and spoke experiences.

Additional funding has been given to the project team by NHS Education for Scotland NMAHP Directorate in order to study the experiences of the student hub and spoke cohort in Year 2 of the undergraduate nursing programme to understand the impact of traditional placement allocation models on their learning and progress.

CHAPTER 8   RISK MANAGEMENT PROCESSES

A number of potential risks were identified at the commencement of the project with further risks to the project being identified and managed.

Initial Identified Risks	Action
Staff Leaving	The University of Stirling has a research and teaching team which would be in a position to keep the project on track should a member leave or be unable to work due to ill-health • **No risk as all staff identified remained in post and active on the project**
Clinical placements decline to be involved	Refer to Local Placement Standards Statements • **No risk as we gained more hub placements than originally detailed in bid (Sept 2009)** • **All placement areas took part for the full year**
Delay in obtaining ethical approval	We will submit an ethics application to UREC. However, as we will not be working with a vulnerable population, and participation will be voluntary, we do not anticipate any delay in securing approval. • **No risk – Approval gained Sept 2009**
Additional Risks Identified during project	
Communication challenges between University, Hubs and Spokes	*Significant Risk* • Separate 'spoke' document developed by PEFs (Nov/Dec 2009) • Project team members and PEFs held lunch time briefings for spoke area mentors(Nov/Dec 2009) • On-going dialogue with clinical areas throughout project
Low uptake on completion of survey tools, focus groups	*Significant Risk* • Second and Third drops of survey tools to mentors, scn, personal tutors • Face to face contact • E-mail prompts

REFERENCES

Andrew N, Robb Y, Ferguson D, Brown J (2011) 'Show us you know us': Using the Senses Framework to support the professional development of undergraduate nursing students. Nurse Education in Practice 2011 in press

Andrews M, Roberts D (2003) Supporting student nurses learning in and through clinical practice: the role of the clinical guide. Nurse Education Today 23, pp474-481.

Andrews GJ, Brodie DA, Andrews JP, Wong J, Thomas BG (2005) Place(ment) matters: students' clinical experiences and their preferences for first employers, International Council of Nurses. International Nursing Review 52, 142- 153

Brown B, O'Mar L, Hunsberger M, Love B, Black M, Carpio B, Crooks D, Noesgaard C (2005) Professional confidence in baccalaureate nursing students. Nurse Education in Practice 3(3) 163-170

Burns I, Patterson IM (2004) Clinical practice and placement support: supporting learning in practice. Nurse Education in Practice 5(1) 3-9

Cahill HA (1996) A qualitative analysis of student nurses' experience in mentorship. Advanced Journal of Nursing. 24 (4) pp791-799.

Cameron J, Roxburgh M, Taylor J, Lauder W (2011) An integrative literature review of student retention in programmes of nursing and midwifery education: why do students stay? Journal of Clinical Nursing 20 (9-10) pp 1372-1387

Chan, D. (2002) Development of the Clinical Learning Environment Inventory: Using the Theoretical Framework of Learning Environment Studies to Assess Nursing Students' Perceptions of the Hospital as a Learning Environment. Journal of Nursing Education, 41(2) pp69-72.

Chan, D. (2004) The relationship between student learning outcomes from their clinical placement and their perceptions of the social climate of the clinical learning environment. Contemporary Nurse, 17, pp149–158.

Chan, D & Ip W. (2007) Perception of hospital learning environment: A survey of Hong Kong nursing students. Nurse Education Today, 27, pp677–684.

Davidson N (2005) How to support students effectively. Nursing Times. 101(13) pp 42-43.

Grealish L & Trevitt C (2005) Developing a professional identity: Student nurses in the workplace. Contemporary Nurse 19(1-2): 137-150.

Hall W (2006) Developing clinical placements in times of scarcity. Nurse Education in Practice 6, 319-325.

Holland K, Roxburgh M, Johnson M, Topping K J , Lauder W, Watson R & Porter M (2010) Fitness for Practice in Nursing and Midwifery education in Scotland, United Kingdom. Journal of Clinical Nursing, 19, pp461-469.

Jones DD, Cohen L, Drew N, Haunold S, Pike L. and Young A (2001) Addressing attrition: Why we need a unified approach to transition issues. In A. Herrmann and M. M. Kulski (Eds), *Expanding Horizons in Teaching and Learning.* Proceedings of the 10th Annual Teaching Learning Forum, 7-9 February 2001. Perth: Curtin University of Technology. http://lsn.curtin.edu.au/tlf/tlf2001/darlaston-jones.html accessed May 21st 2011.

Last L, Fulbrook P (2003) Why do students leave? Suggestions from a Delphi study. Nurse Education Today 23 449-458

Lauder, W, Holland, K, Roxburgh, M, Topping, K, Watson, R, Porter, M, Behr, A (2008a). Measuring competence, self reported competence and self-efficacy in pre-registration students. Nursing Standard, 22(20) pp35-44.

Lauder, W, Roxburgh, M, Holland, K, Johnson, m, Watson, R, Porter M (2008b) Nursing and Midwifery in Scotland: Being Fit for Practice: The Report of the Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project. University of Dundee

Lemonidou C, Papathanassoglou E, Giannakopoulou EP, Papadatou D (2004)
Moral professional personhood: ethical reflections during initial clinical encounters in nursing education. Nurse Ethics 11 (2), 122e137.

Levett-Jones T, Lathlean J (2007) Belongingness: a prerequisite for nursing student's clinical experience. Nurse Education in Practice 8, 103-111.

May N, Veitch L (1998) Working to learn and learning to work: placement experience of Project 2000 nursing students in Scotland. Nurse Education Today, 18, pp630-636.

Melia K (1987) Learning and Working: the Occupational Socialisation of Nurses. Tavistock Publications, London.

McKenna LG, Wellard SJ (2004) Discursive influences on clinical teaching in Australian undergraduate nursing programmes. Nurse Education Today 24, 229-235.

McKendry S, Boyd V, Andrew N (2010) Clear ahead? Researching the experiences of late application students entering undergraduate nursing programmes. Widening Participation and Lifelong Learning 12 (1), 18e29.

Nursing and Midwifery Council (2004) Standards for pre-registration nursing education. NMC: London

Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice. NMC: London

Nursing and Midwifery Council (2010) Standards for pre-registration nursing education. NMC: London

NHS Education Scotland (2006) Perinatal mental health curricular framework. NHS Education for Scotland: Edinburgh

NHS Education Scotland (2008) Nursing and Midwifery in Scotland: being fit for practice. NES responses and proposals following "The Report of the Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project, NES: Edinburgh

NHS Education for Scotland (2010) Recruitment and Retention Delivery Group. Annual report 2009-10. NHS Education for Scotland : Edinburgh

Quality Assurance Agency for Higher Education (2005) QAA Enhancement Themes.
the First Year' Proposed Approach.
Available From.http://www.enhancementthemes.ac.uk/uploads%255Cdocuments%
255Cconferenceinfo2006.pdf.

Scottish Executive Health Department (2006a) Rights, relationships and recovery – the
report of the national review of mental health nursing in Scotland. NHS Scotland: Edinburgh

Scottish Executive Health Department (2006b) Visible, accessible and integrated care:
report of the review of nursing in the community in Scotland. Scottish Executive: Edinburgh

Scottish Executive Health Department (2006c) Delivering care: enabling health. NHS
Scotland: Edinburgh

Scottish Government Health Department (2007) The 'Recruitment & Retention' Report of the
'Facing the Future' Sub Group & Working Groups. SGHD

Shelton JN, Sellers RM (2003) The role of racial identity in perceived racial discrimination.
Journal of Personality and Social Psychology, 84, pp1079-1092.

Sloan G & Watson H (2001) Illuminative evaluation: evaluating clinical supervision on its
performance rather than the applause Journal of Advanced Nursing 35 (5) pp 664–673,

Tinto V (1975) Dropout from Higher Education: A Theoretical Synthesis of Recent Research.
Review of Educational Research, 45(1) pp 89-125.

Tinto V (1993) Leaving College: Rethinking the cause and cures of student attrition
(2nd ed.). Chicago: University of Chicago Press.

APPENDIX 1

Stroke Specialist Nurse
TIA Nurse
Therapy

AHPs
Physiotherapy
SLT
OT

Infection Control

Stroke Units
FDRI Ward15
Ward 16

Elderly Care
Ward 1
Bonnybridge &
Boness

GP
Practice Nurse
District Nurse

Windsor Day
Hospital

Clinical Support
Nurses
Medical FDRI

Frail Elderly Care
Unit
Ward 7
Bannockburn
Hospital

Orchard House
Day Hospital

Social Care Team

Long Stay
Mental Health
Ward 6 Bannockburn

CPN
Kildean Elderly
Team

Dementia
Specialist Nurse
Bonny bridge
CMH Team

Primary Health
Care
Health Visitors

Acute Mental
Health
Admissions Ward
Ward 30 SRI

Elderly Acute
Admissions
Ward 12 FDRI

APPENDIX 2

Student: S022
Hub Mentor: (Name removed for confidentiality)

Please find details below of the spoke placements organised for you during semester 3. Please contact the area prior to your date of commencement to obtain duty roster and dress code. Note you will also be able to access the learning opportunities/experiences form for these spoke areas on WebCT to give you an overview of learning available in that placement. You should be allocated a register mentor to work alongside. Please ensure you take induction, feedback and attendance documentation for your spoke mentor to complete.

HUB Placement – Monday 3rd May – Sunday 9th May (4 days / 64 hours)

<u>**SPOKE PLACEMENT**</u>:- Ward 16 SRI

Contact Name: **(Name removed for confidentiality)**
Tel: 01786 434000

<u>Date of placement</u>: - Monday 10th May – Sunday 23rd May (inclusive)

<u>Number of days/hours practice time required to complete</u>: - 8 days or 64 hours

HUB Placement – Monday 24th May – Sunday 30th May (4 days / 32 hours)

<u>**SPOKE PLACEMENT**</u>:- Ward 18 FDRI

Contact Name: **(Name removed for confidentiality)**
Tel: 01324 616118

<u>Date of placement</u>: - Monday 31st May – Sunday 13th June (inclusive)

<u>Number of days/hours practice time required to complete</u>: - 8days or 64 hours

HUB Placement – Monday 14th June – Sunday 20th June (4 days /32 hours)

<u>**SPOKE PLACEMENT**</u>:- Falkirk Community Rehab Team (Craigenhall)

Contact Name: **(Name removed for confidentiality)**
Tel: 01324 679934

<u>Date of placement</u>: - Monday 21st June – Sunday 27th June (inclusive)

<u>Number of days/hours practice time required to complete</u>: - 4days or 32 hours

<u>**SPOKE PLACEMENT**</u>:- Dunrwan Day Hspt

Contact Name: **(Name removed for confidentiality)**
Tel: 01324 639009

<u>Date of placement</u>: - Monday 28th June – Sunday 4th July (inclusive)

<u>Number of days/hours practice time required to complete</u>: - 4 days or 32 hours

HUB Placement – Monday 5th July – Sunday 18th July (8 days /64 hours)
Hub & Spoke Project : semester 3 placements

Student: S027
Hub Mentor: (Name removed for confidentiality)

Please find details below of the spoke placements organised for you during semester 3. Please contact the area prior to your date of commencement to obtain duty roster and dress code. Note you will also be able to access the learning opportunities/experiences form for these spoke areas on WebCT to give you an overview of learning available in that placement. You should be allocated a register mentor to work alongside.

HUB Placement – Monday 3rd May – Sunday 9th May (4 days / 32 hours)

SPOKE PLACEMENT:- Craigenhall

Contact Name: **(Name removed for confidentiality)**
Tel: 01324 631703

Date of placement: - 10th May – 23rd May (inclusive)

Number of days/hours practice time required to complete: - 8 days or 64 hours

HUB Placement – Monday 24th May – Sunday 30th May (4 days / 32 hours)

SPOKE PLACEMENT:- Orchard Care Home Tullibody

Contact Name: **(Name removed for confidentiality)**
Tel: 01259 720550

Date of placement: - 31st May – 13th June (inclusive)

Number of days/hours practice time required to complete: - 8 days or 64 hours

HUB Placement – Monday 14th June – 18th July (20 days or 160 hours)

Hub and Spoke Planner Semester 3 – 3rd May to 18th July
Hub Placement: Ward 23/25

Week 1	M	T	W	T	F	S	S
Date	3rd	4th	5th	6th	7th	8th	9th
Placement Details	Hub	Hub	Hub	Hub	Hub	Hub	Hub
Week 2	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Date	10th	11th	12th	13th	14th	15th	16th
Placement Details	Hub	Hub	Hub	Hub	Hub	Hub	Hub
Week 3	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Date	17th	18th	19th	20th	21st	22nd	23rd
Placement Details	Community	Community	Community	Community	Community	Community	Community
Week 4	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Date	24th	25th	26th	27th	28th	29th	30th
Placement Details	Community	Community	Community	Community	Community	Community	Community
Week 5	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Date	31st	1st	2nd	3rd	4th	5th	6th
Placement Details	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)
Week 6	**M**	**T**	**W**	**T**	**F**	**S**	**S**
Date	7th	8th	9th	10th	11th	12th	13th
Placement Details	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)	Pre Op (FDRI)

Hub and Spoke Planner Semester 3 – 3rd May to 18th July – Student S009
Hub Placement: Ward 15

Week 1	M	T	W	T	F	S	S
Date	3rd May	4th	5th	6th	7th	8th	9th
Placement Details	Hub	Hub	Hub	Hub	Hub	Hub	Hub

Week 2	M	T	W	T	F	S	S
Date	10th	11th	12th	13th	14th	15th	16th
Placement Details	Hub	Hub	Hub	Clinical Support Nurse	Clinical Support Nurse	Hub	Hub

Week 3	M	T	W	T	F	S	S
Date	17th	18th	19th	20th	21st	22nd	23rd
Placement Details	Community	Community	Community	Community	Community	Community	Community

Week 4	M	T	W	T	F	S	S
Date	24th	25th	26th	27th	28th	29th	30th
Placement Details	Community	Community	Community	Community	Community	Community	Community

Week 5	M	T	W	T	F	S	S
Date	31st	1st June	2nd	3rd	4th	5th	6th
Placement Details	Hub	Hub	Hub	Hub	Hub	Hub	Hub

Hub and Spoke Planner Semester 3 – 3rd May to 18th July – Student S009
Hub Placement: Ward 15 (Continued)

Week 6	M	T	W	T	F	S	S
Date	7th	8th	9th	10th	11th	12th	13th
Placement Details	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)

Week 7	M	T	W	T	F	S	S
Date	14th	15th	16th	17th	18th	19th	20th
Placement Details	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)	Lochview (House 1)

weeks/students/ hub area	1	2	3	4	5	6	7	8	9	10	11
Dates	3/5 - 9/5	10/5 - 16/5	17/5 - 23/5	24/5 - 30/5	31/5 - 6/6/	7/6 - 13/6	14/6 - 20/6	21/6 - 27/6	28/6 - 4/7	5/7 - 11/7	12/7 - 18/7
s029 Lochview Hse 1	Hub	CLDT	CLDT	CLDT	Hub	Acute med	Acute med	Hub	Acute OPD	Acute OPD	Hub
S028 Lochview Hse 2	Hub	Acute OPD	Acute OPD	Hub	CLDT	CLDT	CLDT	Hub	Acute med	Acute med	Hub
S031 Lochview Hse 3	Hub	Hub	LV 1	LV 4	Hub	Hub	Wd 18 FDRI	Wd18 FDRI	Acute med	Acute med	Hub
S030 Lochview Hse 4	Hub	Wd 18 FDRI	Wd 18 FDRI	Hub	LV 2	LV 1	Hub	CLDT	CLDT	CLDT	Hub
S027 Trystview	Hub	Craigenhall	Craigenhall	Hub	NH MH unit	NH MH unit	Hub	Trystpark	Trystpark	Hub	Hub
S024 Trystview	Hub	Russell Park	Russell Park	Hub	Trystpark	Trystpark	Hub	NH MH unit	NH MH unit	Hub	Hub
S021 Trystview	Hub	Trystpark	Trystpark	Hub	NH MH unit	NH MH unit	Hub	Russell Park	Russell Park	Hub	Hub
S022 Craigenhall	Hub	Acute med	Acute med	Hub	Wd 18 FDRI	Wd 18 FDRI	Hub	Falkirk CRT	Westbank DU	Hub	Hub

weeks/students/ hub area	1	2	3	4	5	6	7	8	9	10	11
Dates	3/5 - 9/5	10/5 - 16/5	17/5 - 23/5	24/5 - 30/5	31/5 - 6/6/	7/6 - 13/6	14/6 - 20/6	21/6 - 27/6	28/6 - 4/7	5/7 - 11/7	12/7 - 18/7
S025 FDRI ward 17	Hub	FDRI wd 12	FDRI wd12	Hub	Spec Nur - 3 days	Hub	Bo'ness wd 2	Bo'ness wd 2	Bo'ness wd 2	Hub	Hub
S026 FDRI Ward 12	Hub	Bo'ness wd 2	Bo'ness wd 2	Bo'ness wd 2	Hub	Spec Nur - 3 days	FDRI Wd 17	FDRI Wd 17	FDRI Wd 17	Hub	Hub

additional placements required outwith hub areas

Area	no of places	no of weeks	no of students	
CLDT - Red Lodge	1	9	3	
Acute OPD – SRI OPD	1	4	2	
Acute med - Wd 25 SRI	2	8	4	is already hub area
acute MH -Wd 18 FDRI	1	6	3	
NH MH unit	2	6	3	
Trystpark	1	6	3	
Russell Park	1	4	2	
Falkirk CRT	1	1	1	
Westbank Day hspt	1	1	1	
Bo'ness Wd 2	1	6	2	
OP MH Spec Nurses	1	2	2	
FDRI wd 12	1	2	1	is already hub area
FDRI WD 17	1	3	1	is already hub area

Student Code: Woo3

Department of Nursing and Midwifery — UNIVERSITY OF STIRLING

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52

Dates: 07/09/2009 – 30/08/2010

Dates in **Bold** - Easter Weekend & Theory Easter Holidays match local school holidays

2009 Intake

	Semester 1	Semester 2	Semester 3
Theory [9 weeks]	Practice [5 weeks]	Th [1] Annual Leave [2] Practice [6 weeks]	Theory [7 weeks]	Annual Leave [2] Th Practice [5 weeks]	Practice [6 weeks]	Annual Leave [3] Theory [3 weeks]	Transition

Placement 1 - OAR pg 10 — Broadbay
Placement 1 - OAR pg 10 — Day Hos / Bethesda
Theory [6 weeks] | A/L 2 | Th [3 wks] Placement 2 - OAR pg 17 — PN / Erisort / PH
Placement 3 OAR pg 21 - OPD / Broadbay
** 2 days theory at end

2009 Intake - Student W005

| Theory [9 weeks] | Practice [5 weeks] | Th [1] Annual Leave [2] Practice [6 weeks] | Theory [7 weeks] | Annual Leave [2] Th Practice [5 weeks] | Practice [6 weeks] | Annual Leave [3] Theory [3 weeks] | Transition |

Placement 1 - OAR pg 10 — Broadbay
Placement 1 - OAR pg 10 — PN / Erisort / OPD / PH
Theory [6 weeks] | A/L 2 | Th [3 wks] Placement 2 - OAR pg 17 — Day Hos / Bethesda
Placement 3 OAR pg 21 - Broadbay
** 2 days theory at end

2009 Intake - Student W001

| Theory [9 weeks] | Practice [5 weeks] | Th [1] Annual Leave [2] Practice [6 weeks] | Theory [7 weeks] | Annual Leave [2] Th Practice [5 weeks] | Practice [6 weeks] | Annual Leave [3] Theory [3 weeks] | Transition |

Placement 1 - OAR pg 10 — Bethesda
Placement 1 - OAR pg 10 — Broadbay / Day hosp
Theory [6 weeks] | A/L 2 | Th [3 wks] Placement 2 - OAR pg 17 — OPD / Clisham / PN / PH / Bethesda
Placement 3 OAR pg 21 -
** 2 days theory at end

2009 Intake - Student W004

| Theory [9 weeks] | Practice [5 weeks] | Th [1] Annual Leave [2] Practice [6 weeks] | Theory [7 weeks] | Annual Leave [2] Th Practice [5 weeks] | Practice [6 weeks] | Annual Leave [3] Theory [3 weeks] | Transition |

Placement 1 - OAR pg 10 — Bethesda
Placement 1 - OAR pg 10 — OPD / Clisham / PH / PN
Theory [6 weeks] | A/L 2 | Th [3 wks] Placement 2 - OAR pg 17 — Broadbay
Placement 3 OAR pg 21 - Day Hosp / Bethesda
** 2 days theory at end

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APPENDIX 3

Information for Spoke Placement Areas and Mentors

Contents

1. Introduction

2 .Giving the Student feedback in relation to their learning

3. Frequently Asked Questions

4. Spoke Mentor Feedback Sheet/Record of Induction

5. Common Foundation Programme Learning Outcomes

Introduction

Many thanks for supporting the student during their spoke placement and the:
'Contemporary Approach to Practice Placement Project'.

The aim of the project is to allow students to participate in a different model of practice placement, known as a 'Hub and Spoke' model. In practice, the student is placed with a Hub mentor for the first year of placement but during this time the student will be facilitated to a number of 'Spoke' placement areas with a supporting 'Spoke' mentor.

The aim of the project is:

' To develop, implement and evaluate the impact of a hub and spoke model of clinical practice placement linked to the patient journey across 3 geographical diverse locations, with a particular focus on enhancing the student experience of:

- Belongingness
- Continuity
- Continuous Support
- Contemporary and future focused practice.

Furthermore, both the Hub and Spoke placement areas aim to be reflective of patient care pathways to support the student gaining an understanding of patient journeys in order to develop and learn new knowledge, skills and an insight into the patient experience.

How to give a student feedback during their Spoke Placement Learning

How do I give the student feedback or evaluate their learning during the spoke placement?

Students will bring their ongoing achievement record (OAR) to the placement.
Spoke mentors (nurses on the mentor register) can sign the student off any clinical skills or learning outcomes that they may achieve during their spoke placement. However, spoke mentors are not expected to complete any of the formal reviews, as they will be facilitated and completed by the Hub mentor.

However, to support student learning it is requested that all spoke mentor complete the spoke mentor feedback sheet prior to the end of the spoke placement. As the students can then utilise this information to reflect upon their learning during the formal Hub Mentor reviews.

Please refer to appendix one for copy of the spoke feedback sheet and a spare induction sheet.

Please note students will require their spoke mentor to complete the record of attendance during their spoke placement.

Will the Student have Learning Outcomes?

As with any other placement the student will have set their own personal learning opportunities with their hub mentor. The students learning opportunities can be identified in the Ongoing Achievement Record, and if possible spoke mentors may support the achievement of the students learning opportunities.

All students are required to work towards the achievement of the Common Foundation (appendix two) and the Semester Three Learning Outcomes during practice based learning (refer to next question)

What Theory and Clinical Skills will the Semester Three Student have covered in University?

Module three will continue to develop knowledge and understanding related to professional and essential nursing skills across the lifespan. It will introduce the student to concepts relevant to patient/client self management. Students will be encouraged to reflect on their experiences of nursing practice and its contribution to improving the health and illness experience of patients and clients.

This is a 15 week module which builds on knowledge and skills relevant to all specialist branches of the nursing programme. It will consist of 11 weeks practice placements and 4 weeks academic work. Placement in practice provides learning opportunities for students to complete NMC Learning Outcomes which are required for progression into the Branch programmes.

Semester Three Learning Outcomes

2.5 Contribute to the implementation of a programme of nursing care, designed and supervised by registered practitioners.
2.5.1 Undertake activities that are consistent with the plan of care and within the limits of own abilities.

2.8 Contribute to the evaluation of the appropriateness of nursing care delivered.
2.8.1 Demonstrate an awareness of the need to regularly assess a patient/s/client's response to nursing interventions.
2.8.2 Provide, for a supervising registered practitioner, evaluative commentary and information on nursing care based on personal observations and actions.
2.8.3 Contribute to the documentation of the outcomes of nursing interventions.

2.9 Recognise situations in which agreed plans of nursing care no longer appear appropriate and refer these to an appropriate accountable practitioner.
2.9.1 Demonstrate the ability to discuss and accept care decisions.
2.9.2 Accurately record observations made and communicate these to the relevant members of the health and social care team.

In addition, continue to develop/consolidate knowledge from Modules one and two.

Indicative Content

Professional Practice

- Advocacy and professional relationships
- Cleanliness Champion Programme
- Learning Disability Programme

Theory and Practice of Care
- Overview of pain management
- Body image
- Tissue viability

Communication
- Develop all caring skills

Behavioural and Social Health Science
- Mental Health and Learning Disability
- Therapeutic relationships
- Mother and child issues
- Health Partnerships of care

Biological and Life Sciences
- Reproductive system
- Endocrine system
- Special senses
- Integration of other body systems

Clinical Skills
- Numeracy skills
- Prioritisation of nursing care
- BM monitoring and consolidation of all other skills

<u>**Frequently Asked Questions**</u>

Below are some frequently asked mentor questions. However, if you require any further information please do not hesitate to contact your local Practice Education Facilitator or the Practice Placements Coordinator at the University of Stirling.

1. The University advises us that the students are supernumerary. What does this mean? What are the implications for me?

Supernumerary status means that when students come to your area, they should not be seen as replacements or in any way substitution for the existing manpower requirements of the area or be used as an additional pair of hands to get the work done.

Rather they should be considered as valuable student members of the team, additional to the workforce. The student's educational experience should be foremost.

2. Does my student need continuous supervision?

Supervision may range from continuous to frequent to occasional with regular opportunity to engage in reflective discussion.

Continuous Supervision	Is required when the student is new to the area of practice and is operating at novice level. Your role modeling is invaluable at this time.
Frequent Supervision	Is required when the student is judged by the mentor to be not yet proficient or is experiencing a crisis of confidence.
Occasional Supervision	Is required when the student has been judged by you to be safe and proficient yet needs to build up confidence in providing care. At this stage you should allow the student to undertake care with minimal supervision, empowering them to develop their problem-solving skills.

3. Can my student give the report?

Absolutely, this is something to encourage from a very early stage, but only on the patients/clients/residents they have cared for.

4. I feel that my student and I have not gelled. What can I do about this?

Don't worry about this. Just get in touch with the Practice Placement Co-coordinator to negotiate a solution.

5. I don't feel my student is achieving their skills. What should I do?

If you have followed all possible pathways to resolve this problem, and if you are sure that personal bias does not colour your judgment you must document the situation as early as possible to assist the student to improve. Please contact your local PEF or the Practice Placement Coordinator at the University of Stirling to make them aware of this situation and they will offer advice and support as appropriate.

6. What should I do if the student fails to appear?

Telephone Student Support on relevant campus site. Students are required to notify mentor/practice area and department if absent.

7. What should I do if the student requests compassionate (other special) leave?

The University should be contacted by the student. However, in emergencies, the mentor should agree to the student's leave and advise them to contact the University as soon as possible. The mentor should notify the Student Support Office of the situation.

8. What should I do if the student behaves in an unprofessional way?

Deal with the matter as with any other member of staff. If serious, or persistent, contact the Practice Placement Co-ordinator or a PEF.

9.If I am unable to mentor a student, having already agreed to do so, who should I contact?

Contact your manager as the area requires to find a replacement mentor.

10. Can students demand specific off-duty hours?

No, where possible a student should be encouraged to work the same shift pattern as the mentor to assist in the fair assessment process. For a variety of personal reasons a student may wish to change some shifts allocated to them, however such changes should be the result of negotiation.

11. Is the student responsible/accountable for their actions?

The student must always work under the direct supervision of a registered nurse/midwife who is professionally responsible for the consequences of their actions and omissions. A post-registration midwifery student is accountable for their actions as a registered nurse only in relation to nursing duties

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Spoke Mentor Feedback Sheet for storage into Students PDP. Summary of Students Spoke Placement Learning

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

Students Name:	Semester:

Summary of Spoke Experience: e.g. Experiences that the student has participated in.

Areas for future learning:

Spoke Mentor Comment:

Student Comment:

Student Signature:	Spoke Mentor Signature:	Date:

Record of Induction

The Mentor is responsible for completing this Record of Induction within 24 hours of the student commencing the placement.

Mentor Name (Please print)	

Please tick once complete
✓

Introduction to the placement staff	
Geographic layout of placement area	
Telephone (*where situated, instruction in use, emergency codes*)	
Fire & First Aid procedures (*location of first aid kit, fire alarms, exit, appliances, evacuation procedure to be followed*)	
Location and use of emergency/resuscitation equipment	
Reporting Sickness/Absence	
Shift Patterns	
Placement Routine	
Refreshment/meal break facilities	
Accident/Incident reporting procedures (*copies of all reports to be forwarded to the University*)	
Client confidentiality procedures	
Dress Code	
Risk Assessment undertaken if necessary, e.g. pregnancy, under 18, lone working	

Student Signature	Date	Mentor Signature	Date

Common Foundation Programme Learning Outcomes

Domain 1 Professional/Ethical Practice Learning Outcomes

1.1 Discuss in an informed manner, the implications of professional regulation for nursing practice.
1. Demonstrate a basic knowledge of professional regulation and self regulation;
2. Recognise and acknowledge limitations of own abilities;
3. Recognise situations that require referral on to a registered practitioner.

1.2 Demonstrate an awareness of the NMC Code of Professional Conduct
1. Commit to the principle that the primary purpose of the professional nurse is to protect and serve society;
2. Accept responsibility for own actions and decisions.

1.3 Demonstrate an awareness of, and apply ethical principles to nursing practice
1. Demonstrate respect for patient/ client confidentiality;
2. Identify ethical issues in day to day practice.

1.4 Demonstrate an awareness of legislation relevant to nursing practice
1. Identify key issues in relevant legislation relating to mental health, children, data protection, manual handling, health and safety etc

1.5 Demonstrate the importance of promoting equity in patient/client care by contributing to nursing care in a fair and anti-discriminatory way
1. Demonstrate fairness and sensitivity when responding to patient/client/groups from diverse circumstances;
2. Recognise the need of patients/clients whose lives are affected by disability, however, manifested.

Domain 2 Care Delivery Learning Outcomes

2.1Discuss methods of barriers to and boundaries of effective communication and interpersonal relationships
1. Recognise the effect of own values on interactions with patients/clients and their significant others;
2. Utilise appropriate communications skills with patients/clients;
3.Acknowledge the boundaries of professional caring relationship.

2.2 Demonstrate sensitivity in interaction with and provision of information to patient/clients Contribute to enhancing the health and social wellbeing of patients/clients by understanding how, under the supervision of a registered practitioner, to:

1. Contribute to the assessment of health needs;
2. Identify opportunities for health promotion;
3. Identify networks of health and social care services.

2.3 Contribute to the development and documentations of nursing assessments by participating in comprehensive and systematic nursing assessment of the physical, psychological, social and spiritual needs of patients/clients
1. Be aware of assessment strategies to guide collection of data for assessing patients/clients and use assessment tools under guidance;
2. Be aware of the need to reassess patients/clients and to their needs for nursing care

2.4 Contribute to the planning of nursing care, involving patients/clients and where possible their carers, demonstrating an understanding of helping patients/clients to make informed decisions
1. Identify care needs based on the assessment of clients/patient;
2. Participate in the negotiation and agreement of the care plan with the patient/client and significant others, under the supervision of a registered nurse;
3. Inform patients/clients about intended nursing actions respecting their right tp participate in decisions about their care.

2.5 Contribute to the implementation of a programme of nursing care, designed and supervised by registered practitioners
1. Undertake activities that are consistent with the plan of care and within the limits of own abilities.

2.6 Demonstrate evidence of developing knowledge base that underpins safe nursing practice
1. Access and discuss research and other evidence in nursing and related disciplines;
2. Identify examples of the use of evidence in planning nursing interventions.

2.7 Demonstrate a range of essential nursing skills, under the supervision of a registered nurse, to meet individual's needs which include:
1.Maintaining dignity, privacy and confidentiality: effective communication and observation skills, including listening and taking physiological measurements: safety and health including moving and handling and infection control; essential first aid and emergency procedures; administration of medicines; emotional, physical and personal care including meeting the need for comfort, nutrition and personal hygiene.

2.8 Contribute to the evaluation of the appropriateness of nursing care delivered
1. Demonstrate an awareness of the need to regularly assess a patient/client's response to nursing interventions;
2. Provide, for a supervising registered practitioner, evaluate commentary and information on nursing care base don personal observations and actions;
3. Contribute to the documentation of the outcomes of nursing interventions.

2.9 Recognise situations in which agreed plans of nursing care no longer appear appropriate and refer these to an appropriate accountable practitioner
1. Demonstrate the ability to discuss and accept care decisions;
2. Accurately record observations made and communicate these to the relevant members of the health and social care team.

Domain 3 Care Management Learning Outcomes

3.1 Contribute to the identification of actual and potential risks to patients/clients and their carers, to self and others and participate in measures to promote and ensure health and safety
1. Understand and implement health and safety principles and policies;
2. Recognise and report situation which are potentially unsafe for patients/clients, self and others.

3.2 Demonstrate an understanding of the role of others by participating in inter-professional working practice
1. Identify the roles of the members of the health and social care team;
2. Work within the health and social care team to maintain and enhance integrate care.

3.3 demonstrate literacy; numeracy and computer skills needed top record, enter, store, retrieve and organize data essential for care delivery.

Domain 4 Personal/Professional Development Learning Outcomes

4.1 Demonstrate responsibility for one's own learning through the development of a portfolio of practice and recognize when further learning is required.
1. Identify specific learning needs and objectives;
2. Begin to engage with, and interpret, the evidence base that underpins nursing practice.

4.2 Acknowledge the importance of seeking supervision to develop safe nursing practice.

APPENDIX 4

NHS Forth Valley   NHS Eileanan Siar Western Isles   NHS Highland   UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES

Survey Tool
(Personal Tutors, Mentors, SCN)

Pre-Placing Student in Hub & Spoke

Version 1 October 2009

Geographical Location (Please circle one of the below)	Current Role (Please circle one of the below)	Length of Time in Post	Place of Work (Please detail below your specific work location i.e WD 4 SRI)
Highland Forth Valley Western Isles	Mentor SCN Personal Tutor		

Personal Tutors, Mentors, SCN (Please all complete Q1-5)
1. Please describe what you perceive the benefits will be of having a student placed for 1 year in a main 'hub' centre

2. Please detail the challenges you would envisage dealing with whilst having a student placed for 1 year in a main 'hub' centre

3   What support mechanisms do you plan to use in supporting the student through their first year experience

4   How are you going to foster and encourage participation and ownership in the students own learning opportunities during their first year experience?

5   How are you going to foster and encourage confidence in the student during their first year experience?

For SCN/ Mentors only:
6   Please describe how you would plan to support and deliver the students learning and practice experience within the hub and spoke model
Aspects to consider are:

Working together on shift

Creating and facilitating learning experiences

Planning for experiences in 'spoke' areas

Integrating the student into the clinical team

Cross working with the 'spoke mentor' to support and assess student (ensuring student attains necessary NMC proficiencies to progress into preferred branch)

Thank you for taking the time to complete this survey

APPENDIX 5

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION
PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE
PRE REGISTRATION NURSING PROGRAMMES

Survey Tool
(Personal Tutors, Mentors, SCN)

Post-Placing Student in Hub & Spoke

November 2010

Geographical Location (Please circle one of the below)	Current Role (Please circle one of the below)	Length of Time in Post	Place of Work (Please detail below your specific work location i.e WD 4 SRI)
Highland Forth Valley Western Isles	Mentor SCN Personal Tutor		

Personal Tutors, Mentors, SCN (Please all complete Q1-5)

1. Please describe what you perceived the benefits were of having a student placed for 1 year in a main 'hub' centre

2. Please detail the challenges you envisaged dealing with whilst having a student placed for 1 year in a main 'hub' centre

3 What support mechanisms did you use in supporting the student through their first year experience

4 How did you foster and encourage participation and ownership in the students own learning opportunities during their first year experience?

5 How did you foster and encourage confidence in the student during their first year experience?

For SCN/ Mentors only:

6 Please describe how you supported and delivered the students learning and practice experience within the hub and spoke model

Aspects to consider are:

Working together on shift

Creating and facilitating learning experiences

Planning for experiences in 'spoke' areas

Integrating the student into the clinical team

Cross working with the 'spoke mentor' to support and assess student (ensuring student attains necessary NMC proficiencies to progress into preferred branch)

Thank you for taking the time to complete this survey

APPENDIX 6

Please complete this diary on a daily basis, recording your thoughts, feelings and experiences for that day. Please date each entry for us.

Questions we would like you to answer are below

1. What was the most enjoyable part of your day today?
2. What was the least enjoyable part of your day today?
3. What clinical activities were you involved in today and how do you feel you performed in these?
4. Please tell me what support you were given in the clinical setting today?
5. What was good about this support?
6. What could be improved about the support you experienced today?
7. Provide me with three examples of how you were encouraged to be part of the team?
8. Overall on a scale of 1 – 5 (1 being poor, 5 being excellent) how would you rate your experience of today.

Please feel free to add any additional information you think relevant into the days events

APPENDIX 7

The purpose of this questionnaire is to collect your opinions about clinical practice on two conditions 1) your ACTUAL experience in the latest clinical placement and 2) your expectation towards the FUTURE clinical placement. Please CIRCLE the appropriate answer as instructed below under each of the 2 conditions (CIRCLE both conditions for each statement) :

SA   if you STRONGLY AGREE   D   if you DISAGREE
A   if you AGREE   SD   if you STRONGLY DISAGREE

		1. **Your** ACTUAL **experience in summer block**				2. **Your expectation in FUTURE clinical placement**			
		Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
1.	The mentors usually concern my feelings.	SA	A	D	**SD**	SA	A	D	**SD**
2.	The mentors talk rather than listen to me.	SA	A	D	**SD**	SA	A	D	**SD**
3.	I look forward to attending clinical placement.	SA	A	D	**SD**	SA	A	D	**SD**
	I know exactly what has to be done in this clinical setting.	SA	A	D	**SD**	SA	A	D	**SD**
5.	New ideas are seldom tried out.	SA	A	D	**SD**	SA	A	D	**SD**
6.	I am expected to do the work in the same way as others.	SA	A	D	**SD**	SA	A	D	**SD**
7.	The mentors talk with me personally.	SA	A	D	**SD**	SA	A	D	**SD**
8.	I put effort into what I have done.	SA	A	D	**SD**	SA	A	D	**SD**
9.	I am dissatisfied with what was done.	SA	A	D	**SD**	SA	A	D	**SD**
10.	Getting work done is important in this setting.	SA	A	D	**SD**	SA	A	D	**SD**
11.	Different ways of teaching are seldom used.	SA	A	D	**SD**	SA	A	D	**SD**
12.	I am generally allowed to work at my own pace.	SA	A	D	**SD**	SA	A	D	**SD**
13.	The mentors try his/her very best to help me.	SA	A	D	**SD**	SA	A	D	**SD**
14.	I can't bear until the end of every shift.	SA	A	D	**SD**	SA	A	D	**SD**
15.	I have a sense of satisfaction with this clinical placement.	SA	A	D	**SD**	SA	A	D	**SD**
16.	The mentors' instructions often get sidetracked.	SA	A	D	**SD**	SA	A	D	**SD**
17.	Innovative activities are always arranged for me.	SA	A	D	**SD**	SA	A	D	**SD**
18.	I usually have a say in how the shift is spent.	SA	A	D	**SD**	SA	A	D	**SD**
19.	The mentors help me whenever I have trouble.	SA	A	D	**SD**	SA	A	D	**SD**
20.	1 pay attention to the communication among staff.	SA	A	D	**SD**	SA	A	D	**SD**
21.	This clinical placement is a waste of time.	SA	A	D	**SD**	SA	A	D	**SD**

		1. **Your** ACTUAL **experience in summer block**				2. **Your expectation in FUTURE clinical placement**			
		Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
22.	This is a disorganized clinical placement.	SA	A	D	**SD**	SA	A	D	**SD**
23.	The mentors used different teaching methods to guide me.	SA	A	D	**SD**	SA	A	D	**SD**
24.	1 am allowed to negotiate my workload.	SA	A	D	**SD**	SA	A	D	**SD**
25.	The mentors seldom go around talking to me.	SA	A	D	**SD**	SA	A	D	**SD**
26.	I have little opportunity of handing over to the next shift.	SA	A	D	**SD**	SA	A	D	**SD**
27.	This clinical placement is boring.	SA	A	D	**SD**	SA	A	D	**SD**
28.	Clinical tasks assigned to me are always clear.	SA	A	D	**SD**	SA	A	D	**SD**
29.	My assigned clinical activities are always the same.	SA	A	D	**SD**	SA	A	D	**SD**
30.	1 am allowed to proceed at my own pace.	SA	A	D	**SD**	SA	A	D	**SD**
31.	The mentors do not bother my feelings.	SA	A	D	**SD**	SA	A	D	**SD**
32.	I have opportunities to express opinions.	SA	A	D	**SD**	SA	A	D	**SD**
33.	I enjoy coming to this clinical setting.	SA	A	D	**SD**	SA	A	D	**SD**
34.	Routine activities are clearly explained.	SA	A	D	**SD**	SA	A	D	**SD**
35.	The mentors often plan interesting activities.	SA	A	D	**SD**	SA	A	D	**SD**
36.	1 have little opportunity to pursue my interests.	SA	A	D	**SD**	SA	A	D	**SD**
37.	The mentors are inconsiderate towards me.	SA	A	D	**SD**	SA	A	D	**SD**
38.	1 seldom involve actively during debriefing sessions.	SA	A	D	**SD**	SA	A	D	**SD**
39.	This clinical placement is interesting.	SA	A	D	**SD**	SA	A	D	**SD**
40.	My assigned activities are carefully planned.	SA	A	D	**SD**	SA	A	D	**SD**
41.	I do the same type of tasks in every shift.	SA	A	D	**SD**	SA	A	D	**SD**
42.	The mentors do not negotiate when assigning my activities.	SA	A	D	**SD**	SA	A	D	**SD**

APPENDIX 8

In this section we wish to ask you a number of questions on the level of support you receive from various sources. Support can come in many forms and we would ask you to give an overall rating of support although we understand that this may vary from time to time and source to source. There are no right or wrong answers. Please try and answer all questions as best you can.

Circle the most appropriate response.

How would you rate the quality of support you have received from supervisors/mentors during your course?

Very Poor 0 1 2 3 4 5 6 7 8 9 **Very Good**

How would you rate the quality of support you have received from the University during your course?

Very Poor 0 1 2 3 4 5 6 7 8 9 **Very Good**

How would you rate the quality of support you have received from fellow students during your course?

Very Poor 0 1 2 3 4 5 6 7 8 9 **Very Good**

How would you rate the quality of support you have received from friends and relatives during your course?

Very Poor 0 1 2 3 4 5 6 7 8 9 **Very Good**

APPENDIX 9

Focus Group Schedule
(for use with all three groups.)

Welcome
Introduction
Permission to record

Can you tell me about your thoughts and experiences of the hub and spoke pilot and your participation in it (All participants)

What have been the positives parts of the pilot for you? (All participants)

What have been the less positive or challenges (All participants)

Can you suggest how we might overcome these challenges? (All participants)

Thinking about the relationships you have formed in the pilot to date how have they impacted your nursing/teaching practice? (All participants)

How has learning been promoted during your involvement with the hub and spoke placement? (Students)

Have there been any barriers to learning during this pilot? (Students)

Can you suggest how we might overcome these barriers? (Students)

Can you tell me if and how the model has provided you with feeling part of the team (Students)

Can you tell me if and how the model has provided you with support? (Students)

If we were to run the hub and spoke allocation again what should we retain and what should we do differently? (All participants)

Do you have any other comments to make about the project? (All participants)

APPENDIX 10

BP/EF

23 September 2009

Patrick Bradley
Teaching Fellow
Department of Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA

Dear Patrick

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS ON THE PRE-REGISTRATION NURSING PROGRAMMES

Your proposal was considered by the Department of Nursing and Midwifery Research Ethics Committee and approved subject to confirmation by way of chairs action that the following points have been addressed in writing.

1   The references for the proposal appear to have been omitted from the submission and must be submitted.

2   Data storage arrangement specifically compliance with data protection legislation and the use of password protected computers/ files need to be clarified

3   The suggestion that students should complete a diary daily was considered onerous and a minimum weekly entry was considered more appropriate.

Yours sincerely

DR BRODIE PATERSON
Deputy Chair
Department of Nursing and Midwifery Research Ethics Committee

Cc   Michelle Roxburgh

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NURSING AND MIDWIFERY

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES

Information Sheet for Students invited to participate in focus groups, short support questionnaire and analysis of reflective diaries

> **This information sheet will have been given to you by a member of the project team.**

Study Title: The development, implementation and evaluation of demonstration projects of new approaches to providing practice placements in the pre registration nursing programmes.
You are being invited to take part in a development project. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully. Please take time to decide if you wish to take part in this project and please ask me if there is anything that is not clear or you would like more information on.

What is the purpose of the study?

This project aims to design, test and evaluate a new model of clinical practice placement for 1st year student nurses. Traditionally students have 3 clinical placements within the first year of their programme. With this new model you would be placed in one placement but will follow individual patients/clients through a variety of services which they experience as part of the care provided to them. We will explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses. We will explore and identify positive and negative benefits from your perspective of this new model of practice placement

Why have I been chosen?

You are being invited to take part in this project as you have recently commenced your nurse education programme, you have chosen either Adult nursing, Mental Health Nursing or Learning Disability nursing and you currently live in Forth Valley, Western Isles or Highland.

Do I have to take part?

No. It is up to you to decide whether to take part. If you do decide to take part please let me know by 28/9/09 either by email to Michelle Roxburgh or by telephone on 01786 466397. Please keep this information sheet for your reference. You will be asked to sign a consent form to confirm that you are willing to be involved in the study. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will the project involve?

If you are willing to be involved in the project, you will be invited to participate in 2 focus group. The first focus group will be held approximately 3 months into your clinical practice placement and the second focus group will be at the end of year 1 of your programme of study. A focus group is a meeting where participants are asked to share their experiences and opinions. Topics we will explore with you will include:
Belongingness, continuity, continuous support and your experiences of being placed in this new model of practice placements with particular reference to the positive and negative aspects you have experienced.

The meeting will be facilitated by two researchers. The focus group will be audio-recorded. There will be approximately 6-10 other students who are part of the project who also currently live in your home area. The focus group will take place locally and will last approximately 1 hour. We will cover the costs of your travel to attend the focus group.

We will ask you to complete on a daily basis a reflective diary. The diary will be semi-structured with you being asked to record your thoughts on the following items: experiences of activities in the clinical setting, work-study life, how you participate in clinical placements, factors that shape your clinical experience. The diary will also encompass a free text section for you to record any other thoughts and feelings you have had.

All students participating in the study will be asked at 3 monthly intervals to complete a confidential short questionnaire on rating the level of support provided by the university, supervisors, peers, family and friends. This will take approximately 5 minutes to complete.

Will my taking part be kept confidential?

Yes. All data will be anonymised. Participants will be given a unique identifier number on transcripts, reflective diaries and support questionnaire so that your name is not on any of the data we collect. We will not use your name in any reports that we write. All hard copy data from the project (consent forms, audio recording, transcriptions, questionnaires) will be kept in a locked filing cabinet at the University of Stirling. Only the research team shall have access. Files and database of participants will be stored in a password protected file on the University computer hard drive. Only members of the research team will have access. It is Stirling University policy to securely store all data pertaining to a project for 10 yrs. It will then be destroyed using a shredder.

What will happen to the results of the project?

We will produce a summary report from this study, which will be sent to you. The full report will be sent to NHS Education for Scotland who are funding this study.

Who is supervising the project?
Michelle Roxburgh, Lecturer in Nursing, Department of Nursing and Midwifery, University of Stirling

Who is funding the study?
NHS Education for Scotland

Who has reviewed the project?
The project has been reviewed by members of NHS Education for Scotland, NMHAP Directorate and by members of the Department of Nursing and Midwifery, University of Stirling Research Ethics Committee.

What happens next?
If you do not wish to take part, no further contact will be made with you about this project. This will not affect your programme of study in any way.

If you do wish to take part, or are seriously considering taking part, please contact me.

Who do I contact for further information?
Please contact, whose contact details are below.

Michelle Roxburgh
Lecturer in Nursing
Department Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 46 6397
Email: cmr3@stir.ac.uk

Independent contact
If you wish to raise a concern or complain about the study to someone who is not a member of the research team please contact:
Department Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 46 6345
Email: a.e.watterson@stir.ac.uk

Thank you for taking the time to read this and consider taking part in the project.

APPENDIX 12

Name:	
Campus:	
Telephone number:	
Email:	

Name of researcher obtaining consent: Claire M Roxburgh

	Please initial box
1. I confirm that I have read and understand the information sheet dated ………….. (version…………..) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without this affecting my studies or legal rights	
3. I agree to my reflective diary being analysed anonymously	
4. I agree to participate in a focus group which will be audio-recorded.	
5. I agree to the information that I provide being used anonymously in future reports.	
6. I agree to the information that I give for this study being used in reports and other types of publications and disseminated.	
7. I understand that this consent form will be kept in a locked filing cabinet at the University of Stirling to which only the research will have access and destroyed after 10 years.	
8. I understand that all information from this study will be kept in a locked filing cabinet at the University of Stirling and stored in a password protected folder on the University of Stirling computer hard drive to which only the research team will have access.	
9. I agree to be involved in this study.	

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of researcher   Date   Signature

_____   _____   _____

1 copy kept by participant; 1 copy kept by research team

APPENDIX 13

Name:	
Campus:	
Telephone number:	
Email:	

Name of researcher obtaining consent:

	Please initial box
1. I confirm that I have read and understand the information sheet dated ………….. (version…………..) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without this affecting my studies or legal rights	
3. I agree to completing the short support questionnaire and this being analysed anonymously	
4. I agree to the information that I provide being used anonymously in future reports.	
5. I agree to the information that I give for this study being used in reports and other types of publications and disseminated.	
6. I understand that this consent form will be kept in a locked filing cabinet at the University of Stirling to which only the research will have access and destroyed after 10 years.	
7. I understand that all information from this study will be kept in a locked filing cabinet at the University of Stirling and stored in a password protected folder on the University of Stirling computer hard drive to which only the research team will have access.	
8. I agree to be involved in this study.	

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of researcher   Date   Signature

_____   _____   _____
1 copy kept by participant; 1 copy kept by research team

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DEPARTMENT OF
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THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES

Information Sheet for Senior Charge Nurses invited to participate in survey

This information sheet will have been given to you by a member of the project team.

Study Title: The development, implementation and evaluation of demonstration projects of new approaches to providing practice placements in the pre registration nursing programmes.

You are being invited to take part in a development project. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully. Please take time to decide if you wish to take part in this project and please ask me if there is anything that is not clear or you would like more information on.

What is the purpose of the study?

This project aims to design, test and evaluate a new model of clinical practice placement for 1st year student nurses. Traditionally students have 3 clinical placements within the first year of their programme. With this new model – known as 'hub and spoke' model we would place the student in one placement for the first year whereby they will follow individual patients/clients through a variety of services which they experience as part of the care provided to them. We will explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses. We will explore and identify positive and negative benefits from your perspective of this new model of practice placement

Why have I been chosen?

You are being invited to take part in this project as you are a Senior Charge nurse and have a student(s) on placement to you who is following this new placement model.

Do I have to take part?

No. It is up to you to decide whether to take part. If you do decide to take part please let me know by ENTER DATE either by email to ENTER NAME OF RESEARCHER or by telephone on 01786 466397. Please keep this information sheet for your reference. You will be asked to sign a consent form to confirm that you are willing to be involved in the study. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will the project involve?

If you are willing to be involved in the project, you will be invited to participate in completing a confidential open-ended questionnaire prior to the student being placed in your clinical area and approximately 10 months later.
Topics we will explore with you prior to the student commencing placement will include:

1. Perceptions of the benefits of having a student placed within your clinical area for 1 year
2. Perceptions of the challenges to having a student for 1 year
3. Exploration of how students learning and practice experience will be facilitated within the hub and spoke model

Topics we will explore with you near the end of the students placement with you will include:
- Exploration of the positive and negative experiences of facilitating a student in a hub and spoke model of practice placement
- Identification of aspects of good practice
- Identification of aspects requiring further enhancement

Both surveys will take approximately 30 minutes of your time to complete

Will my taking part be kept confidential?

Yes. All data will be anonymised. Participants will be given a unique identifier number on the questionnaire so that your name is not on any of the data we collect. We will not use your name in any reports that we write. All hard copy data from the project (consent forms, questionnaires) will be kept in a locked filing cabinet at the University of Stirling. Only the research team shall have access. Files and database of participants will be stored in a password protected file on the University computer hard drive. Only members of the research team will have access. It is Stirling University policy to securely store all data pertaining to a project for 10 yrs. It will then be destroyed using a shredder.

What will happen to the results of the project?

We will produce a summary report from this study, which will be sent to you. The full report will be sent to NHS Education for Scotland who are funding this study.

Who is supervising the project?
Michelle Roxburgh, Lecturer in Nursing, Department of Nursing and Midwifery, University of Stirling
Who is funding the study?
NHS Education for Scotland
Who has reviewed the project?
The project has been reviewed by members of NHS Education for Scotland, NMHAP Directorate and by members of the Department of Nursing and Midwifery, University of Stirling Research Ethics Committee.
What happens next?
If you do not wish to take part, no further contact will be made with you about this project. This will not affect your legal rights or role in any way.
If you do wish to take part, or are seriously considering taking part, please contact me.

Who do I contact for further information?
Please contact, whose contact details are below.

Michelle Roxburgh
Lecturer in Nursing
Department Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 46 6397
Email: cmr3@stir.ac.uk

Independent contact
If you wish to raise a concern or complain about the study to someone who is not a member of the research team please contact:
Department Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 46 6345
Email: a.e.watterson@stir.ac.uk

Thank you for taking the time to read this and consider taking part in the project.

APPENDIX 15

Name:
Work Location:
Telephone number:
Email:

Name of researcher obtaining consent:

	Please initial box
1. I confirm that I have read and understand the information sheet dated ………….. (version…………..) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without this affecting my job or legal rights	
4. I agree to participate in a focus group which will be audio-recorded.	
5. I agree to the information that I provide being used anonymously in future reports.	
6. I agree to the information that I give for this study being used in reports and other types of publications and disseminated.	
7. I understand that this consent form will be kept in a locked filing cabinet at the University of Stirling to which only the research will have access and destroyed after 10 years.	
8. I understand that all information from this study will be kept in a locked filing cabinet at the University of Stirling and stored in a password protected folder on the University of Stirling computer hard drive to which only the research team will have access.	
9. I agree to be involved in this study.	

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of researcher   Date   Signature

_____   _____   _____

1 copy kept by participant; 1 copy kept by research team

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NURSING AND MIDWIFERY

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES

Information Sheet for Practice Education Facilitator invited to participate in 2 focus groups

This information sheet will have been given to you by a member of the project team.

Study Title: The development, implementation and evaluation of demonstration projects of new approaches to providing practice placements in the pre registration nursing programmes.

You are being invited to take part in a development project. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully. Please take time to decide if you wish to take part in this project and please ask me if there is anything that is not clear or you would like more information on.

What is the purpose of the study?

This project aims to design, test and evaluate a new model of clinical practice placement for 1st year student nurses. Traditionally students have 3 clinical placements within the first year of their programme. With this new model – known as 'hub and spoke' model we would place the student in one placement for the first year whereby they will follow individual patients/clients through a variety of services which they experience as part of the care provided to them. We will explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses. We will explore and identify positive and negative benefits from your perspective of this new model of practice placement

Why have I been chosen?

You are being invited to take part in this project as you are a Practice Education Facilitator and have a student(s) in your clinical area who are following this new placement model.

Do I have to take part?

No. It is up to you to decide whether to take part. If you do decide to take part please let me know by ENTER DATE either by email to ENTER NAME OF RESEARCHER or by telephone on 01786 466397. Please keep this information sheet for your reference. You will be asked to sign a consent form to confirm that you are willing to be involved in the study. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will the project involve?

If you are willing to be involved in the project, you will be invited to participate in 2 focus groups. The first focus group will be held approximately 3 months into the student commencing clinical practice placement and the second focus group will be at the end of year 1 prior to the student completing their placement. A focus group is a meeting where participants are asked to share their experiences and opinions. Topics we will explore with you will include: Belongingness, continuity, continuous support and your experiences of the student being placed in this new model of practice placements with particular reference to the positive and negative aspects you have experienced.

The meeting will be facilitated by two researchers. The focus group will be audio-recorded. There will be approximately 6-10 other mentors who are part of the project. The focus group will take place locally and will last approximately 1 hour.

Will my taking part be kept confidential?

Yes. All data will be anonymised. Participants will be given a unique identifier number on the questionnaire and focus group transcripts so that your name is not on any of the data we collect. We will not use your name in any reports that we write. All hard copy data from the project (consent forms, questionnaires, transcripts) will be kept in a locked filing cabinet at the University of Stirling. Only the research team shall have access. Files and database of participants will be stored in a password protected file on the University computer hard drive. Only members of the research team will have access. It is Stirling University policy to securely store all data pertaining to a project for 10 yrs. It will then be destroyed using a shredder.

What will happen to the results of the project?

We will produce a summary report from this study, which will be sent to you. The full report will be sent to NHS Education for Scotland who are funding this study.

Who is supervising the project?

Michelle Roxburgh, Lecturer in Nursing, Department of Nursing and Midwifery, University of Stirling

Who is funding the study?

NHS Education for Scotland

Who has reviewed the project?

The project has been reviewed by members of NHS Education for Scotland, NMHAP Directorate and by members of the Department of Nursing and Midwifery, University of Stirling Research Ethics Committee.

What happens next?

If you do not wish to take part, no further contact will be made with you about this project. This will not affect your legal rights or role in any way.
If you do wish to take part, or are seriously considering taking part, please contact me.

Who do I contact for further information?
Please contact Michelle Roxburgh, whose contact details are below.

Michelle Roxburgh	**Independent contact**
Lecturer in Nursing	If you wish to raise a concern or complaint
Department Nursing and Midwifery	about the study to someone who is not a
University of Stirling	member of the research team please contact:
Stirling	Department Nursing and Midwifery
FK9 4LA	University of Stirling
Tel: 01786 46 6397	Stirling
Email: cmr3@stir.ac.uk	FK9 4LA
	Tel: 01786 46 6345
	Email: a.e.watterson@stir.ac.uk

Thank you for taking the time to read this and consider taking part in the project

APPENDIX 17

Name:
Work Location:
Telephone number:
Email:

Name of researcher obtaining consent:

	Please initial box
1. I confirm that I have read and understand the information sheet dated ………….. (version…………..) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without this affecting my job or legal rights	
4. I agree to participate in a focus group which will be audio-recorded.	
5. I agree to the information that I provide being used anonymously in future reports.	
6. I agree to the information that I give for this study being used in reports and other types of publications and disseminated.	
7. I understand that this consent form will be kept in a locked filing cabinet at the University of Stirling to which only the research will have access and destroyed after 10 years.	
8. I understand that all information from this study will be kept in a locked filing cabinet at the University of Stirling and stored in a password protected folder on the University of Stirling computer hard drive to which only the research team will have access.	
9. I agree to be involved in this study.	

_____   _____   _____
Name of patient   Date   Signature

_____   _____   _____
Name of researcher   Date   Signature

_____   _____   _____

1 copy kept by participant; 1 copy kept by research team

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NURSING AND MIDWIFERY

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES

Information Sheet for Mentors invited to participate in a survey and 2 focus groups

This information sheet will have been given to you by a member of the project team.

Study Title: The development, implementation and evaluation of demonstration projects of new approaches to providing practice placements in the pre registration nursing programmes.

You are being invited to take part in a development project. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully. Please take time to decide if you wish to take part in this project and please ask me if there is anything that is not clear or you would like more information on.

What is the purpose of the study?

This project aims to design, test and evaluate a new model of clinical practice placement for 1st year student nurses. Traditionally students have 3 clinical placements within the first year of their programme. With this new model – known as 'hub and spoke' model we would place the student in one placement for the first year whereby they will follow individual patients/clients through a variety of services which they experience as part of the care provided to them. We will explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses. We will explore and identify positive and negative benefits from your perspective of this new model of practice placement

Why have I been chosen?

You are being invited to take part in this project as you are a Mentor and have a student(s) on placement to you who is following this new placement model.

Do I have to take part?

No. It is up to you to decide whether to take part. If you do decide to take part please let me know by ENTER DATE either by email to ENTER NAME OF RESEARCHER or by telephone on 01786 466397. Please keep this information sheet for your reference. You will be asked to sign a consent form to confirm that you are willing to be involved in the study. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will the project involve?

If you are willing to be involved in the project, you will be invited to participate in completing a confidential open-ended questionnaire prior to the student being placed in your clinical area and approximately 10 months later.
Topics we will explore with you prior to the student commencing placement will include:

4. Perceptions of the benefits of having a student placed within your clinical area for 1 year
5. Perceptions of the challenges to having a student for 1 year
6. Exploration of how students learning and practice experience will be facilitated within the hub and spoke model

Topics we will explore with you near the end of the students placement with you will include:
- Exploration of the positive and negative experiences of facilitating a student in a hub and spoke model of practice placement
- Identification of aspects of good practice
- Identification of aspects requiring further enhancement

Both surveys will take approximately 30 minutes of your time to complete

We will also hold 2 focus groups. The first focus group will be held approximately 3 months into the student commencing clinical practice placement and the second focus group will be at the end of year 1 prior to the student completing their placement with you. A focus group is a meeting where participants are asked to share their experiences and opinions. Topics we will explore with you will include:
Belongingness, continuity, continuous support and your experiences of the student being placed in this new model of practice placements with particular reference to the positive and negative aspects you have experienced.

The meeting will be facilitated by two researchers. The focus group will be audio-recorded. There will be approximately 6-10 other mentors who are part of the project. The focus group will take place locally and will last approximately 1 hour.

Will my taking part be kept confidential?

Yes. All data will be anonymised. Participants will be given a unique identifier number on the questionnaire and focus group transcripts so that your name is not on any of the data we collect. We will not use your name in any reports that we write. All hard copy data from the project (consent forms, questionnaires, transcripts) will be kept in a locked filing cabinet at the University of Stirling. Only the research team shall have access. Files and database of participants will be stored in a password protected file on the University computer hard drive. Only members of the research team will have access. It is Stirling University policy to securely store all data pertaining to a project for 10 yrs. It will then be destroyed using a shredder.

What will happen to the results of the project?

We will produce a summary report from this study, which will be sent to you. The full report will be sent to NHS Education for Scotland who are funding this study.

Who is supervising the project?
Michelle Roxburgh, Lecturer in Nursing, Department of Nursing and Midwifery, University of Stirling

Who is funding the study?
NHS Education for Scotland. **Who has reviewed the project?**
The project has been reviewed by members of NHS Education for Scotland, NMHAP Directorate and by members of the Department of Nursing and Midwifery, University of Stirling Research Ethics Committee.

What happens next?
If you do not wish to take part, no further contact will be made with you about this project. This will not affect your legal rights or role in any way.

If you do wish to take part, or are seriously considering taking part, please contact me.

Who do I contact for further information?
Please contact Michelle Roxburgh, whose contact details are below.

Michelle Roxburgh	**Independent contact**
Lecturer in Nursing	If you wish to raise a concern or complaint
Department Nursing and Midwifery	about the study to someone who is not a
University of Stirling	member of the research team please contact:
Stirling	Department Nursing and Midwifery
FK9 4LA	University of Stirling
Tel: 01786 46 6397	Stirling
Email: cmr3@stir.ac.uk	FK9 4LA
	Tel: 01786 46 6345
	Email: a.e.watterson@stir.ac.uk

Thank you for taking the time to read this and consider taking part in the project.

APPENDIX 19

Name:
Work Location:
Telephone number:
Email:

Name of researcher obtaining consent: Claire Michelle Roxburgh

	Please initial box
1. I confirm that I have read and understand the information sheet dated ………….. (version…………..) for the above study and have had the opportunity to ask questions.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without this affecting my job or legal rights	
4. I agree to participate in a focus group which will be audio-recorded.	
5. I agree to the information that I provide being used anonymously in future reports.	
6. I agree to the information that I give for this study being used in reports and other types of publications and disseminated.	
7. I understand that this consent form will be kept in a locked filing cabinet at the University of Stirling to which only the research will have access and destroyed after 10 years.	
8. I understand that all information from this study will be kept in a locked filing cabinet at the University of Stirling and stored in a password protected folder on the University of Stirling computer hard drive to which only the research team will have access.	
9. I agree to be involved in this study.	

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of researcher   Date   Signature

_____   _____   _____
1 copy kept by participant; 1 copy kept by research team

UNIVERSITY OF STIRLING

DEPARTMENT OF
NURSING AND MIDWIFERY

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF DEMONSTRATION PROJECTS OF NEW APPROACHES TO PROVIDING PRACTICE PLACEMENTS IN THE PRE REGISTRATION NURSING PROGRAMMES

Information Sheet for Personal Academic Supporter invited to participate in a survey and 2 focus groups

This information sheet will have been given to you by a member of the project team.

Study Title: The development, implementation and evaluation of demonstration projects of new approaches to providing practice placements in the pre registration nursing programmes.

You are being invited to take part in a development project. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully. Please take time to decide if you wish to take part in this project and please ask me if there is anything that is not clear or you would like more information on.

What is the purpose of the study?

This project aims to design, test and evaluate a new model of clinical practice placement for 1st year student nurses. Traditionally students have 3 clinical placements within the first year of their programme. With this new model – known as 'hub and spoke' model we would place the student in one placement for the first year whereby they will follow individual patients/clients through a variety of services which they experience as part of the care provided to them. We will explore the contribution that such a model can offer in providing belongingness, continuity, continuous support and contemporary and future focused practice for student nurses. We will explore and identify positive and negative benefits from your perspective of this new model of practice placement

Why have I been chosen?

You are being invited to take part in this project as you are a Personal Academic supporter and have a student(s) who is following this new placement model.

Do I have to take part?

No. It is up to you to decide whether to take part. If you do decide to take part please let me know by ENTER DATE either by email to ENTER NAME OF RESEARCHER or by telephone on 01786 466397. Please keep this information sheet for your reference. You will be asked to sign a consent form to confirm that you are willing to be involved in the study. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will the project involve?

If you are willing to be involved in the project, you will be invited to participate in completing a confidential open-ended questionnaire prior to the student going on placement and approximately 10 months later.

Topics we will explore with you prior to the student commencing placement will include:

7. Perceptions of the benefits of having a student placed in a clinical area for 1 year
8. Perceptions of the challenges to having a student in a clinical area for 1 year
9. Exploration of how students learning and practice experience will be facilitated within the hub and spoke model

Topics we will explore with you near the end of the students placement will include:

- Exploration of the positive and negative experiences of facilitating and supporting a student in a hub and spoke model of practice placement
- Identification of aspects of good practice
- Identification of aspects requiring further enhancement

Both surveys will take approximately 30 minutes of your time to complete

We will also hold 2 focus groups. The first focus group will be held approximately 3 months into the student commencing clinical practice placement and the second focus group will be at the end of year 1 prior to the student completing their placement. A focus group is a meeting where participants are asked to share their experiences and opinions. Topics we will explore with you will include:

Belongingness, continuity, continuous support and your experiences of the student being placed in this new model of practice placements with particular reference to the positive and negative aspects you have experienced.

The meeting will be facilitated by two researchers. The focus group will be audio-recorded. There will be approximately 6-10 other mentors who are part of the project. The focus group will take place locally and will last approximately 1 hour.

Will my taking part be kept confidential?

Yes. All data will be anonymised. Participants will be given a unique identifier number on the questionnaire and focus group transcripts so that your name is not on any of the data we collect. We will not use your name in any reports that we write. All hard copy data from the project (consent forms, questionnaires, transcripts) will be kept in a locked filing cabinet at the University of Stirling. Only the research team shall have access. Files and database of participants will be stored in a password protected file on the University computer hard drive. Only members of the research team will have access. It is Stirling University policy to securely store all data pertaining to a project for 10 yrs. It will then be destroyed using a shredder.

What will happen to the results of the project?

We will produce a summary report from this study, which will be sent to you. The full report will be sent to NHS Education for Scotland who are funding this study.

Who is supervising the project?
Michelle Roxburgh, Lecturer in Nursing, Department of Nursing and Midwifery, University of Stirling

Who is funding the study?
NHS Education for Scotland
Who has reviewed the project?

The project has been reviewed by members of NHS Education for Scotland, NMHAP Directorate and by members of the Department of Nursing and Midwifery, University of Stirling Research Ethics Committee.

What happens next?
If you do not wish to take part, no further contact will be made with you about this project. This will not affect your legal rights or role in any way.

If you do wish to take part, or are seriously considering taking part, please contact me.

Who do I contact for further information?
Please contact Michelle Roxburgh, whose contact details are below.

Michelle Roxburgh
Lecturer in Nursing
Department Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 46 6397
Email: cmr3@stir.ac.uk

Independent contact
If you wish to raise a concern or complaint about the study to someone who is not a member of the research team please contact:
Department Nursing and Midwifery
University of Stirling
Stirling
FK9 4LA
Tel: 01786 46 6345
Email: a.e.watterson@stir.ac.uk

Thank you for taking the time to read this and consider taking part in the project.

APPENDIX 21

Name:
Work Location:
Telephone number:
Email:

Name of researcher obtaining consent: Claire M Roxburgh

	Please initial box
1. I confirm that I have read and understand the information sheet dated …………... (version…………...) for the above study and have had the opportunity to ask questions.	
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_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of researcher   Date   Signature

_____   _____   _____

1 copy kept by participant; 1 copy kept by research team

APPENDIX 22

**DISSEMINATION OF FINDINGS EVENT – STIRLING MANAGEMENT CENTRE
TUESDAY 25 JANUARY 2011
09.15 – 15.15**

Agenda

9.15 - 10.00	Registration and Coffee
10.00 - 10.15	Welcome and Introductions, K Holland
10.15 - 10.35	Developing a Hub and Spoke Model, P Bradley/M Roxburgh
10.35 - 11.00	Pre and Post Survey Data, P Bradley
11.00 - 11.10	CLEI Data, M Roxburgh
11.10 - 11.30	Coffee
11.30 - 12.00	The Student Experience, N Daley
12.00 - 13.00	Group Discussion
13.00 - 14.00	Lunch
13.45 - 14.00	PEF Involvement, A Buckby/N Riddell
14.00 - 14.15	Stories from the Student Diaries, M Roxburgh
14.15 - 14.30	The student experience, M. Stevenson
14.30 - 15.15	Group Discussion
15.15 - 15.30	Chairs Close, K Holland

Hello, my name is (student name removed) and I was one of the Highland-based nursing students given the opportunity to participate in the 2009-2010 'hub and spoke' placement project.

After having just completed my first traditional method of placement in my second year I can now properly reflect on the benefits I feel I gained from being part of the pilot, and on doing so fully appreciate how fortunate I was to have been given the chance to be involved!

My experience of 'hub and spoke' was fantastic. This was, of course, partly down to the great team of nurses I was placed with. From the very first day of placement one I was made to feel part of the team in what was an extremely busy orthopaedic trauma ward. This sense of belonging and inclusion grew stronger each time I returned to the hub area, as did the relationship between myself and my mentor.

To be able to return to the same hub area each time placements came around really helped build rapport with mentors and staff alike. You knew what to expect and didn't have to experience the same bout of nervousness fellow students felt each time they moved on to somewhere new. You knew where things were kept and how the ward was ran on a daily basis, enabling you to roll your sleeves up and get stuck in straight away. As a result of this my experience of CFP placements was that I was never really treated as 'just the student' nor referred to as such. The whole team of staff took a part in my learning because they knew me and I got to know them over the duration of the pilot, just as any new qualified team member would hope to be treated. At the same time however it was never forgotten that I was there to learn. Should a nurse other than my mentor be carrying out a task or procedure I had not seen or participated in before they would come and get me so that I could be involved and learn new skills. This was a very regular occurrence on the ward.

I think one of the great strengths of the project academically was that at the end of each block of placement I was able to sit down with my mentor at our final review and, not only reflect on what we had been able to achieve together during the period just undertaken, but also plan ahead and prioritise what needed to be done during the next. This meant that essential skills (as laid out in our oars) were focused on and given due importance. By returning to the same area, mentors had an idea of what we could and couldn't do and which of the essential skills clusters still needed to be addressed. It also meant we could build further on skills already achieved, thus becoming a great deal more confident and proficient in particular areas.

Further to this I also feel that my own personal progress was aided by the fact that the same mentor was assessing me throughout my first year. My mentor, (name removed), is an excellent nurse who holds high standards in her own practice and expected the same care to detail and attention from me throughout. This meant that skills signed off in my oar were being assessed at the same level each time and so I knew the standard of proficiency I would need to reach before getting that all-important signature in my book.

(Name of mentor) was also as keen to learn new skills as any student so when new techniques were introduced to the ward we learnt together. She was a real role model and in that respect I was extremely lucky. I recognise that perhaps not everyone involved was fortunate to have really hit it off with their mentor in the same way; this is the aspect of the pilot which may have caused difficulty. Clashes of personality are always going to exist and it is probably idealistic to expect to get on so well with everyone you meet. In traditional methods of three different placements per year, if you fail to strike a rapport with one mentor you are only with that person for a set number of weeks before moving onto somewhere and someone new, where you hope that you will get on better with the next nurse you are assigned to. In the pilot however, you would be with that same nurse you were perhaps clashing with for a year and, whilst there probably wouldn't be any serious cause to request a change of mentorship, it would potentially make for an uncomfortable years worth of placement.

Happily for me and the majority of my fellow classmates also on the project this wasn't the case and we all seemed to get on well with our assigned nurses but on reflection I can see where problems could arise. In extreme cases, if there was a major problem between student and nurse resulting in a change in mentor it would be very awkward to have to return to the same hub area with a different mentor, with both parties knowing that there had been a disagreement.

The more social and relationship building aspect of the pilot is the area which I personally felt truly excelled. By becoming familiar with the ward and its staff, I felt a real sense of 'belonging' to the hub area, as previously mentioned. I found it was the little, almost insignificant things that made the difference like walking on to the ward at the start of a placement knowing where you would get changed into your uniform, and where you then had to head to for report. Even giving report at the end of a shift became easier as you became so familiar with the staff you were handing over to. Knowing the faces of nurses you were talking to steadily became reassuring as it allowed you to grow confident in your handover skills, safe in the knowledge (because you knew them so well) that they wouldn't judge you for any stumbles in your speech and that they were encouraging you to do well. My first placement in second year was in a surgical ward where verbal handovers were, again, given to the whole team about to start the next shift. I found that I missed the familiarity I had built up in my first year placement area and to be honest still found it daunting in my last week, though once again I was very lucky to be placed with another great team. However it must be said that, whilst still feeling slightly nervous giving a comprehensive SBAR handover I think I would have felt a hundred times worse had I not had such a positive and encouraging experience in my CFP year.

So that is my experience of the hub element of the project. Its counterpart was the spokes we went out on. Being given the chance to follow patient journeys was the aspect of the project I most enjoyed during my placements. Again I can appreciate that perhaps not everyone would share the same feelings as me but I certainly enjoyed the experiences I gained on the short visits I made to clinical areas outwith the ward. I developed a far more rounded picture of where patients begin their journey and all the elements which have to come together to continue them on their road to recovery and subsequently back home.

I was also able to visit areas that would not normally accept adult branch student nurses. For example, I followed an expectant mother who had slipped on ice and after being admitted initially to our ward to fix a broken shoulder needed careful monitoring in the critical maternity care unit. This ward would usually only take midwifery students and so I was fortunate to spend a week in a place I would never have had the opportunity to go to had I not been on the pilot scheme. I found this an invaluable learning experience as, inevitably at some point in the future, I may be treating expectant mothers. I also found the 'hands on' approach useful, for example, getting to grips with taking manual blood pressures and actually feeling where the baby was lying (with the mum's permission of course, don't worry, I didn't just go up and plonk my hands on some poor unsuspecting woman's tummy!)

Another apparently unusual spoke was spent with the infection control team, who, again as I discovered during my time with them, wouldn't ordinarily have students at all. This placement in particular helped me massively with the 'cleanliness champions' package we need to complete as I had experts in the field assisting me with my work.

A further such area which would not normally have taken a first year student but made exceptions in the case of hub and spoke was the Macmillan outpatients suite attached to the hospital. The particular orthopaedic patient I was following on this occasion had been admitted with a pathological fracture caused by bone CA. They were receiving chemotherapy treatment in the suite and so, after speaking to the patient themselves to ask their permission to accompany them, my mentor phoned the appropriate charge nurse to request a visit to the unit. The initial reaction was 'no' we will only accept third year students due to the nature of environment but on hearing about the project and becoming suitably interested in its workings, they relented and said they would be happy to have me. The experience of following this particular patient's journey had a huge impact on me and my learning. Academically I learnt about the various forms of chemo after being allowed to spend a few days with the treatment nurses in the chemo unit, and from a character building point of view I learnt invaluable lessons regarding empathy and support which I will never forget.

I was able to follow through on this particular line of care by visiting the 'Maggie's' centre attached to the Macmillan suite. Here I participated in rehabilitation, support meetings, psychology and meditation sessions and even tai chi!!

To see the whole journey a patient with CA may take from initial diagnosis to treatment to rehabilitation and ongoing support groups was hugely beneficial to my learning as I understood fully the steps taken to get to what would hopefully be an end point in care.

Further spokes included a week in the A&E department, where I was able to develop my assessment skills, physiotherapy, where I learnt about the importance of rigorous rehabilitation periods following fractures and breaks, and occupational health showed me how they go about assessing a recovering patient's ability to return to their homes following their time in hospital, carrying out exercises such as kitchen assessments to determine whether or not a patient is fit for discharge or whether they require further input from the multi-disciplinary teams involved in their care.

I learnt as much on my spoke placements as I did in my hub area. For example, my time spent with the theatre staff helped build on my, then, somewhat limited knowledge of anatomy and physiology as I was able to physically see the various anatomical references being taught to us in class. Seeing the various tissues, bones and organs etc up close somehow made A&P make far more sense to me though I know this would not necessarily be everyone's preferred method of study! Seeing various procedures in full helped me when I was back on the ward as I developed new found appreciation for what patients experience and just how much pain they are very probably in; some of the positions their body has to be contorted into when on a surgical table would make even the most supple of people wince.

The aforementioned time spent with the infection control team taught me, not only the importance of maintaining excellent cleanliness and hygiene standards, but also how to assess wounds to look for signs of infection. A particularly useful skill to develop when on an orthopaedic ward as stopping an infection setting in or spotting it in its earliest stage can aid patient journeys, limiting their length of stay in hospital and getting them home as soon as possible.

The worst part of the hub and spoke experience for me was, maybe rather predictably after all my positive comments, the end. I absolutely loved every minute of it and feel I gained a real understanding of particular patient journeys. As I have said on countless occasions during my account for you today I know I was fortunate with my mentor and placement area and others may not have been so lucky but, for me at least, the project was a huge success.

My first second year placement, as I think I mentioned before, was a surgical and combined assessment unit in Fort William and I found that the skills I learnt during my CFP really helped me progress to the next level of learning. Along with my new mentor, I was required to carry out assessments of emergency admissions which my time in the hub ward and my A&E spoke helped greatly with, I was able to prioritise patient care accordingly, again with the guidance and support of my mentor. The skills I was able to develop throughout my time on the pilot scheme gave me such a good grounding and confidence that I could make educated, logical and sensible decisions and suggestions. This was reflected in the comments made in my oar, with my second year mentor commenting on the fact that such good educational experiences in CFP had stood me in good stead for a hectic second year placement. They even adopted small aspects of the pilot after I told them about what I had been doing in CFP, for example I was able to follow several patients from their admission to the combined assessment unit, through to surgery and then on to either the rehabilitation unit in the same hospital or the HDU. One patient in particular required transferring to a different hospital post-op so I was able to stay with her until the retrieval team came to get her. There was great enthusiasm from this new team when I explained the workings of hub and spoke which could potentially indicate a welcome response from nurses if it was ever put in place permanently.

I really can't say whether or not I would have developed the understanding or learnt the skills I have done had I been on the traditional path of three different placements in the year as opposed to my actual experience of hub and spoke but from my own personal point of view I wouldn't have traded it for anything. It was everything I had expected and more from my first year as a 'slightly mature' student nurse.

Slide 1

Hub and Spoke Clinical Practice Placement

The Student Experience

(Student Name)

Slide 2

First Impressions and considerations before volunteering to participate.

Slide 3

A hub ward and hub mentor for the whole year?

- Good…….if you fit in well with the team, develop a good working relationship with your mentor and achieve a positive learning experience.

- Bad…….if you dislike your placement, don't get on with your mentor and/or the learning experience is limited.

Slide 4

Many short spoke placements throughout
the year?

• This could provide the opportunity to have
a more diverse placement experience.

Slide 5

Other considerations

• Following the patient's journey

• More focus on branch programme

Slide 6

Hub & spoke model

Nursing Home Liaison Nurse

Dementia Specialist nurse

Ward 17 FDRI

Ward 12 FDRI

Psychiatric Liaison Nurse

BBDH

Ward 1 Bo'ness

CMHT (E)
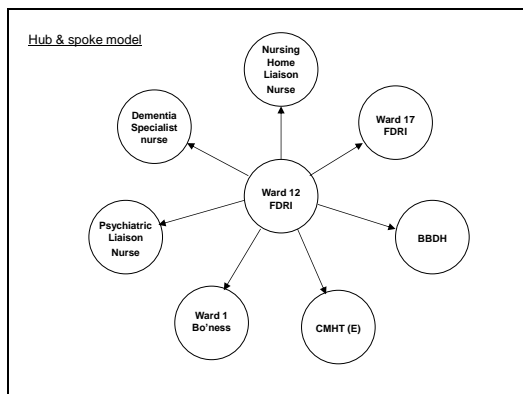
Slide 7

Positives

- Stability of hub ward, like returning 'home' after each spoke placement.
- Accepted as a valued member of the team.
- Varied learning experiences.
- Appreciated the patient journey.

Slide 8

Negatives

- Some spoke placements were too short.

- Spoke mentors not fully engaged.

- Learning experience limited to hub/spoke model i.e. Care of older people.

Slide 9

Summary

- Overall very worthwhile and positive learning experience.

- Mentors had lack of knowledge re: hub and spoke pilot.

- May not benefit all students depending on their expectations.

- Hub ward does not need to be branch specific.

Slide 1
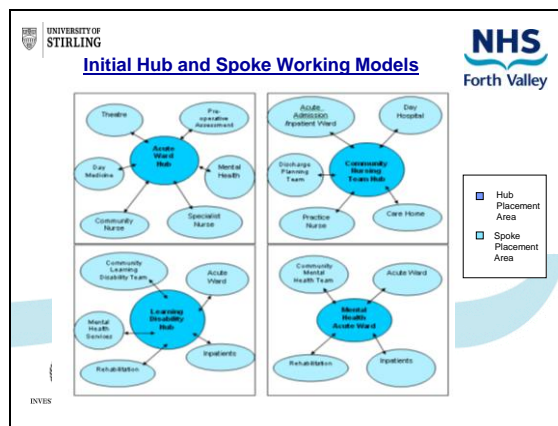
Slide 2

Slide 3

Slide 4

Transferability of the 'Hub and Spoke' Model into Practice

An illustration of a generic hub and spoke model timetable in comparison with a traditional placement model

| Hub and Spoke Placement Model					Traditional Placement Model				
Semester One Placement									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 1	Week 2	Week 3	Week 4	Week 5
Hub Placement (Hub) – Primary Care/Community Practice					Adult Practice Placement Area				
Semester Two Placement									
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Hub	Health Visitor spoke		School Nursing spoke	Acute Paediatric spoke	Hub	Mental Health or Learning Disability Placement Area					
Semester Three Placement									
Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Weeks 7-11	Weeks 1-5	Weeks 6-11
Hub	Day Hospital Spoke	Acute Ward		Care Home		Hub	Primary Care/Community Placement Area	Adult Practice Placement Area

Slide 5

Supporting practice placement assessment and feedback

Slide 6

Ensuring mentor support

Slide 7

Recommendations have been made in consideration of:

- The sustainability of PEF role to support larger implementation
- Developing a hub and spoke planner role
- The equity of hub and spoke placement
- The equity and facilitation of mentorship
- A review of placement assessment and documentation strategies

Further exploration into the impact of the 'Hub and Spoke' model on :

- the mentor and the mentor experience.
- the student learning in comparison with traditional placement models.
- the patient experience and exploration of the models potential contribution to the improvement of patient care.