



**The development, implementation and evaluation of a hub and spoke
model for practice learning**

**Final Project Report
For NHS Education for Scotland**

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CONTENTS	Page
EXECUTIVE SUMMARY REPORT	
FINAL PROJECT REPORT	1
SECTION 1: PROJECT ORIGINS, RATIONALE, AND HUB AND SPOKE MODEL DEVELOPMENT	3
1.1 Background and context to the project	3
1.2 Rationale for the hub and spoke practice learning model	3
SECTION 2: IMPLEMENTATION WORK 2011-2013	6
2.1 Initial project steering and working group	6
2.2 Implementation: Hub developments and student cohorts	7
2.3 Implementation: spoke placement developments	8
2.4 Examples of innovative practice	8
SECTION 3: EVALUATION, RESEARCH DESIGN AND METHODS	9
3.1 Ethical issues	9
3.2 Evaluation design	9
3.3 Data collection methods	9
3.4 Data analysis	10
SECTION 4: EVALUATION FINDINGS	11
4.1 Students' evaluation of how prepared they are for their first Hub practice learning experience	11
4.2 Reasons for requests by the students/mentors to change the hub Practice learning environment	16
4.3 Students', mentors' and PEFs experience of the first year of the Hub and spoke model of practice learning	17
4.4 Students' understanding of person centred care	32
4.5 Completion of documentation	38
4.6 Failing to fail	39
SECTION 5: DISCUSSION	40
5.1 Introduction	40
5.2 Theme 1: Preparedness for Hub and Spoke	40
5.3 Theme 2: The Hub and Spoke process	42
5.4 Theme 3: Ownership and Socialisation into the profession	43

5.5	Theme 4: Support and Development	44
5.6	Conclusion	44
5.7	Limitations	46
SECTION 6: CONCLUSION AND RECOMMENDATIONS		47
SECTION 7: DISSEMINATION		49
References		50
Appendices		52

List of Tables

Table 1	Participant numbers for first practice learning experience student questionnaire	12
Table 2	Results for first practice learning experience student questionnaire	12
Table 3	Number of students who completed the first year student experience questionnaire	17
Table 4	Results of student's evaluation of the hub practice learning experience	18
Table 5	Results of mentor's evaluation of the hub practice learning experience	22

List of Figures

Figure 1	Results from students understanding of person centred care	33
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EXECUTIVE SUMMARY REPORT

This summary report briefly describes the implementation and evaluation of the hub and spoke practice model project for all fields of nursing practice, the outcomes achieved and the conclusions reached as a result of the work undertaken.

Project Specification

1. Enhanced use of existing practice learning resources and exploration of new practice learning opportunities
2. Appropriate breadth and depth of student experiences in a wide variety of practice learning environments
3. Increased awareness of, and contribution to, measures of practice learning quality by SCNs, mentors and students
4. Strengthening of partnership working between GCU, NHS GG&C and NES to support piloting of placement quality monitoring/feedback through sharing of data regarding quality, utilisation and capacity
5. Implementation of the hub and spoke model of practice learning to all undergraduate nursing students at Glasgow Caledonian University.
6. Dissemination of the results and recommendations of the hub and spoke model of practice learning for a large cohort of students from each field of nursing.

Project Description

Current NHS reconfiguration, the increased demands of an all graduate profession, and changes to the practice learning experiences that emphasise inter professional learning recognises that as a profession we need to consider alternatives to the present system of providing nursing students with practice experience (Mallabar and Turner 2004). It is intended that the proposed practice learning pattern – Hub and Spoke - would enhance the student's practice learning experience by shifting the emphasis from a university dictated regime to a more collaborative learning experience where the mentor and student would be free to shape the student's learning experiences. Among other gains the student could more readily follow the service user journey in the spirit of individualised client focused care which would accord with models of care such as Barker's (2008) Tidal Model, and has the potential to optimise the building of an interpersonal relationship between student and mentor to maximise learning opportunities (Mannix et al 2006). This pattern of attending practice learning and university would allow for closer integration of the student's university experience (theory) and practice learning experience (practice). Students can bring their reflections on and observations of practice into university more frequently and in a more immediate way and the cognitive tasks of linking theory to practice could be more readily achieved. Person-centred practice and building of therapeutic relationships cannot be

accomplished in a rushed manner simply to meet the current demands of organisational practice learning experience duration. Robertson et al (2007) acknowledge that the central barrier to developing effective person-centred practice is lack of time. It may be assumed that if students of nursing spend longer periods of time with clients/patients, mentors and other members of the multidisciplinary team, developing and sustaining these relationships over an extended timeframe, the delivery of effective, collaborative client/patient- focused care packages would be enhanced to the benefit of the service user. The Hub and Spoke model has the potential to lay the foundations of a future practice focused model of action learning (Marlow et al 2008).

The Hub and Spoke model for practice learning experience on the undergraduate nursing programmes at Glasgow Caledonian University was based on current NES funded evaluation from three implementation sites in 2011 [Edinburgh Napier University, University of Stirling, Robert Gordon University]. The key characteristic of the GCU model is that the student is allocated to a practice learning area for an extended duration which can range from six weeks to three years. This is termed the 'hub' practice learning experience. Following negotiation the student then may go to a number of secondary or 'spoke' practice learning environments. These spokes may be anything from a single visit to a more prolonged period depending on the learning needs of the student.

Outcomes

The evaluation took a multi-method approach using a range of methods to gather relevant data from variety of stakeholders including student nurses, mentors and practice/care home education facilitators (PEF/CHEF). The project achieved its stated specifications and specifically found that:

- The hub and spoke model is an effective *and* efficient practice learning model for pre registration nursing programmes
- The hub and spoke model is associated with positive student outcomes in terms of belongingness, person centred care, clinical skills, and professional role development
- The hub and spoke model is appropriate for all fields of nursing while recognising that each field will have unique demands due to the changing nature of practice in health care. We would suggest that this model will be an invaluable robust quality assurance tool to the further development of practice learning opportunities within the health and social integration agenda, specifically in mental health and learning disabilities.
- The hub and spoke model does generate a sense of inclusiveness and ownership for practice staff in the process of developing practice learning experiences as they can be more involved in the development of learning experiences, promote effective sharing of learning, and develop a robust evaluation of student performance over time which will promote valid and reliable measurement of competence by the end of the student journey.

- Overall, findings from the hub and spoke cohort provide encouraging indications that person-centeredness has been embraced by these first-year nursing students, with multiple illustrations of how their learning around this quality ambition has been nurtured within their practice learning experience areas.

Conclusion

Roxburgh et al (2012) in the evaluation of the three pilot sites (University of Stirling, Edinburgh Napier University, Robert Gordon University) found that, although the three practice learning sites across geographically diverse locations in Scotland, it was possible to identify similar outcomes. These include increased depth of learning due to the way the hub practice learning experience was organised, managed, and structured and also an increased depth of empathy towards patients. It was also reported in these sites that the placement capacity was increased as the classification of practice learning areas was reviewed to produce broader categories, and the process of engagement with mentors in the development of the practice learning areas further enhanced the student mentor relationship. Roxburgh (2012) highlight the logistic challenges in the implementation of a hub and spoke model but argue that the benefits positively enhance the student experience and allow for practice learning experiences to mirror the patient journey. However they do suggest that students and mentors may have anxiety that the individual student's learning experiences may become narrow and that this can be alleviated by vigilance on the part of programme planners to ensure that each student is exposed to breadth of practice learning experiences across the programme.

In comparing the evaluation of the three pilot sites to the evaluation of the GCU hub and spoke model, it is significant that the outcomes are broadly similar in the sense of increasing students' depth of learning, increasing the number of practice learning experiences available as well as opening up new experiences. Mentor engagement with the model strongly correlates to the early involvement of mentors in the planning and implementation as much as possible. It is recognised that not all mentors can be involved in the process but that clear feedback systems between the University and practice areas are vital. The GCU model of facilitated spokes allows tracking of individual learning experiences per student to ensure that all students are exposed to the appropriate breadth of experience. Although the cohort at GCU is significantly larger than the three pilot sites this evaluation has demonstrated that this model is associated with similar positive outcomes for students and mentors and that, given robust administration processes are in place, it is possible to meet the logistic challenges to make the hub and spoke model a cost effective way to enhance students learning experience in pre registration nursing programmes.

From the data presented it is clear that the introduction of the hub and spoke model for pre registration nursing students has positively enhanced practice learning experiences as well as allowing time to further develop positive and professional relationships with mentors. Given the logistical challenges required to implement this innovation in our pre registration nursing programmes the findings of this evaluation indicate that a hub and spoke model is possible across the four fields of practice regardless of numbers.

This has been achieved through careful planning and the development of key partnerships with service leads, practice staff, mentors, PEFs/CHEFs, and students. Although the hub and spoke model at GCU still has to complete a full 3 year cycle we do feel that the initial challenges in terms of practice learning experience and service development have been addressed and that we would envisage continual positive outcomes for this approach. Positive evaluations from students, mentors, PEF/CHEFs and practice staff suggest that this model is seen as a significant indicator of enhanced quality in pre registration nursing programmes. From our initial findings it does appear that this model enhances students' sense of belongingness to their hub practice learning environment and at the same time allows learning needs to met through a wide variety of spoke experiences, giving each student a unique perspective on person centred care, skills development, and professional role development while ensuring the NMC standards for practice learning do not become a barrier to innovative practice.

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FINAL PROJECT REPORT

PREFACE

This document presents the final report (January 2014) on the hub and spoke practice learning model project. It has been structured in sections to enable ease of engagement for readers with different levels of familiarity with the project. The first section will be of particular value to those who are unfamiliar with the project's origins, rationale and early development. The second section provides the reader with a summative account of the implementation work taken forward between October 2011 and the time of writing (January 2014). Section three explains the evaluation design and method, with the findings presented in section four. The meaning of these findings are then considered in the discussion section five where relevant literature is brought to bear in order to consider implications and potential future work.

PROJECT SPECIFICATION

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4. Strengthening of partnership working between GCU, NHS GG&C and NES to support piloting of placement quality monitoring/feedback through sharing of data regarding quality, utilisation and capacity
5. Implementation of the hub and spoke model of practice learning to all undergraduate nursing students at Glasgow Caledonian University (GCU).
6. Dissemination of the results and recommendations of the hub and spoke model of practice learning for a large cohort of students from each field of nursing.

PROJECT TEAM

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SECTION 1: PROJECT ORIGINS, RATIONALE, AND HUB AND SPOKE MODEL DEVELOPMENT

1.1 Background and context to the project

Glasgow Caledonian University (GCU) is committed to providing practice learning experiences which maximise learning opportunities, enhance student learning and ensure that the Nursing and Midwifery Council (NMC, 2010) statutory and professional outcomes for competencies/ standards of proficiency for entry into the appropriate parts of the professional register can be met.

By providing a practice learning experience model that guarantees that the aforementioned aspects are met, GCU is ensuring that pre-registration degree undergraduate nursing students who complete the 3 or 4 year programme are fit for purpose, practice and award, so that they are able to gain entry to the appropriate register.

To meet the NMC requirements, students need to gain exposure and person centred care in a variety of learning environments, 24 hour care and alternative fields of nursing. In doing this, students will be prepared to practise safely, effectively and achieve professional competence. The development of the nursing curriculum recognises that students should actively be involved in nursing care under supervision. Equally, registered nurses working within practice have a “duty to facilitate students of nursing to develop their competence” (NMC 2008). The Quality Assurance Agency (QAA, 2007; p4) states that an “work-based learning is regarded as learning that is integral to a higher education programme and is usually demonstrated through engagement with a workplace environment, the assessment of reflective practice and the designation of appropriate learning outcomes”.

1.2 Rationale for the hub and spoke practice learning model

Current NHS reconfiguration, the increased demands of a graduate profession, and changes to the practice learning experiences that emphasise inter-professional learning recognises that, as a profession, we need to consider alternatives to the present system

of providing nursing students with practice experience (Mallabar and Turner 2004). It is intended that the proposed practice learning pattern – Hub and Spoke - would enhance the student's practice learning experience by shifting the emphasis from a university dictated regime to a more collaborative learning experience where the mentor and student would be free to shape the student's learning experiences. Among other gains the student could more readily follow the service user journey in the spirit of individualised client focused care which would accord with models of care such as Barker's (2008) Tidal Model, and has the potential to optimise the building of an interpersonal relationship between student and mentor to maximise learning opportunities (Mannix et al 2006). This pattern of attending practice learning and university would allow for closer integration of the student's university experience (theory) and practice learning experience (practice). Students can bring their reflections on and observations of practice into university more frequently and in a more immediate way and the cognitive tasks of linking theory to practice could be more readily achieved. Person-centred practice and building of therapeutic relationships cannot be accomplished in a rushed manner simply to meet the current demands of organisational practice learning experience duration. Robertson et al (2007) acknowledge that the central barrier to developing effective person-centred practice is lack of time. It may be assumed if students of nursing spend longer periods of time with clients/patients, mentors and other members of the multidisciplinary team, developing and sustaining these relationships over an extended timeframe, the delivery of effective, collaborative client/patient- focused care packages would be enhanced to the benefit of the service user. The Hub and Spoke model has the potential to lay the foundations of a future practice focused model of action learning (Marlow et al 2008).

The Hub and Spoke model for practice learning experience on the undergraduate nursing programmes at Glasgow Caledonian University was based on NES funded evaluations from 3 implementation sites in 2011 [Edinburgh Napier University, University of Stirling, Robert Gordon University]. There are a number of models currently in operation depending on local service specification and the key characteristic of these models is that the student is allocated to the practice learning area for an

extended duration which can range from six weeks to 3 years. This is termed the Hub practice learning environment. Following negotiation the student then may go to a number of secondary or 'spoke' practice learning environments. These spoke practice learning experiences may be anything from a single visit to a more prolonged period depending on the learning needs of the student.

At GCU the hub is the team/ service with the named mentor and where the student spends the majority of their practice learning experience (student spends minimum of 50% total time with a mentor). The student returns to this hub practice learning experience throughout their 3 or 4 years of the programme. The nature of the hub practice learning environment is determined by the learning outcomes of the programme, field of practice, the students' learning needs, EU directives and practice area availability. All Hub practice learning environments are audited and quality assured.

The spoke is an additional practice learning experience directly linked with the hub and the patient's journey. For example a student is allocated to an inpatient ward (hub), after working in partnership to prepare a patient for discharge the student follows the patient journey and spends some time with the community team (spoke). Spokes can be nursing or non nursing and can contribute to the student's assessment, but do not complete the summative assessment. Thus students can gain experiences from innovative areas/nurses/professionals that previously were not accessed for a full placement. On completion of a spoke experience the student would return to the hub where they would critically reflect on the spoke experience with their mentor.

SECTION 2: IMPLEMENTATION WORK 2011-2013

2.1 Initial project steering and working group

A focus upon a number of areas for hub and spoke model led to strengthening partnerships between NHSGG&C, GCU and NES. Initially the project leads set up a steering group (Appendix 1) in October 2011 and a working group (Appendix 2) in February 2012 with the remit of taking the hub and spoke GCU practice model proposal forward. The steering group nominated relevant members of the working group including programme leaders, field pathway leads, module leaders, GCU placement administrators, lead nurses, practice education facilitators and mentors. These are key stakeholders tasked with the development and implementation of the Hub and Spoke model to ensure that it articulates with NMC standards including E.U directives.

The steering group initial discussions were to:

- analyse the demonstration site models (Napier University, Stirling University and Robert Gordon University) and evidence base for Hub and Spoke
- Develop the working group
- Debate the best model of Hub and Spoke for GCU and agree on a model.

The decision on choosing the best Hub and Spoke model involved considerable debate and discussion including analysis of a number of contributing factors that were pertinent to NHSGG&C as well as all other health boards utilised for practice learning experiences and the independent sector.

The working group held their first meeting on the 22nd February 2011. Their remit was to implement the Hub and Spoke model for all fields/programmes for undergraduate nursing at GCU to commence in September 2012. A detailed plan of implementation is contained in Appendix 3.

Implementation strategies were:

- Mentor newsletter which was emailed to all mentors on a live register, as well as paper copies distributed and included on staffnet
- Hub and Spoke model included in all annual mentor updates
- Mentor roadshows (Appendix 4)
- Presentation at mentor conferences (Mentor Matters 26th Oct 2012)
- Included in Mentor preparation course
- Included in team leader meetings (service)
- Hub and spoke templates stored electronically with educational audit
- All documents stored on the student and mentor zone
- Included in core briefing (service)
- Information disseminated to AHPs

Setting up these groups has helped with improving the relationship between NHSGG&C and GCU. A number of the implementation strategies that were initially created just for the Hub and Spoke model have continued because of their success. For instance the mentor roadshows are now an annual event.

2.2 Implementation: Hub developments and student cohorts

The Hub and Spoke Practice Model was implemented for all fields on the 2012 BN/BAHNS programmes from Trimester A 2012. The working group for practice learning environments discussed whether individual practice learning environments were best utilised as a Hub or a spoke learning environment. Many acute areas that had only ever taken Year 3 adult students previously discussed becoming a Hub experience and now taking from all 3 years. Therefore many high dependency acute adult, child and mental health areas took year one first practice experience students in December 2013. This

effectively meant that from May 2013 Hub practice learning environments with an SLA greater than 1 or 2, had all levels (year 1-4) of students on practice at the same time.

2.3 Implementation: spoke placement developments

Across all fields, Hub practice learning environments have been working to develop new potential spoke practice learning experiences. For example the cardiac rehabilitation team Hub, based at New Stobhill hospital, have developed links with a stage 4 exercise programme based within the community where many of their patients go to once finished the formal cardiac rehabilitation programme. This exercise programme is facilitated by a 'keep fit' instructor, and the student can access this learning experience for up to 2 days. Within mental health and learning disability there has been further exploration of potential spoke development, including the use of CAMHs, community forensic teams, and community addiction teams.

2.4 Examples of innovative practice

One example of innovative practice is 'The Beatson' within Gartnavel General Hospital who have collectively developed a Hub practice learning experience for all students which clearly sets out a wide range of potential spoke practice learning experiences for the students. They have also developed, in collaboration with lecturing staff, PEFs and practice educators a planned educational programme for the GCU students when visiting their Hub area.

A specialist nurse in palliative care within NHSGG&C has organised a small theory teaching session for students prior to them going on a spoke visit with the service. The specialist nurse has been liaising with the wards from which patients are referred to her service, therefore allowing the student to follow another part of the patient's journey.

SECTION 3: EVALUATION, RESEARCH DESIGN AND METHODS

3.1 Ethical issues

Ethical approval was sought from both NHS GG&C and GCU. Ethical approval was granted for each individual study by GCU, and advised that ethical approval for the Project was not required from NHSGG&C. However this was recorded by the clinical effectiveness department and access to mentors and PEF/CHEFs was given by the Director of Nursing. The evaluation of the project was conducted in adherence to ethical principles including the provision of participant information sheets, obtaining voluntary and informed consent and stressing to participants that they could withdraw from the project at any time, without any adverse effects to their module or programme of study.

3.2 Evaluation design

The evaluation comprised of collecting data using a number of mixed methods including quantitative and qualitative data tools to address the project specifications and enable conclusions to be drawn from multiple perspectives. Quantitative tools provided precise information of a comparative nature from the mentors and students. Qualitative data provided information about the student, mentor and PEF/CHEF experiences and the meanings or interpretations they attached to these experiences.

3.3 Data collection methods

To address the project specifications, data collection was undertaken using a number of methods.

- Students' evaluation of how prepared they were for their first Hub practice learning experience (post questionnaire)
- Reasons for requests by the students/mentors to change the Hub practice learning environment Jan-May 2013.
- Students', mentors' and PEFs experience of the first year of the Hub and spoke model or practice learning (survey questionnaire for students and mentors 30th June 2013 and focus groups interviews PEFs 2nd and 9th August 2013).

- Students' understanding of 'person centred care'. A replication research study conducted with the year 1 first practice learning experience.
- Completion of documentation. Evaluation of the "spoke" pages completed in the Ongoing Achievement Record (OAR) to examine students learning from a wider variety of practice learning environments and professionals.
July 2013
- Failing to fail – Exploring any differences with the number and reasons that students fail practice placements between the 2011 cohort and the 2012 Hub and spoke cohort.

3.4 Data analysis

The data collected via questionnaires were collected through Survey Monkey and exported into MicroSoft Excel™ and analysed using descriptive statistics. The qualitative comments were read separately by one researcher and subjected to thematic analysis. The PEF/CHEF focus group transcripts were read collectively at a group meeting by the research team. They were then coded and, through group discussions, subjected to thematic analysis.

SECTION 4: EVALUATION of FINDINGS

4.1 Students' evaluation of how prepared they were for their first Hub practice learning experience (post questionnaire December 2012)

Appendix 5 outlines the study proposal, methodology and method for First Year Undergraduate Nursing Students: An evaluation of how prepared they are for their first Hub practice learning experience which has the overall aims of

1. To evaluate how prepared undergraduate nursing students were for their first Hub practice learning experience in year one.
2. Development of support to first year students entering their first Hub practice experience.

Objectives

1. Reveal the generic needs of first year undergraduate students for their first Hub practice experience.
2. Identify challenges and priorities that may impact on the Hub mentor/student relationship in the first year of practice learning.
3. Production of a report detailing the findings, delineating the key recommendations, with subsequent mainstreaming into practice.
4. Introduce a learning resource.

Data were collected using a quantitative survey questionnaire after the first Hub practice learning experience to first year undergraduate student nurses from the Bachelor of Nursing and BA (Hons) Nursing Studies programmes within the School of Health & Life Sciences and the Department of Health and Community Sciences, Glasgow Caledonian University.

All four fields of nursing (n=460) were invited to complete the questionnaire on completion of their first practice learning experience in Trimester A 2012. Three hundred and forty three students (343) (75%) completed the questionnaire. The majority of students were under 25 (n=238, 69.4%), with less being 25-35 (n=79, 23%) and the smallest group being over 35 (n=26, 7.6%). The adult field was the largest cohort

(n=211) which consisted of the BN (n=168) and BAHNS (n=43) programme. Table 1 demonstrates that all four fields of nursing practice were therefore well represented.

Table 1: participant numbers for first practice learning experience student questionnaire

Field	Total cohort no.	Completion no.	% completed
Adult	297	211	71%
Child	62	55	89%
Learning disability	48	39	81%
Mental health	53	38	72%
	Total = 460	343	75%

Table 2 Results for first practice learning experience student questionnaire

Question	Strongly agree	Agree	Disagree	Strongly Disagree
3	180, (52.48%)	153,(44.61%)	10, (2.92%)	0, (0%)
4	125, (36.44%)	202,(58.89%)	15, (4.37%)	1, (0.29%)
5	182, (53.06%)	154,(44.90%)	6, (1.75%)	1, (0.29%)
6	137, (39.94%)	176,(51.31%)	24, (7%)	5, (1.46%)
7	143, (41.69%)	182,(53.06%)	14, (4.08%)	3, (0.87%)
8	65, (18.95%)	235,(68.51%)	34, (9.91%)	3, (0.87%)

Question 3 “I was looking forward to this placement”.

This question generated the largest amount of positive responses. Almost all students (n=333, 97%) either strongly agreed or agreed that they had been looking forward to this placement. However many students did comment that they were apprehensive, nervous or anxious about their first placement, but were also excited.

No students strongly disagreed with this statement and only 10 students (7 Adult, 2 MH and 1 child) disagreed. Those who disagreed stated that it was due to being nervous of anxious about their first placement (n=3), having the wrong expectation and prejudging the placement (n=3). For example this student commented: “I imagined my placement would be a lot different than what it was”.

Question 4 “My University has helped me to feel prepared for this placement”.

The majority of students (n=327, 95.3%) felt prepared for this placement. Most students commented that they felt well prepared through lectures, tutorial, clinical simulation and documentation for practice.

Only 15 students (4.4%) (12 adult, 3 LD) disagreed and one strongly disagreed that they felt prepared for this placement. This was due to either not feeling they had learned enough about their placement or the skills required, or that the timing of information could have come earlier..

One student stated: “I feel that there should have been more CSL preparation”

For this student more information would have been useful: “I feel the information given was a bit basic and did not really help me cover what was needed until the last minute.

Question 5 “This placement has helped me to understand the role of the registered nurse”.

Almost all students (n=336, 98%) either strongly agreed or agreed that the Hub placement helped them to understand the role of the registered nurse. Many stated “had a lot of support from my mentor”, “I now have a clearer understanding of what and how I should be as a nurse”.

Only 7 (2%) students (3 adult, 2 child, 1 LD) disagreed, or strongly disagreed (1 adult) with this statement. These students qualified this by saying that “there was really not a lot of nursing skills to observe”, “RNs sometimes failed to explain their role”, “could not be fully understood in 3 week placement”.

Question 6 “This placement helped me to understand the role of the mentor”.

This question generated more negative responses than the previous questions. The majority of students (n=313, 91%) agreed or strongly agreed with the statement with qualitative statements such as “my mentor was good and provided me with a lot of

guidance” and “my mentor explained what she was doing thoroughly”. However 24 (7%) students (18 adult, 4 child, 1 LD, 1 MH) disagreed, and five (3 adult, 2 LD), strongly disagreed with the statement. On the whole this was due to students feeling that their mentor was not spending enough time with them “spent more time with other nurses than my mentor”. Three students claimed they did not get assigned a mentor or that they got assigned a mentor later than the first week, which sometimes was due to annual leave or sickness.

Question 7 “This placement helped me to understand my role as a student nurse”. The majority of students (n=325, 94.7%) agreed or strongly agreed with the statement suggesting that “I feel I’m more aware what is expected of me on placement” with many reporting that the mentor discussed what they would be doing on their next visit to their Hub. Fourteen (4%) students (6 adult, 6 child, 2 LD) disagreed and, three (2 adult, 1 LD) strongly disagreed with the statement suggesting that in some occasions they were unsure of their role.

Question 8 “This placement helped me to understand how to collect evidence for the ‘orientation to practice’ document”.

This question generated the largest negative response, however the majority of students still agreed or strongly agreed (n=300, 87.5%) with the statement and stated that “my mentor helped me complete it” and “my mentor sat with me the first day and went through the document in order to plan different tasks”. Thirty four (9.9%) students (18 adult, 11 child, 4 LD, 1 MH) disagreed, and 3 adult students strongly disagreed suggesting that they were unsure of what to write, and indicated that they could have had more information from the university rather than their mentor with one student suggesting they would have liked to have seen some examples.

Question 9 “On reflection, what information would have helped you before or during your first Hub practice learning experience?”

Many students felt happy with the amount of information they had, or did not provide any additional comments. “I feel that all info and support given was fantastic. I couldn’t

have asked for more really”. Those who did provide a comment were in three themes of doing more skills, information on documentation, and information on what students can and cannot do. For example moving and handling, clinical skills within the clinical simulation laboratory and infection control skills.

This linked with the second theme which was that the students requested more information on what they could, as a first year student, perform, but also skills that they should not be performing at their level and experience. In essence what “... students can and can’t do in the learning practice placement” and a “...clearer understanding of limitations during placement”.

In terms of information on documentation, the students requested more information on the orientation to practice document and their ongoing achievement record. This was in regard to how to complete it, what information to gather, and was not restricted to their first placement as one student suggested that “... it would have been useful to see an example of someone’s OAR to have an idea as to what is expected”.

A number of students, from each field provided a suggestion of going to the Hub for one day prior to the 3 week practice learning experience in order to meet their mentor, and find out more about the ward. This was so that they could then do some research into the ward and the patients/clients prior to their 3 week orientation to practice.

4.2 Reasons for requests by the students/mentors to change the Hub practice learning environment Jan-May 2013.

From the period when the students finished their first three week Hub orientation to practice until their summer seven week practice learning experience commencing on the 6th May there were only four out of 437 students who requested a change of their Hub. These students were adult field, and three were reasons due to personal differences between the mentor and the student. In the three cases the academic advisor was aware of issues the student had during their three week experience, and continued to monitor the situation through discussion with the student, mentor, senior charge nurse and PEF during and once the practice learning experience was completed. In all three circumstances it was felt that the relationship between the student, mentor and remaining staff was not conducive to a good learning experience, hence the students had their Hub changed. In all cases the issues were discussed with the link PEF who has since carried out further mentor updates and discussion to resolve the issues that were raised. None were due to care issues. The fourth student was due to an unsuccessful practice learning experience, and the programme team decided to change the Hub for the second diet in order to help the student to obtain their learning outcomes.

These four out of 437 students are small in number and have led to an increased awareness of, and contribution to, measures of practice learning quality by SCNs, mentors and students. It will be valuable to continue to monitor this for future students on Hub practice learning experiences.

4.3 Students', mentors' and PEFs experience of the first year of the Hub and spoke model or practice learning (survey questionnaire for students and mentors 30th June 2013 and focus groups interviews PEFs 2nd and 9th August 2013).

4.3.1 Student experience

Data was collected once the two summer Hub practice learning experiences had been completed (June and August) for the students and September for mentors and PEFs. Appendix 6 outlines the proposal for the student evaluation and Appendix 7 for the mentor and PEF. A total of 345 (78.9%) (Table 3) students completed the questionnaire.

Table 3: Number of students who completed the first year student experience questionnaire

Field	Total cohort no.	Completion no.	% completed
Adult	284	230	80.9%
Child	55	40	72.7%
Learning disability	47	31	65.9%
Mental health	51	45	88.2%
	Total = 437	345	78.9%

HUB Evaluation of Practice Learning Experience: Student Feedback



Aspects of the practice learning experience.						
	Strongly agree	Agree	Disagree	Strongly disagree	Rating Average	Rating Count
I could easily access information to prepare for my hub practice learning experience	43.8% (151)	51.0% (176)	4.6% (16)	0.6% (2)	1.62	345
I was looking forward to returning to my hub placement	56.0% (187)	33.5% (112)	8.7% (29)	1.8% (6)	1.56	334
The return to the hub placement made me feel more prepared	60.1% (194)	32.2% (104)	6.8% (22)	0.9% (3)	1.49	323
I had an early opportunity to discuss my learning needs, with my hub mentor/supervisor	58.2% (199)	33.3% (114)	6.1% (21)	2.3% (8)	1.53	342
My hub mentor organised spoke visits that were varied, relevant and followed the patient's journey	42.5% (145)	33.4% (114)	17.9% (61)	6.2% (21)	1.88	341
I felt supported, throughout my learning experience, by my hub mentor/supervisor	67.5% (233)	27.0% (93)	2.9% (10)	2.6% (9)	1.41	345
I felt support was available, from the university, if needed	45.5% (156)	50.4% (173)	2.9% (10)	1.2% (4)	1.60	343
I felt my contribution to the work of the team was valued by the hub staff	68.8% (236)	28.6% (98)	1.7% (6)	0.9% (3)	1.35	343
I was able to develop a good working relationship with hub staff members	75.3% (259)	23.0% (79)	1.2% (4)	0.6% (2)	1.27	344
During this learning experience I was able to observe/participate in the delivery of patient centred care	78.8% (271)	19.8% (68)	0.6% (2)	0.9% (3)	1.24	344
My hub practice learning experience has encouraged me to feel responsible for my own clinical learning	74.4% (256)	24.4% (84)	0.6% (2)	0.6% (2)	1.27	344
My hub spoke placements were useful to my learning experience	64.1% (214)	29.6% (99)	3.9% (13)	2.4% (8)	1.45	334
My hub mentor/supervisor provided clear feedback on my performance in this practice learning experience	73.0% (249)	22.3% (76)	4.1% (14)	0.6% (2)	1.32	341
The feedback provided by my hub mentor helped me to develop safe and effective practice	72.7% (250)	25.0% (86)	1.7% (6)	0.6% (2)	1.30	344

Table 4 Results of student's evaluation of the Hub practice learning experience

For all quantitative questions (Table 4), with the exception of two, the students were very positive about the Hub and spoke model and reported over 90% strongly agreed or agreed. The question “I was looking forward to returning to my Hub placement” 89.5% strongly agreed or agreed with this statement, however 10.5% strongly disagreed or disagreed. This is also reflected in the qualitative statements.

For the question “My Hub mentor organised spoke visits that were varied, relevant and followed the patient’s journey” 75.9% strongly agreed or agreed, whereas 24.1% strongly disagreed or disagreed. Again this is reflected in the qualitative statements.

From the thematic analysis four main themes emerged

Preparedness for H/S

The Hub and Spoke process

Ownership and Socialisation into the profession

Support and Development

Theme 1: Preparedness for H/S

The majority of students really enjoyed their first Hub experience and were looking forward to returning.

I cannot wait to go back, I felt welcome, part of the team and had lots of learning opportunities.

I was a bit worried due to having a bad experience with my old mentor, but it turned out good as I was with someone else

Going back to a familiar place, to familiar faces, made me feel prepared and looking forward to my placement. It was a positive and valuable experience.

Four students reported not enjoying their first visit to their Hub, however for three of these students this changed on the second visit.

I enjoyed my second visit to my Hub placement a great deal more than my first visit. This was mainly due to knowing the ward and the staff.

Before returning was a little apprehensive but on completion I look forward to returning in future

Theme 2: The Hub and Spoke process

The students provided mixed information regarding their spoke learning experiences. Some had very good spoke experiences, but some had very few.

I only went on one spoke visit.

I had to organise one for myself as my mentor was not on shift with me often enough to help

I would like more opportunities to visit spoke learning opportunities.

I was able to have visits to social work, the plaster room and fracture clinic to see the patient journey and how various members of the multi-disciplinary work together and link with the emergency department me facilitate appropriate spokes.

I had many opportunities in spoke visits, including theatre, recovery and outpatient clinics which allowed me to follow some patients through their journey from start to finish

My mentor and co-mentor were very good at asking what I would like to do on placement and did their best to let me have that opportunity

Theme 3: Ownership and Socialisation into the profession

All students felt that the Hub and spoke model helped with relationships and working as part of a team.

Developed a relationship with the team

Most of the members of staff on the ward were very helpful and welcoming.

I was made to feel like part of the team from the beginning

I was sad to leave most of the staff.

Everyone was really easy to get along with

I was made to feel part of the team and was never undervalued on my placement.

Theme 4: Support and Development

Almost all the students felt they were well supported by their mentor and the practice learning experience team.

My mentors always included me and encouraged me to participate in person centred care and always encouraged me to choose what I did in order to complete my learning outcomes, which encouraged me to feel responsible for my own critical learning.

All staff were supportive and gave me feedback where I did things well and not so well so I could improve.

My mentor gave me opportunities to discuss my learning needs and always asked me if there was anything that I felt I should be doing in order to achieve learning outcomes.

My mentor including the professional members of the team always gave me opportunities to discuss any concerns and help me achieve my outcomes.

I felt more confident in performing clinical skills and felt more comfortable in the ward environment.

4.3.2 Mentor's experience

118 mentors completed the questionnaire (Table 5) via online Survey Monkey or paper copy.

Table 5 Results of mentor's evaluation of the Hub practice learning experience

Evaluation of Practice Learning Experience:  SurveyMonkey
Mentor Feedback

Aspects of the hub and spoke practice learning module: Mentors						
	Strongly agree	Agree	Disagree	Strongly disagree	Rating Average	Rating Count
The hub and spoke information* was relevant for me to mentor my student in my hub practice learning environment.	24.6% (29)	57.6% (68)	13.6% (16)	4.2% (5)	1.97	118
The hub and spoke model supported me to plan for my student returning to the practice environment.	23.1% (27)	50.4% (59)	22.2% (26)	4.3% (5)	2.08	117
The hub and spoke model allowed me to negotiate with my student spoke experiences that were relevant to the patient's journey.	28.7% (33)	53.9% (62)	14.8% (17)	2.6% (3)	1.91	115
The hub and spoke model allowed me to organise a variety of spoke experiences.	24.1% (28)	44.8% (52)	26.7% (31)	4.3% (5)	2.11	116
The hub and spoke model assisted my student in becoming a member of the practice team.	31.3% (35)	44.6% (50)	19.6% (22)	4.5% (5)	1.97	112
The hub and spoke model facilitated continuity of assessment for my student.	26.3% (30)	57.0% (65)	13.2% (15)	3.5% (4)	1.94	114
						29
The hub and spoke model's continuity of assessment supported me in my decision-making about student performance.	25.9% (30)	53.4% (62)	18.1% (21)	2.6% (3)	1.97	116
					answered question	118
					skipped question	0

The mentor's survey (Table 5) again showed favourable results of the Hub and spoke model. One area which showed the lowest agreement was "the Hub and spoke model allowed me to organise a variety of spoke experiences". This resonates with the students responses to this question. Although 68.9% strongly agreed or agreed with the statement, 31.1% strongly disagree or disagreed. Again this was also reported within the qualitative comments.

From the thematic analysis four main themes emerged

Preparedness for H/S

The Hub and Spoke process

Ownership and Socialisation into the profession

Support and Development

Theme 1: Preparedness for H/S

Some mentors felt that there could be better administration within the process with regard to knowing more information about practice learning experiences for the whole programme.

Some clarification required initially around level of placements and return, but student able to provide mentor with the 3 year schedule, which allows mentor to plan annual leave and work environment ,as well as plan experiences for the student.

Some mentors felt they were not being given enough notice of when a student was attending their Hub practice learning environment, although this may be due to information being sent a number of weeks prior to the commencement of the placement.

was expected to remember that my student was coming in July was not notified of a date student just turned up in the department

However this was contradicted by other mentors.

the spoke model ensured I was aware of the dates my student returned and able to arrange appropriate spokes.

Theme 2: The Hub and Spoke process

Additionally there were process issues around the documentation expected by spokes. Some areas received little or no feedback from spoke areas.

I received no feedback from the spoke mentor and was unable to contact her

Consider spoke placement responsible for providing experience to fulfil outcomes, which they did not do. No outcomes completed during spoke placement.

However again this was not reported by all mentors, with the majority stating

I was able to read feedback given by mentor at spoke placement and this highlighted my student was acting in a professional manner and able to achieve learning outcomes.

The most appropriate length of time for a practice learning experience has been debatable and mentors feedback on this for Hub and for spoke experiences.

Felt that continuity was lost when leaving for 2 weeks in between that placement

spoke student on two week placement potentially limited in ability to become member of practice team due to shift pattern i.e. on duty for 6 days within two week period

That length of time at Hub placement could be extended.

Theme 3: Ownership and Socialisation into the profession

Most mentors commented on ownership and socialisation with regard to the Hub and spoke model.

Returning to PLE allows for faster inclusion to team. Fosters relationships, increases confidence and allows for learning to progress quicker

It allows the student to become more familiar with surroundings and inter disciplinary team

Returning to PLE allows for faster inclusion to team. Fosters relationships, increases confidence and allows for learning to progress quicker

area before made it far easier to get "up & running" within the area as there was no need for the settling in period for a new clinical area & all that was required was a brief refresher period before embarking upon new challenges and learning experiences

Primarily, this is the main difference. There is an element of ownership by the mentor and team towards students development throughout her training..i think this will benefit her and the service.

focusing on small parts of the patients journey meant the student could become confident in their participation, not feeling over whelmed by all that goes on in a busy surgical ward

Placements can be quite intimidating experiences for student nurses and I feel the Hub and spoke learning model allows some of the students nerves and fear to be reduced, allowing their true abilities to shine through and them to become part of the team easier. Then skills can be better/easier evaluated.

Theme 4: Support and Development

Similarly mentors commented most regarding support and development of the Hub student.

I like the new style of Hub experience placements for the students and look forward to having the students back again in due course to see the progression they have made and to allow for better continuity of assessment. Documentation was clear and helpful also.

Information on the learning outcomes for the students next placement within your area so you have time to plan ahead their spoke placements before they come back to your area

it helped to know the student would return so practice could be gradually developed

Knowing the student from previous placement allows us for more thorough assessment and having previously gauged the student's capabilities, I was therefore able to judge their performance against their prior performance, thus giving a clearer idea of their progress and ensure we identify learning needs of student quicker

It allowed issues/difficulties to be addressed at early stage and outcomes to be ongoing and enhanced

she was able to complete learning outcomes in the spoke placement which wouldn't have been achieved in the Hub placement.

it was useful to see and compare other professionals views on the students performance

Students who have issues may be better supported as Hub area knows them well and issues can be worked on in the same environment.

because of the continuity you have a better idea of the students strengths and weaknesses and have a better view of what you need to do as a mentor to support your student

4.3.3 PEF/CHEF experience

Two focus group interviews took place during August 2013 with PEFs [n=14] from NHSGG&C and the Golden Jubilee National hospital.

The question asked was

1. What was your experience of the Hub and spoke placement recently undertaken by year 1 students from GCU?

The same four themes emerged as from the thematic analysis of mentors' comments

Preparedness for H/S

The Hub and Spoke process

Ownership and Socialisation into the profession

Support and Development

There was a strong initial focus from PEFs on the preparedness of mentors for H/S and particularly the spoke placements.

Theme 1: Preparedness for H/S

This related to the participants' experiences of supporting mentors as they prepared for and mentored students on Hub and Spoke PLEs during the summer.

So like I had one ward who phoned me up 2 months before and said we are going to have a meeting about how we approach the Hub & spoke before the students start and we're looking for a bit more information so that they could have a meeting.

Just picking up on what (name) has said, you know on the road shows and mentor update last year for the Hub & spoke let's face it the areas I covered it was a lot of Band 7's that came along and a lot of the Band 6's so the mentors being Band 5's were caught out a lot on the documentation for the Hub & spoke and I found this came round and meant they weren't as prepared especially for the spoke placements.

...some of the ones that weren't sure were just back from 'mat' leave so had missed all the awareness raising and all the documentation, newsletters and stuff that had gone out about it – they had completely missed that – and of course when you're doing their

annual update just now we've moved on to another topic so sometimes forgetting that maybe we need to go back and cover the Hub & spoke stuff for those that missed it.

Theme 2: The Hub and Spoke process

The PEFs discussed organisational issues with regard to spoke experiences.

It's the organisation of it and that's what's causing issues and it's covering an area 3 weeks ago for (name) and we had issues with a student, but when we sent him out to the spoke area we needed to make sure, that he was going to be mentored by that same mentor and hopefully, over not just one shift, at least two, so that we could give him, that person the benefit of the doubt. So if you've got issues as well it can be you know – but there's a lot, a lot of work that has to be done as far as the mentors are concerned to arrange these, spokes and it's not always swaps.

We had certainly planned for a lot of swaps (spokes) but the practicalities weren't working and we kind of got round it and we managed but it was, it wasn't as smooth as we'd hoped. Other areas just swapped the students who the mentor contacted and things like that so.

Working with the documentation so, as a PEF I spent a lot of time this time round going over additional record sheets for service users, spoke users and identifying areas for them.

There was a bit of resistance to the students being 'spoked' out to the identified...learning opportunities".

"They started thinking actually there's another spoke here or there that I didn't consider..."

I think there's certainly been an increase in the contact but I'm still fairly new to the role and it's building up relationships with mentors anyway but certainly feel as though they've increased contacting mentors again in the accountability vein. They're actually

questioning more and they're looking for more support and whether that's been addressing issues or just communication between Hubs and spokes...

The PEFs discussed that areas are now thinking about more appropriate spoke experiences than they originally did, and are now adding these to their educational audits.

the person I got the biggest change was it was actually one of the senior nurses who's a mentor (name quoted) who was doing the audit and she looked at it and she says 'well actually you're missing that, that, that and that' and we're like that 'all right so we've actually gone from a one page Hub & spoke diagram to a two page Hub & spoke diagram...

Theme 3: Ownership and Socialisation into the profession

Similar to the qualitative comments from the mentors, the PEFs discussed ownership and socialisation in detail.

In our area we felt that the Hub students, it was great having them returning at the end of the year and I don't know that we really appreciated that until it happened. And the students... we had two excellent students but they; they loved coming back as well.

They instantly felt part of the team and we didn't have the usual week or so to orientate them to an area, so they came back and felt as if they were part of it at the very beginning and they knew where everything was and they knew the staff members and they, they've all really benefitted from it.

They worried about the student but some of them reported back because they had that student in induction in December a lot of the fear factor was taken away from the students coming back because they could be quite an intimidating areas for new students, but they have commented that the students came in much more confident because they knew what they were in for.

You know, they're feeling that they can actually invest in the student. So it has been very positive that they are coming back again. It's been good. And the students themselves have felt it as well, that they're coming back in on the first day, they're going straight in to the kind of ward routine, know what's what, know who's who.

Another interesting observation is that these areas quite often retain their experienced mentor populations and they're usually quite good if the student needs support in certain areas, and because they knew the student was coming back they actually identified an issue potentially in December but had started to prepare from January in anticipation of the student coming back and their gut feeling was right, but they were much better placed as a unit to support the student.

I think, you know, for mentors in these spoke places when they go out for, like, a couple of days are feeling more responsible for their student's learning now because now they have to provide that feedback. You know, they feel that they are involved now rather than just a wee sort of transient visit.

... rapport building and this is going back when the mentor phoned me up and said 'we're carrying 2 fails but I know she's a really good girl because she was here before and really helping to do this' whereas I think if they had gone and this placement so they said 'no we're really encouraging / we're really pushing her and we want her to pass'...and I thought that was a really positive comment - and I know from the areas that use that area that mentor would not have said that - they had come across them before... taking a bit of ownership.

It's so important when we're doing mentor updates about what the student's learning, how it's, again, following the patient journey. Mentors can see that, that the Hub and spoke, that that's what the student is supposed to be doing and supposed to be learning and it makes, I think it makes kind of our job a bit easier when we have all that there to show them.

Theme 4: Support and Development

Support and development was another large area of discussion by the PEFs.

And I think also mentors when obviously with the preparation for the students coming out for the Hubs and spokes, having to tell the mentors that, how to teach the students now is different as such because now they appreciate that the fact of when they are coming in for first year just to really give them the fundamental aspects of nursing and then build on their skills. I think well that's good rather than them coming to an area and they're trying to give the students absolutely everything and immerse them in six weeks, they now know they can actually pace things out.

We've had to plough in an awful lot of preparation work before the Hubs and spokes because we were very conscious of the large number of students coming to ourselves but with working with the senior charge nurses and mentors and...initially they were very anxious that they don't become wee mini specialists. We've had to, like, look and see what learning opportunities they have in the wards, what kind of spokes they are going to in the future so that...students are not just coming out as wee mini specialists and that's been quite a challenge but looking at it, and looking at the learning opportunities, and then trying to balance that they get absolutely the same exp..., clinical skills at the end of the day.

What I've found is that some of their challenges are actually thinking about the level of student that they have so they are trying to adjust for that as well as getting used to them doing placement module although, despite the fact that they were thinking about the level and about their expectations and they did acknowledge that well actually this doesn't need changed how we're approaching.

The experience I had with...was like that, that they actually really thought about what they were teaching and how they were teaching it and again it wasn't that broad-brush approach that had happened before...

4.4 Students' understanding of person centred care.

This was a replication research study which was conducted with the year one first practice learning experience 2011 cohort. The first part of this study was collected after the three week Hub experience in December 2012 and the second part in July 2013. Appendix 8 outlines the abstract for this study which was accepted and presented at NET 2013.

The aim was to explore first year nursing students' practice based learning about person centred care and service users' experience of health care.

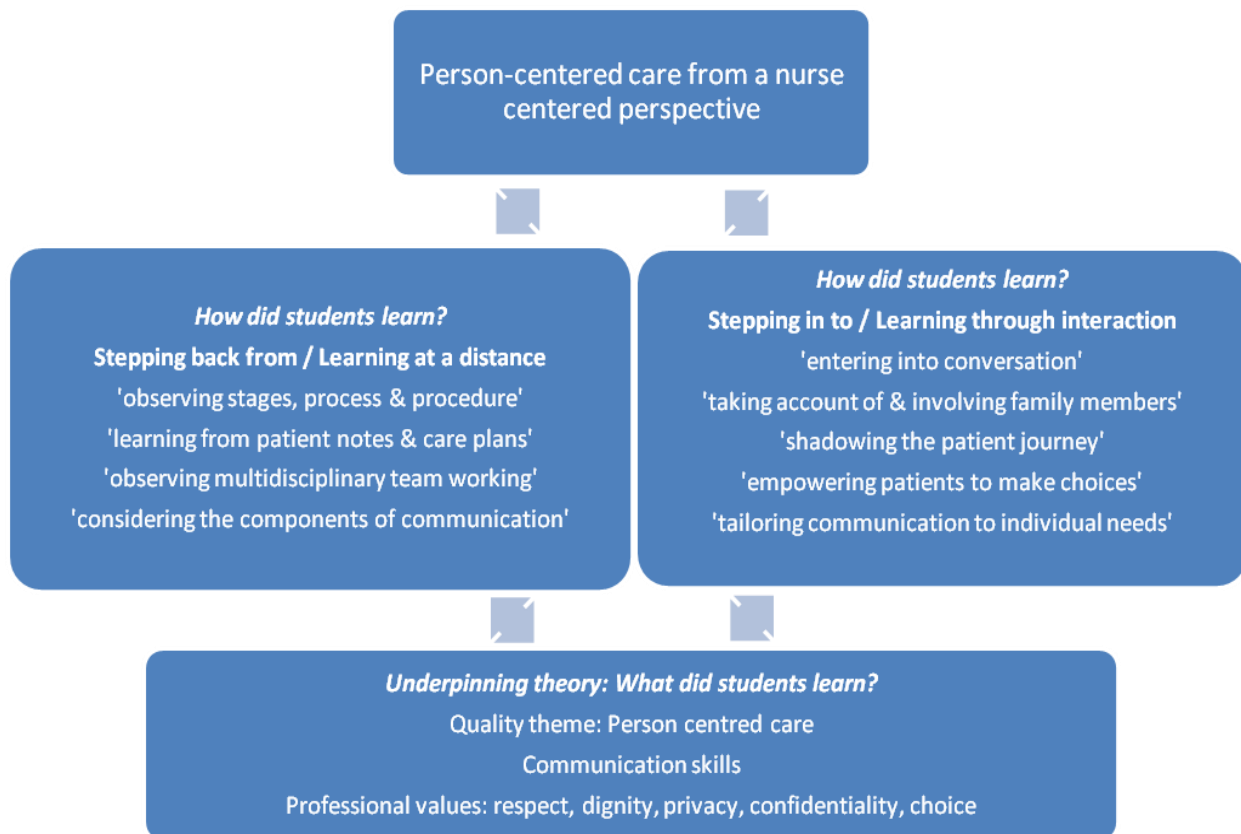
2013: 2nd cohort (Hub and Spoke cohort)

Data was collected from documentary analysis (n=170) (43% response) of the practice learning assessment documentation and thematic analysis of focus group discussions at end of 3rd practice learning experience (end of part 1). The focus group discussions comprised of three groups; two Adult group and one Learning Disability group.

Three themes emerged (Figure 1):

1. person-centeredness and core professional values
2. stepping back from': learning at a distance
3. stepping in to': learning through interaction

Figure 1: Results from students understanding of person centred care



Theme 1: 'person-centeredness and core professional values':

There was experience of anti-discriminatory practice, treating service users with dignity, respect, and providing privacy, choice and independence. The emphasis was on using communication skills to get to know the patient as an individual, understanding their needs and wants:

looking at the patient as an individual; don't see all the patients as just washing them, giving their medication; it's about talking to them, listening to them, asking them what they want.

that the individual is at the centre of any care that is given, patient preferences are at the foremost of any decisions that are made

Person – centredness and professional values: Awareness and application

Ensuring confidentiality and respect whilst discussing patients on the phone

When bed bathing or providing a commode I ensured patients privacy by ensuring they were covered at all times, with curtains closed

it is part of my duty of care to show fairness and respect to my clients. I adhere to all NMC code of conduct as well as responding sensitively when dealing with patients.

ensuring that all patients are treated as individuals and if they make decisions that you don't agree on it is very important that you respect their decision

Individuality; Empowering patients to make choices

I'm very aware that most patients know more about their health care than I do so have listened to them

the whole time I was in the ward I fully understood that the patient comes first...they have choices which they are entitled to make e.g. what time they get out of or go to bed

The patient should be at the heart of decision making regarding their care and actively involved and kept up to date in relation to this

[Theme 2: 'stepping back from': learning at a distance](#)

This theme is about stepping back from direct interaction with patients themselves, instead 'observing stages, process and procedures' and 'learning from patient notes and care plans'. It involves multidisciplinary team working; observing stage process and procedure of patient care.

observed senior nurse admit 71 year old male to the ward, learned about assessment and importance of risk assessment i.e. the Waterlow score

I had a look at some of the admission assessment notes and also helped with an admission by taking the patients height, weight, BP, O2 levels and pulse.

worked with a number of different professionals and other departments including consultants, nurses, physio's, health care workers and other departments

Learning from patient documentation

I was also allowed to read notes of certain patients to help understand their journey in to mental health services

I read about their history and condition so I understand about how care needs are met

reading nursing case notes to learn more about patient to develop better understanding -many could not or would not talk

placement had quite detailed care-plans, last page was written by the patient or their family, what they wanted ... my mentor said I should look at all that ... so you get to know the person and what they want

Theme 3: 'stepping in to': learning through interaction

The students learned about the patient experience by interaction; 'stepping in to' direct engagement with individuals about their healthcare journey by 'entering into conversation'; 'tailoring communication' and 'shadowing the patient journey'.

Entering into conversation & Tailoring Communication

my mentor asked me to interact with patients ... this helped me to begin the process of getting to know patients and started relationship building

it is very important to speak to the patients about their journey and why they are in hospital so you get to know a bit more about them.

in order to communicate with clients who have speech problems I have to listen very carefully and repeat what they have said to me so I have understood what they have said

I talked to a few patients and found out how they felt about their care in the ward.

Shadowing the patient journey

I was caring for a patient who had slipped on the ice outside and fallen ... I tried to be as involved as I could, attending hospital appointments with her and outpatients clinics for X-rays and meetings with the consultant about possible surgery

I took a patient through from admission to transfer; this was an extremely rewarding experience...

Focus Groups: What things do you think have helped you to deliver person centred care? Time & Mentor Facilitation:

mentor makes a huge difference to how you feel; if they give you good support and put the time in to build your knowledge, your skills, that makes a real difference.

from staff raised my confidence, just being praised for small things, I felt I was doing a good job, it just keeps you going.

when you are on placement longer, you build up confidence; you get to know your patients more

sometimes in the ward nurses have time to talk to patients, sometimes they don't: as a student it was quite good, we had time to talk, time to get to know them; we don't have all that paperwork

Focus Groups: What things have prevented you from delivering person centred care?

if in teams, not everyone is co-operating, that prevents good person centred care

not enough staff, ward very busy; patients waiting for toilet ...staff not ignoring them, but always busy, they are not talking to the patients, too busy with paperwork

shortage of staff, always short of staff; led to people, not deliberately, but taking short cuts ... got more patients than they can physically take on

pcc is important but people sometimes don't bother. It's the wee things, like putting a film on and not asking patients what they want to watch

Group debate: I disagree; nurses must talk to patients. Our system is all about paperwork though, you have to write everything down. I think it's all about covering your back. Yes, they cover themselves but they don't talk to patients, paperwork is not an excuse.

To summarise - Person-centred care; “it’s the wee things that matter”

we get a lot of anxious people, they sent a nurse in just to hold the patient's hand and speak to them, we had a chat just about her dog ... it was unbelievable just how much that calmed her down

we had a young boy with 80% burns ... and his room is kitted out with his own TV, own DVDs, pictures of his friends up on the wall ... just little things like that, just so it's not like a hospital room ... just small things

he was really angry ...I looked at him smiled and he smiled back, and I'd heard him sing a few times and I said would you like to sing, would you like to come back to your room and sing for me, and he did. Facilitator – What did you learn from that - student I learned that a smile works.

4.5 Completion of documentation. Evaluation of the “spoke” pages completed in the Ongoing Achievement Record (OAR) to examine students learning from a wider variety of learning environments and professionals.

Practice learning documentation for the first summer placement in trimester C (July 2013) was explored for all first year nursing students for all fields. The spoke pages were examined for the number of spoke pages completed, and the variety of different learning opportunities that occurred.

For the ‘Adult’ field 42% had not completed a spoke page. This may not have necessarily been because they didn’t go on a spoke experience, but could have been because they did not get the documentation completed. This will be reinforced to future cohorts of students, as well as being addressed through annual updates for mentors. Of the 58% who did complete a spoke page the number of spokes ranged from 0 to 6. Many spoke experiences were within the same field of practice such as, practice nurse, health visitor, diabetic clinic, endoscopy and renal outpatient clinic as examples. However there were also many spoke experiences in different fields of practice, such as breast feeding support group, midwife, mental health, community addictions team and baby clinic. And there was also spoke experiences with different professional groups such as physiotherapy, occupational therapy, general practitioner, social worker, and speech and language therapy.

For the ‘Child’ field a similar pattern was noted that mirrored adult students’ experience. Percentage wise approximately 33% of students recorded no spoke experiences. The number of spokes did not exceed two. The students spoke experiences appeared to focus within their field of practice, which is relevant to mirroring the patients journey. These included school, neonatal, family support services, and day surgery and theatre recovery.

For the ‘Learning Disability’ field there was an overwhelming percentage who recorded no spokes, approx. 90%. For those students who recorded a spoke experience this did not exceed two. These experiences included mental health, and learning disability

community teams, a learning day centre and theatre (whilst student was on their adult placement learning experience).

For the 'Mental Health' field 75% of students recorded spoke experiences. These ranged from 1 - 3 spokes within their practice learning experiences. These aligned with a person's journey within mental health services. These experiences included community and in-patient addiction services; community services for both older adult and adult service users. Also, practice learning experience within a rehabilitation unit and adult acute in-patient hospital based services, and a few students had short spoke practice learning experiences within voluntary services. The mental health students who undertook their adult practice learning experience recorded spokes which included radiotherapy, endoscopy, orthopaedic ward and general surgical unit.

4.6 Failing to fail – is there any statistical differences with the number and reasons that students fail practice.

In the academic session 2011-12 four students failed a practice learning experience in year one. With the implementation of Hub and spoke for the academic session 2012-13, five students failed a practice learning experience in year 1. Therefore there was no significant difference in failure rates.

SECTION 5: DISCUSSION

5.1 Introduction

The majority of students are positive about all aspects of their first hub practice learning experience. Most responses and qualitative comments suggest that the mentors are supporting students in the context of the NMC [2010] standards to support learning and assessment in practice. This would suggest that the hub and spoke model has helped to increase the number of practice learning experiences for the students that are also of a good standard. Overall students felt well informed and well supported on their first hub placement, with many commenting that their mentors were beginning to action plan with them what they would be doing and be expected of them on their next experience. The majority of students in this cohort felt that their first hub practice learning experience prepared them to understand the role of the student, the role of the registered nurse and the role of the mentor. It would be challenging to state that the hub and spoke model has therefore improved the quality of practice learning experiences at this stage, however it is certainly no worse than what we did previously.

5.2 Theme 1: Preparedness for Hub and Spoke

A great deal of time was taken initially prior to implementing the hub and spoke model and various strategies were used for this. Initial meetings at a strategic level with the nurse directors were essential and contributed to the overall success. A key result of this was the buy in that in the acute sector all areas would take all levels of students from year 1 through to year 4. Hence this facilitated students returning to their hub areas at different levels of the programme. The development of the working group was key to involving all stakeholders and planning the various implementation strategies which were on the whole effective. The implementation of these strategies was in collaboration with the PEF/CHEF team of which their help, advice and input was invaluable. Workshops to develop spokes, mentor updates and mentor roadshows proved to be key ways of disseminating information to nurse mentors. However in a few areas this could be improved. From some of the comments from the mentors and PEF/CHEFs it appears that the information was effectively disseminated to the band 6

and 7's but not necessarily cascaded down to band 5 mentors. This appears to be the same with allocation of practice learning experiences, with mentors not always getting all the information. For example, when the student is returning to their hub these dates were given well in advance of the first practice learning experience as well as their learning outcomes. However, some mentors contradicted this when they discussed being able to plan for when the student would be returning. It was envisaged that sending allocations of the full first year hub practice learning experiences at the one time would save on administrative burden, however from the feedback it appears that it would be wise to still send it again near the time of each practice learning experience.

From the first hub experience questionnaire, Question 8 generated the largest negative response with 36 (10.5%) students disagreeing or strongly disagreeing regarding the hub placement helping them with their orientation to practice document completion. This is in agreement with Calman *et al* (2002) who suggested that many student nurses do not understand the practice documentation. Furthermore this was a theme which was highlighted in the open text question number 9. This was the second cohort of students to use this document since the newly validated programmes implementing the NMC (2010) standards, and therefore mentors may still be slightly unfamiliar with it, especially since it is only used once per year for the first experience. Similarly, the students reported difficulty with the spoke mentors completing the documentation, and mentors expecting more feedback from the spokes. However, 75% of the mental health field students did complete the spoke documentation. Therefore, there was a difference between the fields. This again may have been due to lack of familiarity with the documentation. It is suspected that the students actually went on spokes, but did not get their documentation completed. Clearly there is some further work required around supporting students to complete their documentation and understanding the importance of this. This information will help inform the mentorship preparation programme team as well as the PEFs, CHEFs and practice educators to plan and develop their mentor update sessions for the future to ensure that the information is disseminated to all mentors, and not just the band 6's and 7's.

Only four out of 437 students chose to ask to change their hub prior to going back in the summer. The majority of students were looking forward to going back in the summer, and remained this way for future hub experiences. This was reflected in the student quantitative and qualitative comments. Of those areas where the student asked not to return, this provided an opportunity to explore the issues and to discuss these with the mentor team within the areas at update/feedback sessions, hence improving the quality of the learning in these particular environments.

From an administration perspective the hub and spoke model decreased the workload of the practice allocation team for the first year students, and will continue to do so over the 3 or 4 years of the programme. Once the student's hub was identified, then depending on their field of practice the dates are set for when the student will return to the hub area at different times in their programme. Hence for the administration staff this reduced the number of placements that they required to allocate to each student. Initially it was thought that the administrators could send out the hub allocation dates for each student over the 3 or 4 years in one email at the beginning of their programme. However it became obvious that areas had forgotten the dates that the students were returning. Therefore a reminder email was required prior to the student returning. This however was still a reduced workload than the previous system of a new practice learning experience for every time the student was going to practice.

5.3 Theme 2: The Hub and Spoke process

Similar to Roxburgh et al (2012), this study also found mentors reported that communication between spokes and Hub could be improved. Mentors reported that they expected to get feedback from the spoke mentors, of which some did, but others did not. Similarly the students felt that the spokes were organised (75.9%). However 24.1% felt that they were not. Looking at the spoke documentation from the practice learning assessment documents also showed a variation across fields and hubs. Despite this many mentors reported that the spokes could help meet the European Parliament and Council (2005) Directives which require that adult nursing includes clinical instruction in a number of alternative fields of practice, such as mental health and midwifery. In addition spokes helped to meet some learning outcomes that may

have been challenging within the hub environment. By allowing the mentor and the student to decide upon the types and variety of spoke experiences, this allowed the student to tailor the learning to their requirements and to that of the patient. This is similar to Roxburgh et al (2012) who found that flexibility of the spoke arrangements promotes ownership by mentors and students. In particular the students also mentioned through the hub and spoke model that they were able to go to spoke experiences which followed the patient's journey. The students reported this as allowing a more person centred approach to care and to their learning.

Some spoke experiences however were not viewed as being valuable. These tended to be ones arranged by the university specifically to meet EU directives. Each adult field student received a two week spoke practice learning experience within mental health. Some mentors felt that this interrupted the hub experience in a detrimental way, and also the mental health spokes felt that two weeks was too short. It appears that spoke practice learning experiences arranged through the mentor or student in order to follow the patient's journey regardless of the length of the experience are valued more.

5.4 Theme 3: Ownership and Socialisation into the profession

The majority of students enjoyed their hub experience (89.5%) and were looking forward to returning. Campbell (2008) suggests that this may be due to the benefit of the hub and spoke model providing an increased consistency of experience. Similarly mentors also reported looking forward to their student returning. However a small number of students disagreed with this (10.5%). Four students provided more detail on this, and three showed that although they disagreed with the statement, they went on to enjoy their hub experience.

Mentors within the hub areas reported that the student settled into the hub quicker, were valued as part of the team, and felt that it was less intimidating for the student since they were returning to an area that they already knew. This was felt to quicken the learning process, and increase confidence for the student. This is reflected in the work of Henderson et al (2007), which suggests a strong relationship between the concept of

belongingness and students having a positive practice learning experience. The vast majority of students in this study reported having a positive practice learning experience.

5.5 Theme 4: Support and Development

Both mentors and students within the hubs were in agreement that this model helped the mentor with assessment of the student in a number of ways. Since a student was returning to an area they already knew, then the mentor and the multiprofessional team could plan for the student with regard to their learning outcomes, and to any individual learning needs, since they were already known. The spokes, when they performed as expected helped with feedback about the student from another nurse, mentor or professional, which meant that it was not only the views of the one mentor in the assessment process. It was also identified that any issues that arose with regard to the student's learning were dealt with early. Interestingly there was no increase in the number of students failing practice than the year before. There could be a reluctance to fail a student because of the relationship that has built between the student and the hub area and staff, or that problems are addressed earlier. It will be worthwhile exploring this in the future.

The students reported feeling that they were well supported, and not just from the mentor, but from the multidisciplinary team. Additionally they met regularly with their mentor, and that they received good feedback.

5.6 Conclusion

Roxburgh et al (2012) in the evaluation of the three pilot sites (University of Stirling, Edinburgh Napier University, Robert Gordon University) found that, although the three practice learning sites across geographically diverse locations in Scotland, it was possible to identify similar outcomes. These include increased depth of learning due to the way the hub practice learning experience was organised, managed, and structured

and also an increased depth of empathy towards patients. It was also reported in these sites that the placement capacity was increased as the classification of practice learning areas was reviewed to produce broader categories, and the process of engagement with mentors in the development of the practice learning areas further enhanced the student mentor relationship. Roxburgh (2012) highlight the logistic challenges in the implementation of a hub and spoke model but argue that the benefits positively enhance the student experience and allow for practice learning experiences to mirror the patient journey. However they do suggest that students and mentors may have anxiety that the individual student's learning experiences may become narrow and that this can be alleviated by vigilance on the part of programme planners to ensure that each student is exposed to breadth of practice learning experiences across the programme.

In comparing the evaluation of the three pilot sites to the evaluation of the GCU hub and spoke model, it is significant that the outcomes are broadly similar in the sense of increasing students' depth of learning, increasing the number of practice learning experiences available as well as opening up new experiences. Mentor engagement with the model strongly correlates to the early involvement of mentors in the planning and implementation as much as possible. It is recognised that not all mentors can be involved in the process but that clear feedback systems between the University and practice areas are vital. The GCU model of facilitated spokes allows tracking of individual learning experiences per student to ensure that all students are exposed to the appropriate breadth of experience. Although the cohort at GCU is significantly larger than the three pilot sites this evaluation has demonstrated that this model is associated with similar positive outcomes for students and mentors and that, given robust administration processes are in place, it is possible to meet the logistic challenges to make the hub and spoke model a cost effective way to enhance students learning experience in pre registration nursing programmes.

From the data presented it is clear that the introduction of the hub and spoke model for pre registration nursing students has positively enhanced practice learning experiences as well as allowing time to further develop positive and professional relationships with

mentors. Given the logistical challenges required to implement this innovation in our pre registration nursing programmes the findings of this evaluation indicate that a hub and spoke model is possible across the four fields of practice regardless of numbers. This has been achieved through careful planning and the development of key partnerships with service leads, practice staff, mentors, PEFs/CHEFs, and students. Although the hub and spoke model at GCU still has to complete a full 3 year cycle we do feel that the initial challenges in terms of practice learning experience and service development have been addressed and that we would envisage continual positive outcomes for this approach. Positive evaluations from students, mentors, PEF/CHEFs and practice staff suggest that this model is seen as a significant indicator of enhanced quality in pre registration nursing programmes. From our initial findings it does appear that this model enhances students' sense of belongingness to their hub practice learning environment and at the same time allows learning needs to be met through a wide variety of spoke experiences, giving each student a unique perspective on person centred care, skills development, and professional role development while ensuring the NMC standards for practice learning do not become a barrier to innovative practice.

5.7 Limitations

One of the main limitations of this study is that it is only year one (part one) students at one Scottish HEI and pertains to the early implementation of the model. However 345 students did complete the survey, along with 118 mentors, and this adds to the growing evidence already published (Roxburgh et al 2012) that hub and spoke model does appear to be an appropriate model for practice learning that is associated with positive outcomes for both students and mentors.

The results did not show any change in failing a student. This will require future follow up to understand if the hub and spoke model helps the mentor with the assessment of a failing student or if because of the enhanced relationship it actually becomes more challenging.

SECTION 6: CONCLUSION AND RECOMMENDATIONS

From our evaluation we would conclude the following:

- The hub and spoke model is an effective *and* efficient practice learning model for pre registration nursing programmes
- The hub and spoke model is associated with positive student outcomes in terms of belongingness, person centred care, clinical skills, and professional role development
- The hub and spoke model is appropriate for all fields of nursing while recognising that each field will have unique demands due to the changing nature of practice in health care. We would suggest that this model will be an invaluable robust model to support quality assurance and the development of practice learning opportunities within the health and social integration agenda, specifically in mental health and learning disabilities.
- The hub and spoke model does generate a sense of inclusiveness and ownership for practice staff in the process of developing practice learning experiences as they can be more involved in the development of learning experiences, promote effective sharing of learning, and develop a robust evaluation of student performance over time which will promote valid and reliable measurement of competence by the end of the student journey.
- Overall, findings from the hub and spoke cohort provide encouraging indications that person-centeredness has been embraced by these first-year nursing students, with multiple illustrations of how their learning around this quality ambition has been nurtured within their practice learning experience areas.
- The hub and spoke model has the potential to reduce administration workload.

Recommendations

- Implementation of the hub and spoke model requires strong partnerships with all key stakeholders at an early stage and should ensure that mechanisms are in place for feedback and discussion at all stages.

- Local implementation groups are associated with better outcomes as staff can identify and share practice learning experiences leading to the development of appropriate Hubs and spokes within each area
- Student and mentor preparation and support at all stages is key to success
- The role of the PEF/CHEF is central to successful planning, implementation and coordination.
- Further longitudinal research is needed to measure the effect of the hub and spoke model over a three/four year pre registration programme
- Further longer term research on the impact on patient care from the perspective of service users and carers would demonstrate impact on practice
- The Scottish national approach to practice assessment should take cognisance and incorporate the hub and spoke model for practice learning.

SECTION 7: DISSEMINATION

To date we have disseminated the development of this Hub and spoke model for practice learning through the following means:

- NES recruitment and retention conference February 2013 – poster presentation. Enhancing practice experience for nursing students: Development and evaluation of a Hub and spoke Dissemination of the results and recommendations is planned through a number of ways
- Production of a detailed report on the results and recommendations.
- Dissemination of the results from the three first year research projects through conferences and publications
- NHS GG&C, NHSL, NHSA&A, NHSD&G, Independent sector mentor updates and mentor preparation courses at GCU.
- Report to the programme management team evaluations of the first year.
- Paper is being written from this report for publication in an academic journal

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Appendix 1 Steering Group

Jean Greig	Head of Department
Dr Jacqueline McCallum	Senior Lecturer: practice learning
Dr Chris Darbyshire	Senior lecturer: learning disability
Toby Mohammed	NHSGG&C Lead practice development
Linda Hall	NHSGG&C Area Senior Nurse mental health and learning disability
Ellice Morrison	NHSGG&C Senior nurse adult services Community
Mandy Morrison	GCU placement manager

Appendix 2 Working Group

Mental Health and Learning Disability

Stephen Conlon	North CAT
Helen Cairney	Addiction Secondary Services
Martin Hughes	Leverndale
Elaine Shephard	Learning Disability
Lorraine Campbell	North West CPN
Gail McSeveney	North East OACPN
Julie McGarvey	Stobhill
Anne Trotter	Parkhead
Sharon Pettigrew	South NTL
Karyn Hamilton	CHEF

Adult acute services

Isabel Swinbank	medical paediatrics (Women & Childrens)
Claire Mavin	SCN ward 63 INS (Regional services)
Rona Telfer	ECMS
Fiona Smyth	S&AD
Ann McLinton	LN cancer centre (Regional)
Ann MacCrimmon	clinical educator (Diagnostics)
Helen McQuarrie	ward 33 GRI, RAD
Helen Robertson	RAD
Sheila Cantwell	SCN, S&AD
Gillian Paton	Oncology Clinical Educator (W&C)
Claire Hastie	
Mhairi Lloyd	ECMS

Community

Myra Haggarty	Practice Development
Marjorie Watson	Practice Development
Jillian Taylor	Practice Development
Elizabeth Anderson	Practice Development

PEFS

David Lamont	lead PEF acute services
Eileen Salmon	Lead PEF MH & LD
Lorraine Allan	GJNH PEF
Rosemary Middleton	Community PEF
Annie Anthony	Rehabilitation & Assessment
Elizabeth McBride	Regional
Emma Kerr	Emergency Care & Medicine
Julie Smith	Women & Children
Scott Hamilton	Surgical & Anaesthetics


Glasgow Caledonian University

Dr Wendy Mayne	Programme Leader Bachelor of Nursing (BN)
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Sarah Renton	Programme Leader Bachelor of Arts (Honours) in Nursing Studies (BAHNS)
Evelyn Strachan	Pathway lead – adult field
Fiona MacLeod	Pathway Lead – child field
Allan Middleton	Pathway lead – learning disability field
Valerie Howatson	Pathway lead – mental health field
Claire McGuinness	Mentorship Co-ordinator
Heather McDowell	Placements administrator
Linda Heaney	Placements administrator
Ann Turner	Placements administrator

Appendix 3: Detailed work plan

	2012				2013										
	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov
Implementation															
Mentor newsletter															
Mentor roadshows															
Mentor updates															
Mentor conference															
Team leader meetings															
Templates on audit database (admin)															
Information on student and mentor zone (admin)															
Core briefings															
AHP's															
Students on practice															

	2012				2013										
	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov
Evaluation															
Person centered care research															
First Hub experience research															
Students and mentors experience research															
Changes to Hub															
Failing to fail documentation															
Practice evaluation															
Dissemination															
Detailed report															
Conferences & publications															

Appendix 4 Hub and Spoke Roadshows

Hospital	Room	Date
GRI	McIntosh Suite	11.10.12
VI	Conference Room	23.10.12
Community	Eastbank	24.10.12
Mentors matters conference	RAH	26.10.12
GGH	Boardroom	29.10.12
Community	Possilpark health centre	8.11.12
NSH	Seminar Room 6	9.11.12
RHSC	4 th Floor Tutorial Room	12.11.12
Community	Leverndale	14.11.12
GJNH	Dining room	14.11.12
WIG	Function Room Canteen	16.11.12
SGH	Room 10 Ground floor, Lab Building	22.11.12

Appendix 5 - First Hub practice learning experience research proposal

Study Title

First Year Undergraduate Nursing Students: An evaluation of how prepared they are for their first Hub practice learning experience.

Overall Aims

3. To evaluate how prepared undergraduate nursing students are for their first Hub practice learning experience in year one.
4. Development of support to first year students entering their first Hub practice experience.

Objectives

5. Reveal the generic needs of first year undergraduate students for their first Hub practice experience.
6. Identify challenges and priorities that may impact on the Hub mentor/student relationship in the first year of clinical practice.
7. Production of a report detailing the findings, delineating the key recommendations, with subsequent mainstreaming into practice.
8. Introduce a learning resource.

Methodology

Quantitative survey questionnaire after the first Hub practice learning experience.

Population

First year undergraduate student nurses from the Bachelor of Nursing and BA (Hons) Nursing Studies programmes within the School of Health & Life Sciences and the Department of Health and Community Sciences, Glasgow Caledonian University.

Inclusion Criteria

All prospective participants were in their first year of the aforementioned undergraduate nursing programmes. The questionnaire was completed after their first Hub practice experience within a 60 day window of the questionnaire being distributed for completion.

Sampling

The questionnaires were distributed to all first year undergraduate nursing students within the Department of Health and Community Sciences, Glasgow Caledonian University, who meet the aforementioned inclusion criteria.

Access to Identified Population

The head of department and programme leaders of both BN and BANS programmes have been approached and permission has been obtained for questionnaires to be distributed by the group facilitators.

Data Collection

On the spot completion of questionnaires at the discretion of the students – it was highlighted on the participant information sheet that completion was non-compulsory. By completing, they were then giving consent. Completed questionnaires were collected by the group facilitator, placed in a sealed envelope and submitted to the researcher for analysis.

Storage of Data & Data Protection

All completed questionnaires were stored in a locked drawer which only the researcher had access to. Once analysis was accomplished the completed questionnaires were kept for 10 years according to GCU policy then destroyed.

Data Analysis On completion of the data analysis a report was produced delineating the key findings. In addition, the information generated may be used for any or all of the following:

1. The groundwork for planning and development of a practice resource for first year student nurses.
2. Educational discussion, presentations and publications.

Appendix 6 Students' experience of the first year of the Hub and spoke model or practice learning proposal

Overall Aim To evaluate the students experience of the Hub and spoke model for practice learning.

Methodology Quantitative single online survey questionnaire (Survey Monkey) after the first trimester C Hub and spoke practice learning experience.

Population First year undergraduate student nurses from the Bachelor of Nursing and BA (Hons) Nursing Studies programmes within the School of Health & Life Sciences and the Department of Health and Community Sciences, Glasgow Caledonian University.

Inclusion Criteria All prospective participants must be in their first year of the aforementioned undergraduate nursing programmes. The questionnaire must be completed after their first trimester C Hub and spoke practice experience within a 30 day window of the questionnaire being available online for completion.

Sampling The questionnaires will be distributed to all first year undergraduate nursing students within the department of health and community sciences, Glasgow Caledonian University, who meet the aforementioned inclusion criteria.

Access to Identified Population The head of department and programme leaders of both BN and BAHNS programmes will be approached and permission obtained for the questionnaires to be made available to the students.

Data Collection An email via the module GCULearn site will be sent to all students in year 1 of the BN and BAHNS programmes who have completed their first trimester C Hub and spoke practice learning experience. The email will contain the invitation letter, the student participation information sheet and the link to the survey which will be hosted on SurveyMonkey. This will be an anonymous survey questionnaire at the discretion of the students – it is highlighted on the participant information sheet that completion is non-compulsory. By completing, they are then providing implied consent. The questionnaire uses an ordinal scale for the answers of 1 to 4 and is based on the current practice evaluation questionnaire that currently all students complete at the end of each practice experience. The year 1 module leader will provide computer labs on the last day of placement when the students are all in university and the current practice evaluations are normally completed.

Analysis Data generated by the questionnaire will be analysed using Statistical Package for Social Scientists, Version 19 to determine frequencies, relationships and significance. The last qualitative questions will be analysed using content analysis. The data will be analysed by lecturing staff from the research group. On completion of the data analysis a report will be produced delineating the key findings. In addition, the information generated may be used for any or all of the following:

3. The groundwork for planning and development of future practice learning for first year student nurses.
4. Educational discussion, presentations and publications.

Storage of Data & Data Protection All completed questionnaires will be stored electronically. In addition all analysis will be undertaken on a password protected computer and comply with the requirements of the Data Protection Act (1998). Ten years after the completion of the analysis the completed questionnaires will be destroyed.

Appendix 7 Mentors' and PEF's experience of the first year of the Hub and spoke model or practice learning

To evaluate nursing mentors and PEFs experience of the Hub and spoke model for practice learning.

Methodology The nursing mentors will complete a quantitative single survey questionnaire after the first trimester C Hub practice learning experience (July 2013). PEFs will be asked to volunteer to take part in a focus group interview.

Population All NHS GG&C nursing mentors and co-mentors for student nurses from the Bachelor of Nursing and BA (Hons) Nursing Studies programmes within the School of Health & Life Sciences and the Department of Health and Community Sciences, Glasgow Caledonian University. All PEFs from NHS GG&C.

Inclusion Criteria All prospective participants (nursing mentors) must have contributed to the mentoring of a Hub nursing student from the aforementioned undergraduate nursing programmes. The questionnaire must be completed after their first trimester C Hub practice experience within a 30 day window of the questionnaire being available for completion. All PEF participants must work within NHS GG&C.

Sampling The questionnaires will be distributed to all nursing mentors and co-mentors who meet the aforementioned inclusion criteria. All NHS GG&C PEFs will be invited to take part in a focus group.

Access to Identified Population NHS ethics and R&D departments have been contacted and approval is not required. The evaluation requires to be registered with clinical effectiveness in order to provide access to NHS GG&C staff.

Data Collection An email will be sent to all NHS GG&C PEFs with an invitation letter and participant information sheet, The PEF will reply to the email if they wish to take part in the focus group. Informed consent will take place prior to the focus group interview, which will be held at NHS GG&C. Due to the number of PEFs working within NHS GG&C there may be two focus groups of no more than 10 participants depending on recruitment.

Focus group questions-

2. What was your experience of the Hub and spoke placement recently undertaken by year 1 students from GCU?

Prompts:

Challenges

Opportunities

Experience of communication networks between university, Hub placement and spoke placement

Difference in the level of support required by placements

Level of information provided by PEFs increased or decreased

Nursing mentors will be recruited by a number of methods in order to obtain a good response rate.

1. An email will be sent to all NHS GG&C mentors who had a Hub student with an invitation letter and participant information sheet and link to the questionnaire via online Survey Monkey.
2. A paper copy of the invitation letter and participant information sheet will be given to the student to give to their mentor to read and then complete either a paper copy of the questionnaire, or via the Survey Monkey link.

3. The PEF team will encourage mentors to complete the questionnaire either via paper copy or online via Survey monkey.

This will be an anonymous survey questionnaire at the discretion of the mentors. It is highlighted on the participant information sheet that completion is non-compulsory. By completing, they are then providing implied consent. The questionnaire uses an ordinal scale for the answers and is based on the current literature and results from the NES pilot sites for Hub and spoke model of practice learning.

Analysis Data generated by the questionnaire will be analysed using Statistical Package for Social Scientists, Version 19 to determine frequencies, relationships and significance. The last qualitative questions will be analysed using content analysis. The data will be analysed by lecturing staff from the research group. The focus group data will be analysed using content analysis.

On completion of the data analysis a report will be produced delineating the key findings. In addition, the information generated may be used for any or all of the following:

5. The groundwork for planning and development of future practice learning for first year student nurses.
6. Educational discussion, presentations and publications.

Storage of Data & Data Protection All completed questionnaires will be stored electronically. In addition all analysis will be undertaken on a password protected computer and comply with the requirements of the Data Protection Act (1998). Ten years after the completion of the analysis the completed questionnaires will be destroyed.

Appendix 8 - Students' understanding of person centred care abstract

Title: 'Stepping in' or 'stepping back': How nursing students begin to learn about the service user and carer experience of healthcare during their first practice learning experience

Background: A key consideration during the recent curriculum development of our undergraduate nursing programmes was the integration of the NHS Healthcare Quality Improvement Strategy (2010). An overarching 'Healthcare Quality Improvement' curricular framework was developed, building on the foundations of evidence based practice, critical thinking and inter-professional practice, which threaded the themes of person-centred, safe, and effective care horizontally and vertically through theory and practice modules of each academic year. This presentation will report the findings from an evaluation study conducted with the first two cohorts of our new programme, exploring the impact of the curricular framework on one aspect student learning in practice: person centeredness, as it influences the service user experience of healthcare.

Study Aim: To explore first year nursing students' practice based learning about person centred care and service users' experience of health care.

Objectives:

- explore first year nursing students perceptions of the meaning of 'person centred care'
- explore the underpinning theoretical concepts and professional values they consider relevant to person centred care
- explore 'what' and 'how' they learn about person centred care and the patient experience of healthcare during practice based learning
- identify facilitators and barriers to student engagement with the concept of person centred care
- identify 'good practice' exemplars of student engagement delivering person centred care

Methods:

Two approaches to data collection were used;

- documentary analysis of textual data from 235 cohort 1 and 170 cohort 2 consenting first year undergraduate nursing students first practice learning experience document, which asked students to write briefly about learning related to professional roles, communication, person-centeredness and the patient journey.
- Facilitated focus group discussion, based on the project objectives outlined above. Four focus groups of between 10-15 students, representing all fields of nursing. The group discussions were audio recorded for later reference during data analysis.

The principles of thematic analysis (Braun & Clark, 2006) were applied to both forms of generated data.

Findings: A range of themes related to *what* and *how* first year nursing students learned about the patients' journey and the service users and carers' experience of health care were identified; these could be conceptualised as either 'stepping back from / learning at a distance' (professional role-centred) or 'stepping in to / learning through interaction' (person-centred). Underpinning both of these conceptual categories was consistent use of the language and terminology of person-centeredness and the core professional values of respect, confidentiality, dignity, privacy, and promoting choice, with some data evidencing how these values were applied in practice. Students also demonstrated understanding and application of a range of communication strategies required for individualised care. Facilitators and barriers to student engagement with the concept of person centred care were identified and exemplars of 'good practice' in student engagement delivering person centred care were generated.

Contribution to knowledge development:

- The analysis highlighted that, even at this very early stage in their educational programme, undergraduate nursing students are aware of the concepts, principles and language associated with person-centred care.
- However, reflection on the service users' and carers' experience in these care encounters is less evident.
- Nurse educators and practice learning mentors may need to consider approaches which encourage a shift from a professional role-centred to person-centred during the students' remaining journey through the programme.

Results

- **What you think 'person centred care' means; what do you understand by that term?**
- *Emphasis is on using communication skills to get to know the patient as an individual, understanding their needs and wants*
 - "looking at the patient as an individual; don't see all the patients as just washing them, giving their medication; it's about talking to them, listening to them, asking them what they want"
 - "that the individual is at the centre of any care that is given, patient preferences are at the foremost of any decisions that are made"
- **Thinking about some of the theory you explored in Uni and things you may have talked about with your mentors, what professional values or theoretical concepts do you think are important or relevant to person centred care?**
- *Some students could answer this easily, others needed a little more prompting, suggesting that for some groups theoretical concepts of pcc were made very explicit, for others, more implicit;*

- “we’ve learned loads about pcc – I think that’s what this module is all about, we did our essay on it”
 - “about interpersonal skills, how to treat people who have the same illness differently; Take patient preferences into account”
 - “to respect their choices, preferences, dignity, privacy,”
 - Bit of a silence in response to this question then, with prompting “National care standards, using them when you’re working with patients; respecting their choice, their rights, dignity, privacy”
- **Thinking mostly about your practice based learning experiences, ‘what’ have you learned about person centred care and the patient experience of healthcare; and ‘how’ have you learned about these things**
 - *More evidence of ‘stepping in’ compared to earlier in programme; more actively engaged in patient interactions; evidence of close observation of mentor as role model or other staff as ‘what I’d not want to do’*
 - “ placement had quite detailed care-plans, last page was written by the patient or their family, what they wanted ... my mentor said I should look at all that ... so you get to know the person and what they want”
 - “I find it’s a lot different, in 1st placement I had hardly any patient interaction, whereas this one I had 5 pts I was interacting with”
 - “my confidence was raised; when I first started, I was not talking to them, but then I thought ok, I’ll talk to more patients and my confidence grew”
 - “I just watched the mentor do things, that I would never have thought to do, like the mentor pulled the gown round the pt, she just did that automatically then after first time I just did that too”
 - “sometimes I thought other nurses did things differently to what I would do, they had been in the job for years I think it was because it was probably quicker ways to do things instead of asking patients”
- **What things do you think have helped you to deliver person centred care**
 - *Two key components; time, and mentor facilitation*
 - “student nurses have more time ... we don’t have as many tasks to do ... get much more time, much as you wanted, that’s kind of nice, a good opportunity to develop how you’ll practice PCC”
 - “sometimes in the ward nurses have time to talk to patients, sometimes they don’t: as a student it was quite good, we had time to talk, time to get to know them; we don’t have all that paperwork”
 - “when you are on placement longer, you build up confidence; you get to know your patients more”
 - “mentor makes a big difference; whether they explain things to you, this time he’d explain what he was going to do and then I could get involved”
 - “mentor makes a huge difference to how you feel; if they give you good support and put the time in to build your knowledge, your skills, that makes a real difference.”
 - “support from staff raised my confidence, just being praised for small things, I felt I was doing a good job, it just keeps you going.”

- **What things do you think have prevented you from delivering person centred care**
- *Not really an issue for students, who generally felt they had been able to deliver pcc care, however they clearly recognised challenges of time and competing priorities for qualified staff*
 - “shortage of staff, always short of staff; led to people, not deliberately, but taking short cuts ... not having time, got more patients than they can physically take on”
 - “staff really busy, task orientated, staff didn’t have time to do things, just a constant rush”
 - “not enough staff, ward very busy; patients waiting for toilet etc, staff not ignoring them, but always busy, they are not talking to the patients, too busy with paperwork” **Debate among students** “I disagree, nurses must talk to patients” “Our system is all about paperwork though, you have to write everything down” “I think it’s all about covering your back” “Yes, they cover themselves but they don’t talk to patients, paperwork is not an excuse”
 - Staff not giving pt choices “pcc is important but people sometimes don’t bother. It’s the wee things, like putting a film on and not asking patients what they want to watch and I didn’t like that at all, you could just ask someone a question and make them a wee bit happier” “the tiniest wee thing can make a big difference to someone, and they can make the decision themselves, they can have control”
 - “ if in teams, not everyone is co-operating, that prevents good person centred care”
- **Can you give me any ‘good practice’ examples of how you have been involved in delivering person centred care**
- *Core message from these students is “it’s the wee things that matter”*

Students gave several examples of how taking time to communicate with the ‘person’, rather than the ‘patient’, produced good care; given the early point in these students’ programme, the examples were deceptively ‘simple’, but illustrated their understanding and practice of pcc.

 - “ we had a young boy with 80% burns ... and his room is kitted out with his own TV, own DVDs, pictures of his friends up on the wall ... **just little things like that**, just so it’s not like a hospital room ... just small things”
 - “just coming out of surgery, we get a lot of anxious people, so if someone was having to have a line taken out or something, they sent a nurse **in just to hold the pts hand** and speak to them, it was unbelievable just how much that calmed her down, we had a chat just about her dog .. it really calmed her down, distracted her”
 - (a patient who had dementia) he was very angry .. and I looked at him smiled and he smiled back, and I’d heard him sing a few times and I said would you like to sing, would you like to come back to your room and sing for me, and he did”. Facilitator – “What did you learn from that” - student “**I learned that a smile works.**”

References

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