Good practice principles to support students in Placement: mentoring approaches

Hub and Spoke Placements

Background

These learning resources provide some helpful information about how to approach mentorship in practice. Suggested approaches are probably formalising something you are already doing for students in your areas e.g. students time with other members of the MDT, visiting departments linked to your area, working with other registrants to support students and identifying students to work together for particular patient care episodes. There are resources for three particular approaches that you may find helpful to consider in relation to what would work best in your area.

The purpose of considering different approaches is to improve the student experience in relation to the patient journey but also to improve the experience of mentorship even when your workload is particularly busy. The three mentorship approaches we are providing information for are:

- Hub and Spoke
- Team Mentoring
- Student Dyads

The key principles underpinning these approaches are:

Preparation and Sustainability

Step 1: Know about the university curriculum: e.g. philosophy and learning and teaching strategy. The specifics of the students practice assessment.
Step 2: Identify and understand the learning opportunities which are available within and connected to your area or work (e.g. clinics, labs, departments, other roles/people, private and voluntary sector groups) and how they relate to students of each year group (so that they are challenging). Think about learning opportunities related to:

- Speciality specific knowledge and experience
- Patient pathways - where do you patients come from, go to, what investigations do they have, what members of the MDT contribute to their health and wellbeing
- Essential Care Need groups (Babies, Children, Young People, Pregnant and Postnatal Women, People with a learning disability, people with Mental Health needs)
- Developing practice -Leadership, research and education
Step 3: Negotiate, plan and develop learning opportunities and resources: To reduce duplication of effort and ongoing workload, resources should be developed and shared that identify; learning opportunities and communication strategies specific to your area. It is likely that you will already be providing students many opportunities as suggested in Step 2. You should capture these opportunities in a list with contact details and brief outline of the experience for students (see below). This information can be linked to the placement profile so that students can access the information prior to the placement commencing. You might want to identify some ‘Essential Must Do’s’ these can be used to support the student experience and be retained for subsequent students (this can be a shared file, resource box, notice boards etc.) Students can help with the on-going evaluation and development of resources, they can help you regularly monitor the effectiveness of the placement arrangements, communication strategies and resources and enhance as required.

Organisation – Planning Ahead!

Step 1: Students are part of the future for healthcare, you should always expect to have students within your practice (a yearlong capacity plan is managed by the Learning Environment Leads) therefore, developing resources ahead of time will save time overall.

Step 2: Placements will be confirmed in advance of the placement starting with placement areas the name and level of the student and include dates and any specific (target time is). Students can access information via the placement profile and additional resources may be provided by the placement area

Step 3: Managing student numbers and overlaps.
- A nominated lead person (e.g. Manager/education link nurse) should have an overview in order to manage student capacity of all allocated students. They should make note of the student names and dates of the placement.
- A nominated person (e.g. Manager/education link nurse) should identify a relevant LEAD practice assessor (named mentor) for each student who will co-ordinate and lead the learning experience. This person should support the student for 40% of their placement (directly or indirectly). Note that this can be job-shared by two named practice assessors who will make joint competency decisions.
- In addition, the student should have a named and accountable registrant for each shift in the absence of the LEAD. The LEAD Practice assessor or accountable registrant may delegate shift supervision to another e.g. other professionals, care assistants or a more senior student nurse.
- To manage capacity and off duty effectively various models may be used flexibly for example; all students could experience Hub and Spoke and for part of their placement they may also experience Dyads and/or Team mentoring.
- Specify when and where students will be in practice (this may be via a student notice board) and in the off duty.
- Link lecturer contact details to be visible in the placement area with preferred method of contact indicated i.e. email/phone
- All Practice assessors should be familiar with the professional body guidelines (currently the Standard to support learning and Assessing in Practice https://www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/)

Induction to the placement
When students first make contact with the placement area, it is best practice to make them feel welcomed and expected. If the placement area is not aware, contact the University for confirmation/clarification and investigate why the placement area was not aware.
Students should be able to meet with their LEAD Practice assessor to set objectives for the placement ideally within the first week. Opportunities to formally review progress throughout and complete the practice assessment document (PAD) should be identified by the LEAD. If a hub and spoke approach is being used (see definitions) then a plan should be negotiated regarding other learning opportunities and spoke placements, contacts and communication methods should be identified. Some student may have child care/dependants/commitments, so reasonable notice should be given of the placement pattern and hours. Practice assessors should be aware of the students simulation based education and what they have already undertaken in University.

Feedback and communication

Students should be encouraged to self-assess before feedback is given (to highlight self-awareness) Feedback should be frequent, specific and balanced and can be given to the student by anyone they are supervised by, verbally and in writing. If there are concerns regarding student performance then this should be documented and communicated to the LEAD mentor

The student PAD can be used for student feedback:
- Midway Review of Progress (with revised action plan)
- Record Of Additional Progress Review Meetings And Resulting Action Plans
- Mentor Final Assessment
- Feedback From Others Who Have Contributed To Assessment
- Short Placement/Clinical Visit

Practice assessors should ask students for frequent, specific and balanced feedback on their own performance.

Team and Spoke placement practice assessors should review the students PAD and so that the students experience is continued and the placements are seen as part of not additional to the placement. Good communication between placement areas and University to be maintained throughout the placement (both student and practice assessor should proactively ask for support/advice if needed and inform the Link Lecturer of any problems or concerns (i.e. regarding support, achievement of hours, professional behaviour or competency). The whole placement team should be aware of and supportive of the student placement experience and be motivated to ensure students engage in available learning opportunities.

Competency achievement and sign-off (for pre registrant nursing and midwifery)

On each named placement allocation, students need to achieve the minimum competencies (depending on what they have left to achieve and placement number). Mentors should carefully read the words of the competency statements and fully assess knowledge and skill by questioning, reflection and observation. Competencies can be achieved in different ways in different settings and they need to be continually demonstrated and built on, even if already achieved. Therefore it is important that all mentors and team members are monitoring continuing demonstration of competency as well as achieving new ones.
If a mentor has concerns about a student behaviour/competency they should contact the LEAD and ensure other mentors are aware of the concerns.
The professional values/behaviour competency should be signed by the final deadline (this relates to continually demonstrating competencies already achieved as well as professional behaviour and responding to feedback).
Students who are not at the expected level can still fail the overall placement if they have been given feedback in one placement area and do not improve their performance.
The lead mentor will decide if competency sign-off can be delegated to another qualified mentor and make the final competency decision based on feedback from other mentors and team members. The LEAD is the signatory and the final decision rests with the LEAD. Therefore the continual gathering of evidence of achievement is vital to the final decision.

**Hub and Spoke Placements: Definitions, Roles and Responsibilities**

You may have already been informally supporting your students to have this style of placement. The term hub and spoke is used to describe learning experiences where students are allocated to a main placement area (hub) where they will spend the majority of hours for that placement and they will also visit associated placement areas (spokes) for shorter periods of time within the same allocation period. This arrangement provides a valuable learning experience relating to the patient journey and helps to provide a local context of service delivery.

Spokes may vary in length, and from some Hub placements, there may be several spokes for each student to attend. This can be formalised and planned so that the overall numbers of students that can be allocated to the Hub may be increased as students are gaining experiences away from the Hub.

**Hub Placement:** This is the setting where the student has been allocated for the main part of their placement. It is where the LEAD mentor/practice assessor is based and where their summative practice assessment will take place. For NMC pre registrants to be appropriately assessed the student will need to be supervised by their LEAD mentor/practice assessor directly or indirectly for a minimum of 40% of the time during the placement allocation. The Hub placement must be a minimum of 4 weeks long. It is expected that the majority of students will spend some time away from their Hub mentor and placement experiencing Spoke visits. A Hub placement may be a rotation of more than one placement.

**Spoke placements:** To enhance learning experiences, the student will access Spoke placements. The spoke placement is often clinically linked to the Hub, but may not be, with learning opportunities related to, for example, essential care needs, patient pathways, education, research or leadership. All spoke placements are deemed to be formative or observational. They will be overseen by a range of supervisors who will feedback to the Hub mentor in order to contribute to the student's summative assessment. If the Spoke placement is seen as a regular and essential part of the placement experience attendance by the student is non-negotiable*. There are two different types of spoke placements: 'Long Spoke Experiences' and 'Insight Spoke Experiences'. For all spoke placements the student should keep a record of the experiences that they have accessed in their Practice Assessment Document ‘Spoke Placement Learning Log’. The student has the responsibility of maintaining their practice documentation so that there is an on-going record of their achievements.

**Long Spoke Experience** – During some ‘Hub’ placement experiences, students may* undertake ‘Long Spoke’ placements. These long spoke placements will be between 3 days – 4 weeks long and are undertaken either in one block or spaced over the duration of the placement block.

For ‘Long Spoke’ experiences the Spoke supervisor and student should complete the ‘paperwork. There is the expectation that the Hub mentor and Spoke supervisor will communicate with each other regarding the student's progress, particularly if the student has demonstrated competence whilst on the spoke placement, (especially in situations where the competence could not be achieved in the hub placement). The spoke supervisor can
document how the student has achieved a competency in the spoke placement and this may, if felt necessary, be followed up by an email or telephone conversation between the spoke supervisor and hub mentor. Only when the Hub mentor is satisfied with the learning experience and the documented outcomes should they sign-off the competency for the student.

**Insight Spoke Experience:** During all Hub placements students should organise and attend ‘Insight Spoke’ experiences. These can last from 1 hour to 2 days. These visits still require the student to consider learning objectives and note their learning post visit. The aim of the experience is to enhance students’ overall understanding of health and social care and contribute to their specific learning needs. The student is required* to attend these experiences but the choice of visit is decided in negotiation with the Hub mentor, and documented in the initial and midway action plans – this allows the student opportunity for flexibility in the design of their experiences. It is not anticipated that a student would be able to demonstrate competence solely by undertaking an Insight Spoke experience. Supervisors should document feedback about the student on the ‘*Feedback from other professional / non-mentor*’ form which the Hub mentor can take into account when assessing the student.

*Students not achieving:* For students where there are concerns regarding their development towards the achievement of competence a decision is required by the mentor regarding the value of attending spoke placements. In the majority of cases students in this situation should not be undertaking Insight Spoke Experiences. If the student is failing and has a Long Spoke experience planned, the length and appropriateness of the placement to meet the requirements of the retrieval action plan, should be gauged by the mentor before making a decision as to whether the student should attend this spoke.

The decision to “allow” a student to undertake a spoke placement always rests with the mentor.

Reference:


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