



Student experience of hub and spoke model of placement allocation - An evaluative study



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ABSTRACT

An evaluative project was undertaken at the University of Wolverhampton centring on the Hub and Spoke model utilised for organisation of placement allocation across the BNurs programme for all fields of nursing. Student experience was of particular interest throughout the evaluation with the research team focusing on the views, feelings and experiences of student nurses in relation to the hub and spoke model applied for practice.

A qualitative approach was adopted, initially using Survey Monkey to collect student views through a series of open questions, and further enhanced by focus groups. These were transcribed and together with the data from the surveys, data was categorized and themed. Themes were analysed and conclusions drawn.

The hub and spoke method for placements was found to enhance student understanding of the whole patient journey which offered students a wide breadth of experience and development of transferable skills such as communication and adaptability. A sense of increased belonging was highlighted by students which encouraged the development of strong effective relationships positively affecting their learning. Some less positive aspects were apparent revolving around personality difficulties and organisational problems, in particular relating to spoke placements. The purpose of spoke placements was not always apparent and sometimes there was a lack of appropriate student placement experiences provided by spoke mentors. Overall the hub and spoke model for organising placement was found to be beneficial and enhanced the student's experience, satisfaction and learning, which in turn had a positive effect on practice.

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1. Introduction

This paper considers the experiences, views and feelings of students on the BNurs programme in relation to practice placements. Placements are organised through a system of hub and spoke. Here, student nurses are allocated to one hub placement per year for the practice component of the curriculum. They return to the hub on 3 separate occasions throughout the academic year for blocks of placement. To further enhance their placement experience students are allocated to “spoke” placements which can be from 1 to 4 weeks. Spoke placements are linked closely to the speciality area of the hub and reflect the patients journey across healthcare settings.

The research was led by a group of university academics, practice partners, student advisors and academic staff who spend 50% of their time working in practice. A qualitative approach was taken to gain the feelings and experiences of students relating to practice organisation. Data collection methods included qualitative surveys and focus groups. Although a few students felt that some spoke placements did not enable effective learning, others found that they supported a breadth of

knowledge, experience and learning which increased their confidence within the practice setting. From the data, it was apparent that the model of organising placements enabled participants view the whole patient journey.

This paper will consider literature relevant to student nurse placement, detail the data collection methods and present the findings from the project. Finally, the results will be discussed, conclusions drawn and recommendations for future practice identified.

2. Literature Review

Pre-registration nursing programmes are required to meet the NMC's standards of competence (NMC, 2010) through theoretical and clinical experience. At the point of registration, nurses are required to be both competent and confident to work in any healthcare environment (NMC, 2011).

The Nursing and Midwifery Council recognise that innovative approaches may need to be used in order to provide appropriate practice learning opportunities for students (NMC, 2011). Strong partnerships between education institutions and practice learning providers are vital in identifying new opportunities for practice learning and ensuring that students are supervised appropriately.

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A flexible, diverse and varied approach to placements is supported. This should echo and reflect the patient's journey through the health care system and across both hospital and community health settings (NMC, 2010). As health services are increasingly redesigned to deliver care closer to the patient's home (Sherratt et al., 2013) 25%–50% of the student's clinical placement time should be in the community (NMC, 2008).

Teaching and learning in the clinical setting is not a new concept and the teaching of clinical skills to student nurses is a key component of pre-registration nurse education programmes. Practice placements offer students the opportunity to develop the appropriate attitudes, psychomotor skills, knowledge and problem solving abilities required of registered practitioners, as well as enabling them to apply current theory to practice (Pollard and Hibbert, 2004).

It is a mandatory requirement that students on NMC approved pre-registration nursing programmes, are assessed and supported by an identified mentor, practice teacher or supervisor (NMC, 2008). The quality of a clinical placement is seen as vital to the process of learning to be a nurse; and this is significantly influenced by the process of mentoring (Chambers, 2007). Myall et al. (2008) identify that the role of the mentor is important in helping students feel connected to a placement area.

Several studies have focused on what the role of the mentor entails. These highlight the need for mentors to be supportive, a teacher, good role model, motivator, assessor, challenger, facilitator, as well as the interpersonal aspects of the mentorship relationship and a facilitator of learning (Bray and Nettleton, 2006; Kilcullen, 2007; Nettleton and Bray, 2007).

Roxburgh et al. (2011) suggest that developing a relationship with a student over an extended period of time provided by a hub placement affords the mentor with greater incentive to invest in the student's learning. It also gives the mentor enhanced confidence when assessing the student's level of competence, providing improved consistency and reliability of assessment.

Roxburgh et al. (2011) also found that within hub placements students experienced a greater sense of belonging. Mentors reported increased belongingness in the students, and suggested that there was an increased level of confidence in the student's clinical performance, improving the overall outcome of the placement. Roxburgh (2004) suggests that, students feel better supported in the hub and spoke model of placement organisation, with a greater sense of resilience gained from a continuity of mentorship.

Communication between the hub and spoke mentors is essential to ensure continuity of assessment of the student (Roxburgh et al., 2012). The NMC (2011) recommend that supervisors in the spoke placements provide feedback to the mentor in the hub placement, Roxburgh et al. (2011) state however, that students reported little or no collaboration between staff in the hub and spoke placements, mentors on spoke placements felt unprepared, there was a lack of understanding of the function of the spoke placement amongst both mentors and students.

McLimens et al. (2013) argue that whilst hub placements provide consistency and build confidence in the student, spoke placements facilitate a better understanding of the patient journey and broaden the overall experience of the student. The function of the spoke placements is to enable the student to follow the patient throughout their health care experience.

3. Data Collection and Methods of Analysis

An information letter was sent to all current students on the BNurs programme outlining the purpose of the research. This letter assured the students of the voluntary, confidential and anonymous nature of the research and any findings. Students were free to withdraw at any point. Appropriate ethical approval was obtained.

Two methods of data collection were used in the project. Students were contacted and asked to complete a survey through Survey

Monkey. Students were self-selecting and due to anonymous nature of the research, students who did not respond could not be contacted further. The questions on the survey arose from the group leading the research, based on their experience of practice issues in relation to the hub and spoke model. Questions were of a qualitative nature and allowed students to comment freely.

Following the completion of the qualitative survey a series of focus groups were held. Focus groups were organised using a meta-planned format adapted from the work of Davies et al. (2001) and were audio-taped and transcribed. This format ensures all participants are encouraged to fully express their views, feelings and experiences. The total population was 1000 students. Out of these 367 students participated in the survey, of these 15 participated in the focus groups.

Qualitative data from the surveys and the focus groups was analysed following Creswell's (2007) spiral of analysis leading to the development of themes. This model encourages the researcher to move through the various phases of managing data in a cyclical manner rather than moving directly from one stage to the next. The process consists of immersion, coding, reflecting, organising the codes into categories which can be analysed and organised into themes which can then be further analysed. Throughout the process, the researcher reviews and reflects on the data, to ensure the findings truly reflect the views of participants thus the analysis of the data is an iterative process. The themes are supported by examples of participants' own words. To aid the development of themes Ritchie et al. (2003) suggests data be represented in a matrix enabling the researcher to check the correlation of data and themes. This is presented below.

4. Findings

From the data, it was apparent that the model of placement organisation provided a range of experiences which affected the learning and development of student nurses. Following Ritchie et al. (2003) model, data has been categorised into the following themes "belongingness", "learning and development", "student mentor relationship", "quality". Some examples of the categorization process are shown in Appendix 1.

5. Discussion of Themes

5.1. Belongingness

A sense of belongingness has previously been identified as an important influence on student learning in practice (Roxburgh et al., 2011, Levett-Jones and Lathlean, 2008). Participants in this study also highlighted belongingness as a key benefit of the model of placement organisation with comments such as returning "was like coming home" and "reassured that I knew the area". Having a good relationship with the team gave them a sense of belonging and security. This sense of belonging increased the opportunity for learning and development. Participants emphasized the value of working with one mentor for long periods of time as they were able to build effective relationships positively enhancing their learning and development. Often, the feeling of belonging enabled participants to "ask questions without being made to feel stupid". Participants commented that they felt enthusiastic and motivated to return to the hub and often discussed their experiences away from the hub with their mentor. This impacted positively on participant experience and satisfaction as well as on their learning.

In relation to a sense of belonging, experiences on spoke placements differed widely amongst participants with some being used as a pair of hands and others being fully involved in the team. Participant sense of belonging was affected by the quality of the placement and the relationship with the mentor. These aspects affected participant learning and development.

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