



Evaluating Hub and Spoke models of practice learning in Scotland, UK: A multiple case study approach

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SUMMARY

Background: Most of UK students' practice learning experience is based on a rotational placement model which often leads to students lacking confidence and feeling anxious about the complexities of the care environment. **Objectives:** To evaluate the impact of Hub and Spoke model(s) of clinical practice placement across geographically diverse locations, with a particular focus on enhancing the student practice learning experience.

Design: Multiple case study design.

Setting & Participants: Comprised undergraduate student nurses from Adult, Learning Disability and Mental Health programmes from 3 Scottish Schools of Nursing.

Methods: A mixed methods approach which included quantitative and qualitative data tools.

Results: All three Hub and Spoke models shared two broad findings:

- 1) In the three Hub and Spoke models detailed in this paper, there is a continuum of student led learning which supports the process with opportunities for individual students to be positively innovative and creative in their learning approaches. Depth of learning was achieved in two ways; a) the method in which Hub placements are organised, managed and structured and, b) the depth of empathy and sensitivity to the individual at the centre of the care.
- 2) Placement capacity is increased: The classification of placements is reviewed to produce broader categories, Engagement of mentors/enhanced student/mentor relationship.

Conclusions: Practice Learning must be seen as an academic endeavour that promotes deep, meaningful, person-centred learning rather than superficial, compartmentalised placement-centred learning.

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Introduction

Much speculation has been given to the quantity and quality of the theoretical content required to achieve degree standard in relation to nursing practice. A contention highlighted by [Henderson et al \(2007\)](#) and [Levett-Jones \(2007\)](#) is that insufficient focus is given to the quality of the student learning in practice, and that current organisation and structuring of placements gives students messages and learning experiences that are not congruent with current health and social care policy and ideology.

The nature and purpose of practice learning is in part conveyed through the language that is used to describe it. The typical use of

the term 'placement' creates an image of a physical location or professional team which the student goes to and remains for a period of time. It suggests student learning is about and within the boundaries of that location or team. Contemporary practice learning should be an open and flexible system within which the student pursues meaningful learning experiences that are person-centred and span health and social care services and beyond in ways that reflect the service-users' experience. It is suggested, that the term 'practice learning experience' reflects a different perspective and ultimately a different type of learning experience for the student than the term 'placement'.

This paper will explore an alternative approach to the traditional rotational organisation of practice learning. Three case studies of Hub and Spoke models will be discussed each formed as projects by separate Scottish Universities and their respective NHS partners. The findings of the projects will be explored with particular focus on placement philosophy and organisation, and the impact of the approach on scope and depth of student learning.

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Limitations of Rotational Practice Placement Models

The predominant method of organising practice placements for nursing students is based on a rotational model. A rotational model may be described as a series of placements that have no defined connection between them other than providing exposure to a range of patient groups and services. There is evidence that such an approach often leads to students lacking confidence and feeling anxious about the complexities of the care environment (Campbell, 2008). Several reasons have been identified for the limitations of the rotational model. Holland et al (2010) noted that this approach is planned and managed in a variety of different ways according to programme specification and placement availability, rather than being driven by the learning needs of the student. In addition, rotational models of placement may not necessarily be integrated into the academic learning experience and are only tenuously linked to the students' learning needs or curiosities. The choice of placement allocation is not within the control of the student and placements are frequently short and disconnected from each other (Campbell, 2008).

Despite these limits in the organisation of practice learning, Andrews et al (2005) study on placement experiences concluded that 'the absence or presence of a supportive and positive learning environment, are seminal for many students in shaping their first destination employment decisions' (p 151). Students are therefore not only making this decision on limited experience but also, more importantly, on experiences where the developmental opportunities to be future focused practitioners have been constrained.

An additional difficulty with the rotational model was highlighted by Lauder et al (2008) as over reliance on acute care settings for student placements can result in conflicting messages, as emphasis is around 'benevolent care approaches' that focus on 'illness' and the 'patient'. Although medical approaches to health services remain valid in all fields of practice, the social model of health, which embraces person-centred and values-based care approaches, increasingly underpins health and social care policy and practice guidelines (Scottish Government Health Department, 2010). Thus, placement experiences that are confined largely to acute care environments can provide restrictive learning opportunities that do not conflate well with current health policy drivers.

Potential Opportunities of the Hub and Spoke Approach to Practice Learning

The review of practice learning completed by Campbell (2008) suggests several benefits from adopting a Hub and Spoke model, including an increased consistency of experience for student, mentors, patients/service users and carers. The model may support the concept of students' belonging to learning communities which is an approach to teaching and learning that is gathering momentum within higher education. Meaningful learning is rooted in the culture and the social experience created within an educational experience and is achieved when students perceive ownership of the curriculum and authenticity in their educational experiences (Lawrence, 2005). Anderson and Burgess (2007) assert that learning communities have value as a mechanism for combating isolation and enhancing collaborative and interactional approaches to learning. The literature refers to the significance of 'being in practice' as part of the socialisation process of becoming a nurse or midwife (Melia, 1987; Levett-Jones and Lathlean, 2007) and that students acknowledge the importance of 'fitting in' to the environment in which they are allocated as significant to their actual experience and their success in becoming a qualified nurse (May and Veitch, 1998).

The work of Henderson et al. (2007) suggests that there is a strong relationship between the concept of belongingness and students' having a positive placement experience. Belongingness is understood to be the sense of connectedness to the student experiences within the learning environment. Belongingness can be felt within the staff,

within the system and within the client group and demonstrates cohesive and secure care settings (Henderson et al, 2007). Its quality is dependent on a range of factors including the level of student involvement in care and the availability of support during the learning experience. It is in this sense of connection that enables the student to be open and receptive to the demands of the care environment and more deeply engaged in learning. A sense of belongingness emerges through cooperation; connectedness and collegiality in relationships (Levett-Jones and Lathlean, 2008).

Thus, in facilitating the process of establishing meaningful relationships in practice, Hub and Spoke models hold the potential to deepen and extend student learning by reflecting the values espoused in contemporary health. A student nurse is more able to demonstrate the values of person centred care (respect; individuality; empathy), if they receive that same ethos in their learning experiences.

Overview of the Three Case Studies

- Case Study 1 – a service centred approach which enables students to 'follow' the client journey,
- Case Study 2 – a first year placement, in which the student stays with the same hub and the same mentor
- Case Study 3 – a whole programme approach in which students belonging to three core learning communities.

The case studies were developed independently of one another in response to local educational and clinical agendas. However, the Scottish Government's Recruitment and Retention Delivery Group for Nursing, has played a key role in supporting the initiatives by providing funding for implementation and evaluation. This has promoted collaboration between the three Higher Education Institutions that has enabled the sharing of ideas and perspectives, discussion and debate around the findings emerging from the evaluations and exploration of the similarities and differences between the models.

Despite developing independently, the three Hub and Spoke case studies also share characteristics. For each, Hubs and Spokes are contrasting but complementary learning experiences (Roxburgh et al, 2011) and a Hub is defined as the main base for practice learning and student attainment of Nursing and Midwifery Council competencies (NMC, 2004).

The system in which the Spokes are organised, facilitated and labelled is seen as the connecting screws that hold the Hub and Spoke model together. Each project identified, organised and described the Spokes in slightly different ways, reflecting both the spectrum of student led learning alongside person centred care. The differences perhaps produce a variance in emphasis and in synchrony with the philosophy of the model more generally. The variations in Spoke systems are described below: (Table 1).

Thus, a Spoke is a planned secondary learning experience that would not be otherwise available in the Hub placement and is accessed to enrich the depth and breadth of student learning. Spokes are connected to the Hub placement through commonality of client population, referral pathways, joint working or shared care provision. Spoke placements can be located in health or social care, third sector or wider community settings depending on the Hub and Spoke model, student learning needs and the service user journey. As a result of this, Spokes have the capacity to increase access to inter-professional learning and create placement capacity.

Methods

Research Aim

To develop, implement and evaluate the impact of Hub and Spoke models of practice learning across geographically diverse locations, with a particular focus on enhancing the student learning experience.

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