The Healthcare Quality Strategy for NHSScotland (Scottish Government 2010)

The Nursing and Midwifery (2010) Standards for pre-registration nursing education are implemented within the curriculum of the recently approved (May 2011) GCU pre-registration nursing programmes. The curricula of the new GCU pre-registration programmes also incorporate specific themes derived from The Healthcare Quality Strategy for NHSScotland (Scottish Government 2010) as part of the curriculum. These themes are:

- Person-Centred Care
- Patient Safety
- Effective Care

The Hub and Spoke Model will allow pre-registration students to consider these themes in a variety of practice learning areas. As a mentor, you can support students to apply these themes/theoretical concepts to practice, in turn helping to promote The Healthcare Quality Strategy for NHSScotland (SG 2010) in your area. You can provide this support in a number of ways; some potential strategies could include:

**Being Person-Centered**

- Allow the student (with mentor support as appropriate) to talk to clients and their families about their experience of healthcare provision
- What do your clients and their families say would make their care experience better?
- Reflect on this discussion with the student and consider the learning achieved.

**Being Safe and Effective**

- Are there any Scottish patient safety programme activities or audits in your ward/unit which the student could become involved in?
- Discuss these with the student and consider the implications for the delivery of safe and effective care
- Reflect on this discussion with the student and consider the learning achieved.

Potential Benefits of GCU Hub and Spoke Practice Learning

<table>
<thead>
<tr>
<th>Mentor/Practice Learning Environment</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves the mentor’s experience of supporting and assessing the learning of students</td>
<td>Broadens the student’s experience of practice</td>
</tr>
<tr>
<td>Provides mentors with the opportunity to get to know students better</td>
<td>Provides students with the opportunity to get to know mentors better</td>
</tr>
<tr>
<td>Provides opportunities for increased mentor and student collaboration/planning of student’s learning journey</td>
<td>Provides broader context for practice learning, promoting deeper student learning &amp; continuity of learning</td>
</tr>
<tr>
<td>Provides an improved basis for mentor/student/hospital team/service user relationships</td>
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</tr>
<tr>
<td>Hub mentor receives student performance feedback from spoke mentors and vice versa</td>
<td>Greater emphasis on following service user journey &amp; promotes greater understanding of their lived experiences</td>
</tr>
<tr>
<td>Improves continuity within assessment process helping to promote robust student assessment</td>
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</tr>
<tr>
<td>More detailed records of the student’s practice learning experiences</td>
<td>More detailed records of the student’s practice learning experiences within the Ongoing Achievement Record (OAR)</td>
</tr>
<tr>
<td>Less time spent on student orientation and induction on return to hub</td>
<td>Helps to increase the development of student confidence during practice learning</td>
</tr>
<tr>
<td>Enhances mentor and student relationship and supports the early identification and management of issues/problems</td>
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</tr>
<tr>
<td>Returning students can be an incentive for mentors to invest more in the students’ learning</td>
<td>Promotes healthcare team involvement - provides the student with a greater sense of belonging</td>
</tr>
</tbody>
</table>

GCU Undergraduate Nursing Programmes – The Hub and Spoke Model for Practice Learning

Current NHS reconfiguration, the increased demands of an all graduate profession, and changes to practice learning experiences, with an emphasis on inter professional learning, has meant that nursing as a profession has to consider alternatives to the current approach when providing practice learning experiences for nursing students. It is intended that the Hub and Spoke placement allocation model will enhance the student’s practice learning experience. The implementation of this model will shift the emphasis from a university centred placement allocation process to that of a more collaborative learning experience where the mentor and student are free to shape the student’s learning experiences together. The Hub and Spoke model allows the student to more readily follow the service user journey and is in keeping with the spirit of individualised client focused care. It also has the potential to optimise the building of an interpersonal relationship between the student and mentor, in turn maximising student learning opportunities. Engagement with practice learning and university supports closer integration of theory and practice.
The Hub and Spoke Model

The GCU Hub and Spoke practice learning experience model builds on recent NHS Education for Scotland (NES) funded evaluation of 3 implementation sites across Scotland. The model facilitates student allocation to a placement area for an extended duration which can range from 3 to 10 weeks. This is termed the HUB placement. Following negotiation the student may then go to a number of secondary practice learning environments; these are referred to as SPOKE placements. The spoke placements may be anything from a single visit to a more prolonged period depending on the learning needs of the student. In either case whether the placement is hub or spoke, the type of practice learning environment will be determined by the programme learning outcomes, the students’ learning needs, European Union (EU) directives and practice learning environment availability. It is important to note that if a particular spoke placement is identified as being an essential part of the programme and a requirement for progression to registration then this will be referred to as a ‘negotiated spoke’, more detail provided later in this newsletter.

An Example of the Hub and Spoke Practice Learning Experience

The mentor and student work together to co-ordinate the student’s practice learning journey. In addition GCU Placements will also allocate negotiated spoke placements. All Hub practice learning environments are quality assured as part of the GCU audit process. For example a student may, while working under supervision with a client on a case load, gain experience of the Criminal Justice System and then wish to undertake a placement in a Forensic setting. The mentor and student would then contact the spoke area to negotiate the spoke experience. On completion the student would return to the hub placement where they would critically reflect on the spoke experience with the hub mentor.

Hub and Spoke – Mentor Responsibilities

Hub Practice Learning Experiences

These are essential experiences which are required for student progression to registration and will therefore be arranged and coordinated by the GCU Placements Unit. Mentors and students will not be involved in the planning or coordination of these practice learning experiences.

Negotiated Spokes

These are also specific essential practice learning experiences required for student progression to registration and will therefore also be arranged and coordinated by the GCU Placements Unit. Mentors and students will not be involved in the planning or coordination of these practice learning experiences.

Linda Hall, Area Senior Nurse Mental Health and Learning Disability and Eileen Morrison, Lead Nurse Adult Services Community.

The steering group nominated relevant people to piloting the working model including: GCU academics, GCU Mentorship Coordinator, GCU Placements Unit, staff, mentors, lead nurses, and practice education facilitators (PEFs). Since February 2012 the working group have met monthly in order to progress the refinement of the model. Working group members have identified potential ‘Hub’ and ‘Spoke’ placements and have developed the implementation strategy. They are also responsible for the dissemination of the work of the group to the practice areas that they represent.

The Hub and Spoke Model was presented for consideration at Professional Network in June 2012 and, following discussion and consideration, accepted by this group.

Implementation: Time Frame

It is proposed that the Hub and Spoke model will be implemented during Trimester A (September) 2012. The first student placements following implementation of the model will take place during December 2012 (a three week orientation placement for year 1 students). The year 1 students will return to practice areas again for a longer placement (incorporating hub and spoke) during the summer of 2013.

Responsibilities of those Involved in the Hub and Spoke Approach to Practice Learning

Practice Learning Environment Providers

Provide Hub and Spoke practice learning environments which offer quality practice learning experiences.

Ensure that mentors and other appropriate staff in the Hub and Spoke practice learning environments are appropriately prepared to support students and assess students, and can document their progress appropriately.

Provide quality Hub and Spoke practice learning experiences that reflect evidence based practice.

Provide appropriate orientation and induction to Hub and Spoke practice learning environments.

Non-NHS practice learning environments must ensure that they have personal indemnity insurance cover in place.

Ensure non-nursing practice learning environments have personal indemnity insurance cover in place.

Ensure that non-NHS mentors and supervisors are recorded as eligible to undertake this role on a live register.

Provide appropriate preparation programmes, updates and other educational initiatives to ensure that mentors and other appropriate staff are competent to fulfil their role in supporting, guiding and assessing students.

In collaboration with practice learning environment providers, document, investigate and respond to complaints regarding practice learning environments as per practice learning support protocol and escalating concerns guidance.

Monitor and review practice learning environment and support action planning for practice learning area development.