

Good practice principles to support students in Placement: models of supervision

Hub and Spoke Placements

Background

These learning resources provide some helpful information about how to approach supervising students 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 four 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 four models of supervision we are providing information for are:

- **Hub and Spoke**
- **Team Supervision**
- **Student Dyads**
- **Collaborative Peer Assisted Learning (CPAL)**

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
- **Interprofessional learning and collaborative practice-** work alongside key members of the inter-professional team (in both Hub and Spoke placements) to understand roles and responsibilities and identify positive methods for collaborative practice.
- **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 (for example, a yearlong allocation 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 person) 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 person) should identify a relevant practice assessor (for nursing and midwifery, this is the Practice Assessor) for each student who will **co-ordinate and lead** the learning experience (and for nursing and midwifery, the Practice Assessor will liaise with Practice Supervisors).
- In addition, the student should have a named and *accountable* registrant for each attendance. The practice assessor (and for nursing and midwifery, the Practice Assessor and Practice Supervisors) may arrange for other staff to work with the student, to oversee patient safety (e.g. other health care and social work professionals, care assistants, other more senior students, or other health care personnel).
- To manage capacity and off duty/practice experiences 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 Supervision.
- Specify when and where students will be in practice (e.g. via a student notice board, communication books, and/or 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

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 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 Practice Assessor.

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 practice assessor

The student PAD can be used for student feedback:

- Midway review of progress (with any action plan that has been put in place)
- Record of additional progress review meetings and resulting action plans
- Practice assessor final assessment
- Feedback from others who have contributed to assessment (for nursing and midwifery, this will be the Practice Supervisor(s).)
- 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 (for nursing and midwifery, this may be the Practice Assessor, Practice Supervisor, or overseer/nominated non supervisor) 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 competence/proficiency). 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/proficiencies (depending on what they have left to achieve and placement number). Practice Assessors and Practice Supervisors should fully assess knowledge and skill by questioning, reflection and observation in relation to each competency/proficiency

statement.

Competencies/proficiencies can be achieved in different ways in different settings and they need to be continually demonstrated and developed, even if previously achieved. Therefore it is important that all practice assessors/supervisors and team members are monitoring continuing demonstration of competency/proficiency as well as achieving new ones.

If anyone, supporting the student in practice, has concerns about a student behaviour/competency they should contact the identified lead person coordinating the student experience (for nursing and midwifery, this will be the Practice Assessor) and ensure the student, and others supporting the student, are aware of any concerns.

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 practice assessor will make the final competency decision based on feedback from other staff who have supported the student, and team members according to the relevant professional standards.

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 their practice assessor is based and where their summative practice assessment will take place (for nursing and midwifery students, this means their Practice Assessor). 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 practice assessor 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. So that all learning can contribute towards assessment, in order to contribute to the student's summative assessment, spoke placements will be overseen by a range of staff who will feedback to the Hub practice assessor (for nursing and midwifery, this means the Practice Assessor or Practice Supervisor(s)). 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, and reflective accounts of spoke experiences, 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 overseer/supervisor and student should complete the ‘paperwork’. There is the expectation that the Hub practice assessor and Spoke supervisor/overseer 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 person overseeing a spoke placement with the student can document what the student has achieved in relation to competency/proficiency in the spoke placement. All records must be completed in the student PAD, and communications between the Hub and the Spoke are important in relation to contribution to practice assessment. (For example, in nursing and midwifery, it is only the Hub Practice Supervisor(s) who can complete formative assessment, and only the Practice Assessor who can complete summative assessment decisions).

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 practice assessor, 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/proficiency solely by undertaking an Insight Spoke experience. Those who provide oversight/supervision in Spoke placements should document feedback about the student in the student PAD, for the Hub practice assessor to 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 Practice Assessor 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 practice assessor before making a decision as to whether the student is able to attend this spoke.

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

Reference:

Thomas, M. and Westwood N. (2016) Student experience of hub and spoke model of placement allocation - An evaluative study. *Nurse Education Today*, 46, 24–28

Document prepared with thanks to:

- Education, Training & Development, Guy’s & St. Thomas’ NHS Foundation Trust
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