Hub and Spoke: role of mentor

Caroline Gibson, QMU & Hazel Powell, ENU
What do we mean by hub & spoke?

**Hub** – Your main placement, supervised & summatively assessed by your mentor with due regard, as part of this you undertake a range of

**Spoke** placements – overseen by a range of supervisors who feed back to the hub assessor
Benefits of hub & spoke model

- Students gain a breadth of experience
- Formalises previously ‘incidental’ learning opportunities
- Enables wider range of students to access specialist learning opportunities
- Opportunities for inter professional learning
- Opportunities to have established student learning pathways in placement areas
NMC Guidance

Standards to support learning and assessment in practice

- Whilst giving direct care in the practice setting at least 40% of the student’s time must be spent being supervised (directly or indirectly) by a mentor/practice teacher
- Due regard
Due Regard

Due regard can be applied where students need to gain experience with somebody from a specialist field of practice who is not a mentor/practice teacher from the same part of the register and same field of practice as that which they intend to enter.

Examples could include:

• a learning disability nursing student placed within an adult nursing environment

• a child branch nursing student placed with a specialist community public health nurse
Due Regard

In these circumstances the student is placed with a specialist placement supervisor who is a designated practitioner with the skills that the student needs to acquire or be exposed to. The specialist placement supervisor is normally a professional who has received preparation in supervising and assessing students in practice settings.

• Directly supervises the student in the required activities that address the specified learning outcomes related to the specialist experience.

• Assesses component skills directly related to the professional’s own area of competence and scope of practice.
Due Regard

• The placement is overseen by a NMC registrant mentor or practice teacher with due regard

• The mentor/practice teacher is accountable for assessment with due regard and confirming overall proficiency (or not) at the end of the placement.
Case Study 1:

• Year 1 Students Community Placement
  Aim: to facilitate a broader experience of health care provision in the community.

Students have

• Hub placement with District Nurse or Health Visitor
• Spoke Placements short educational visits in order to achieve specific learning outcomes with other health care providers in the area to build up a more complete picture of the way in which health is managed, promoted and maintained in the community. e.g. Community Learning Disability Team, School Nurse, Community Hospital
Sample model for Community Placement

- District Nurse
  - Home Care
  - Voluntary services
  - Other services within practice
  - Mental health
  - Community Learning Disability Team
  - Cottage Hospital North Berwick
  - Specialist nurses e.g. Head injuries or Diabetes

Edinburgh Napier University
<table>
<thead>
<tr>
<th><strong>Clinical supervisor</strong></th>
<th><strong>Student</strong></th>
</tr>
</thead>
</table>
| Appear more organised than the others in the group  
Given them confidence about achievement of their outcomes and greater depth of understanding  
We could well utilise their experience to support the other students | It was a great experience to be given the opportunity to see how various members of the healthcare team within the community come together and work.  
I would definitely recommend this placement to a friend as it was great opportunity and gave great insight into the healthcare team working in the community. I learnt loads |

<table>
<thead>
<tr>
<th><strong>Spoke mentor</strong></th>
<th><strong>Hub Mentor</strong></th>
</tr>
</thead>
</table>
| I think a hub and spoke placement will work well  
would like to see student for more time (2-3 weeks) | Potential for organisation of student activities ahead of placement  
Team involvement in supporting students learning positive  
Quite labour intensive  
Patients/ Clients exposed to multiple students |
Case Study 2: learning disabilities

• Student’s have a ‘Hub’ placement with community nurses, complex needs, children's or challenging behaviour services – long placements (15 to 30 weeks)

• ‘Spoke’ placements, with school nurses, specialist liaison/epilepsy specialist nurses, day service providers (social care) – a day a week for set number of weeks

• Student identifies proficiencies to be met in each placement from portfolio
Challenges

Mentors
- Need an overview/understanding of ‘spoke’ placement
- Clear communication – agree in advance between placement areas
- Take the time to build relationship with ‘spoke’ mentor

Students
- Organised
- Good communicators
- Understanding of learning outcomes to be met

HEIs
- Adequately prepare mentors & students
- Highlight proficiencies for each placement
- Clear communication – expectations & support
Your Questions & Thoughts?

• How possible would this be in your area?
• What sort of additional placements could be accessible?
• What would help you to organise such a placement?
• Would anyone wish to participate in a group to take this forward?