Using the hub and spoke student placement model in learning disability settings

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How does the hub and spoke model of student placement learning really work in a learning disability setting?

Introduction

Placement learning on health, social care and allied professional courses leading to registration can account for up to 50% of the education that students receive (NMC, 2006). The Centre for Advancement of Inter-professional Education (CAIPE, 2012) articulate the rationale for this when they say 'Placements provide opportunities to relate learning about policies in the classroom to practice on the ground' (2012:12).

Recently the hub and spoke model has gained traction as a vehicle for the delivery of placement learning. This arrangement has an apparent advantage in that it consciously provides for some variety of experience by facilitating movement of the student within and between areas and patient groups, and even between providers and setting. Such an accommodation also fits in with the thinking of the Nursing and Midwifery Council (NMC) (2010) when they make the point that 'Programmes must 'ensure that students have opportunities to learn with, and from, other health and social care professions' (2010:75).

Hub and Spoke - what is it?

There are many examples of hub and spoke placements and all are organised on similar principles. That said, there will normally be one geographical/physical area designated as the 'hub' which is where the learner will receive the bulk of their formal and regulatory input from an appropriately qualified practitioner. This area will have sufficient opportunities to meet the learning outcomes expected for that part of the programme. There will also be one or more 'spoke' placements which the student will attend on a pre-planned basis in order to gain more experience of other client groups, to learn other related skills or to observe procedures not routinely available at the hub. By operating across two or more areas the

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student should become aware of the realities of inter-professional working. That then is the theory. Our study set out to examine what happens when this is put into practice.

Background

Holland (2002) chose to emphasise the need for close collaboration between the faculty and the frontline staff so that students are prepared for the rigours of the 'day to day drama' (2002:147). In essence the 'day to day' learning components offer the student the opportunity to explore the 'theory/practice gap' (Hatlevik, 2012). These aspects of student learning will be apparent in any discipline or setting and will be relevant to educators and placement providers across the globe.

Raine (2005) outlines the shape of placement learning when she says 'While most placements stress that they needed to prioritise their own students' learning needs, they are open to students visiting them when they follow the patient's treatment and care in the other service setting, and they are also open to 'swapping' students for the day to facilitate exposure to other placements' (2005:40). This situation seems to describe a ' pathway' as previously highlighted by Hutchings and Sanders (2001). They were aware that students' learning opportunities would be severely limited if they were to remain within the physical constraints of a ward environment, for example, when the patient they were at least partially responsible for was being treated temporarily and elsewhere by other health professionals. Pollard and Hibbert (2004) adopt slightly different terminology in describing a very similar scenario. They talk of a 'placement pathway and 'patient pathways' as a means of addressing concerns over the quality of the student experience when on clinical/nursing areas. And they too highlight the purely practical aspects of using this method when they say '….co-ordinating the students' clinical learning experiences is essential in the current climate because of the huge numbers of students using the placement circuit and the complexities of modern nursing (2004:43).

More recently Roxburgh et al (2012, 2014) conducted two studies that considered student responses to hub and spoke style placement learning when contrasted with a more traditional or 'rotational' model. Within the three case studies conducted, the placements were less likely to be seen as being 'within' a physical building, location or team, but as something more open' (2012:787). In a second study the student nurses found the hub and spoke model valid during their first year and while not rejecting the model the students then found the rotational model could be just as valid for their second year experience (2014: 45).

The Case Study as Method

As this was a preliminary investigation with a short timeframe available we had to be practical about our approach to generating data. We therefore decided on a case study method. Simons (2009) defines the case study as '…an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, program or system in a "real life" context. (2009:21). In our situation the case was defined by the location of the learning experience, by the staff who supported and ran those services, the service users who accessed those services and by the students who were there on placement. - here defined as the opportunities for placement learning open to students on the programme.

To capture the full range of experiences we elected to focus on two hub and two spoke placements as each location has a different pattern of activity. In one the hub and spoke placement the student hours were allocated on a division of three days hub, two days spoke per week. In the other setting the division was in solid blocks of time with the student spending 11 weeks on the hub then 5 weeks on the spoke. The division of time reflects the number of hours students are required to spend between the classroom and the placement experience.

Our Setting

Here students are enrolled onto a combined BSc (Hons) Applied Nursing (Learning Disability) and Generic Social Work programme. Students on this programme qualify with a Learning Disability Nursing and generic Social Work registration. This programme has been running at [name of] University for nine years.

With prior approval from our Faculty ethics committee we approached local service providers to enlist their participation. At each venue we spoke with the member of staff who had direct input with the student. We also took the opportunity to speak with individuals who used the service where this was appropriate. Overall the feelings expressed were positive. Next we look at these in more detail from the differing perspectives as we try to derive some guidance about what works and what doesn't work. The placements and the client groups[1] associated with them are listed below in table 1

table 1 about here

The 'hub placement' provider perspective

The Community Learning Disability team was situated on a small campus site. The advantage of this would be that the student would very quickly get to know the individuals in the team and would have access to a variety of opportunities such as clinics and visits on an opportunistic basis. We were told:

'I think a student would be fine here full time. There is enough for someone to benefit from….it's so varied every day. It's never static'.

The mentor was in favour of the idea of the spoke placement and appreciated that students would get a breadth of experience not always available if they remained based in one locality. But she was equally clear that by being absent from the hub on set days meant that some

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[1] all client groups comprised individuals with learning disability

timetabled activities were missed out on which would otherwise have provided equally good learning opportunities. She added:

'I sometimes worry that there's not enough clinical experience or opportunities so if the student is here for only three days per week they might be miss out'.

Spoke Placement A - provider perspective (one day per week)

This service provider offers living accommodation to individuals with learning disability and provides some day services with an emphasis on support and advice around daily living. Organisationally the fact that it was a 'spoke' placement was immaterial. Indeed for this organisation the day that the students routinely spend with them works well since it is timed to coincide with the 'support and advice service' they offer to their tenants. Outside of this there are limited opportunities for client interaction. The practice then of focusing the student efforts into one structured event worked well. For the student to spend any longer than one day per week would necessitate them moving geographically across other networks operated by the organisation, albeit replicating the work they did in the one location. This might, it was suggested, enable them to take on a 'caseload' of clients. This might work because staff had seen encouraging signs of the students learning from the service users. We were told,

'It's good to see students learning from service users who often helped each other – for example by developing skills in helping each other when a person was angry or distressed'.

The one obvious drawback to this kind of arrangement was that if the student's designated 'spoke' day coincided with something important and immovable at the hub setting. This demonstrates that there has to be some flexibility around planning built into the system so that students can make the most of the opportunities that arise, whenever and wherever they arise.

Spoke placement B - provider perspective (block of time)

In order to provide some balance we visited another area which acted as a spoke placement but here the time division was in blocks of six and eight weeks again to reflect the regulatory requirements. The provider was very happy with this arrangement. We were told that …'because the students are here five days a week they find their feet very quickly. They become trusted [by the service users] and take on responsibilities when even the long serving volunteers are only here once a week'.

We were told that the term 'hub and spoke' might have meaning for the faculty and the administrative aspects of student learning but not for the organisation. Our contact said, 'The name doesn't affect us here. You could call it what you like - it doesn't mean anything. For me the Hub and Spoke could be called Billy and George'.

Overall the hubs and spoke providers we contacted, the service users we spoke to and the students involved had all enjoyed the experience. This is clearly not a representative sample but it at least highlights the differences in ways that hubs and spokes can work and what we might do to make them work better.

Student perspective - hub and spoke separate

This hub was a small nursing home for people with complex learning disability and physical health issues. The spoke was a day centre run by a national charity. Our student told us she enjoyed both placements because the mentors and the staff were very supportive. At the care home the student felt that they learned a lot about basic care skills, care planning and nursing care. At the day centre they felt that they learned about communicating with a large number of people with different needs. This helped them to develop their confidence in working with groups. They also mentioned that the hub and spoke experience gave them the

opportunity to meet people across the age range as the hub area catered for mainly older adults whilst in the spoke area the service users were people from the age of 20 upwards.

On the subject of the block of time arrangement the student told us that they felt that it was right to have a longer period of time (11 out of 16 weeks) at the hub as there was more complex work to get involved in there. The student also felt that the five week period of time at the spoke was good to cover what the service offered. We then asked if the hub and spoke experience impacted negatively at all in terms of meeting so many new people or if there were difficulties associated with being based across 2 sites and having to travel.The student felt that none of these had been a problem as they had enjoyed the variety.

We asked also if it was difficult to go back to the hub after 5 weeks away at the spoke but they didn't feel it was difficult at all and enjoyed going back. The student told us - 'I fitted straight back in'.

Student perspective - hub and spoke combined

Our student said that while she 'understood' the explanation of the hub and spoke arrangement she didn't fully appreciate how different it would be until she began her placement. When we spoke with her she was half way through her second eight week hub and spoke placement and was enjoying her time. She did, however, raise some useful points in relation to the student experience of working across different settings. In summary her placement was organised on a 3/2 split where she spent three days per week at her hub with a community learning disability team. For the other two days she divided her time between a voluntary Asian women's group and a third sector housing association. Both organisations worked exclusively with adults with learning disability.

She told that at first us she was overwhelmed by the prospect of going out on placement. 'I realised I had three 'first days' in my first week' she said. This sense of being overwhelmed

lasted but after three or four weeks she had settled into the pattern and felt better. When we asked about the pros and cons of the split between hub and spoke she told us that because she never experienced a full working week at the hub placement she felt that there were things she was missing out on. For example, all the medication deliveries are done on a day when she is designated to be with her spoke placement. She has subsequently re-arranged the timing so that she now has the opportunity to swap some days around.

Our student did raise a worthwhile point when she said she would sometimes like more guidance from faculty to direct her input.

'I appreciate that it's informal but maybe it's too informal. As a student we don't fully know what's expected sometimes'.

She told us that she got a better understanding of LD services outside of 'nursing' environments from the two spoke placements. She was then able to help people develop friendships, manage those relationships and doing this helped her to understand the loneliness people often face. It was good, she added, to get to know people in their own homes and social environments where she could feel that she was making a difference.

Discussion and Implications for Practice

Lambert and Glacken (2005) add, 'Nonetheless, the clinical learning environment is not without its problems. It can be erratic and energetic with unforeseeable changes, lacking in reliability and identical experiences. Although learning by doing is largely associated with the practice of nursing it is not as simple as that, it entails recognizing and making the most of the potentially hidden learning experiences, which may otherwise be neglected or ignored' (2005:665).

We take some comfort from this assertion because that's exactly where the hub and spoke model scores by providing access to those *hidden* experiences that other, more traditional models, can't reach. In addition it is thought that the very act of 'going on placement' can lead to students adopting survival tactics to cope with the new environment. These attempts to 'fit in' don't always promote independent thinking or learning (Levett-Jones and Lathlean, 2009). Henderson et al (2012) suggest that contemporary nurse education has shifted 'from an apprentice-based training model where the routine practice of tasks and activities are emphasised, to a university-based preparation that educates students to understand situations and seek and judiciously use evidence in practice' (2012:299)

Buchan et al (2015) point out that the recent rise in student intakes has come about due to 'concern about high workload and patient safety' (2015:169). But of course with higher numbers comes more responsibility. Murray et al (2009) found that the staff working in clinical placement felt pressured by the increase in student numbers and that the academic calendar meant that they were overloaded at times and at other times had very little student contact.

The hub and spoke model may offer some relief from these pressures but even with a spread of students across different placement learning locations the fact remains that the students need to be mentored and the responsibility for this will not disappear. This is where we need to ensure that hubs and spokes are well supported in their efforts by faculty staff.

It is important from our perspective that the lecturers who act as links to the placement areas retain some pastoral contact with clinical staff. This goes beyond the statutory requirements to provide updates and information. Placement staff require support with understanding individual student's learning needs. They need support to understand and design appropriate learning opportunities and supervision approaches for students and to support the personal and professional development of students in the time they are on placement.

Limitations

A case study is sometimes thought to be of limited value due to a perceived inability to provide generalisable knowledge due to being so context-specific. There is also criticism due to an implied bias towards conforming/verifying the researcher's expectations (Flyvbjerg, 2006:221). These things may be present but we still maintain that the case study is valuable for gaining access to real-world practice and the thoughts, opinions and values of those who operate there.

Conclusions

The hub and spoke model is now the default setting for placement learning as it is experienced by students from health and social care pre-registration programmes. It has advantages in that it encourages wider integration of the student experience within the sometimes messy realties of inter-agency care. Students are therefore better able to see the complexities of the overall 'patient' journey. But all of the above notwithstanding, more recent developments are altering the placement learning environment due to the cap on student recruitment numbers being lifted. The potential and logistical aspects of this change were spotted some time ago by Burns and Patterson (2004) who warned that 'While it is important that students receive appropriate supervision throughout their placements moreover, support for ever increasing numbers of students has implications for the quality of practice placement learning' (2004:5).

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