Title

Evaluating a project to support the development of placements capacity in child community and primary care placement

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**Abstract**

As health care moves away from hospital into the community, nursing students need to gain a range of experiences in the community. Health Education England’s vision is to support students to embrace change in health care delivery and support community care workforce development. To achieve this mandate, Health Education England’s North West London funded a project to support the development of children’s nursing placement capacity in Central London Community Health Care National Health Service Trust. A total of 29 new placements were identified in community setting across London by implementing a different approach to mentoring.

**Background**

Government reforms have resulted in a shift of patients care into homes and primary care settings (NHS England, 2014). As health care moves away from hospital into the community, there is a need to ensure that nursing students gain a range of experiences in the community. In his review of pre-registration nursing education, Willis (2012) recommended that more needs to be expected from graduate nurses of the future to meet a population based and integrated community approach. This is in line with the Nursing and Midwifery Council’s (2010) standards for pre-registration nurse education which also signalled a shift of focus from acute to primary care with a requirement for students to undertake a wider range of community placements. The new NMC (2018) standard outline that students experience the variety of practice expected of registered nurses to meet the holistic need of all ages in the community setting. This has resulted in increased emphasis on community and primary care in the nursing curriculum as well as a desire to increase the number of community based placements. In addition, the new standard will further facilitate placement capacity. According to NMC (2018) all registrants are now required to support students’ supervision in practice by removing the need for registered nurses with mentor qualification.

A consistent challenge for Higher Education Institutions (HEI) is finding sufficient community based placement experiences for children’s nursing students. Traditionally, most of nursing students’ clinical experience is gained in the acute setting. The results of one study found that the maximum time students spend in a community placement is four to six weeks (Betony, 2012). This is unlikely to prepare nursing students to practice in the primary care setting at the point of registration or encourage them to do so later in their career. The availability of placements is also constrained by the capacity of National Health Service (NHS) Trust to provide mentorship for students. Other challenges in community placements include a lack of clarity about what constitute a community placement (Temple, 2013).

Health Education England North West London (HEE NWL) vision was to ensure that workforce planning, training and education drive sustainable innovations to deliver a capable and flexible workforce now and in the future to serve the population of North West London. The vision is also to support the development of students to enable them to embrace change in health care delivery and support community care workforce development and expansion of community care for all service providers. To achieve this mandate, HEE NWL funded a project to support the development of children’s nursing placement capacity in Central London Community Health Care NHS Trust (CLCH) in collaboration with London South Bank University (LSBU) in challenging areas.

**Mentoring models**

Mentoring students in clinical practice is an important aspect of the registered nurses role. However, the pressure of clinical commitments on mentors and lack of available time sometimes limits the number of mentors’ available (Royal College of Nursing, 2016). The traditional one to one mentor-mentee model has been documented as providing effective support for the novice (Kostovich and Thurn, 2012). However, this traditional form of mentoring is not always feasible, particularly in community settings, and it is necessary to develop innovative solutions. Adopting different models and approaches to mentoring should increase the capacity for student placements in the community as well as creating access to new practice learning environments that emphasise integrated and multiagency approaches to working. Models of mentoring such as the ‘Hub and Breadth Spoke’ and ‘Team Approach’, have been identified as successful strategy to support pre-registration students in placements Roxburgh et al. (2012). (See definitions in Boxes 1 and 2).

**Box 1: Definition of Hub and Breadth Spoke Mentoring**

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| **Hub** **placements**: take students at all stages of the course for varying lengths of placement and have qualified mentors.**Breadth** **placements**: provide a breadth of learning opportunities across different clinical areas, especially those not directly associated but relevant and linked with their hub area. For example, children’s centres, early years, voluntary sectors and GP settings.A **spoke**: is a learning experience that is arranged from a placement (hub or breadth). Spoke experiences add to students’ learning and create relevant learning opportunities not available within the hub or breadth placements. |

**Box 2: Definition of Team Mentoring**

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| **Team mentoring:** involves**:** having a named mentor and a number of facilitators working together to contribute to the student’s learning experience. Facilitators within the Team will contribute to the mentees learning over a period of time from agreed learning objectives/outcome. A named mentor in the team will have overall responsibility for the student and responsible for coordinating the students’ learning and assessments (Caldwell et al., 2008) |

**Aim of project**

To expand the range of community placements available for pre-registration children’s nursing students in CLCH.

**Project Outline**

A scoping exercise was undertaken to map existing placements and identify new placement opportunities. This was followed by meetings and workshop with key stakeholders and clinical mentors. The scoping exercise identified 11 children’s centres in Central and North West London that offer a comprehensive health and early years’ service to families with children. These children’s centres were approached by email requesting a face to face meeting to discuss the initiative. All the children’s centres agreed to take part in the pilot. Separate meetings were also held with the Hub mentors to outline and discuss the project’s aims. They had the opportunity to ask questions about the project. Enablers and blockers with regards to the pilot were identified and discussed including; issues such as work pressure and mentor capacity.

A total of 29 new placements were identified and secured in children’s centres and sexual health services across Central and North West London. Prior to the students starting their placements further meetings were held with the student facilitators.

Summary of project outline and process are detailed in Figure 1.

**Figure 1: Outline of project**

**The Pilot**

Four weeks before the start of the pilot, the children’s centres were provided with their students’ names and the contact details of the named mentor at the Hub. A presentation and introduction of the pilot was also given at students’ induction in the Trust.

Two different approaches to mentoring: Hub & Breadth Spoke and Team approach were adopted for the placements.

**Hub and Breadth Spoke Placement**

Eleven students completed a 9-week hub and breadth spoke placement. Written guidance for mentors and facilitators was provided to outline examples of activities that students could engage in at the *Hub and breadth spoke* placement. Staff at the children’s centre with a mentoring qualification or experience of supporting students learning was identified as the named facilitators for the nursing students. The students spent 55% of their placement with their clinical mentors at the health centre/clinic, and 45% of the placement at the children’s centre. The students’ facilitators at the children’s centre did not complete any formal assessment but contributed to the student assessment through the completion of a feedback form.

**Placement outline:**

Figure 2

*Week 1* (Hub Placement)

The mentor went through the practice assessment document. Trust induction and local orientation were completed. Learning outcomes and objectives for the *Hub and Breadth Spoke* placement were agreed and initial interview completed.

*Week 2-4* (Breadth Spoke Placement)

During this period arrangements were made with the Hub mentor to complete the mid-point assessment at week 4 or 5.

*Week 4 or 5* (Hub Placement)

Students return for a week; for mid-point assessment. Breadth Spoke placement facilitators contributed to the mid-point assessment. They return to Breadth Spoke placement at week 6-7.

*Weeks 8 and 9* (Hub Placement)

Students were provided with other spoke opportunities. Final placement assessment completed. Breadth Spoke placement contributes to assessment by completing end of placement feedback sheet.

**Team Approach placement**

Five students spent 9-week placement in a team that included health visitors, school nurses, community staff nurses and health care assistants. A team approach to mentorship was adopted with a named mentor responsible for each student and other members of the team acting as facilitators.

Figure 3

*Week 1* (with named mentor)

Students spent time with their mentors to go through their practice assessment document, complete Trust induction, and local orientation. Learning outcomes and objectives for learning experiences with other members of the team were identified by the mentor. The initial interview was also completed by the mentor.

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*Week 2-4* (with skill mix in the team)

They took turns to work with the different members of the team. Other short spokes experiences such as district nursing, child development team, practice nurse, speech and language therapist and the voluntary setting were also arranged.

*Week 4 or 5* (with named mentor)

Students returned to work with their named mentors’ midway through the placement to complete the mid-point assessment. Week 6-7 they continued working with other team members.

*Week 8-9* (with named mentor)

Students spent the final week of the placement with named mentor to facilitate completion of the final assessment.

**Project evaluation**

The pilot was evaluated by survey questionnaire and feedback sessions. This was completed at end of the placements by the students, children’s centre facilitators and the named mentors.

*Students’ experiences:*

Over 80% of the responses received stated that students had the opportunity to observe and work with a range of health and social care professionals at the children’s centres. 52% said the children’s centre enabled them to meet the required learning outcomes:

Some students commented that there was a lack of preparation by the University for the new placement pathways. Although some students felt that the placement was too long or would be better suited to a first year student. One of the students did not feel the placement was valuable. All the students reported that working with different members of the multi-disciplinary team improved their knowledge and understanding of the multidisciplinary team. The students stated that they have an increased understanding and knowledge of a range of services provided in the community setting particularly in the area of preventative health.

*Children’s centre’s staff’s perspective:*

The staff at the children’s centres completed a questionnaire to evaluate their experience of the new style placements. The staff who responded said they have found having nursing students in the children’s centre a positive experience: Staff felt they were able to provide students with opportunities to meet their learning needs. Staff would welcome having students on placement in the future:

*Mentors’ perspectives:*

Mentors’ perspectives were evaluated using an e-questionnaire and a feedback session. The mentors stated that the model supported their capacity to accommodate more students*.* They indicated that the shared approach to mentoring and facilitating provided the students with a wide range of experience which would have been difficult to arrange previously.

The visible support from the project team encouraged mentors’ engagement and the guideline was useful in understanding the pathways and a range of activities students could engage in. The mentors expressed preference for the *Hub and Breadth Spoke model* as it offers the flexibility to manage the students placement in a structured way, compared to the Team approach where it may not possible to sustain due to workforce structure.

**Key learning**

* When developing new placements face to face contact with key stakeholders including mentors is essential.
* Settings in the community such as the children centre can offer a high quality learning opportunity for children’s nursing students.
* Students need preparing by the University ahead of any change in placement structure.

**Conclusion**

The University is now able to offer additional placement in the community for pre-registration children’s nurses. The new model of mentoring will be rolled out in the organisation. This approach can be adapted in securing placements in other settings with Practice Nurses in the General Practitioner (GP) setting.

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