As healthcare moves away from hospital towards the community, student nurses need to gain experience in a range of community settings. Health Education England’s vision is to support community care workforce development and help students embrace change in healthcare delivery (HEE, 2015). It has funded a project to develop placement capacity in community settings at Central London Community Healthcare NHS Trust for students in children’s nursing. This article describes how new placements were piloted in 11 children’s centres in central and north-west London with 16 pre-registration students, using either a hub-and-breadth-spoke placements or a team-mentoring model. This article describes the pilot project, its background, implementation and evaluation.

Policy background
Government reforms have resulted in a shift of patient care away from secondary care and into primary care settings (NHS England, 2014). In its 2010 Standards for Pre-registration Nursing Education, the Nursing and Midwifery Council had already signalled this shift, which meant student nurses would need to undertake a wider range of community placements (NMC, 2010) and, in their review of pre-registration nursing education, Willis et al (2012) argued that it should prepare future nurses to implement a population-based and integrated community approach. The NMC’s new Standards for Pre-registration Nursing Programmes outline that students need to experience the variety of practice expected of registered nurses to meet the holistic need of patients of all ages in the community setting (NMC, 2018a).

These changes in policy have resulted in an increased emphasis on community and primary care in the nursing curriculum, as well as an increased need for community-based clinical placements. In the new NMC standards, the need for registered nurses with mentor qualification has been removed and all registrants are now required to support students’ supervision in practice (NMC, 2018b).
### Placement capacity challenges

A persistent challenge for higher education institutions is finding sufficient community-based placements for student nurses, particularly those studying to become children’s nurses. Traditionally, most students’ clinical experience is gained in the acute setting. One study found the maximum time students spend in a community placement is 4-6 weeks (Betony, 2012). This is unlikely to prepare them to work in primary care on registration or encourage them to do so later in their career.

In the past, the availability of placements has been constrained by the capacity of NHS trusts to provide mentorship for students; this is something the NMC’s (2018b) standards seek to address. Community placements can also be challenging to find due to a lack of clarity about what constitutes a community placement (Temple, 2013).

### Mentoring models

Mentoring students in clinical practice is an important aspect of a nurse’s role. However, the pressures of clinical tasks and lack of time sometimes limit the number of mentors available (Royal College of Nursing, 2016). The traditional one-to-one mentorship model has been documented as providing effective support for mentees (Kostovich and Thurn, 2013) but it is not always feasible, particularly in community settings—as a result, innovative solutions are needed.

Adopting different approaches to mentoring could increase placement capacity in the community, as well as giving students access to new practice-learning environments that emphasise integrated and multiagency working. Models such as hub-and-breadth-spoke placements (Box 1) and team mentoring (Caldwell et al., 2008) (Box 2) have been identified as successful strategies (Roxburgh et al., 2012).

### Our project

Health Education England North West London (HEE NWL) wants to ensure that workforce planning, training and education deliver a capable and flexible workforce to serve the population of north-west London. It wants to support community care workforce development, expand community care and enable student nurses to embrace new models of healthcare delivery.

HEE NWL therefore funded a pilot project, in collaboration with London South Bank University, supporting the development of placement capacity in areas where newly qualified nurses do not usually choose a community setting as their first employment and in an area with a high vacancy level. The aim was to expand the number and range of community placements available at Central London Community Healthcare NHS Trust for pre-registration children’s nursing students.

A scoping exercise was undertaken to map existing placements and identify new opportunities. This was followed by meetings and workshops with stakeholders, including clinical mentors. Separate meetings were held with the clinical mentors to discuss the project, along with enablers and blockers. The scoping exercise identified 11 children’s centres in central and north-west London that offered a comprehensive health and early-years service to families. The centres were invited to take part in the pilot, and all accepted. This led to 29 new placement opportunities being identified.

Before students started their placements, meetings were held with the facilitators to discuss the NHS’s plan to move care closer to the community and how the nursing programme and students’ community experience fits into the wider health and social care agenda. Placement process was explained and opportunities to raise any concerns were given.

### Hub-and-breadth-spoke placements

Eleven students completed a nine-week hub-and-breadth-spoke placement, an outline of which is given in Box 3. Mentors and facilitators were given examples of activities in which students could engage; children’s centre staff with a mentoring qualification or experience of supporting students were identified as the named facilitators.

The students spent 55% of their placement with their clinical mentors and 45% at the children’s centre. They were also provided with ‘spoke’ opportunities. The named facilitators at the children’s centre did not formally assess students but contributed to their assessment by completing a feedback form.

### Team-mentorship placements

Five students completed a nine-week placement in a team that included health visitors, school nurses, community staff nurses and healthcare assistants. A team mentorship model (Box 4) was adopted, with a named mentor responsible for each student and other members of the team acting as facilitators.

### Box 1. Hub-and-breadth-spoke placement

‘Hub placements’ take students at all stages of the course for varying lengths of time; students have qualified mentors.

‘Breadth placements’ provide a breadth of learning opportunities across different clinical areas, especially those not directly associated with, but relevant to, students’ hub areas—for example, children’s centres, early-years services, voluntary sector organisations and GP surgeries.

A ‘spoke’ is a learning experience that is arranged by the placement provider. Spoke experiences create extra learning opportunities not available as part of the placement; as an example, students placed with health visitors will have access to children centres and professionals linked with health-visiting services. This will give students a wider picture of how health visitors work with other services and agencies to support families.

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### Box 2. Team mentoring

In a team-mentorship model, students have one named mentor plus a number of facilitators who contribute to their learning experience. Named mentors have overall responsibility for their students and for coordinating their learning and assessments. The facilitators contribute to the students’ learning experience according to the learning objectives. The responsibility for mentoring is shared among clinicians, and students are exposed to a greater diversity of practice and teaching styles.

Source: Adapted from Caldwell et al. (2008)
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Box 3. Hub-and-breadth-spoke placement outline

- **Week 1 (hub placement)** - the mentor goes through the practice assessment document; trust induction and local orientation are completed; learning objectives for the placement are agreed; initial interview is completed
- **Weeks 2-4 (breadth spoke placement)** - arrangements are 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 their mid-point assessment, to which ‘breadth spoke placement facilitators’ contribute
- **Week 4 or 5 (continue the hub placement)**
- **Weeks 6 and 7 (breadth spoke placement)**
- **Weeks 8 and 9 (hub placement)**

Pilot evaluation

At end of the placements, students, mentors and staff at the children’s centres completed evaluation questionnaires and face-to-face feedback sessions. A total of 12 students completed the survey.

Students’ views

Students’ views were evaluated using thematic analysis. More than 80% said they had been given the opportunity to observe and work with a range of health and social care professionals at the children’s centres, and 52% said the centres had enabled them to meet their learning objectives.

Eight (67%) students said there was a lack of preparation by the university for the new placement pathways and four (33%) felt the placements were too long or would be better suited to first-year students. One student did not feel the placement was valuable but most reported that the placements had improved their knowledge and understanding of working as part of the multidisciplinary team, and of the range of community services provided, particularly in disease prevention.

Mentors’ views

An online questionnaire and a feedback session were used to evaluate mentors’ views. Mentors said the pilot project helped them accommodate more students and that the team-mentoring approach provided students with a wide range of experiences that would have been difficult to arrange previously. However, mentors expressed a preference for the hub-and-breadth-spoke model, as it offered the flexibility to manage placements in a structured way.

One of the reasons mentors are reluctant to take students is the length of time they have to spend with them. The hub and spoke allowed students to split their placement with other settings and provided a wider scope of experience and learning opportunities, compared with the team-mentoring model – which may not be sustainable due to workforce capacity and the ratio of students to mentors.

Staff’s views

Staff at the children’s centres were asked to complete an online questionnaire to evaluate their experience of the placements. Those who responded said they found having student nurses had been a positive experience. They felt they had been able to provide students with opportunities that addressed their learning needs and said they would welcome having students on placement in the future.

Conclusion

Lessons we have learned in the course of this pilot project include:
- Community settings such as children’s centres can offer high-quality placement opportunities;
- When developing new placements, face-to-face contact with stakeholders, including mentors, is essential;
- The university needs to prepare students ahead of any change in placement pathways.

London South Bank University is now able to offer additional placements in community settings for pre-registration children’s nursing students. The new model of mentoring will be rolled out across the organisation. This project could be adapted to secure placements for students in other community settings, such as GP surgeries.

References


For more on this topic online

- New standards on the supervision and assessments of students in practice
  Bit.ly/NTStudentSupervision