INTRODUCTION

Karen Orr
Macmillan Senior Learning and Development Officer for Scotland
Aim of the Symposium

To promote debate around the design and implementation of learning experiences (in cancer care) for pre-registration nursing students
Learning Outcomes for the Project

• to explore the potential of a new approach to nursing students’ placements to improve nurses’ ability to care for people affected by cancer

• to increase understanding of logistical considerations in hub and spokes designs
Learning Outcomes for the Project

• to acquire understanding of the support required by spoke placement contacts

• to consider the potential benefits of the design for students and mentors.
Making the Vision a Reality

Murdina MacDonald
Macmillan Lead Cancer Nurse
NHS Fife
Making the Vision a Reality
Making the Vision a Reality


The Healthcare Quality Strategy for NHS Scotland- The Scottish Government May 2010
Making the Vision a Reality
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Making The Vision A Reality

1. RECOGNITION OF NEEDS

2. OPEN, AUTHENTIC AND GENUINE

3. BREAKTHROUGH LEARNING
Making The Vision A Reality
Making The Vision A Reality
The School of Nursing Perspective

Sheila MacBride
Hub and Spokes Model
Cancer Care

Ward 10 QMH

- CNS
- Support Agencies
- Edinburgh Cancer Centre
- Early Detection & Surveillance
- Prevention & Screening
- Monitoring
- Haematology day unit

NHS
WE ARE MACMILLAN. CANCER SUPPORT
UNIVERSITY OF DUNDEE
Logistics

• Placements co-ordination
  – Amending agreed patterns
  – Managing the unexpected
Logistics

• Formal assessment
  – Due regard & NMC requirements (e.g. for night duty)
    • Co-ordinating mentor responsibility and accountability
    • Spoke support contacts responsibility

  – Academic governance
Logistics

• Mapping & Development of Documentation
  – NMC domains and competencies
  – NHS Education for Scotland (NES) Capability Framework
  – Project aims and outcomes
  – Hub and spoke placement aims and outcomes
  – Reflective element
Support

- Formal
  - Co-ordinating mentor & PEF
  - NHS Division and clinical area
  - School of Nursing & Programme management/academic governance
  - Project team and evaluation researcher
Support

• Informal
  – Co-ordinating mentor
  – Ward team
  – Spoke support contacts
  – Project team
Benefits of the design

• Students have gained a broader perspective of the patients experience in cancer care and have witnessed better integration of theory and practice

• Co-ordinating mentor has an enhanced relationship with the student as the basis for formal assessment
Benefits of the design

• Knowledge, skills and experience of spoke placement contacts harnessed
  – Across traditional NHS boundaries
  – Multi-professional
  – Inclusive of the third sector
Making the Vision a Reality

Janice McDougall
Practice Education Facilitator
NHS Fife
Making the Vision a Reality

• There was a need for a champion in practice for the project.
• This was essential for its sustainability
• Strong links with the university were important
• Good working relationship with Senior Nurses and Mentors already existed
Making the Vision a Reality

- Resistance
- Insistence
- Persistence

Ability to “Dance to their style”
A Mentor’s Perspective

Emily Ridley
Co-ordinating Mentor
Beginning the Journey

• What is everyone talking about?
• Doubting my ability
• Fears and concerns
• Needing a challenge
• Opportunity for personal development
• Stepping outside the box
• Challenging myself and our team
My Journey
The Journey

• Leading the way in a new project
• Walking the walk
• Liaising and negotiating with the spokes
• Shaking off the old and embracing a new way of mentoring
• Formulating a flexible placement plan
Success

- Building relationships
- Establishing a good working partnership
- Allowing more responsibility
- Accepting credit
- Increase in confidence
- Encouraged a more flexible way of mentoring
The Way Forward

• Positive initiative for other mentors

• Future personal involvement

• Looking ahead
THE STUDENT EXPERIENCE

Gillian Weir
Sinead Johnstone
Style of Learning Experience

• Enjoyed the different variety of experience

• Enjoyed being able to work with all members of the multi-disciplinary team outside the ward

• Being able to relate to each stage of the patient journey
Style of Learning Experience

• Being able to adapt nursing communication skills

• Enjoyed attending the specialised areas – Edinburgh Cancer Centre
Differences from Previous Placements

• A lot more variety

• Increased learning experience

• Patient Journey is clearer

• As placement occurred in 2\textsuperscript{nd} year we were able to develop basic skills from 1\textsuperscript{st} year and make a smoother transaction into a senior student nurse
Differences from Previous Placements

• Able to educate patients and other staff about the different areas they may come across

• Opportunity to develop information resources for patients and staff—poster and information pack
What we learned from experience

• Developed knowledge on cancer and cancer care
• Developed nursing skills
• Developed multi-disciplinary team and patient management awareness
What we learnt from experience

• Importance of patient education

• Importance of cancer screening
Difference to Future Practice

• Increased confidence in patient and staff communication and education

• Reality of nursing

• Increased awareness of the cancer patients journey
Difference to Future Practice

• Increased ability to manage patient needs

• Awareness of facilities for patient such as Macmillan, Welfare Benefits, Social Work department
Disadvantages

• Missed out on community placement in 2\textsuperscript{nd} year

• Confusion of who and where to sign assessment book

• Staff awareness in the hub and spoke area
Disadvantages

• Lack of team experience

• Made students faint on ward in handover and in haematology!
Any changes

• More clarity in assessment books
• Staff education
• Longer and shorter times in certain area
• More participation in spokes
• More preparation for fainting students!
EVALUATION

Kay Wilkie
Kirkpatrick’s Model

• Kirkpatrick developed a model of training evaluation in 1959
• Arguably the most widely used approach
• Simple, flexible and complete
• 4-level model
LEVELS

• Level I: *Evaluate Reaction*

• Level II: *Evaluate Learning*

• Level III: *Evaluate Performance (Behaviour)*

• Level IV: *Evaluate Results*
EVALUATION

- Semi-structured interviews with students and co-ordinating mentor

- Open-ended questionnaire to spoke contacts (50% response rate to date)

- Review of student assessments
REACTION

• Enjoyable – students, co-ordinating mentor and spoke contacts

• Interesting – students and spoke contacts

• Challenging – co-ordinating mentor
Reaction

- Very few problems
- Good communication between coordinating mentor and spokes
  - E-mail most common form of communication
  - Dates negotiated to suit spokes
  - Sufficient advance notice given on most occasions
Reaction - Spokes

- Do not want sign-off responsibilities
- Would like feedback from students
- Need to increase preparation prior to visits
- More advance notice
- Longer placements
LEARNING

• Learning not restricted to students but also learning for co-ordinating mentor; other mentors in hub and lecturers
Learning - Students

• Have told you what they learned!
Learning - Co-ordinating Mentor

• Enhanced learning about patient journey and role of multidisciplinary team

• New insights into mentoring
  • Importance of good mentor / student relationship
  • Need for students to ‘find things out for themselves’ and not always to be told
Learning – Co-ordinating Mentor

• Not just for the students!

• Not just about tasks
  • Non-technical skills e.g. Prioritisation

• Seeing the whole patient journey

• Closing the loop
Learning - Lecturers

- Co-ordinating mentor role is pivotal: different and challenging
- Just-in-time learning
- Application of student learning to other areas
- ‘Difficult to teach’ topics
Performance - Students

- Increase in confidence
- Insights into the realities of nursing
- Acquisition of difficult to teach skills
- Transfer of knowledge
- Improved communication and patient education skills
Performance - students

- Awareness of patient journey
- Improved multiprofessional working
- Increased contribution in class
Performance – Co-ordinating Mentor

- Enhanced mentoring skills
- Increased confidence
- Increased contact with Academic Placement Contact and personal tutors
Performance – Co-ordinating Mentor

- Dissemination of knowledge to other mentors
- Development of co-ordinating and spokes placements in other areas
Performance - Lecturers

• Improved contact with clinical area

• Recognition of application of theory to practice

• Handing over practice learning experience to clinical colleagues e.g. outcome setting
Performance - Spokes

• Preparation for spoke placements

  Learning packs
  Pre-meetings
  Handouts
  Orientation

  Arranging of work to meet student needs, e.g. domiciliary visits
Results (Impact)

• ‘Feel good’ factor as students developed

• Partnership working
  • Increased understanding of other professional roles
  • Feeling supported by the School of Nursing
  • Involving students in future design

• Contact from other areas to develop hub and spokes placements
Results

- Thriving students
- Motivated mentors
- Satisfied service providers
- Successful strategic cancer team goals
- Better patient experience?
Results

- **Collaboration**
  - Association; Exchange of ideas; Teamwork; Alliance; Cooperation

- **Synergism**
  - Channel of communication; Dialogue; Discourse

- **Partnership**
Results - Spoke Support

• Plans for
  • Student evaluation checklists
  • Booklets on specialist areas
  • Identification of questions to be answered from the experience
FUTURE DEVELOPMENTS
Future Developments

STUDENT SUGGESTIONS

• Staff preparation re hub and spokes design
• Longer and shorter times in certain areas
• Participation in more spokes
• More clarity in assessment books
Future Developments

• New undergraduate, pre-registration programme – second year placements will be hub and spokes

• Contact from qualified staff suggesting possible hub and spokes

• Further pilots being set up including ‘double-hub’
Future Developments

• Partnership with other organisations e.g. Chest, Heart and Stroke, Scotland
• Potential to use a wider range of placements
• SNM developing systems and strategies to assist in organising placements and reducing workload for co-ordinating mentors
THANK YOU