Faculty of Health, Life
& Social Sciences

CAMHS Hub and Spoke Practice Placement Demonstration Project

Final Project Report
for NHS Education for Scotland

June 2011

Authors:
Prof. Morag A. Gray (Project Lead)
Margaret Conlon (Project Manager)
Tommy Blue (Project Worker)
### 7. Discussion

#### 7.1. Systems and resource issues in relation to implementation of the Hub and Spoke Model

#### 7.2. Alignment of the model to the principles of the pre registration framework

#### 7.3. Student learning and assessment

#### 7.4. Issues in relation to Mentorship

#### 7.5. Theory Practice interface issues

#### 7.6. Partnership with CAMHS and University

### 8. Limitations of Project

### 9. Recommendations and Conclusions

### 10. Risk assessment and Management Plan

### 11. Dissemination strategy

### 12. Appendices

- Appendix 1: Mapping of students’ placements through the project
- Appendix 2: Mapping of Individual Student Journeys
- Appendix 3: Spoke resource pack for students and mentors
- Appendix 4: Guidance sheet for Spoke Placements
- Appendix 5: Guidance sheet for Mentors about the Hub and Spoke Approach
- Appendix 6: Participant information sheet
- Appendix 7: Mapping of all the individual student journeys to indicate the number and nature of Spokes included in each Hub placement
- Appendix 8: Semi-structured interview schedule
- Appendix 9: Belongingness Questionnaire (Levett-Jones 2007)
- Appendix 10: Mentor evaluation form
- Appendix 11: Spoke experiences - semi structured interview schedule
- Appendix 12: Example of student collage illustrating the client journey
- Appendix 13: Student’s mind map illustrating her learning in the Hub & Spoke placements
- Appendix 14: Full statement of spending against funding

### References
Summary Report
This summary report briefly describes the features of the Child and Adolescent Mental Health Services (CAMHS) Hub and Spoke Practice Placement project, the outcomes achieved and the conclusions reached as a result of the work undertaken.

Project Aims
The project aimed to enhance and deepen student learning in mental health practice placements. Child and Adolescent Mental Health Services were the focus of the placements for three specific reasons. Firstly, it is anticipated that the CAMHS workforce will have to significantly increase in numbers if it is to meet the targets set in a range of policies. Secondly, as CAMHS is understood to be an area of specialist care, placements are underutilised and this directly impacts on future recruitment and retention. Thirdly, CAMHS provides a rich environment of inter-professional multi-agency working, providing student nurses with an opportunity to gain insight into the client journey through the health and social care spectrum.

Project Description
Two cohorts of five students undertook the Hub and Spoke Placement experience. This placement experience consisted of completing two consecutive third year Hub placements in a CAMHS setting. Hub placements were complementary (defined by the age of the client) but contrasting (defined by the placement setting). While allocated to the Hub placement students undertook a range of spoke or short learning experiences to enhance their appreciation of some aspect of the client’s treatment and care that they were working with. Spoke experiences included students spending time in schools, drugs projects and other agencies providing support to the client.

Outcomes
The project achieved its stated aims and specifically found that:

- Students reported a deeper learning experience that enabled them to see beyond an ‘illness model’ of children and young people’s mental health
- Students reported that two consecutive placements in one area enhanced their learning. Confidence increased as familiarity and understanding grew.
- There was an increase in the number of practice placements approved in CAMHS
- There was an increase in the number of mentors as well as the recruitment to the mentorship training module.
- A resource bank of spokes has been developed for future use
- Two students from the cohorts have gained employment in CAMHS settings

Conclusion
This project has successfully increased the focus on student learning within CAHMS services locally. This has been made possible by a strong emphasis on partnership working and a highly visible Project Worker. To replicate this work in other areas it is likely to take
similar resource and require a similar approach of working alongside practice staff as they become familiar with the Hub and Spoke approach.
Acknowledgements

The authors of this report would like to acknowledge the valuable contribution to the Project by the following individuals:

Mentors who participated in the project

Students who participated in the project

Gavin Cullen  Senior Charge Nurse, CAMHS Tipperlinn Road, NHS Lothian

George Clark  Practice Education Facilitator, NHS Lothian

Allison Alexander  Lecturer, Teaching Fellow, School of Nursing, Midwifery & Social Care, Edinburgh Napier University

Martin Gaughan  Lecturer & Link Lecturer, School of Nursing, Midwifery & Social Care, Edinburgh Napier University

Individuals from Spoke Organisations
Final Project Report

1. **Project Aims and Objectives**
   The pilot project developed a Hub and Spoke approach applied to two twelve week practice placements for students in the third and final year of the BN/Dip HE Mental Health Nursing Programme.

   The aims of the pilot were as follows:
   
   - To provide a detailed description of the type of Hub and Spoke placements.
   - To monitor the impact of the project on the number of available student placements and mentors available in CAMHS in NHS Lothian.
   - To explore whether the model enhanced the student learning experience in which the elements of ownership, belongingness and security were articulated and felt.
   - To discuss whether the model can be viable, replicable and sustainable nationally.
   - To explore the issues around CAMHS and HEI partnership working
   - To replicate the ethos of contemporary mental health by focusing on principles such as person centred care; recovery orientated practice and holistic well being by maintaining a student centred learning focus on the individual client journey both into and out of acute CAMHS services.

2. **Project Outline**
   Ten students in two cohorts of five were placed in two consecutive complementary and contrasting Hub placements each located within NHS Child and Adolescent Mental Health Services. Each student was allocated a mentor from the Hub who guided the student through a range of Spoke experiences. The placements contrasted either in care setting or client group to maximise learning opportunities that:
   
   - promoted health perspectives as opposed to illness perspectives,
   - enhanced student understanding of individual client journeys and experiences as opposed to service orientated perspectives of ill health
   - Deepened student knowledge and understanding of the complexities relating to both child and adolescent mental health services and mental health nursing.

   Mapping of students' placements through the project can be seen in Appendix One.
3. Summary of Associated Literature

3.1 Recruitment, Retention and Contemporary Mental Health

Although the direction of health and social care policy in Scotland is firmly rooted in developing services that are primary care-based and focused on health improvement, the evaluation of ‘Fitness to Practise’ programmes in Scotland clearly demonstrated that there is still great attention given to acute care in students’ practice placements (Lauder et al. 2008). The new Framework for Pre-registration nursing in Scotland highlights the need for practice placements to reflect the recovery agenda and for a clearer recognition of the wide range of services, resources and people that may contribute to an individual’s recovery journey (NES/Scottish Government 2008).

Contemporary CAMHS typically demonstrate a range of professions and therapists often within a relatively flattened hierarchical structure which are rich learning environments for student nurses. There are opportunities within CAMHS for extensive inter professional learning and active contact with education, voluntary and social care services.

A review of the literature and anecdotal evidence suggests that making placements for students available and meaningful in children and young people services has been particularly difficult for the following reasons:

1. Mentors may consider that students do not hold the skill set required and therefore restrict the activities students participate in.
2. A smaller proportion of CAMHS placements are validated for students in comparison to generic services.
3. Access to CAMHS is confined to certain clinical areas, and students have little experience of wider mental health promotion.
4. The specialist nature of CAMHS means that students have limited involvement in some aspects of care delivery.
5. Opportunities for meaningful access to the education and voluntary sectors in CAMHS continue to require development.

In order to meet the expected demand on Child and Adolescent Services, the current CAMHS workforce is required to increase significantly and the recruitment and retention of nurses is therefore a priority. Working on the hypothesis that placement capacity is not being met; means there are opportunities to develop the role of the student nurse within CAMHS as well enhancing the student experience. Additionally, placing students in CAMHS will contribute toward the development of a workforce with both relevant experience and training to fulfil CAMHS and the wider mental health nursing workforce.

3.2 Student Centred Learning and its relationship to the concept of belongingness

Henderson et al.’s work (2007) suggests that there is a strong relationship between the concept of belongingness and students’ having a positive placement experience. Belongingness is understood to be the sense of connectedness the student experiences within the learning environment. Belongingness can be felt within the staff, within the system and within the client group and demonstrates cohesive and
secure care settings (Henderson et al., 2007). Its quality is dependent on a range of factors including the level of student involvement in care and the availability of support during the learning experience. It is this sense of connection that enables the student to be open and receptive to the demands of the care environment and more deeply engage in learning.

A student experience within a rotational placement model often leads to students lacking confidence and feeling anxious about the complexities of the care environment (Campbell 2008). Anxiety relates to the following:

- Unfamiliar physical environment
- Unfamiliar and anxious about the staff group
- Limited understanding about the mental health needs of the client group
- Anxiety in relation to ability and knowledge

The research findings described by Levett-Jones and Lathlean (2008b) demonstrates the connections that mentors make between demonstrated levels of student confidence with perceived levels of competence.

The Hub and Spoke CAMHS model aims to overcome the above and instead promote positive wellbeing and belongingness through the allocation of two consecutive placements within a clinical area: child and adolescent mental health. The hypothesis is that the Hub and Spoke placement model enhances student belongingness and therefore enables deeper and broader learning. The hypothesis was tested through the use of the Belongingness Scale Clinical Placement Measurement (Henderson et al. 2007).

In summary, there is a need to increase the exposure of pre-registration students to CAMHS placements – it is hoped that this would have the twin effect of encouraging students to choose to enter the CAMHS workforce (see Baillie et al. 2003) and to prepare students who have a grounding in the necessary skills and knowledge to work in CAMHS at point of registration.

3.3 Theory underpinning Belongingness

“The psychological and social sciences literature is replete with assertions that human beings are fundamentally and persuasively motivated by the need to belong” (Levett-Jones & Lathlean 2007b: 163).

McMillan & Higgins (2007: 163) cite Somers 1999 definition of belongingness as:

“The need to be and perception of being involved with others at differing interpersonal levels ... which contributes to one's sense of connectedness (being part of, being accepted, and fitting in), and esteem (being cared about, valued and respected by others).”
In her 2007 PhD thesis, Levett-Jones, explains how she devised the 34 item belongingness questionnaire. She used it with 362 third year students from 2 Australian and one English universities. From this sample, she interviewed 18 students using a semi-structured in-depth technique. From her research and that of many other researchers, (Vallant & Neville 2006; Levett-Jones 2007; Levett-Jones et al., 2007c; MacMillan & Higgins 2007; Levett-Jones & Lathlean 2008; Sedgwick & Yonge 2008; Levett-Jones et al 2009a; Levett-Jones et al 2009b; Bradbury-Jones et al., 2010; Knowles et al., 2010; Papastavrou et al., 2010; Spurr et al., 2010) a number of agreed components and characteristics of belongingness have emerged including cooperation; connectedness; collegiality and relationships.

4. Project Methods

4.1 Establishing a Steering Group

Partnership working between the clinical managers of Child and Adolescent Mental Health services and Higher Education was considered to be crucial to the success of the project. Colleagues from the NHS were involved in the development, preparation and implementation of the project. However, due to a change in personal circumstances the Project Lead was changed very early on in the life of the project. After this, the Steering group membership was stable and confined to the Project Lead, Project Manager; Project Workers, Practice Education Facilitator, Two Link Lectures, Trust representative/ Senior CAMHS charge nurse. The Steering Group met on a four to six weekly basis throughout the duration of the project. The principle role of the group was to ensure that the objectives of the project were enacted, that the Project Worker was fully supported and that the partnership between NHS Lothian and Edinburgh Napier realised its full potential.

4.2 Project Worker

A joint University/NHS post of Project Worker to support the implementation and evaluation of the project was an essential part of the project specification. The post was filled three months after the project contract had been secured. The delay in start day was attributed to complications with accessing joint funding, and the relatively slow process involved in the joint recruitment and the selection process, as well as the process occurring during the Christmas and holiday period. The Project Worker was employed on a full time basis for the first four months of the project and one day a month for the remainder. Core tasks for the Project Worker involved:

- Liaison between CAMHS, the students and the University;
- Development and identification of Spokes;
- Preparation and support of students and mentors;
- Increase mentors' capacity;
- Collaborate with the development, implementation and evaluation of project data;
- Provide a consistent and accessible point of contact for mentors and students.
With a background of CAMHS nursing the Project Worker was able to quickly recognise and resolve some of the anticipated difficulties involved in the project. However, recruitment delays meant that time was lost which could have been spent on greater preparation of the students, mentors and practice placements prior to students commencing the project. The potential impact of this on the robustness of the Hub and Spoke project, and other related factors, is included further into the report.

4.3 Identification of Hubs
At the commencement of the project ten placements were validated as student placements. For the duration of the project these placements were known as Hubs. Each student had two twelve week Hub placements with a different mentor in each Hub.

The Hubs were in a range of care contexts and covered a number of ‘specialist’ areas including Youth Justice issues; identification of early psychosis, children and young people in care and children and young people with eating disorders. Teams worked with children, young people (5 – 20 years), and families in a range of facilities including school, voluntary and social work sectors. Unfortunately, none of the Community teams were validated as student placements. They were therefore identified as Spokes until the required mentorship training and validation process had been completed. Within the community teams experiences are available to facilitate Choice Clinics; engage in school based liaison work and provide specialist education to a range of organisations. Given that one of the primary aims of the Hub and Spoke project was to extend student learning beyond secondary care and illness orientated services, complete validation of community placements was also a primary objective of the project.

4.4 Identification of Spokes
The aims of the Spoke experience are mutually agreed between the mentor and the student and must be aligned to the overall core placement proficiencies. The Spokes enable students to, develop their own learning objectives within the scope of their ability, experience and knowledge levels, provided these objectives are agreed with the mentor and meet the overall learning requirements.

The constitution of a ‘Spoke’ is interpreted in the literature in a number of different ways (Campbell 2008) and so to some extent, remains a little ambiguous. For the purpose of this project, the Spoke activity is preferably located in a community setting rather than an acute mental health setting, to emphasise a holistic view of mental health in keeping with contemporary ethos. The Spoke can be any statutory or non statutory educational, social or health care setting in which there is some common thread between the student experience, the client contact and the learning outcomes. The objective is that the student deepens his or her understanding of the client journey and mental health issues through whole life mental health experiences rather than simply accessing individuals during acute illness periods.

A spoke has a number of characteristics that differentiate them from a typical visiting experience. For example, a Spoke experience is more than a day but normally less
than a week. The identification of the Spokes may be through referral pathways, interprofessional working or shared clients.

Additionally, the Hub placements operated as potential Spokes to enable students to observe the manner in which services relate to one another as well as the journey of the child or young person through the levels of service delivery. As the project progressed a Spoke resource pack for students and mentors was developed to facilitate constructive dialogue between students and their mentor in identifying salient Spokes (Appendix 2). In addition, guidance notes for mentors and students were produced to convey the key principles of the Hub and Spoke project (Appendix 3).

Over the course of the project, five non NHS Spokes were made available and included in the Spoke resource pack. These included one High School and four Spokes within the Voluntary Sector. Students were also encouraged to identify Spokes themselves and guidance sheets were produced to aid this process. The process of identification and communicating with Spokes continued throughout the project and Spokes were still being “discovered” right up until the very end. Diagram 1 below Provides details of the 5 third sector Spokes and 2 NHS Spokes, where students gained valuable learning experiences.

Diagram 1: Example of a range of Spokes used as learning experiences for students
4.5  Student selection process
Participants were identified from third year students of the BN/Dip Mental Health Nursing Programme. Within the current programme structure, students have two twelve week placements in the third year with the last placement being the ‘Sign Off’ placement where students complete competencies to achieve registration.

Cohort One
For the first cohort, 5 students were randomly allocated to the first CAMHS placement in the usual way. Consent was then sought for the students to participate in the Hub and Spoke Practice Placement Project. The rationale for this method of participant participation was that it was the closest method to the usual allocation practice and therefore determined replicability and sustainability issues more accurately.

However, as the project continued, various issues were illuminated about this method including students who considered themselves quite unprepared for the culture of CAMHS or of working with children and young people. Lack of selection according to the academic and practice strength of the student also resulted in some participants finding the demands of participation in CAMHS and in a pilot research project, challenging.

For this reason, the first placement with the first cohort was used as a baseline to enable students and mentors to consider the potential placement experiences available within the Hub and Spoke model. This served the dual purpose of extending the student and mentor experience to usual practice placement experiences and enabled student and staff confidence of the Hub and Spoke principles, to grow in preparation of the second placement.

Cohort Two
The project had been running for six months by the time the second cohort was ready to be selected. Based on our developing experience of the model, the Steering Group decided that students should be offered the opportunity to ‘opt in’ to the project. The class was met with one month before practice placements commenced and were informed about the aims and objectives of the project. A group of twelve students out of a possible thirty volunteered for five placement places which exceeded expectations. Random selection of these five volunteers finally identified Cohort Two (n=5).

Control Group
The remainder of the same cohort of students were asked to participate in order to provide a comparator group. 8 students responded and became the control group.

4.6  Student preparation
All students in the undergraduate programme participate in Preparation for Practice weeks prior to placement commencing. No additional preparation was given to either of the Hub and Spoke cohort other than the two student cohorts meeting together for one hour half way through the project. However, two students had selected and completed the option module ‘Children and Young People’s Mental Health’, before beginning the Hub and Spoke project.
4.7 The Mentor participants
Mentors were allocated to Hub and Spoke students by the clinical areas employing the criteria used for non Hub and Spoke students. Mentor participants were supplied with project information sheets and students were encouraged to share the information in the Spoke Portfolio, once this had been developed. However, no other specific Hub and Spoke Mentor preparation took place.

The Project Worker developed a high level of presence in all practice placement areas to enhance accessibility and further support as required. Both the Project Worker and the Practice Education Facilitator met with mentors in placement as requested. Several attempts were made to form Mentor Focus groups for evaluation purposes but these were not taken up by the mentors.

The level of support offered to the mentors was an ongoing dialogue in the Project Steering Group. Providing a level of support that was much more intense than current custom and practice may have enhanced the robustness of the Hub and Spoke project model but may also have undermined the findings in relation to sustainability and replicability. This tension is explored further in the discussion section.

4.8 Issues relating to Mentorship
Child and Adolescent services in Lothian are arranged in a complex weave of interrelated teams and services underpinned by geographical location. Restructuring occurs on almost a continual basis. During the time of the project, Band 7 staff were being relocated and Intensive Care Home Treatment Teams were being established. Additional administrative difficulties led to the logistics of the implementation of the model being initially fairly convoluted but these were overcome mainly by the energetic efforts of the Practice Education Facilitator and Project Worker.

5. Research Methods

5.1 Ethical Approval
Ethical approval was sought from both NHS Lothian and Edinburgh Napier but both organisations advised that ethical approval for the Project was not required. The Project Team conducted the evaluation of the project in adherence to ethical principles including the provision of participant information sheets (Appendix 4), obtaining voluntary and informed consent and stressing to participants that they could withdraw from the project at any time, without any adverse effects to their module or programme.

5.2 Evaluation Design
The evaluation comprised of collecting data using a number of mixed methods including quantitative and qualitative data tools to address the project aims and enable conclusions to be drawn from multiple perspectives as well as addressing the broad range of outcomes. Quantitative tools provided precise information of a comparative nature about the numbers of mentors and students that the practice demonstration project could accommodate effectively. Qualitative data provided
information about the student/staff experiences and the meanings or interpretations they attached to these experiences. Subjective and rich data of this type is important in assessing, for example, the role of the student/mentor experience in relation to student learning.

5.3 Data Collection Methods
To address the aims and objectives of the project, data collection was undertaken using a number of tools. Each of the data collection tools are introduced below:

I. A detailed mapping of all the individual student journeys to indicate the number and nature of Spokes that were included in each Hub placement was conducted (See Appendix 5)

II. The number of students completing the Project were recorded and compared to previous numbers of student allocations.

III. The number of mentors supervising students was recorded and compared to previous numbers of student allocations.

IV. Routine student and mentor evaluation forms supplied feedback on the quality of the placement experience.

V. Data from three focus groups for each of the student cohorts provided qualitative information about the perceived experience of participating in the demonstration project. Each of the two cohorts participated in three focus groups, each occurring at the beginning of the first placement and the beginning and end of the second placement. Semi structured questions and statements that aimed to test out a range of issues were used (Appendix 6).

VI. Each focus group lasted one hour and was digitally recorded with the participants’ permission. For analysis purposes only, the digitised recordings were transcribed verbatim and pseudonyms used to protect confidentiality.

VII. With appropriate permission, the Belongingness Questionnaire (Levett-Jones 2010) was used and is a valid and reliable tool containing twenty four statements with five option answers ranging from ‘never true’ to ‘always true’ (See Appendix 7). Both pilot Hub and Spoke students along with a control group of students (to allow comparison of experiences) were asked to complete the questionnaire in the sixth week of their first twelve week placement, as well as in the first and last week of the second placement. In other words, both the pilot (n=10) and the control (n=8) students were asked to complete the Belongingness Questionnaire on three separate occasions during both their placements.

VIII. All the CAMHS mentors who had a student on the Hub and Spoke Pilot Project were invited to complete a mentor evaluation form (Appendix 8). This was emailed to the mentor after the student had finished their placement.

IX. In order to create more understanding about the challenges and experiences of the organisations involved in facilitating the Spoke experiences, a semi structured interview (Appendix 9) was conducted with three organisations. This
also provided an opportunity to convey the core aims of the Hub and Spoke project and to establish how well aligned they are to their own organisational ideals, particularly as two of the three organisations would previously only have had very limited contact with student nurses. The Spoke organisations involved in the data collection were The Bridges Project and Fairbridge both of which are within the voluntary sector and the North West ADHD team who are part of Lothian CAMHS. Prior to the project, none of the aforementioned Spokes had experience of having any mental health nursing students on placement.

X. Service users: in order to include the perceptions of the young people, the Advocacy Worker from the Patients Council was approached to explore ideas about the way in which this could be achieved. It was felt that specifications about the Hub and Spoke model would not be of particular relevance to the young people but that it may be possible to illuminate a sense of the experience of being cared for and supported by student nurses. As all the students in the placement were part of the Hub and Spoke model, these views were considered important to the project aims.

5.4 Data Analysis
The transcripts from the interviews were read separately by each of the project team. They were then coded and through individual consideration and group discussions subjected to thematic analysis.

The data collected via questionnaires were inputted into Excel™ and analysed using descriptive statistics.

6. Project Findings
Since a mixed method of data collection instruments was used, both quantitative and qualitative findings will be presented together in order to provide a more holistic picture for the reader.

Through a process of thematic analysis, fourteen themes were originally identified. These were reduced to twelve and then eight in the second phase of analysis. In the final stage of analysis 3 major themes emerged: Placement expectations and preparation; Student learning experience of Hub & Spoke placements; and Working within CAMHS. These three themes will be used as the framework in presenting the findings. A visual presentation of the themes and sub-themes can be found in Diagram 2.
Diagram 2: Emergent themes and sub-themes

6.1 Theme 1: Placement expectations and preparation

Ten practice placements were available at the start of the project. One new community placement was successfully validated during the time of the project and it is anticipated that there will be a further two during the next six months. These placements are likely to be also located within the community.

Both the organisation of the Hub and Spoke and the focus on one clinical area was very different to previous student placements therefore there was some discussion about appropriateness of measures to prepare the students.

Students also had their own expectations of child and adolescent mental health services. Notably, these expectations were emphasised far more in Cohort One, who were randomly selected, than in Cohort Two, who self selected to take part in the demonstration project. Some anxieties related specifically to working with children and young people:

‘I thought it would be a room full of screaming kids’

‘I thought the children would be wild’

‘I’ve worked with adults all of my life and this is a huge ordeal for me’

‘I thought the young people would be rejecting of any help and full of attitude’
Whilst others signalled a deep gap in knowledge:

‘When I heard I was going to the Early Psychosis team, I thought it was kids with imaginary friends!’

‘My knowledge of child mental health is zilch!’

These comments reflect the perception of CAMHS being a very specialised area of mental health work in which pre-existing mental health knowledge is somehow rendered of little use.

The contrasting levels of anxiety between the first and the second cohort (one comment from the second group against twenty two comments from the first cohort) suggest pre-existing perceptions strongly influence understanding and confidence about what mental health nursing skills may be required.

Preparation for Practice is a normal occurrence on the undergraduate programme and students reported that specific aspects were particularly helpful in terms of their Hub & Spoke placements:

‘Self harm workshops were good – although could have done with them earlier in the programme’

No additional preparation was given to Cohort One and Cohort Two’s additional input consisted only of meeting Cohort One for one hour to exchange ideas and experiences.

In the current 2008 validated undergraduate programme there is no specific child and adolescent mental health content other than one SCQF Level 9 optional module which two of the ten students had taken and considered useful:

‘The module was useful especially the attachment content’

Other than this, the students were quick to point out the academic and practice gaps highlighted through the CAMHS placements:

‘It’s too adult focused’

‘Everything we do in Prep for Practice is around adults’

‘Knowledge of the four tier model would have been helpful’

‘You need more technical skills – knowledge of attachment, child development and ADHD for example

‘You need to know about taking developmental histories and timelines – I’ve never done that kind of thing with adults’

There was an equal distribution of comments between Cohort One and Cohort Two suggesting that desire for preparation was irrespective of pre-existing knowledge.
The difference in the level of student engagement and challenges that were expressed about the project was noticeable particularly in the focus group discussions and this is likely to relate to several factors, including the selection process.

6.2 Theme 2: Student learning experience of Hub & Spoke placements

This theme contains five sub-themes:

i. Hub & Spoke Model
   Experience of understanding of Hub and Spoke

ii. Client journey

iii. Belongingness

iv. Student – mentor relationship

v. Constraints on learning

6.2.1 Hub & Spoke Model

Ten students commenced the pilot project which reflects the total number of placements available on commencing the project. All ten students completed the project. It is noteworthy that two of the students were employed in Child and Adolescent Mental Health services following completion of the programme.

As a direct result of running the Hub & Spoke practice placement pilot, 4 Mentors have enrolled on the mentorship programme, thereby increasing the number of potential student practice placements for the future. Service reorganisation means that it is not possible to be precise about how many placements this will make available but it is anticipated to be at least three in community services.

6.2.2 Experience and Understanding of Hubs and Spokes

Conveying the purpose and specification of the Hub and the Spokes was a central requirement to the success of the project. One clear advantage of having two consecutive Hub placements, particularly in a clinical area with complex service structures, was identified by this student:

‘You can understand how everything interacts and interconnects’.

Some students had clear ideas about what they wanted to achieve:

‘I want to go out with the mental health school link worker to see how primary care services work’

‘I want to go more into the voluntary sector to see the way things are driven by government targets’

Achieving positive Spoke experiences was challenging for the students during their first placement:

‘I don’t know if I am doing the right Spoke experiences and my mentor doesn’t seem sure either’

At times, this challenge was in relation to limited knowledge of the possibilities, indicating an acquired restricted view of mental health:
`We wanted to go to voluntary services but were not sure what was out there nor how to find out`.

Ideally, students would have the opportunity to ‘follow’ clients through from one therapeutic engagement to another, although in reality, this seemed to rarely happen. One student commented on why she thought this was.

`There seem to be an [unspoken] concern [expressed by mentor and other staff] that following Spokes would take you away from Hubs and that this was not favoured`.

However, by the second placement the students were clearly benefiting from the Spoke experiences as illustrated by one of the students:

`The Spokes opened up what was available beyond the NHS`.

`The Spokes tell you that there are other people involved – it takes a weight of your shoulders`.

Students were keen to communicate how much they enjoyed their learning in their Spoke experiences:

`I did a Spoke with an anti-bullying organisation – it was really interesting`.

`There were one or two spokes I felt I could work in, particularly with drugs and young people – it’s so political and so much to do with what’s going on in the world! We talked and talked!’

`The Spoke I went on was such a good team – they take young people off the street and they don’t even need referral criteria’ (I)

6.2.3 Client Journey

The CAMHS Hub and Spoke model centred around two complementary (defined by age of client group) but contrasting (defined by placement setting), twelve week placements. Student pathways were set prior to commencing placements and can be seen in Appendix 1. One of the key aims of organising student placements in this way was to and to promote a more holistic view of the client journey. This aim was perhaps supported by the fact that the nature of the clinical area was children and young people thus promoting a lifespan view:

`You can see here that behaviour stems from what’s happened in the family’.

This wider view of mental health contrasts with previous student placements which are on the whole dominated by secondary care environments in which acute and severe mental illness is a familiar presentation. This seems, to some extent to confuse students pre-existing notions gathered through the undergraduate programme as commented on by these students:

`Adult wards fit the criteria you expect to see and then you come to CAMHS.......’
‘CAMHS is a lot more diverse than severe and enduring services. I’m finding out there is alternatives to medication’

The wider view was also evidenced by the way organisations and teams linked together mirroring the path of the child or young person:

‘There’s more diversity – dealing with schools and other agencies – you don’t see that in adult services’

However, a wider, less illness focused experience also led the students to feel vulnerable at times:

‘I don’t know if I would have been ready for this in first year. It’s more emotive – more draining’

Some of this vulnerability was supported by the enhanced sense of confidence and deeper learning achieved particularly by the second placement:

‘The previous placement was a good experience – I feel I have knowledge to carry over’ [to next placement]

‘Having two consecutive placements means you don’t have to go through the usual transitional phase. I’ve hit the ground running’

This was perhaps the most elusive category to evidence through the focus groups. It may be that there was some lack of clarity around the term ‘client journey’ in that the notion of ‘following’ an individual through from home to entry into services via day, community or inpatient service, through to home again was, on reflection somewhat aspirational. A few students chose to make a collage to illustrate their understanding of the client journey (see Appendix 10 for examples). Students arrived at different conclusions about the complexities of the client journey:

‘I think if we had just followed one client’s journey – it would have limited the Spokes we could have done’

Partial access to education and social services as well as the third sector was beneficial to widening student perspectives of the client journey:

‘I have been to a wee lad’s school and met his parents – it helps you know where he’s come from and where he’s going to’

‘I followed a boy to the children’s panel and to the school – he’s been excluded so we were working towards getting him back there again’

Students, particularly in the second placement witnessed a change and progression in the young person:

‘I’ve had the chance to see young people change from hiding behind their hair to becoming more confident and even dressing differently’

In summary, it appears that through the experience of Hub and Spoke placements, the client became more ‘visible’ to the students in that the individual is not
depersonalised by a diagnosis or long psychiatric history. This finding was also supported by the nature of the placement setting being with children and young people.

6.2.4 Belongingness

Two students in the pilot group completed all three Belongingness questionnaires over the two Hub & Spoke placements, while most of the remainder of the pilot group completed the questionnaire twice – one reflecting each placement. A total of twenty questionnaires were completed. There were 16 completed questionnaires in the control group.

Of the 34 questions, 16 showed a 5% or more increase in the felt sense of belongingness from the pilot group in comparison to the control group. This represents an increase of 47% in the pilot students’ sense of belongings compared to the control group (see Table 1 below).

<table>
<thead>
<tr>
<th>Question</th>
<th>Pilot Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel I fit in with others during my placement</td>
<td>18 /90%</td>
<td>11 / 69%</td>
</tr>
<tr>
<td>It is important to feel accepted by my colleagues</td>
<td>19 / 95%</td>
<td>13 / 81%</td>
</tr>
<tr>
<td>I make an effort to help students or staff feel welcome</td>
<td>20 / 100%</td>
<td>15 / 94%</td>
</tr>
<tr>
<td>I view my placement as a place to experience a sense of belonging</td>
<td>15 / 75%</td>
<td>10 / 63%</td>
</tr>
<tr>
<td>I get support from my colleagues when I need it</td>
<td>16 / 80%</td>
<td>11 / 69%</td>
</tr>
<tr>
<td>I like the people I work with on placements</td>
<td>19 / 95%</td>
<td>11 / 69%</td>
</tr>
<tr>
<td>I invite colleagues to eat lunch / dinner with me</td>
<td>8 / 40%</td>
<td>5 / 31%</td>
</tr>
<tr>
<td>There are people that I work with on placements who share my values</td>
<td>18 / 90%</td>
<td>12 / 75%</td>
</tr>
<tr>
<td>Colleagues ask for my ideas or opinions about different matters</td>
<td>15 / 75%</td>
<td>10 / 63%</td>
</tr>
<tr>
<td>I feel understood by my colleagues</td>
<td>16 / 80%</td>
<td>10 / 63%</td>
</tr>
<tr>
<td>When I walk up to a group on placement I feel welcomed</td>
<td>17 / 85%</td>
<td>9 / 56%</td>
</tr>
<tr>
<td>I let colleagues know I care about them by asking how things are going for them and their family</td>
<td>15 / 75%</td>
<td>11 / 69%</td>
</tr>
<tr>
<td>Colleagues notice when I am absent from placements or social gatherings because they ask about me</td>
<td>11 / 55%</td>
<td>7 / 44%</td>
</tr>
<tr>
<td>I let my colleagues know that I appreciate them</td>
<td>18 / 90%</td>
<td>11 / 69%</td>
</tr>
<tr>
<td>I like where I work on placements</td>
<td>16 / 80%</td>
<td>11 / 69%</td>
</tr>
<tr>
<td>I feel free to share my disappoints with at least one of my colleagues</td>
<td>16 / 80%</td>
<td>7 / 44%</td>
</tr>
</tbody>
</table>

Table 1: Questions with 5% or more increase in felt sense of belongingness from the pilot group in comparison to the control group

Nine questions demonstrated a 5% or more increase in the felt sense of belongingness from the control group compared to the pilot group which represents a
26% difference overall. However one of these questions is negatively scored which means that 2 students in the control group report that they feel more discriminated against on placements compared with one in the pilot group (see Table 2).

<table>
<thead>
<tr>
<th>Question</th>
<th>Pilot Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues offer to help new students or staff feel welcome</td>
<td>10 / 50%</td>
<td>10 / 63%</td>
</tr>
<tr>
<td>I am invited to social event outside my placement by colleagues</td>
<td>9 / 45%</td>
<td>8 / 50%</td>
</tr>
<tr>
<td>I feel more discriminated against on placements</td>
<td>1 / 5%</td>
<td>2 / 12%</td>
</tr>
<tr>
<td>I offer to help my colleagues, even if they do not ask for it</td>
<td>16 / 80%</td>
<td>14 / 88%</td>
</tr>
<tr>
<td>It is important to me that someone at my placement acknowledges my birthday in some way</td>
<td>1 / 5%</td>
<td>3 / 19%</td>
</tr>
<tr>
<td>On placements I feel like an outsider</td>
<td>2 / 10%</td>
<td>3 / 19%</td>
</tr>
<tr>
<td>I make an effort when on placement to be involved with my colleagues in some way</td>
<td>15 / 75%</td>
<td>14 / 88%</td>
</tr>
<tr>
<td>There are people on placements with whom I have a strong bond</td>
<td>9 / 45%</td>
<td>10 / 63%</td>
</tr>
<tr>
<td>I keep personal life to myself when I’m on placements</td>
<td>8 / 40%</td>
<td>9 / 55%</td>
</tr>
</tbody>
</table>

Table 2: Questions with 5% or more increase in felt sense of belongingness from the control group in comparison to the pilot group

Nine questions showed no or minimal difference between the two groups which represents a 26% no difference (see Table 3).

<table>
<thead>
<tr>
<th>Question</th>
<th>Pilot Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues see me as a competent person</td>
<td>18 / 90%</td>
<td>14 / 88%</td>
</tr>
<tr>
<td>I am supportive of my colleagues</td>
<td>19 / 95%</td>
<td>15 / 94%</td>
</tr>
<tr>
<td>I ask my colleagues for advice</td>
<td>18 / 90%</td>
<td>15 / 94%</td>
</tr>
<tr>
<td>People I work with on placements accept me when I am just being myself</td>
<td>15 / 75%</td>
<td>12 / 75%</td>
</tr>
<tr>
<td>I am uncomfortable attending social functions on placement because I feel like I don’t belong</td>
<td>2 / 10%</td>
<td>1 / 6%</td>
</tr>
<tr>
<td>Feeling “a part of things” is one of the things I like about going to placements</td>
<td>13 / 65%</td>
<td>10 / 62%</td>
</tr>
<tr>
<td>It seems that people I work with on placements like me</td>
<td>18 / 90%</td>
<td>14 / 88%</td>
</tr>
<tr>
<td>One or more of my colleagues confides in me</td>
<td>10 / 50%</td>
<td>8 / 50%</td>
</tr>
<tr>
<td>I ask my colleagues for help when I need it</td>
<td>18 / 90%</td>
<td>14 / 88%</td>
</tr>
</tbody>
</table>

Table 3: No or minimal difference in felt sense of belongingness between the pilot and control groups

Overall, the results from the Belongingness questionnaire confirmed an improved learning experience for the pilot group.
The questions from the Belongingness Questionnaire were also tested during the student focus groups (n=9). The following quotes illustrate the improved feeling of belongingness in the Hub & Spoke placements:

- ‘I felt part of the team – I got the confidence, the leadership skills and the assertiveness skills I can take into my next role’.
- ‘I really feel part of the system – no – the team. Whereas before I felt I didn’t fit at all’
- ‘It boosts your confidence when you feel you fit in and are appreciated’

Students were asked about the incorporation of Spokes into their learning experience. A few mentioned that they developed a deeper understanding of the mental health needs of the client group:

- ‘Two placements that are in different settings gives you a more holistic experience of the client journey’
- ‘[Spokes] gives you an idea of kids life before services’
- ‘You get a very different view of the young person’

Other students stated that the concept of having Spokes promoted student centred learning:

- ‘I made my own decisions about what spokes to do and I arranged them. My mentor offered to help but I felt I wanted to do it’
- ‘This is the deepest learning I have experienced in the whole programme’.

Student comments regarding the nature of their professional development whilst on the Hub and Spoke placements are listed below:

- Facilitation of groups
- Partnership working with the multi disciplinary team
- Contributed to daily management of the therapeutic day programme
- Taking part in ‘Choice’ Clinics
- Writing comprehensive letters of assessment
- Using assessment tools and scales
- Been able to show initiative and this has helped me to gain confidence
- Encouraged me to engage proactively with service users and carers
- Learning how to deal with my own feelings and emotions professionally
- Gained confidence due to having a proactive role in planning and management
6.2.5 Student-Mentor relationships

Central to the experience of belongingness is the student/mentor relationship. The relationship between student confidence and competence is often misread by mentors who perceive a lack of competence when there is in fact a marked lack of confidence. The students in the CAMHS Hub and Spoke project had two different mentors – one in each Hub, so the relationship was not embedded in the way the same mentor across the two twelve week placements may have been. Nevertheless, the relationship was an important one to most of the participants:

‘My mentor was brilliant – she said: we went through this (with the young people) - you’re not alone here’

Some difference in experience may have occurred due to the therapeutic culture of Child and Adolescent Mental Health Services in which relationship based care is seen to be an essential aspect of day to day care, although the intensity of this ethos varies between the teams. This is in contrast to other clinical environments in which relationship based care competes with crisis driven or task orientated care.

‘In the main hospital the mentors are more time focused’

A consequence of a greater emphasis on psychosocial understandings to mental health and relationship based care is that staff more readily engage in meaningful relationships with the students:

‘Some of the sessions with my mentor turned into mini therapy sessions - it was very containing – I’ve never experienced anything like that before’

Some students experienced a high degree of emotional safety during their placement:

‘She [Mentor] never left me behind’

‘She [Mentor] says – just do what you can’

‘I knew she [Mentor] would be there if I had a problem’

This picture was not consistent however. For some participants the complexities of supporting young people with mental health problems was particularly fraught with complications, often relating to over identification with the young people and children, conflicting personal and professional ideals and the acute nature of the young person’s issues. Younger students struggled not to over identify with the young people whilst older students struggled with trying not to use their own experiences of being parented or their role as parents as critical reference points to understanding the children.

During some of these complex emotional experiences students felt unsupported. One talked of needing ‘someone to talk to’, whilst another spoke of:

‘My mentor was away on holiday and there was no one else allocated – I could have done with someone to confide in – I felt cut adrift’
Some students reported that their Mentor seemed to have some difficulty in understanding the aims and objectives of the CAMHS Hub and Spoke model:

‘The mentors were not confident in the ideals of the Hub and Spoke’

‘The mentors need to be tuned into the Hub and Spoke’

This lack of understanding seemed to produce a narrowing of the learning experience:

‘All the Spoke advice I got was about the NHS – I don’t think my mentor knew of anything else’

‘She shared with me the ideals of recovery orientated practice but not so much in the wider world – they were all very ward orientated’

Despite these comments, overall, the student/mentor experience was very positive and contributed to the overall sense of feeling accepted in the team.

6.2.5.1 Mentor evaluation
The mentor evaluation form was split into four subsections covering knowledge and understanding, the hub and spoke model, practice placement assessment process and mentorship responsibilities. The findings from these four subsections will be now be presented

6.2.5.2 Knowledge and understanding
Whilst all the mentors agreed that the students had sufficient knowledge of general mental health issues, some mentors stated that there were some gaps in the students’ knowledge regarding CAMHS and specifically in areas like attachment theory, child development stages, common mental health issues for children and various treatment models.

“Gaps were apparent in knowledge of different therapies”

“My student had never heard of attachment theory or general child development”

6.2.5.3 Hub and Spoke Model
Most of the mentors felt that their student’s were able to identify their own learning needs through a Spoke placement. However a few of the mentors did express some concern about the student’s ability to do this initially

“It’s difficult for a student to integrate into a team whilst trying to organise a Spoke placement”

“It wasn’t very clear to my student as she was the first to try this”

Spoke placements were identified via a variety of sources including the students themselves, the mentors, available resources, spoke resource pack and client journeys. This was generally felt to be an effective way of identification of spokes although one mentor did mention a negative experience for their student.
“The chosen Spoke was an adult acute care ward, and although the charge nurse was somewhat informed and keen, the responsible staff nurse was not! Experience was quite negative for student”

All but one of the mentors (n=8: 87.5%) felt that the Spoke experiences met the student’s objectives and enhanced the student’s knowledge of CAMHS and the wider patient pathways into and out of health.

Mentors were asked to give their views on what would be the losses and gains of only having one mentor throughout the 26 weeks instead of two.

The losses included concerns about the how the mentor would cope with the increased workload:

“Hard work for the mentor”

And also what would happen if the student and mentor didn’t get on:

“Long time if student not happy”

Another concern was whether one mentor was able to offer the student the breadth of experience and knowledge that two mentors could

“Having differing mentors may offer a richer experience, allowing the student to observe a varied skill mix”

“Mentor may not have the full knowledge to sign off the student”

The mentors also voiced some concern about student’s missing out on other experiences:

“Other placement areas missed out on”

“It reduces their experiences of different services and the experiences of various personalities and nursing styles”

Mentors felt that the gains were mostly related to continuity of experience and how this positively impacts on therapeutic relationships:

“Consistency of experience in one area and increased opportunities to build longer term therapeutic relationship with young person”

And how a longer placement increased confidence

“Increased confidence in implementation of new skills and knowledge”

Some mentors felt the student - mentor relationship would also be enhanced:

“Longer term mentor relationship which will notice the detail of the student’s strengths and areas for development”
6.2.5.4 Practice placement assessment process

The majority of mentors felt that the practice placement booklets were not totally suitable for assessing the student within the CAMHS environment:

“Too ward focused"

“Too much hand washing and personal hygiene stuff”

The mentors also voiced concerns about the lack of compatibility of the placement booklets with the Hub and Spoke project

“There is no place to record any learning gained on Spokes”

6.2.5.5 Mentorship responsibilities

6 out of the 8 mentors who completed the evaluation form were sign off mentors. All felt prepared and supported for this role, although some of the mentors did find the Hub and Spoke project a challenge

“I’ve mentored numerous times before but with smaller placements.....as with most things, the first time (with Spokes) was a learning curve for me and the feedback from my student was very useful”

Most of the mentors felt the CAMHS environment sufficiently supported the student to achieve their proficiencies and sign off although some reservations were expressed about how well prepared this made the students to work in other healthcare settings.

“To work in CAMHS yes, but I feel less certain that it does prepare those intending to work within adult services”

Concern was also expressed about how difficult an area CAMHS was to work within and how this may negatively impact on the student and being able to achieve their proficiencies.

“The CAMHS experience can be very useful to the right candidate. Most CAMHS workers work closely with children and their often chaotic family dynamics. It takes a very committed and conscientious student to fit into this without negatively impacting on the therapeutic dynamic whilst developing themselves in a normally close team. If the student struggles in this area it can be very difficult for them to gain their proficiencies for sign off”

In summary the mentors on the whole expressed support for the Hub and Spoke model and the benefits that this approach brings to the students knowledge base and confidence. The increased workload for the mentors and the issue of specialisation were raised as concerns.

Within their placement evaluation form students were asked to give examples of what they considered to be good practice in the placement. The following verbatim comments were received:
• Staff mindful of evidence based practice
• Staff value therapeutic relationships and 1:1 working
• Experienced staff who are willing to work well with students in their management placement
• Record keeping
• Communication with multi disciplinary team
• Excellent communication skills between all members of the multi disciplinary team
• Clearly followed evidence based practice

Students were also asked to reflect on their overall impression of the placement and the following verbatim statements were received:

• I was well supported in the transition from student nurse to registered nurse
• Excellent placement used to gain new skills
• One of the most challenging placements. It be very fast paced with work simultaneously on promotion and prevention
• The best placement so far.
• Fantastic placement with so much support from trained staff. I felt genuinely valued by the whole team.
• Kids were fantastic but the staff were unfriendly

6.2.6 Constraints on learning

The CAMHS Hub and Spoke project took place in the final two placements of the third year of the undergraduate programme. During the third year, degree students complete one option module, and two core modules. Diploma students complete one core module. For degree students, the core module and its assessment takes place whilst the students are on placement and for some participants, this detracted from the capacity to fully concentrate on the Hub and Spoke model.

‘The report and presentation [assessment] get in the way of concentrating on finding good Spokes’

For other participants, the incompatibility of the placement books with the aims of the Hub and Spoke project was a concern as there was nowhere for them to insert the evidence of their learning experience.

‘The books move your mind from the goals of the Hub and Spoke –they are technocratic – just a list of things to tick off’

‘The medication (learning activity) is not just to relevant to CAMHS’
‘Quite a lot of the proficiencies [in the placement book] are not relevant to CAMHS’

Placing the Hub and Spoke project in the third year was generally not favoured by the ten participants. The sense was that there was competing pressure with achievements required to reach ‘sign off’ status and management placements. This lack of freedom to be creative particularly with the Spokes was suggested by the students could have been better utilised earlier in the programme:

‘I think the experience would have been more valuable in second year – it’s hard to prioritise the Hub and Spoke because of the pressures from the final placement’

It is noticeable that the participants did not feel their learning was constrained due to the specialised nature of CAMHS. On the contrary, it seemed like academic requirements of the degree programme structure were hindering students fully embracing some of the challenges that were presented.

An additional discussion related to the difficulty in the emphasis on student directed learning in the Hub and Spoke project. Students appeared to lack confidence particularly in the first cohort, in leading their own learning. Similar reticence was encountered in asking participants to consider the client journey. The venture from secondary care services seemed very difficult to engage with particularly in the first placement.

The nature of the constraints on learning identified in the students’ placement evaluation forms are listed verbatim below:

- Limited access to desk or computer space
- Too many students for the placement
- Staff very much in their cliques and this meant it was difficult to feel included

6.3 Theme 3: Working within CAMHS

The selection of Child and Adolescent Mental Health Services (CAMHS) as the clinical area for the project was made for a range for a range of reasons including a anticipated increase in workforce numbers. Additionally, CAMHS services are arguably one of the best services to integrate across the sectors, thus being best placed to accommodate the aims of encountering the client journey. However, CAMHS staff like many other staff from similar areas, expressed concern that students were insufficiently skilled to benefit from such placements so most community placements are not validated to take students. One community placement was however validated during the course of the project due to the efforts of the Project Worker.

It was within this category, that the difference in selection process between Cohort One, who were allocated to CAMHS in the usual way, and the second self selected cohort, was clearest. Confusion about the best way to manage the therapeutic challenges was evident:
Participants expressed a realisation that their perceptions and understandings about mental illness were going through a change:

‘On adult wards its very stereotypical mental illness – it’s not like that here’

‘When it’s 10 and 11 year olds it [mental health issues] means terrible things have happened to them – it freaks me out – when it’s adults – it’s just all in their histories and it happened a long time ago’

‘I had already known that family upbringing is important but you totally forget this in adult wards- you just see the label’

Mental health issues seemed closer to some of the participants own experiences, for example:

‘CAMHS makes you more aware of mental illness – I never thought before that somebody at school with me could have a mental illness’

Consequently, issues relating to their own experiences as children or as parents may have conflicted with their placement experiences.

6.3.1 Spoke Evaluation

The initial idea of the project team was that the Hub and Spoke Pilot Project would be student led in that they would determine their own Spoke placements. Client pathways and inter professional, interagency collaborations were suggested as good starting points for identification of potential Spokes.

In the initial stages of the project participants found this difficult to achieve as the defining characteristics of a Spoke were not clear. There was also a lack of confidence about the aims and mechanisms of facilitating a Spoke experience.

This led to the development of the Spoke resource pack (Appendix 2) as a way of making it easier for students to select and negotiate an appropriate Spoke placement.

6.3.2 Information and Understanding about the Hub and Spoke Project

All the Spokes had initially heard about the Hub and Spoke pilot project from the Project Worker via emails and information sheets disseminated at the start of the project. Colleagues in the Spoke organisations felt the information about the project had been sufficient to give them a clear idea about the project and its aims and objectives.

6.3.3 Views of the organisation about mental health nursing students participating in the organisation

All the Spoke organisations were very receptive and positive about the idea of mental health student nurses coming into a Spoke placement. They felt the project would help students understand the wider systems involved in mental health.

“Good idea for them to expand their (the student) horizons”
“Excellent idea for students to learn more about the community”

6.3.4 Experience of obtaining and preparing for the Spoke placement
All the organisations interviewed had one or more student nurse on a Spoke experience. On one occasion a student spent five days spread over six weeks, taking part in a group work programme. All of the students had used the Spoke resource pack to make initial contact. The Spoke organisations all felt the students were well prepared before coming on placement.

6.3.5 Quality of communication between Spokes and Mentors
There was little or no contact with the Hub mentor whilst on a Spoke placement although this did not seem to be an issue for any of the Spokes with all of them feeling they would have contacted the mentor if required.

All of the Spokes would have a mental health student on placement again and all agreed that with students spending more time with them had enhanced their learning.

“At longer placement would have been better and allowed the student to get even more out of the placement”

“More regular and frequent contact would have been better”

The general feedback was very positive from all the Spoke organisations interviewed and all expressed interest in continuing to have mental health student nurses in the future. The consensus was that the Spoke organisations all benefited from having mental health students on placement with them as well.

6.3.6 Service User and Carer Involvement
The Project Steering Group struggled with finding the most meaningful way of involving children young people and carers with this project. In order to resolve this, to some extent, the project team met with the local Advocacy Group for advice. The Advocacy Group considered that although service users experiences and views of student nurses was extremely relevant, the details and operational aspects of practice placement organisation was less important to them. Thus, a decision was made to formulate three open questions which would then be posed to the young people and carers as part of the regular Advocacy Group meetings held in the Day Programme and Inpatient Unit of the Young People’s Service. These questions were as follows:

1. Can you tell us something about your experience of working with student nurses in terms of:
   a. Engagement – relatively easy to talk to
   b. Accessibility - easy to find; responsive to requests; reliability
   c. Professional – responsible and respectful
2. Did you feel they were helpful
   a. (may be useful to present this as a sliding scale – for example 1(not helpful) to 5 (very helpful)
3. Did you feel they were knowledgeable?
   a. (again, it may be useful to present this as a sliding scale – for example 1(not helpful) to 5 (very helpful)
The findings from the discussions are presented in the Word Cloud below:

6.4 Key Findings
The CAMHS Hub and Spoke Practice Placement Demonstration Project:

- Extended and deepened student learning beyond the geographical rotational model of practice placement
- Increased the availability of placements and mentors within CAMHS
- Promoted student learning through an orientation towards wellbeing and the client journey
- Promoted student learning to consider the way in which inter agency and multi professional organisations relate to one another to provide a more holistic care experience

7. Discussion

7.1 Systems and resource issues in relation to implementation of the Hub and Spoke Model
In the standard allocation model each student is given a placement according to a categorisation system and placements are rotated through the programme, with little
thought given to the sequencing of placements. It is anticipated that the full implementation of the Hub and Spoke model would cause changes in the normal custom for the administration of practice placements.

A significant proportion of resources are required to implement the Hub and Spoke model including issues such as the liaison and involvement of the placement allocation team, preparation of mentors and clinical placements, identification and preparation of Spoke organisations and preparation and identification of appropriate supporting placement documentation for students; mentors and Spokes.

It was of significant advantage to the success of this project that the knowledge, skills and professional qualities were so closely aligned to the clinical area concerned and a similar arrangement would be required to maintain the overall quality of the student experience were there to be any replications of the project. Dilution of learning will easily occur if, for example, Spokes simply become visits or are not cognisant with the overall aims of illuminating the client journey.

To fully implement the Hub and Spoke model, there would have to be significant changes, both culturally and operationally.

7.2 Alignment of the model to the principles of the pre registration framework

The provision of Spokes enables students to experience health beyond the domain of secondary care and illness and reflect the principles of the National Framework for Pre-registration Mental Health Nursing (2008), in particular:

‘Pre-registration preparation reflects the multi-disciplinary, multi-agency context of mental health services by maximising opportunities for learning with other disciplines and agencies involved in care settings’

Focus group data indicates strongly that participants had greater contact and understanding of the complexities of working across communities and enabled students to learn more about the way in which service provision is configured. This learning is particularly important for students in their final placement. A further principle in the Pre Registration framework is:

‘Practice based learning experiences in the pre-registration programmes reflect the range of services, resources and people who contribute to mental health care and support, most of which are located in people’s communities’

The standard model of practice placement allocation inhibits access to community and voluntary sector placements and further confines student experiences to secondary care. The emphasis in this project on Spokes being identified and led by students had to be supported and held principally through the efforts of the Project Worker. However, as student and mentor confidence grew familiar with the aims of the project, this became less of an issue.

The inclusion of Spokes in the student learning experience enables greater insight and understanding to be developed into the client journey.
7.3 Student learning and assessment
The student evaluation measures suggest that participants experienced positive learning outcomes that were appropriate to the third year of the undergraduate programme. There was little sense of learning being constrained through placements being allocated in a specific area despite concerns that this may be the case. In terms of accessing the client journey, the student experience extended beyond the experience of those allocated the usual geographical placements. Journeys from the community to primary and then secondary care services were particularly evident in community teams that extended their work to schools and early years services. Accessing the journey from health to ill health and back to health again, was perhaps a little more elusive and requires further development of the model.

The current assessment tools held within the Practice Placement documentation do not relate well to the Hub and Spoke experience. Activities were often related to secondary care areas in which the care focus is in sharp contrast to CAMHS services. Students were frustrated that there was nowhere to record their valuable learning experiences. One student produced a mind map to include in her placement booklet (Appendix 11).

The findings indicate that a sense of belongingness was clearly present and that this impacted positively on the learning experience. However, further work requires to be done to explore whether this sense of belongingness might be further enhanced if one mentor provided mentorship across the two placements.

The students described clearly the way primary, secondary and the third sector engage with each other. The project aim of students being able to ‘follow’ the client journey was perhaps aspirational given that few children or young people cross through the age bound services. More common was the student being able to follow a child into a number of different environments, (school, home, children’s panel for example).

7.4 Issues in relation to Mentorship
The experience of undertaking the pilot suggests that mentors require considerable input and support to enable them to maximise the learning opportunities afforded by the Hub and Spoke model. Current link lecturer arrangements would not facilitate such increased input.

The pilot benefited from the dedicated time of the Project Worker to provide this support. For sustainability, the inclusion of underpinning principles about the Hub and Spoke model should be included in the mentorship programme and the annual updates.

7.5 Theory Practice interface issues
Currently student learning is restricted to acute and chronic illness with placement experiences dominated by secondary care services. Even the essential community placements may be located in the community but provide a service to those experiencing acute and chronic mental ill health. This learning narrows the view and understanding of mental health perspective and reinforces a sense that only mental illness is the domain of mental health nursing and that mental well being is a rather
elusive concept that is not really the concern of mental health nurses or the client population that they are involved with. This narrow perspective produces some tension with contemporary mental health ethos and undergraduate programmes that promote mental health as a psychosocial concept and mental well being as an essential and achievable dominion to all. The adoption of the Hub and Spoke practice placement model is argued to be a suitable vehicle to promote a more holistic perception and learning experience for students.

7.6 Partnership with CAMHS and University
One factor in the success of the project was the close working relationship with CAMHS teams that existed and developed through the process of the project. This was particularly enhanced through the pre-existing network of the Project Worker. Careful consideration would have to be given to the setting up and membership of a steering group to oversee the implementation of the Hub and Spoke more widely.

8. Limitations of Project
The time lag between the Project Worker being established into the post and the commencing of the project meant that timely preparation for the first cohort was not in place. This however provided an opportunity to collate baseline data that informed the development of supporting project materials such as the portfolio of Spoke placements.

Small participant numbers restricted the availability of significant data relating to the impact of the project on retention and attrition levels. Equally however, these small participant numbers enabled a rich description of information about a range of variables that impacted on the quality of the student learning experience.

A particular challenge for the project team was to recruit prospective mentors into the mentorship scheme. It appears that undertaking the mentorship training is perceived as a particularly onerous task by clinical staff in terms of both it being academically time heavy (80 hours of study) and relatively remote from day to day practice.

9. Recommendations and Conclusions

Project Outcomes
The project achieved its stated aims and specifically found that:

- Students reported a deeper learning experience that enabled them to see beyond an ‘illness model’ of children and young people’s mental health
- Students reported that two consecutive placements in one area enhanced their learning. Confidence increased as familiarity and understanding grew.
- There was an increase in the number of practice placements approved in CAMHS
- There was an increase in the number of mentors as well as the recruitment to the mentorship training module.
- A resource bank of spokes has been developed for future use
- Two students from the cohorts have gained employment in CAMHS settings
Local Implications

The Practice Placement Documentation requires assessment material that is aligned to principles of a Hub and Spoke Model. This may be represented as an additional section in the portfolio to reflect the outcomes of the learning experiences gained through the Hub & Spoke placements.

Overall, there is a requirement for enhanced engagement and support of mentors. Further work is required to explore the potential for one mentor to work with the same student(s) across two hubs.

Mentor support needs to be more closely aligned to the aims of the Hub and Spoke model. It is likely that the success of this is in some way related to the felt cohesiveness of teams within a service. Increased service cohesiveness may also be a secondary gain of the model being replicated, provided that the mentors are fully supported and prepared.

There may also be the potential to implement the model across the fields of nursing to increase the scope of the learning experience and enhance the availability of Hubs and Spokes.

Consideration also needs to be given as to whether the Hub & Spoke model retains a clinical focus as in the CAMHS project.

National Implications

Further exploration is required about the best positioning of the Hub & Spoke model in the undergraduate programme. Placing it within year one or two of the undergraduate programme would mean that students would be more likely to be responsive to the cultural changes required of client centred care as well as student-centred learning.

Local and National Implications

A secondary benefit which arose from the student focus groups was the perceived level of peer support the participants gained from sharing experiences with others from the same clinical area. Considering replication of this as a model of student support and development, would be an important aspect of any replication of the Hub and Spoke model.

High attention to logistics involved in implementation and operationalisation of the Hub and Spoke model are required if it is to be replicated. In order to ensure that the aims of the principles of the Hub and Spoke are not diluted and to manage and support the cultural and organisational changes required, the recruitment of a Project Worker to conduct a scoping exercise, is likely to be necessary.
Plans for curriculum development as a result of the project findings

Discussions are currently being held about the implementation of the Hub and Spoke model into the undergraduate programme. Consideration is being given to at least one field of practice completing a scoping exercise into the logistics of implementing the project into the second year of the programme. This will enable potential student pathways to be mapped out and matched against existing placement availability.
## 10. Risk assessment and Management Plan

<table>
<thead>
<tr>
<th>Identified Risk</th>
<th>Probability Low, Medium or High</th>
<th>Action to Prevent or Address Identified Risk</th>
<th>Responsibility – identified person</th>
<th>Completion Date</th>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in recruiting Project Worker</td>
<td>Medium</td>
<td>Recruitment process and accompanying documents will be prepared and authorised in advance of project start date.</td>
<td>Grant holder</td>
<td>February 2010</td>
<td>Delay occurred due to late signing off of proposal and administrative issues relating to holiday period</td>
<td>One month extension to secondment</td>
</tr>
<tr>
<td>Lack of interest from students</td>
<td>Low</td>
<td>Information about the opportunity to undertake these placements will be provided to students in a variety of formats.</td>
<td>Project Worker</td>
<td></td>
<td>High level of student interest</td>
<td>No action required</td>
</tr>
<tr>
<td>Lack of suitably qualified mentors including ‘sign off’ mentors</td>
<td>Medium</td>
<td>PEFs will work with the Project Worker to ensure adequate numbers.</td>
<td>Project Worker</td>
<td></td>
<td>Problematic in community teams but alternative models of mentorship being negotiated</td>
<td>Future targets levels agreed with CAMHS manager</td>
</tr>
<tr>
<td>Identified Risk</td>
<td>Probability Low, Medium or High</td>
<td>Action to Prevent or Address Identified Risk</td>
<td>Responsibility – identified person</td>
<td>February 2010 progression</td>
<td>Action</td>
<td>On completion of Project March 2011</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------</td>
<td>---------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Services unable to provide required number of student placements.</td>
<td>Medium</td>
<td>Contingency plans will be developed for this and alternative placements within the same specialty will be identified.</td>
<td>Project Worker and Project Management Group.</td>
<td>Some constraints due to mentorship difficulties</td>
<td>As above and community teams to be employed as Spokes</td>
<td>Satisfactory number of Hub and Spoke placements</td>
</tr>
<tr>
<td>Students unable to access a range of agencies involved in working with children and young people.</td>
<td>Medium</td>
<td>Prior communication will be made with likely agencies.</td>
<td>Project Worker and NHS staff</td>
<td>Information not yet available</td>
<td>On-going monitoring of this throughout the project</td>
<td>Appropriately managed with the support of Mentor and Project Worker as well as production of resource pack and guidance notes</td>
</tr>
<tr>
<td>Students denied opportunities to take responsibility for a caseload and/or engaging in</td>
<td>Medium</td>
<td>Expectations re caseloads will be communicated in advance to mentors and other practice staff.</td>
<td>Project Worker and Link Lecturer</td>
<td>Placements currently being prepared for this</td>
<td>Actions ongoing from mentor and PEF</td>
<td>All students met their placement learning outcomes.</td>
</tr>
<tr>
<td>Identified Risk</td>
<td>Probability</td>
<td>Action to Prevent or Address Identified Risk</td>
<td>Responsibility – identified person</td>
<td>February 2010 progression</td>
<td>Action</td>
<td>On completion of Project</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>other interventions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HE staff lack of time to commit to project.</td>
<td>Medium</td>
<td>Project time will be allocated via workload allocation model.</td>
<td>Grant holder and Subject Group Leader</td>
<td>Some changes in Steering Group</td>
<td>Prof. Morag Gray has replaced Hugh Masters as Project Lead</td>
<td>Project team remained stable following change of Project Lead.</td>
</tr>
<tr>
<td>Lack of communication/communication difficulties between HE and NHS Partners.</td>
<td>Low</td>
<td>Regular project management and stakeholder steering group meetings should ensure adequate communication and swift resolution of any conflict.</td>
<td>Grant holder, Project Worker and Project Management Group.</td>
<td>Partnership working has been very positive to date</td>
<td>On-going monitoring throughout project</td>
<td>Project Steering Group worked well which helped to facilitate communication and shared decision making</td>
</tr>
<tr>
<td>HE staff with specialist knowledge leave the University.</td>
<td>Low</td>
<td>Project management group would identify contingency and present plan to HE managers.</td>
<td>Project Management Group.</td>
<td>Contingency plan enacted (see above)</td>
<td>Not an issue.</td>
<td></td>
</tr>
</tbody>
</table>
11. Dissemination strategy
A variety of approaches will be used in order to disseminate the findings from this project. Approaches will include the following: manuscripts prepared for reviewed journals; coaching student participants to collaborate with members of the Project Team in submission to journal such as Young Minds; and a presentation at the School of Nursing, Midwifery & Social Care Staff Forum. We have a symposium paper accepted for NET2011 conference.
12. Appendices
Appendix 1: Mapping of students’ placements through the project

Contrasting but Complementary Placements

Student 1: In-patient Unit  
Community Youth Justice

Student 2: 5-14 years Day Unit

Student 3: Early Psychosis Service

Student 4: Forteviot

Student 5: Day programme

Student 6: Day Programme

Student 7: Early Psychosis Service

Student 8: Willowgrove

Student 9: In-patient Unit

Student 10: East Lothian CAMHS

In-patient Unit

In-patient Unit

In-patient Unit

Forteviot

Forteviot

Forteviot

Youth Justice
Appendix 2: Mapping of Individual Student Journeys

Map 1

**The Hub**

The Day Programme is a day service based within tier 4 of CAMHS Lothian. It caters for young people between the ages of 12 and 18. It offers a group work programme.

**The Spokes**

**Spoke 1.** The student attends Number 6 a specialist voluntary service in Edinburgh for over 16’s with Autistic Spectrum Disorder. This helps the student learn more about how this group of young people are supported out-with the health service.

**Spoke 2.** The student spends time with the social worker within the in-patient unit to gain an understanding of the role of social work within a health setting.

**Spoke 3.** The student attends the Rock Trust with a discharged client. This helps the student gain an understanding of a supportive pathway out of the health service and what type of support is available for young people in the community.
The Hub

Early Psychosis Support Service (EPSS). Day service based within CAMHS Lothian which works with young people under the age of 21 with psychotic illnesses.

Spoke 1. A Client that the student was working with was in an inpatient unit within the main hospital. Student shadowed the client’s key worker within the inpatient unit to gain a better understanding of the overall functioning of the unit and how they worked with younger clients within an adult ward.

Spoke 2. Student spent time at the supported accommodation provider to see how they manage young people in their care.

Spoke 3. Student also spent time in a student support base within a local high school to see how they worked with young people with mental health problems. The student followed a client journey through the various other agencies and services that they were involved in. This gave the student an overview of the wider systems and organisations involved in supporting a young person with a serious mental illness and helped develop knowledge and understanding of mental health.
Appendix 3: Spoke resource pack for students and mentors

CAMHS Hub and Spoke Pilot Project

Hub and Spoke Resource Pack for Students

This Hub and Spoke resource pack is here to help you with any questions you may have regarding the pilot project you are involved with. It should also help you in identifying Spoke opportunities. An overview of the different Spokes available within this project has been included as well as guidelines on timeframes for going on a spoke placement. This should help you in deciding what Spoke opportunities you would like to go on.

Information has also been included for Mentors and Spokes regarding this project. If you need more information or you have other questions regarding this project then you can contact

Tommy Blue, Project Worker email: t.blue@napier.ac.uk
Margaret Conlon, Link lecturer email: m.conlon@napier.ac.uk
George Clark, Practice Education Facilitator
Email: George.Clark@nhslothian.scot.nhs.uk

Student information on the Hub and Spoke Pilot Project

What is the Hub and Spoke Pilot Project?

This pilot project is a joint venture between NHS Lothian and Edinburgh Napier University. It has been funded by NHS Education for Scotland (NES). It is one of three demonstration sites around Scotland that are evaluating different Hub and Spoke models of student placements. The pilot project in Lothian is the only one focusing exclusively on Child and Adolescent Mental Health Service (CAMHS) placements.

The aim of this project is to explore the benefits of allowing students a placement experience in which learning, knowledge and understanding is at a deeper and more sustainable level. This is to be achieved through greater level of student directed learning, continuity of experience and an enhanced mentor / student experience. The student nurses will have two consecutive placements within CAMHS. All the students taking part in this project are 3rd year mental health nursing students.

What is a Hub?
The Hub is the primary placement where you will spend most of your time. It is also where your mentor will be based.

What is a Spoke?

A Spoke is a planned short experience with another team / organisation / setting. The purpose of the Spoke is to enhance your understanding of the child / young person’s journey through CAMHS and the wider context that CAMHS works within. You will be encouraged to think about the client journey with the intention of gaining an understanding of the wider context of mental health care and delivery. This should hopefully foster a more holistic viewpoint of mental health.

Examples of a Spoke placement include other teams within CAMHS or the NHS, educational settings such as schools, social work departments and also voluntary agencies.

A Spoke can be any setting that helps with creating a fuller understanding of mental health care and the client journey.

How is a Spoke placement identified?

You should start identifying your own learning needs based on the clients you are involved with as well as your own interests. This should help you identify further learning opportunities and potential Spokes. It is often quite helpful to think about the “client journey”. Where has the client come from? Who referred the client to the Hub placement? Who else has been involved in their care or support previously? Where will the client be referred to in the future? Your mentor can help you with these questions. Your mentor should be involved as much as possible and needs to agree on the Spokes you have identified.

What happens once I have identified a possible Spoke?

If you have identified a Spoke that is within the Spoke resource pack then your mentor needs to phone the contact person named and negotiate with them your time and learning needs. It won’t always be possible to go on an identified Spoke so having an alternative option is a good idea.

What if I want to go to a Spoke not in this pack?

There may be Spokes that you identify that are not in this pack such as within the voluntary sector or in other areas outside the NHS. Discuss this with your mentor to make sure this Spoke placement is suitable and will meet your learning needs. Your mentor then needs to contact the Spoke and discuss with them your learning needs. A guidance sheet is available for Spokes in this instance to explain fully what this project involves.

How do I record what happens?

There is a sheet you fill out that records your activities whilst on a Spoke. This sheet plus verbal feedback from the Spoke can confirm any proficiencies achieved in the Spoke and this will help you when your mentor and you complete your booklet.
What is my mentor’s responsibility for me when I am on a Spoke placement?

Your mentor is still responsible for you whilst on a Spoke placement and needs to be kept informed of your planned activities as well as getting feedback from your Spoke placement on any activities you have completed.

What other things can I expect to happen?

As part of this pilot project you will be expected to fill out questionnaires now and again. These questionnaires will help the project team evaluate the Hub and Spoke model. You will also be expected to take part in some focus groups which will also help us evaluate how this pilot project is going. The project worker is also available to help and support you with any problems or issues you may have.

Example of information contained in Spoke Portfolio

Information Sheet on Spoke Opportunities within the Community

Name of Spoke- Fairbridge Edinburgh
Contact details- 73 Ferry Road, Edinburgh
                   Telephone- 0131 553 0915
                   Contact name- Zoe Bowman Bayles
                   Email- zoe.bowman-bayles@fairbridge.org.uk

Learning opportunities available to students

Understanding the nature of a youth organisation within the voluntary sector.

Understanding of how an untraditional role can support vulnerable young people with a multiply range of issues and needs.

Participate within the personal development programme including group work.

Transferring and sharing of skills from students own background through reviewing and reflection.

Considerations for students

The complex and sensitive nature of work undertaken with vulnerable young people. Fairbridge has a confidentiality policy in which it operates. Up to date enhanced disclosure is needed.

Direct bus from city centre at St James Shopping Centre – 7, 14 or 21.

Service hours : 9.00am-5.00pm

Dress code: young person friendly/casual.
Appendix 4: Guidance sheet for Spoke Placements

Student placements in CAMHS: A “hub and spoke” approach to understanding children and young peoples mental health

What is the Hub and Spoke project?

This pilot project is a joint venture between NHS Lothian and Edinburgh Napier University. It has been funded by NHS Education for Scotland (NES). It is one of three demonstration sites around Scotland that are evaluating different Hub and Spoke models of student placements. The pilot project in Lothian is the only one focusing exclusively on Child and Adolescent Mental Health Service (CAMHS) placements.

The aim of this project is to explore the benefits of allowing students a placement experience in which learning, knowledge and understanding is at a deeper and more sustainable level. This is to be achieved through greater level of student directed learning, continuity of experience and an enhanced mentor / student experience. The student nurses will have two consecutive placements within CAMHS. All the students taking part in this project are 3rd year mental health nursing students.

What is a Hub?

The Hub is the main placement where the student nurse will spend most of their time. It is also where the mentor will be based.

What is a Spoke?

A Spoke is a planned short placement that offers student nurses a learning opportunity / experience that is not available within their main placement (the Hub). Spokes are connected to the Hub placement via client journeys. This may be through referral pathways, joint working or shared clients.

Why have we been chosen as a Spoke?

You have been chosen because you have a strong relationship with the Hub placement. You may have a shared client, you may have referred a client to the Hub placement or you may be a partner agency (such as education, social work or the voluntary sector). The student will have identified you as a possible Spoke opportunity and would like to learn more about what you do.

How long will the student be in the Spoke?

The length of placement will depend upon individual learning opportunities.

This may involve student nurses spending anything from a day to a week in the Spoke placement. This could mean that the student comes along at an agreed time each week.
such as to a weekly group or clinic or completes a shift. The time spent in the Spoke needs to be negotiated and agreed at the start between the Spoke and the student /mentor.

**What is the aim of going on a Spoke placement?**

It will allow the student nurse to have a better understanding of the client journey. It will also deepen the student’s knowledge and understanding of the wider context of mental health and the various settings and areas that this happens within.

**What is the Spoke’s responsibility for the student nurse?**

The Hub mentor is still responsible for the student whilst they are on placement with you. The Hub mentor should be fully aware what the student is doing at all times. Learning outcomes will be agreed between the student, Hub mentor and Spoke placement at the start. We expect that the Spoke placement will identify a named person that will oversee the Student whilst there. This is important so that the Hub mentor can gain feedback on the student’s progress and allows the Hub mentor to confirm that any learning objectives or proficiencies have been achieved.

**Does the person overseeing the student need to be a qualified nurse?**

No. They can be other professionals such as teachers, social workers, psychologists. The NMC (Nursing and Midwifery Council) stipulates that student nurses can be supported /supervised by other professionals and that they can give feedback to the Hub mentor regarding any learning / proficiencies achieved. The Hub mentor remains the person who has responsibility for the student at all times.

**Is there a choice in having a student on a Spoke placement?**

There may be times when you are very busy, are understaffed or have other students in placement already. This pilot project is entirely voluntary and if you are unable to have a student on a Spoke placement then you need to communicate this clearly at the start. It is however important to remember that the students have identified your area as one of interest to them because they wish to learn and experience new things in order that they develop an understanding of the wider context of mental health care and delivery. We would hope that you would be supportive of this pilot project.

**Contact details for the Hub and Spoke project**

Tommy Blue, Project Worker
email t.blue@napier.ac.uk

Margaret Conlon, Link lecturer
email m.conlon@napier.ac.uk

George Clark, Practice Education Facilitator
Email George.Clark@nhslothian.scot.nhs.uk
Appendix 5: Guidance sheet for Mentors about the Hub and Spoke Approach

What is the Hub and Spoke project?

This pilot project is a joint venture between NHS Lothian and Edinburgh Napier University. It has been funded by NHS Education for Scotland (NES). It is one of three demonstration sites around Scotland that are evaluating different Hub and Spoke models of student placements. The pilot project in Lothian is the only one focusing exclusively on Child and Adolescent Mental Health Service (CAMHS) placements.

The aim of this project is to explore the benefits of allowing students a placement experience in which learning, knowledge and understanding is at a deeper and more sustainable level. This is to be achieved through greater level of student directed learning, continuity of experience and an enhanced mentor/student experience. The student nurses will have two consecutive placements within CAMHS. All the students taking part in this project are 3rd year mental health nursing students.

What is a Hub?

The Hub is the primary placement where the student nurse will spend most of their time. It is also where the mentor will be based.

What is a Spoke?

A Spoke is a planned short experience with another team/organisation/setting. The purpose of the Spoke is to enhance the students understanding of the child/young person’s journey through CAMHS and the wider context that CAMHS works within. The student will be encouraged to think about the client journey with the intention of gaining an understanding of the wider context of mental health care and delivery. This should foster a more holistic viewpoint of mental health.

Examples of a Spoke placement include other teams within CAMHS or the health service, educational settings, social work departments and voluntary agencies. A Spoke can be any setting that helps with creating a fuller understanding of mental health care and the client journey.

How is a Spoke placement identified?

The student should start identifying their own learning needs based on the clients they are involved with as well as their own interests. This should help them identify further learning opportunities. It is quite helpful to think about the “client journey”. Where has the client come from? Who referred the client to the Hub placement? Who else has been involved in their care or support previously? Where will the client be referred to in the future?

It may be worthwhile reminding students of these questions when you first meet them to discuss their learning needs with you. These questions should help the student identify
possible Spokes opportunities. There should be agreement between the Hub mentor and student on the Spoke identified and the learning outcomes generated.

*A Spoke resource pack for CAMHS has been developed that will aid students identify learning opportunities out-with the Hub placement however there may be Spokes that you come up with that are not in this pack. See the Spoke guidance Sheet.*

**What happens once a Spoke has been identified?**

The Spoke placement is contacted by the mentor to see if they are able to offer them a short term placement. Learning opportunities are agreed on. All the Spokes within the *Spoke Resource Pack* will be aware of the project. A guidance sheet is available to Spokes unaware of this project. The Spoke placement could be anything from a full shift, to joining a weekly group, to attending clinics. The minimum allocated time for a Spoke is a full day and the maximum is 5 working days.

**What are the Spokes responsibilities for the Student Nurse?**

The Spoke placement should identify someone who will oversee the student and confirm achievements of any skills / learning achieved. If there is no qualified nurse available to do this the NMC states this can be someone from a different profession such as a teacher, social worker or psychologist. Feedback at the end of the placement should be given to the Hub mentor about the student’s progress.

**What are my responsibilities as a mentor when my student is on a Spoke placement?**

As the Hub mentor you are still responsible for the student whilst they are on their Spoke placement. You should provide your name and contact details in case they have concerns about the student. You should be aware of what they are going to be doing and how this fits into their learning requirements. Following the Spoke placement you should receive feedback from the Spoke placement about the student’s progress. You should use this feedback to confirm proficiencies and achievement of any specific learning outcomes agreed.

**Contact details for the Hub and Spoke project**

**Tommy Blue, Project Worker**

email t.blue@napier.ac.uk,

**Margaret Conlon, Link lecturer**

email m.conlon@napier.ac.uk

**George Clark, Practice Education Facilitator**

Email George.Clark@nhslothian.scot.nhs.uk
Appendix 6: Participant information sheet

Project Title: Student Placements in CAMHS: A ‘Hub and Spoke’ Approach To Understanding Children and Young People

Recent work completed by NHS Education for Scotland (Campbell 2008) explored a range of models that support student nurse learning in practice placements. This produced a number of issues about existing student placements including:

The depth and consistency of the learning experience and the extent to which it matches and supports the university based learning.

Placements are mainly in areas hospital and acute care, thus not mirroring the shift in mental health ideology from an illness focus to a recovery orientated, relationship based focus of care.

Limited student access is available to specialist community orientated care areas and the holistic experience of the client journey

We would like to invite you to take part in this demonstration project which will explore a different way of organising and facilitating student learning in practice. The project will run from September 2009 to April 2011.

What is the purpose of the project?

Research completed by Kiger (1998) established a direct link between the student’s depth of learning and their sense of being accepted by the placement team. The aim of this project is to explore the advantages and disadvantages of allowing students a placement experience in which learning, knowledge and understanding is achieved at a deeper and more sustainable level through a greater level of student directed learning, continuity of experience and an enhanced mentor/student relationship.

What does a HUB and SPOKE model entail and how is it different from the usual placement allocation?

You will spend both of your third year placements in two different CAMHS teams, (children; young people; community, day patient for example). These teams are known as the ‘Hubs’. The Hubs will be two contrasting but complimentary placements, in terms of age range, setting, or specialism. Through the course of your Hub placements you will identify other discreet learning opportunities. These are known as ‘Spokes’. A Spoke is a planned short experience with another department/ organisation/setting or agency. Examples of Spokes in CAMHS may be a school; a social work department; a specialist organisation or a community facility. It can be any setting that fits with creating a fuller understanding of the experience of the child/young person or family.
Through experience in the Hub and Spokes, you will be encouraged to ‘follow’ client pathways by identifying individual learning needs and pursuing these through the course of the client journey.

**Why are we inviting you to take part in the project?**

You are being invited to take part in the project because you are a third year student and about to embark on your final clinical placements.

**Do you have to take part in the project?**

It’s up to you to decide whether you wish to take part in the project or not. The purpose of this information sheet is to provide you with sufficient information to make an informed decision.

**What will be involved if you take part?**

You will be asked to attend a day’s preparation where we will discuss more fully the Hub and Spoke model and provide information about child and adolescent mental health.

You must complete pink placement audit sheets as is usual for students on placement.

You will be asked to participate in focus groups alongside your student peers through the duration of the project so that we can investigate your perceptions and understandings of the demonstration project.

In addition to the above, you may be asked at other times for discussion or specific requests for information for the project.

**Will I get to know the results of the project?**

Yes, we will send you a copy of the draft report and you will be given the opportunity to verify the findings that relate to your input.

**What will happen to the results of the project?**

All information obtained will be treated in confidence and personal references and identifying information will be removed from any publication.

All data will be kept in a confidential and secure way in accordance with the Data Protection Act.

A report will be prepared for University-wide dissemination providing a background to inclusive assessment; details of the research study, the findings, and discussion and a conclusion regarding any recommendations for future practice. It is anticipated that the findings and recommendations from this work will be presented in a paper for consideration at the University LTA Committee.

Paper(s) will be written for peer-reviewed publication and the Teaching Fellow Journal. You may be asked to be part of the writing team.
The Project Team will also consider disseminating findings through internal and external conferences and workshops.

What will happen if there is a problem?

If you need any help or guidance during the preparation of, or delivery of the revised assessment strategy, any member of the project team would be very happy to assist. Contact details are provided below.

Morag A. Gray  
m.gray@napier.ac.uk  
Tel: 0131 455 2465

Margaret Conlon  
m.conlon@napier.ac.uk  
Tel: 0131 455 5316
Appendix 7: Mapping of all the individual student journeys to indicate the number and nature of Spokes included in each Hub placement
Appendix 8: Semi-structured interview schedule

Hub and Spoke Practice Placement Demonstration Project

Theme questions for student focus group

Cohort:

Placement:

Date:

Group members:

Opening questions; remarks; issues

(The purpose of today is......or ......The key question for today is........)

Enquiry Themes

Preparation

Sufficient

Desirable

Hopes/expectations of Hub and Spoke

Assessment

Year Books

Meaningful

Helpful

Understanding of mentors

Confidence/competence

Perceived/felt

Ownership/security

Overall sense of effectiveness
Recognisable signals

Pre hub understanding of children/young people’s mental health
And now?

Constraints to learning

Difference of having Spoke option

Level of student centred learning (1-5)
Impact on learning and understanding with two consecutive CAMHS Hubs

Any additional thoughts?
Appendix 9: Belongingness Questionnaire (Levett-Jones 2007)

Implications for Third Year Nursing Students in Australia and the UK

Over the next three pages, you will find a list of statements. Read each statement and then select the response that best indicates how often the statement is true for you.

For example, if you eat desert after dinner almost every night you would select ‘Often True’. If you rarely eat desert you would select ‘Rarely True’.

For each question:
- Please answer every item, even if one seems similar to another one
- Answer each item quickly, without spending too much time on any one item.
- Think generally about your clinical placement experiences when considering your responses to the questions, or if this is difficult reflect on your last clinical placement experience.

In the statements below, ‘placement/s’ refers to your supernumerary clinical placement experience as a nursing student, and ‘colleagues’ refers to clinical staff in the area of your placement.

01 I feel like I fit in with others during my placements
Never True Rarely True Sometimes True Often True Always True

02 It is important to feel accepted by my colleagues
Never True Rarely True Sometimes True Often True Always True

03 Colleagues see me as a competent person Never True Rarely True Sometimes
Never True Rarely True Sometimes True Often True Always True

04 Colleagues offer to help me when they sense I need it
Never True Rarely True Sometimes True Often True Always True
<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Never True</th>
<th>Rarely True</th>
<th>Sometimes True</th>
<th>Often True</th>
<th>Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>05</td>
<td>I make an effort to help new students or staff feel welcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>I view my placements as a place to experience a sense of belonging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>I get support from colleagues when I need it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>I am invited to social events outside of my placements by colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>I like the people I work with on placements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I feel discriminated against on placements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Below for Third Year Nursing Students in Australia and the UK</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I offer to help my colleagues, even if they don't ask for it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>It is important to me that someone at my placement acknowledges my birthday in some way</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I invite colleagues to eat lunch/dinner with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14 On placements I feel like an outsider
Never True Rarely True Sometimes True Often True Always True

15 There are people that I work with on placements who share my values
Never True Rarely True Sometimes True Often True Always True

16 Colleagues ask for my ideas or opinions about different matters
Never True Rarely True Sometimes True Often True Always True

17 I feel understood by my colleagues
Never True Rarely True Sometimes True Often True Always True

18 I make an effort when on placements to be involved with my colleagues in some way
Never True Rarely True Sometimes True Often True Always True

19 I am supportive of my colleagues
Never True Rarely True Sometimes True Often True Always True

20 I ask for my colleagues' advice
Never True Rarely True Sometimes True Often True Always True

21 People I work with on placements accept me when I'm just being myself
Never True Rarely True Sometimes True Often True Always True

22 I am uncomfortable attending social functions on placements because I feel like I don't belong
Never True Rarely True Sometimes True Often True Always True
Implications for Third Year Nursing Students in Australia and the UK

23 When I walk up to a group on a placement I feel welcomed
Never True Ring False Sometimes True Often True Always True

24 Feeling "a part of things" is one of the things I like about going to placements
Never True Ring False Sometimes True Often True Always True

25 There are people on placements with whom I have a strong bond
Never True Ring False Sometimes True Often True Always True

26 I keep my personal life to myself when I'm on placements
Never True Ring False Sometimes True Often True Always True

27 It seems that people I work with on placements like me
Never True Ring False Sometimes True Often True Always True

28 I let colleagues know I care about them by asking how things are going for them and their family
Never True Ring False Sometimes True Often True Always True

29 Colleagues notice when I am absent from placements or social gatherings because they ask about me
Never True Ring False Sometimes True Often True Always True

30 One or more of my colleagues confides in me
Never True Ring False Sometimes True Often True Always True

31 I let my colleagues know that I appreciate them
Never True Ring False Sometimes True Often True Always True
32 I ask my colleagues for help when I need it
Never True  Rarely True  Sometimes True  Often True  Always True

33 I like where I work on placements
Never True  Rarely True  Sometimes True  Often True  Always True

34 I feel free to share my disappointments with at least one of my colleagues
Never True  Rarely True  Sometimes True  Often True  Always True
Appendix 10: Mentor evaluation form

Hub and Spoke Practice Placement Demonstration Project

Mentor Evaluation Form

We are currently trying out a new approach to placements using a Hub and Spoke model and would really value your opinion about the project. Please take a few moments to answer the following questions and return by email: t.blue@napier.ac.uk

Mentor Name:               Name of Placement:
Date of student placement:     Date of completion of questionnaire:

Knowledge and Understanding

During the placement:
Did you feel student had sufficient knowledge
Did you feel the student was adequately prepared at the start of the placement
If there were specific gaps in knowledge can you provide a little detail

The Hub and Spoke Model

How effective were students at identifying their learning needs to be met by the Spoke

How where the Spokes identified:

by the student
by yourself
by available resources
through the client journey
none of the above – please comment
Can you tell us something about the process of identifying and accessing the Spokes? Was it:
- Practically possible
- Helpful
- Effective?

Were there any problems in identifying and gaining access to the Spokes? Please comment:

Did you feel the Spokes met the student objectives?

The students had two CAMHS placements of 13 weeks.

What do you think the losses and gains may have been if they had one long (26 weeks) with the same mentor throughout?

**Practice Placement Assessment Process**

All students have to complete the Practice Placement Assessment Booklets and the activities within them. Students in the Practice Consolidation (Final) Placement also have to achieve all the competencies to be ‘signed off’ for the register.

Were the Practice Placement Booklets suitable for the CAMHS environment?

If not – please can you tell us more about this

**Mentorship Responsibilities**

A Consolidation (final placement) student requires a Sign Off mentor.

Were you a Sign Off mentor?

Did you feel sufficiently prepared/supported for this role?

Do you feel the CAMHS environment sufficiently supports students to achieve their proficiencies for ‘sign off’?
If no, can you expand a little?

Any other comments?

Many thanks for taking the time to complete these questions.

Would you be willing to participate in a brief follow up telephone call from a member of the Hub and Spoke Project team if required?
Appendix 11: Spoke experiences - semi structured interview schedule

Spoke Feedback on Hub and Spoke pilot project

*Semi structured interview with representative of Spoke and project team*

**Aims of this interview:**

To find out what the Spokes experience of the project has been
Did the Spokes have any prior experience of student nurses?
What the process of a student going on a Spoke placement has been like
Look at communication between the Spoke, the student nurse and the mentor
Other areas that we have thought of yet

How did you hear about the Hub and Spoke pilot project?

Was the information about the Hub and Spoke pilot sufficient to let you know about the project?

What did you think about the idea of mental health student nurses coming out on a Spoke placement especially if this was out-with the NHS?

Did you have any experience of working with mental health student nurses previously?

Did any student nurses come to your area on a Spoke placement?

If they did how did they arrange this?

Was the student well prepared before they came?

What was the communication between you and the mentor like?
Was this what you expected?

Any problems with the students when they were with you?

Would you have a student nurse again on placement

What could have been better?
Appendix 12: Example of student collage illustrating the client journey
Appendix 13: Student’s mind map illustrating her learning in the Hub & Spoke placements

- Explored options in the NHS
  - Inpatient setting (tier 4)
- New specialist knowledge
- Wanted to do a good job
- Personal commitment to exploring spokes
- Greater understanding of client pathways
- Greater understanding of recovery
- Importance of social inclusion
- Signposting alternatives for clients
- First placement

- Hub and Spoke
- Mentor’s suggestions
- Searching for other services
- Using existing spokes
- Existing client pathways
- Useful having both inpatient and community placements
- Greater understanding of the role of the community
- Useful to gain experience outside the NHS
- Can be integrated into personal practice
- Useful to gain responsibility for learning
- Customised documentation
- Mentor preparation
- Reflection

- Second placement
  - Choose a theme
  - The voluntary sector
  - Social inclusion
  - Recovery
  - Wanted to move outside the NHS
  - Gain a different perspective
  - Community setting (tiers 1 & 2)
  - Chance to take part in a research project
  - Wanted more in depth placements
  - Gain experience in the CAMHS service
  - Why choose hub and spoke?
  - Wanted experience in the CAMHS service
  - Mentoring services
  - Opportunities to join in other services
  - Flexibility
  - New specialist knowledge
  - Not always practical to follow client pathways
  - Useful to discuss ideas
  - Meeting with other students
  - Experience of mentor useful
  - Mentor input
  - Needs strong understanding of project
  - Has existing links

CAMHS Hub and Spoke Practice Placement Demonstration Project:
Final Report June 2011
Appendix 14: Full statement of spending against funding

Please see Excel attachment
References


Levett-Jones, T. (2010) Private email communication where permission to use the Belongingness Questionnaire


