

**BSc/MSc Children’s Nursing Field Spoke Placement: Learning Record**

This document is for use by Learners and Practice Supervisors in a ‘**Spoke’** area. A spoke placement is an additional placement area providing valuable learning opportunities for students away from their main placement **‘Hub’** area. It is designed to help focus learner activity upon identified learning outcomes that may be addressed away from the Hub placement.

It should be used where a learner attends their child field placement to provide evidence of agreed learning outcome(s) and opportunities within the spoke area. It also provides feedback from the practice supervisor and opportunity for the learner to reflect on their experience and consider future learning and development needs. This learning record should be kept by the student in their professional portfolio.

**Advice for Learners:**

Before commencing your spoke, please consider the learning opportunities that may be available to you within the spoke area. Discuss these with your practice supervisor when commencing your spoke placement. You should then share this with your hub practice assessor when you start/return to your main hub placement. All hours worked must be documented and signed on the paper timesheet.

**These hours must be entered onto your MYEPAD timesheet and signed by your Hub Practice Assessor using the paper timesheet as evidence.**

**Advice for Spoke Practice Supervisors:**

Before the placement, please inform the student what to wear, where to go, shift times and any other relevant information about the placement area.

**BSc Learners** are expected to work 32 hours per week on placement and have an additional 8 hours continuing professional development (CPD) time away from the placement area. Learners can either work 32 hours over 4 days and have a final day of CPD or work 32 hours over 5 shorter days and have their CPD day at the weekend.

**MSc Learners** are expected to work 35 hours per week on placement and have an additional 10-hours CPD. Please discuss identified learning outcome(s) with your learner on the first day of the Spoke Placement and agree the relevant activity and ‘evidence of achievement’ to be generated.

On completion of the Spoke placement please review this evidence and comment upon the learner’s achievements whilst placed with you. Please also identify any future learning activity that the learner might benefit from in their Hub or future placement areas.

**PLEASE NOTE** any practice concerns arising in the Spoke placement must be communicated to Joe Ellis-Gage (BSc Children’s Nursing Course Director), Helen Humphrey (Practice Education Lead for Children’s Nursing) or Teresa Johnson (MSc Children’s Nursing Course Director) via email:

[j.ellis-gage@uea.ac.uk](mailto:j.ellis-gage@uea.ac.uk), [h.humphrey@uea.ac.uk](mailto:h.humphrey@uea.ac.uk), [teresa.johnson@uea.ac.uk](mailto:teresa.johnson@uea.ac.uk)

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| **Learner Name:** |  | **Field & Cohort:** |  |
| **Hub Practice Assessor Name and contact details:** |  | **Hub placement area:** |  |
| **Spoke Practice Supervisor Name:** |  | **Spoke placement area:** |  |
| **Date(s) of Spoke Placement:** |  | **Total Hours worked:** |  |
| **Expectations of Learners:**   * Please ensure you have accessed any available ‘Welcome Pack’ or ‘Information Packs’ for each ‘Spoke’ area. * Learners should adhere to the NMC (2018) Future nurse: Standards of proficiency for registered nurses, NMC (2018) The Code. Professional standards of practice and behaviour for nurses, midwives, and nursing associates and the NMC (2018) Supporting information on standards for student supervision and assessment. (SSSA) * Learners should comply with Trust /Organisational/University policies and guidelines. For Example: * Punctual attendance including reporting of absence. * Adherence to Trust uniform policy. * Maintain a professional attitude at all times. * Confidentiality, respect, privacy, and sensitivity to the needs of others. * Actively participate in your time with each ‘Spoke’ area, show willingness, use your initiative, and display commitment. | | | |
| **Identified Learning Outcome(s):** please identify here any learning outcome(s) from within the Assessment of Practice document which will be addressed within the Spoke placement area        Learner Signature: Date:  Spoke Practice Supervisor Signature: Date: | | | |
| **Learner Summary of Evidence**: please note here evidence of achievement relating to the learning outcome(s) identified above | | | |
| **Feedback from Spoke Practice Supervisor**: please comment on the sufficiency of evidence presented by the learner to demonstrate achievement of a specific learning outcome(s) and any ongoing learning or professional issues that may need to be addressed within the Hub placement or future placement settings  Learner Signature: Date:  Spoke Practice Supervisor Signature: Date: | | | |
| **Learner Reflection from Spoke Placement**: please consider further learning and development needs.    Learner Signature: Date:  Spoke Practice Supervisor Signature: Date: | | | |

**BSc/MSc Nursing VERIFICATION OF HOURS FORM (MANDATORY)**

# **Child Field Spoke Placement**

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| Student name |  | | | Field of nursing | |  |
|  | | |
| Supervisor Name and Signature | | |  | | | |
| Practice area | | |  | | | |
| Student to record actual practice hours completed per week (not CPD day). Total weekly hours recorded on this form must match the weekly online timesheets.The Supervisor named above to state name, sign and date to verify practice hours weekly and the absence declaration overleaf.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Week commencing** | **Practice hours completed (less CPD hours)** | **\*Supervisor signature & date (1 per box mandatory). I confirm the student completed these practice hours as stated.** | **CPD Day - standard (BSc 8 hrs per week / MSc 10 hours per week)** | **Weekly total (practice + CPD)** | | W/c |  |  |  |  | | W/c |  |  |  |  | | W/c |  |  |  |  | | W/c |  |  |  |  | | W/c |  |  |  |  | | **Totals** |  |  |  | **Grand total =** |   \***As the student’s Supervisor I confirm this is a true and accurate record of their absences and total hours completed.**  \*\***Where Supervisor is unavailable to confirm hours for these weeks another supervisory member of staff may sign to confirm hours – they MUST write their name and details in the boxes above**  **General guidance**  **Calculation of hours**: Record the full shift time (start to finish) as practice hours completed (breaks not deducted)   * Maximum hours per week = 48 (including sickness/absence & CPD study days) * Inductions are considered to be 9-5. Practice-related/continuing professional development study days are pre-logged on this sheet as 8 hours practice time and should not be included in the total shift time undertaken in the practice area signed off by the supervisor. * Normally placements must not be curtailed or extended.   **Sickness/absence & making up time**: Hours recorded on this form should represent practice time completed, not including sickness/absence. Where possible time must be made up during the placement block and these hours should be included in the practice hours completed.  **Completion of form**: Supervisor verification of weekly hours should be taken from practice records of shifts that the student completes. The completed documentation should then be discussed with the Hub practice assessor and hours and shifts entered onto the MYEPAD document on PARE.  **Absence declaration (Mandatory)**  Student to complete and obtain supervisor signature as required below  Absence is considered to be any shift or part-shift that you were originally assigned but then did not attend. You are required to declare all absences, even if the time is made up later in the placement.  Did you have any absences during this placement (delete as appropriate): Yes / No  If yes, list dates & reason for absence below:  I declare that the above information is accurate:  (Student signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Practice counter-signatures – one of the below must be dated on your last shift.  (Mandatory Supervisor signature Last day worked together):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  If supervisor is unavailable on last shift, countersignature:  Name& Role Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ | | | | | | |
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