

In this article...

- Using collaborative learning as an alternative to one-to-one mentoring for student nurses
- Adopting a collaborative coaching model in child and adolescent mental health services
- How collaborative learning in practice meets student nurses' learning needs

A collaborative learning model for student nurses in child mental health

Key points

Collaborative Learning in Practice (CLiP) is an alternative to one-to-one mentoring for student nurses on placement

In the UK, there is little experience of collaborative learning for student nurses in mental health services

Collaborative learning is underpinned by coaching, rather than mentoring, principles

The coaching model is rewarding for staff and supports student autonomy as part of team learning

CLiP is transferable to mental health placements and gives student nurses a variety of learning opportunities

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Abstract Collaborative learning in practice is being adopted internationally and nationally for student nurse placements as an alternative to one-to-one mentoring. It works on coaching, rather than mentoring, principles and has been applied in UK trusts in adult and community nursing – however, little is known about its applicability in mental health services. This article describes the application of collaborative learning in practice for student nurses in a child and adolescent mental health unit. Benefits included supporting student autonomy as part of group learning and giving students the opportunity for personal and group reflection and supervision.

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Originally developed in Amsterdam, Collaborative Learning in Practice (CLiP) is an alternative approach to student nurse placement learning (Lobo et al, 2014). The traditional mentorship model has been described as unsustainable and a burden to staff – CLiP seeks to address these issues. It differs from traditional one-to-one mentoring models, both in how student learning is organised and in its philosophy, which is underpinned by coaching principles (Lobo et al, 2014).

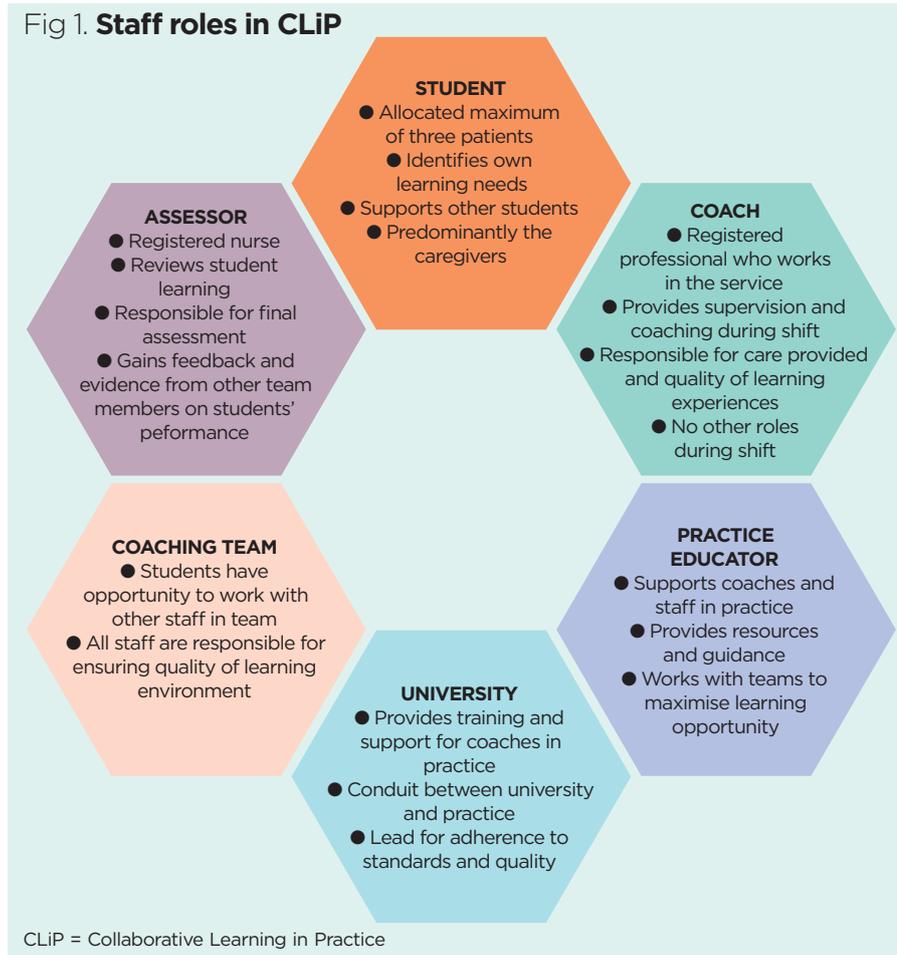
CLiP involves allocating a small number of student nurses on placement to specific patients, whom they must care for collaboratively under supervision. In the UK, it has been applied in adult and community nursing, but there is little information about its applicability in mental health services (Harvey and Uren, 2019). This article describes a project to explore how CLiP could be adapted and implemented in Pebble Lodge, a child and adolescent mental health unit at Dorset Healthcare University NHS Foundation Trust, while

adhering to new Nursing and Midwifery Council (2018) standards for student supervision. Pebble Lodge provides 24-hour assessment, treatment and care for young people with severe mental health problems; care is tailored to the needs of each young person.

Using CLiP to provide sole care to patients, under coaches' supervision, has worked successfully in an adult nursing ward environment (Harvey and Uren, 2019) but needs to be adapted for use in a mental health setting, where the focus is on the therapeutic milieu, relationships and facilitating psychological therapies. Managing risk to ensure the young person's safety, consent to treatment and the implications of the Mental Health Act 1983 were also considered paramount.

A number of young people were allocated to a micro-team of students by room numbers; this allowed students to focus on a few patients while staff cared for other young people on the ward. Students had previously been allocated a mentor and were supervised on a 1:1 basis.

Fig 1. Staff roles in CLiP



Engagement

The trust collaborated with Bournemouth University. As any change in strategy and practice requires engagement from staff, students and the organisation (Clarke et al, 2018), work by the lead mentors, practice education team and university commenced in May 2018, five months before the project start in October 2018. The project team set clear expectations of the roles and responsibilities of practice educators, assessors, supervisors, students and other team members (outlined in Fig 1), and produced an information booklet for the ward.

Staff training

Research has shown that insufficient preparation of the whole learning environment and lack of commitment from staff can be barriers to introducing CLiP (Lobo et al, 2004); as such, all multidisciplinary staff were offered bespoke training.

The university invited staff from each team involved in the project to a three-hour coaching workshop, where they engaged in small group activities to ascertain their hopes for the student learning environment. Areas identified included

knowledge and understanding of CLiP, how it would be implemented in the service and how to support student learning. Participants were also keen to gain an underpinning knowledge of coaching and how to use those skills in the CLiP project. The training comprised various elements, including the principles of coaching and how it differed from mentoring. Examples of differences are outlined in Table 1.

The four-stage GROW (Goal setting, Reality, Options, Will) model (Whitmore, 2009) was used as a framework to help teach how to structure conversations through the use of coaching questions. It also enables students to identify their learning goal.

A key aspect of the training was providing coaching skills practice through simulated role play. Participants explored implementation strategies and how to put CLiP into practice.

Student preparation

A student reflection forum helped introduce the principles of CLiP, differences between mentoring and coaching, and gave third-year students the opportunity to explore its potential in mental health

placements. When considering its potential risks and benefits, students were concerned the team approach might limit learning opportunities and create competitiveness, which could compromise learning outcomes. Potential benefits identified included peer support, greater autonomy to develop a personal nursing style, and scope to address documented challenges linked to traditional mentorship. Envisaging how to adapt CLiP from acute to mental health settings was complex, but students recognised it could help develop their confidence and competence in clinical practice. Their views were fundamental and helped with the project's formation and ongoing review.

Traditionally, two mental health students were allocated to the ward on the unit. With CLiP, this was increased to six, who were apportioned to two ward teams, enabling groups of three students to work opposite each other. Rotas were planned in advance to ensure daily protected learning hours; these have been reported as effective in other CLiP wards (Harvey and Uren, 2019).

Peer clinical supervision sessions were scheduled weekly for students to reflect on their learning, and individual learning logs were provided so they could record their own evidence of learning. Planned practice opportunities included shift coordination and management, delegation of workload, key worker roles, ward rounds, team meetings, medicines management and therapeutic engagement.

Implementation

An orientation meeting with coaches and students before the start of the project provided clarity and the chance to discuss any further concerns, and the practice educator visited the unit daily to support the transition. Placements lasted for five weeks. This face-to-face contact, supportive dialogue and discussion promoted reflection in action, helped with problem solving and provided further guidance on roles and responsibilities.

Initial staff feedback highlighted the challenges of adjusting from a one-to-one mentor relationship to a team-coaching approach. However, staff recognised a collaborative approach was empowering for students and staff, confirming Leigh et al's (2018) findings, and allowed them to take more ownership of their learning.

Staff observed that, while students worked well as a micro-team, their integration into the wider team was less effective; this has not been reported in other CLiP

Table 1. Differences between mentoring and coaching

Mentorship	Coaching
One-to-one relationship	Provided by a variety of assessors/supervisors
Directive	Facilitative
Solutions given to student	Student strives to find options and solutions
Demonstrative	Guiding
Offering advice	Listening
Giving instructions	Signposting

projects. The GROW model framework was used to identify a range of options, and regular handovers between the team and student micro-teams were considered to be the most appropriate solution, in line with recommendations by Whitmore, (2009). Visits by the practice educator, guided by staff and students' needs, reduced to weekly as the project progressed.

Evaluation

The new approach allows students to be more proactive in caring for a group of individuals. At the end of the placements, 11 staff and five of the six students completed a regional standardised evaluation survey. All rated the placement highly and identified several learning opportunities.

Staff reported that CLiP allowed students to develop and apply their theoretical knowledge to practice:

"I believe the CLiP model was very effective in permitting the students space and support to identify strengths and areas of development. It then allows them specific opportunities they require to develop these in practice."

Students shared this view. One said: *"I believe the coaching model fosters an environment of autonomy within your micro-team. This encourages you to utilise your own knowledge before consulting the mentor; this helps to address the theory-practice gap."*

All staff said CLiP allowed students to develop their clinical knowledge and skills:

"It allowed them opportunities and [the] control to find prospective learning [opportunities] best suited to their current needs [...these] learning opportunities were more meaningful and efficient."

The students corroborated this: *"CLiP provided lots of opportunities to develop clinical knowledge; in my experience this was also accelerated by*

experiences and skills of [my] peers, [which] they had gained from different placement areas."

A further area highlighted by all staff was the development of students' professional and personal values:

"One of the biggest benefits was that learners were able to develop more skills through personal and group reflection and supervision, increasing both their awareness of their own values and beliefs and how these integrate into [their] practice alongside colleagues."

Students echoed this view:

"CLiP offers insights into the way your own values will lead your practice as a professional."

This supports findings by Taylor and Callow (2017), who reported that reflective discussions with fellow students were beneficial to student learning.

Other areas of student learning observed by staff and verified by students included:

- Management of patients;
- Decision making;
- Time management;
- Communicating with patients;
- Communicating with others;
- Leadership of the team;
- Supporting other students.

These concur with the findings from other studies, such as those by Harvey and Uren (2019) and Taylor and Callow (2017).

A number of areas were recognised by staff and students as needing improvement. Learning logs, recommended as a key resource (Leigh et al, 2018), were not used on the ward during the project but both staff and students felt their use would have enabled clearer feedback for students regarding their development. In addition, although students attended an induction session before the project started, they wanted to see a longer orientation period in the first week of the placement.

Overall, staff rated the experience highly. One commented that the most enjoyable aspect was being:

"able to see the personal and professional development of the learners, particularly around their skills in leadership and management."

This confirms the findings of a study by Leigh et al (2018), which showed the practice of coaching was rewarding for staff.

Students said they felt well supported and enjoyed the placement. One stated:

"I really enjoyed the fact that I could learn at a pace and in a learning style that suited me, rather than having these things set by someone else."

Conclusion

Staff and student feedback suggests clear benefits of using CLiP for student nurses. The project also demonstrated that, by employing coaching principles, this model of learning is transferable and can be adapted to suit the learning needs of students in mental health placements.

Recommendations for nurses implementing CLiP include:

- Ensure there is adequate preparation of staff and students;
- Provide training in coaching skills to all staff before implementation;
- Schedule an extended orientation period for students as soon as they start their placement;
- Require students to use daily learning logs throughout their placement;
- Ensure there is regular feedback between students and the wider team. **NT**

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