

### In this article...

- The benefits of Collaborative Learning in Practice and the preparation required
- Videos produced to prepare students and staff, and the feedback they received
- A survey evaluating students' experiences of Collaborative Learning in Practice

# Collaborative Learning in Practice: videos to prepare students and staff

## Key points

**The Collaborative Learning in Practice approach exposes student nurses to patient care earlier, better preparing them for registration**

**As the approach requires adequate preparation, the University of Plymouth created videos to prepare students and staff**

**They undertook a survey to explore students' views of the approach and ascertain whether they valued and felt prepared for it**

**Students' responses about the videos - which are available for use in other settings - were positive**

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**Abstract** Collaborative Learning in Practice is a method of organising placement learning that enables student nurses to care for patients and act as team members in care settings earlier and more effectively. Implementation requires effective preparation, and a university has created videos to prepare student nurses and the staff supporting them. This article discusses the evaluation of that project and shares recommendations for involvement in Collaborative Learning in Practice.

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Collaborative Learning in Practice (CLiP) involves student nurses learning together on clinical placements, with coaching and supervision from registered nurses (RNs). It has been suggested that the benefits of CLiP include:

- Introducing students to the 'real world' of nursing practice earlier;
- Fostering greater responsibility for patient care;
- Preparing students more effectively for registrant practice (Williamson et al, 2020).

CLiP also aligns with the standards for student support set out by the Nursing and Midwifery Council (2018), as the approach emphasises peer collaboration and coaching, rather than individual mentoring (Hirdle et al, 2020).

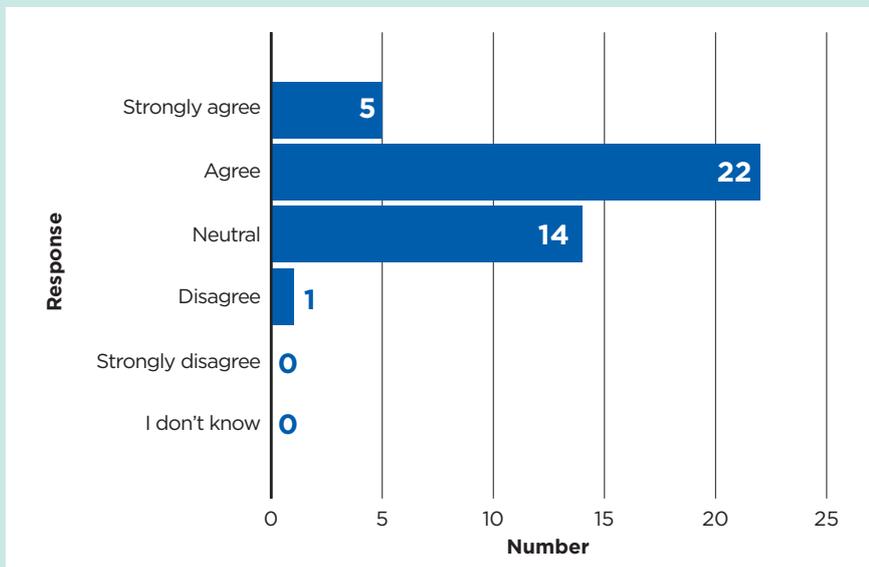
CLiP is growing in popularity in the UK (Workforce Information Network and Health Education England, 2017), and evidence suggests preparation and ongoing

facilitation are crucial to its successful implementation (Hirdle et al, 2020). This preparation could involve videos; visual methods help student nurses learn about patient care and have been shown to be acceptable, popular and effective (Cant and Cooper, 2014). Simulation has also long been established as a useful and practical method of skills rehearsal and learning in nurse education (Shin et al, 2015); it needs to be authentic, in the sense of being realistic, and represent real-world practice (Bland et al, 2014).

## Development project

There is currently a national interest in CLiP; while implementing the method in our region in autumn 2019, we carried out a project to create authentic video resources to effectively prepare staff and students for CLiP. We worked with faculty learning technologists and stakeholders, including students, alumni and trust clinical facilitators to produce professional

Fig 1. Responses to the statement “The videos showed me how clinical reasoning skills might be learned in CLiP”



CLiP = Collaborative Learning in Practice

students or alumni had undertaken CLiP placements between January 2018 and July 2019, the eligible sample size was 845. The survey software was set to record data only if the respondent had participated in a CLiP placement.

**QUICK FACT** **62.2%**  
Percentage of survey respondents who enjoyed their CLiP placement

Approval was obtained from the university faculty ethics committee before data collection. Potential respondents received a participant information sheet containing guarantees of confidentiality and anonymity. The data collected was entirely anonymous; therefore, it could not be withdrawn once submitted.

**Results**

Of the 845 students or alumni who had participated in a CLiP placement, 45 completed the survey; this gave a response rate of 5.3%. We analysed descriptive data from the VEST-CLiP responses in relation to the study's three aims; the quantitative results can be accessed in full at [Bit.ly/VESTCLiPResults](https://bit.ly/VESTCLiPResults). We have not reproduced all the qualitative free-text comments in full for reasons of confidentiality and anonymity.

Our first aim was to ascertain the level of preparation for CLiP:

- 35.6% (n=16) of respondents believed they had been well or very well prepared;

quality videos of practice-simulation sessions involving extensive patient-care scenarios. This was to illustrate how students, RNs and healthcare assistants can interact on a CLiP ward – as well as in supervisor and assessor roles – based on a number of CLiP- and coaching-based scenarios.

The aims of the evaluation were to:

- Discover whether students and alumni believed they were well prepared for CLiP experiences;
- Assess whether students and alumni valued CLiP experiences;
- Evaluate the authenticity of our video resources.

Johnsen et al's (2018) survey instrument to evaluate student nurses' video-based simulation was used to aid our evaluation; with permission, we adapted the wording for relevance to our CLiP study. Johnsen et al's (2018) tool is, as yet, untitled; we called our adaptation Video Evaluation of Simulation Tool for CLiP (VESTCLiP).

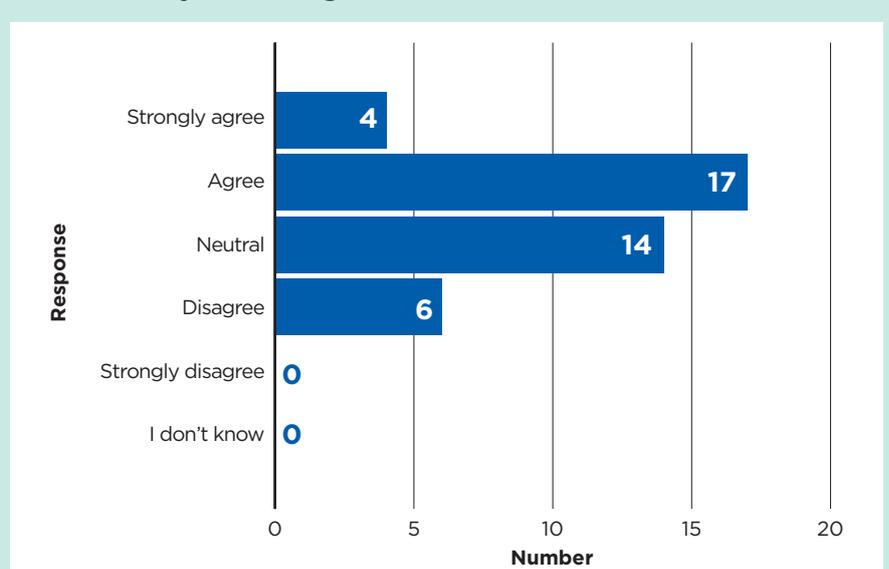
*“Before implementing CLiP, we recommend thorough research and involvement of all members of the multidisciplinary team”*

VESTCLiP is a 25-item survey containing questions about how realistic, authentic and informative the CLiP videos were. We also included some questions about students' feelings about CLiP and

preparing for it, and a free-text question about any necessary improvements.

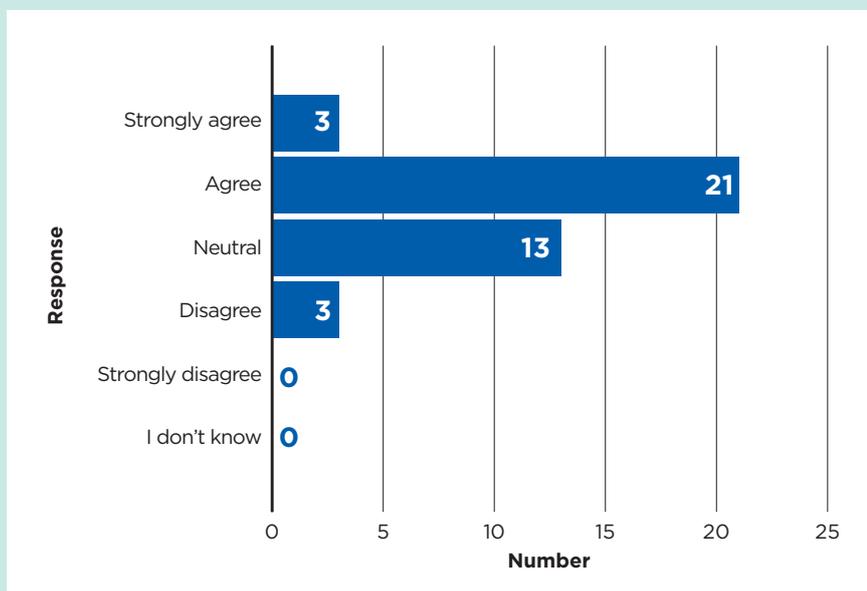
Using Jisc survey software, VESTCLiP was sent by email to all second- and third-year BSc Adult Nursing students and alumni at the University of Plymouth's School of Nursing and Midwifery; links to the videos were included. For logistical reasons concerning our database, we were unable to limit this email only to students and alumni known to have participated in a CLiP placement. However, as 845

Fig 2. Responses to the statement “Use of the videos has increased my knowledge of how to nurse in CLiP”



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Fig 3. Responses to the statement "Use of the videos has increased my understanding of how to nurse in CLiP"



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### Dissemination and recommendations

As far as our data analysis allows, we are satisfied we have developed authentic resources. As such, we disseminate them to our placement partners and, so other settings can see what implementing CLiP might look like in a practical (if simulated) environment, we make them available free of charge for non-commercial use ([Bit.ly/CLiPplaylist](https://bit.ly/CLiPplaylist)). We retain copyright and ask that a request to use the materials is made in writing; we will ask you for a short evaluation afterwards so we can assess their transferability to other settings and the impact they might have elsewhere.

CLiP is not an approach that can be implemented quickly and easily; it requires dedicated staff and ongoing support to make it work (Hirdle et al, 2020; Harvey and Uren, 2019). For settings planning to implement CLiP, we recommend thorough research and involving all members of the multidisciplinary team. Our video resources can support staff involved in implementing CLiP and we encourage their use as part of the preparation process. They may also be useful and informative resources that support supervisor and assessor preparation required by the NMC's (2018) standards. **NT**

- If you would like to use the CLiP videos, please email: [gwilliamson@plymouth.ac.uk](mailto:gwilliamson@plymouth.ac.uk)

### References

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- 26.7% (n=12) thought staff were well or very well prepared.  
In terms of the second aim (whether the CLiP experiences were valued):
- 62.2% (n=28) of respondents valued their time on a CLiP placement;
- 64.4% (n=29) believed CLiP enhanced their learning;
- 62.2% (n=28) enjoyed their CLiP placement.

Our third aim was to evaluate our videos. Many of the VESTCLiP responses were positive, indicating that the videos were realistic, authentic and informative. Results of particular interest were the responses to the following three statements:

- The videos showed me how clinical reasoning skills might be learned in CLiP - the results are shown in Fig 1;
- Use of the videos has increased my knowledge of how to nurse in CLiP (Fig 2);
- Use of the videos has increased my understanding of how to nurse in CLiP (Fig 3).

These answers demonstrate that the respondents believed the videos increased their knowledge about - and potentially their confidence in - how to nurse on CLiP placements, as well as showing them how clinical reasoning might be learned.

Nine respondents entered free-text, qualitative comments in the survey. The most positive were:

*"Very good idea [to use] videos before starting CLiP placements. Very helpful*

*information and explicit content."*  
*"If CLiP is more like the scenarios suggest, it would be an improvement!"*  
*"[I] thought the videos were good and authentic."*

Two of these comments were negative.

The least positive was:  
*"It looks very staged."*

### Limitations

This study had a low response rate, which we attribute to:

- Difficulties associated with online surveys;
- The video content being embedded in a survey that may not be ideally viewed on a mobile phone screen;
- Difficulties accessing alumni;
- A lack of completion incentives.

As a result of the low response rate, it is unclear to what extent the 45 respondents represent the views of the 845 students and alumni who were eligible to complete the survey; however, many of the responses received were positive, particularly to the quantitative questions.

If we were to repeat this survey, instead of running it online, we would undertake it in a teaching session, ask existing students to watch the videos and complete VESTCLiP, and provide any help and encouragement required. Accessing alumni is more complicated: sending questionnaires to them does not seem productive in this context and we would not repeat this.