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Collaborative Learning in Practice: videos to prepare students and staff

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Pages	3
Figures	3
Boxes	
Tables	
Images required	
Peer reviewed	Yes
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Strap

Innovation

Substrap

Collaborative Learning in Practice

Standfirst

The University of Plymouth developed video resources to prepare student nurses and staff for Collaborative Learning in Practice placements. This article discusses the results of a survey exploring students' experiences of the videos and the approach itself

Keywords

Student nurses/Placements/Training/Survey

Head

Collaborative Learning in Practice: videos to prepare students and staff

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

Key points

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

The approach requires adequate preparation and the University of Plymouth created videos to prepare students and staff

They undertook a survey exploring students' experiences of valuing and feeling prepared for it

Students' responses about the videos were positive, and they are available for other settings to use

Authors

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Thanks to Health Education England, which funded this study; Adam Harvey, learning technologist, for filming and editing the video resources; the students and alumni who watched the videos and completed the survey. [to appear online only]

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.

Citation

Williamson GR et al (2021) Collaborative Learning in Practice: videos to prepare students and staff. *Nursing Times*; 117: 3, xx-yy.

Quickfact

62.2%

Student nurses who enjoyed their CLiP placement

54.4%

Student nurses who said CLiP enhanced their learning

Pull quote

“The respondents believed the videos increased their knowledge about and confidence in how to nurse on CLiP placements”

“For settings planning to implement CLiP, we recommend thorough research and the involvement all members of the multidisciplinary team”

[main article]

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, and preparing students more effectively for registrant practice (Williamson et al, 2020) [do these three refs all mention all three points? If not, please put each citation beside the relevant point]**. CLiP also aligns with the Nursing and Midwifery Council (2018) standards for student support, as it emphasizes 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), and needs to be authentic in the sense of being realistic and representing real-world practice (Bland et al, 2014).

[crosshead]Development project

There is currently a national interest in CLiP; therefore, 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-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 project 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.

[subhead]Method

Johnsen et al's (2018) survey to evaluate nursing students' video-based simulation was used: with permission, we adapted the wording for relevance to our CLiP study. Johnsen et al's (2018) work is, as yet, untitled but we called our adaptation Video Evaluation of Simulation Tool for CLiP (VESTCLiP). This is a 25-item questionnaire containing questions about how realistic, authentic and informative the CLiP videos were. We also included some questions about students' feelings about CLiP and its preparation and a free-text question about any necessary improvements.

Using Jisc Survey software, VESTCLiP was sent to all second- and third-year BSc adult nursing students and alumni at the University of Plymouth School of Nursing and Midwifery [correct?] in an email including the links to our videos [plural – correct?]. 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 students or alumni had undertaken CLiP placements between January 2018 and July 2019, the eligible sample size was 845. The 45 responses we received therefore represented a response rate of 5.3%. The Jisc Survey software was set to not record data unless a respondent had participated in a CLiP placement.

Approval was obtained from the university faculty ethics committee prior to 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.

[crosshead]Results

We analysed descriptive data from the VESTCLiP responses in relation to the study's three aims and 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 about preparation for CLiP; 35.5% of respondents (n=16) believed they had been well or very well prepared, and 26.6% (n=12) thought staff were well or very well prepared. In terms of the second aim, value, 62.2% of respondents (n=28) valued their time on a CLiP placement, 54.4% (n=29) believed CLiP enhanced their learning, and 62.2% (n=28) enjoyed their CLiP placement.

Our third aim was to evaluate our video resources. All the responses to VESTCLiP were positive, indicating the videos were realistic, authentic and informative. Three results of particular interest were the responses to the following statements:

- The videos showed me how clinical reasoning skills might be learned in CLiP (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 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, of which only two were negative. The most positive were **[changed from "helpful" here and below, as negative comments are still helpful]**:

“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.”

The least **positive** was:

“It looks very staged.”

[crosshead]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.

These difficulties mean it is **unclear how well the 45 respondents represent the views of 845 students and alumni who were eligible [ok?]**; however, the responses we received were mostly positive, particularly to the quantitative questions.

If we were to repeat the survey element of this work, rather than running it online we would undertake it in a teaching session, in which we would ask students to watch the videos and complete VESTCLiP, providing 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.

[crosshead]Dissemination and recommendations

As far as our data analysis allows us to be, we are satisfied we have developed authentic resources. We therefore 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 for non-commercial use, provided they are fully attributed to us. We retain copyright. The resources we developed are available at [Bit.ly/CLiPplaylist](https://bit.ly/CLiPplaylist) If you intend to use them, please email gwilliamson@plymouth.ac.uk 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 the involvement all members of the multidisciplinary team. Our video resources can support staff involved in the implementation of CLiP and we encourage their use as part of their preparation process. They are also useful and informative as resources to support the supervisor and assessor preparation required by the Nursing and Midwifery Council (2018) standards.

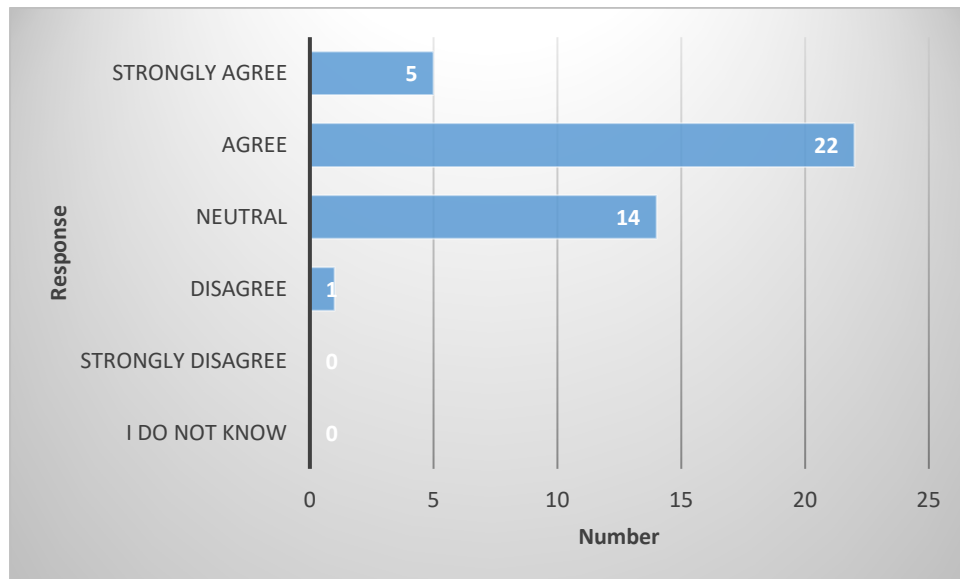
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Fig 1. Responses to the statement “The videos showed me how clinical reasoning skills might be learned in CLiP”



Response

Strongly agree **5**

Agree **22**

Neither agree nor disagree **14**

Disagree **1**

Strongly disagree **0**

I do not know **0**

Number

0

5

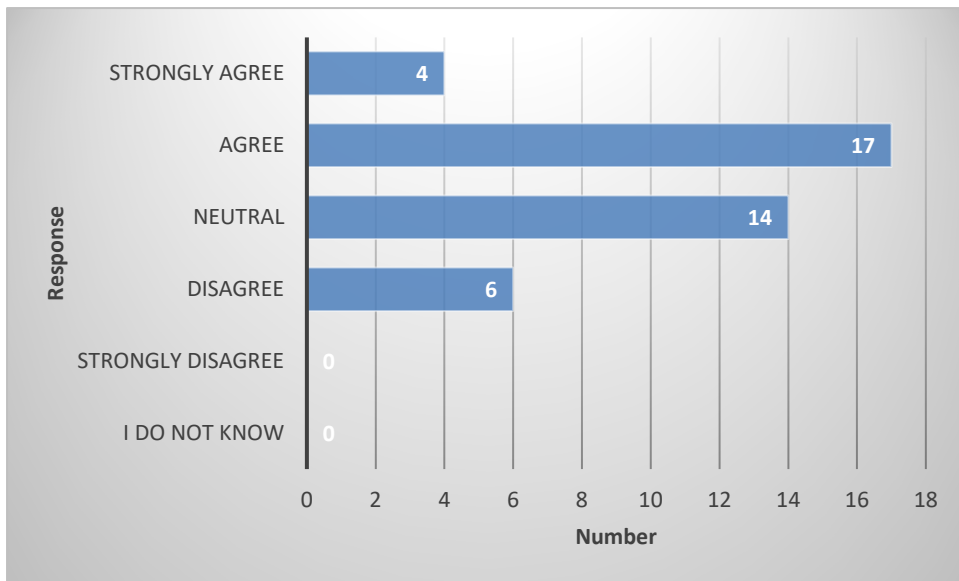
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Fig 2. Responses to the statement “Use of the videos has increased my knowledge of how to nurse in CLiP”



Response

Strongly agree **4**

Agree **17**

Neither agree nor disagree **14**

Disagree **6**

Strongly disagree **0**

I do not know **0**

Number

0

5

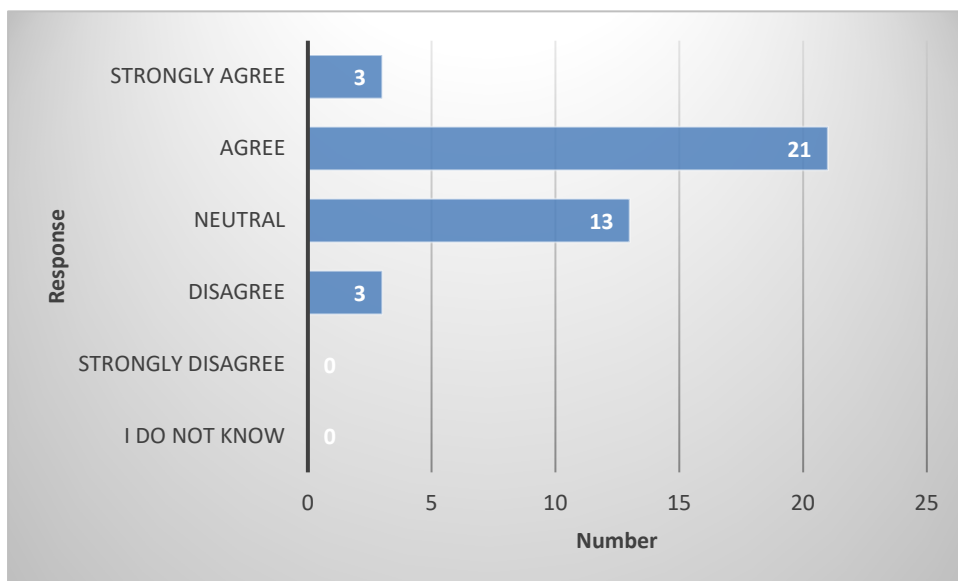
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25 [subs: please use same scale as other Figs for consistency (rather than going up to 18 as in Fig 2 above)]

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



Response

Strongly agree **3**

Agree **21**

Neither agree nor disagree **13**

Disagree **3**

Strongly disagree **0**

I do not know **0**

Number

0

5

10

15

20

25