

Kickstart in nursing home—Nursing students experiences of a model for active and collaborative learning in clinical placement

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Abstract

Aims and objectives: To explore students' experiences from a pilot project testing out a model for active, collaborative learning in first-year placement at a nursing home.

Background: There is a need for innovative learning activities and projects to improve clinical education in nursing homes. Active, collaborative approaches in placement learning may enhance students learning outcome.

Design: The study had a qualitative and explorative design, in which the experiences of students participating in the pilot were investigated through paired interviews at the end of their placement.

Methods: Twenty-two students participated in the study, and data from paired interviews were analysed using qualitative content analysis. COREQ reporting guidelines were used.

Results: Three themes emerged from the analysis: (1) The learning cell as facilitator for learning; (2) Discovering learning possibilities in nursing homes and (3) Applying tools and resources for learning.

Conclusions: The model could reduce tension and anxiety while helping the students focus on learning options and use their environment more actively for learning. Working with a learning partner seems to increase student learning through common planning, feedback and reflection. The study emphasises the importance of facilitating active learning through the scaffolding structures and configuration of the students' learning space.

Relevance to clinical practice: This study indicates the potential for introducing active and collaborative pedagogical models in clinical placement. The model can promote nursing homes as a conducive learning arena for nursing students and help prepare students for a future work role in a rapidly changing health care field.

Patient or public contribution: The result of the research is shared and discussed with stakeholders prior to finalising the article.

KEYWORDS

active learning, clinical placement, learning cells, nursing homes, nursing students, pairs

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1 | INTRODUCTION

Clinical practice constitutes a critical part of nursing education. Students' ability to employ clinical opportunities for learning will impact their capacities as future nurses. In Norway, most bachelor's programmes have chosen nursing homes as the site for the student's first clinical practice. A nursing home is a residential facility providing long and often complex care for aged or chronically ill persons unable to care for themselves properly. As such, the nursing home plays a key role in students' learning of basic nursing skills. It is also the students' first introduction to their future work role, introducing students to how to study in practice (Husebø et al., 2018).

However, several studies have shown that nursing homes have an 'image problem' among nursing students, who often conceive it as a clinical arena that offers limited learning opportunities and inadequate learning outcomes (Lea et al., 2018; van Iersel et al., 2018). Students have expressed a need for more support and mentoring during nursing home practice to improve their practice outcomes and receive help in developing critical thinking about patient situations in nursing homes (Bjørk et al., 2014). However, staffing situations often entail challenges related to nursing professional guidance, and students have reported unavailable tutors, a lack of role models and an experience of being left alone (Snoeren et al., 2016). At the same time, nursing homes struggle to attract competent personnel who can provide care to increasingly ill residents in ways that ensure their safety and quality of life (Devi et al., 2021). Several studies indicate the need for innovative learning activities and projects to improve clinical education in nursing homes as a strategy to enhance student learning, and hopefully to encourage future nurses to choose this career option (Splitgerber et al., 2021; Zhang et al., 2022).

The current study reports on a joint project between three university colleges, five municipalities and 10 nursing homes in Norway, where a pilot project was developed with the aim of improving first-year nursing student experiences of clinical practice in nursing homes. Central to the project was to test a model for active learning in which pairs of students worked in 'learning cells' (Freire, 2014) supported by a network of both material tools and human resources to scaffold and enhance learning. The project was financed by the 'Norwegian Directorate for Higher Education and Skills' and based on a common desire to respond to the challenges mentioned above while creating a good learning environment for students in their nursing home practice. The project also acknowledged the shared responsibility of the university college and clinical practice area in educating nursing students.

2 | BACKGROUND

Active learning is a term used for teaching programmes in which students are given greater responsibility and are involved to a much greater extent than in traditional learning models (Michael, 2006).

Small, group-based and exploratory approaches are central to active learning, and a strong focus is placed on *peer learning*, where students work together, discuss and assess together and in dialogue with their mentor/teacher. Through this, the students are stimulated to reflect on their own learning; they receive training in collaboration and communication while receiving feedback and being shaped by their fellow students and others they collaborate with (Sinnayah et al., 2019). The term 'learning space' (Damşa et al., 2019) points to the setting where active learning takes place. A learning space consists of the relational, material, technological and knowledge-resources that are available, used, and co-created by the students in their learning processes. In practice learning, it may have been taken for granted that students have taken an active approach to learning, but there is a large amount of untapped potential in taking more inspiration from active learning approaches in practice learning. Establishing structures and measures to support students, often named by the metaphor 'scaffolding' (Shvarts & Bakker, 2019), is central in active learning. Scaffolding structures can be prompts, assignments and learning activities suggested and sequenced in course outlines and learning tools. Scaffolding can also be human resources. In clinical learning, the scaffolding role of the nurse mentors is particularly important. Not only do they act as supervisors and support for the students, they also have a central function as a 'capable other' in students' active learning process (Vygotsky, 1978). The concept of active learning builds on Vygotsky's social constructivist theory of learning emphasising that learning occurs during and is facilitated by social interaction between individuals in specific contexts (Vygotsky, 1978).

Models for collaborative learning in practice have been tested in several contexts. A qualitative systematic review from 2018 synthesising the experiences of using peer learning as a pedagogical tool, so called peer-assisted learning (PAL), among student nurses undertaking clinical practice (Carey et al., 2018). The analysis of the eight includable studies, mainly from hospital settings shows that peer-assisted learning mitigated students' challenges in clinical practice, enhanced clinical knowledge, and reduced stress and anxiety among students. More recently, a model for 'collaborative learning in practice' (Clip) has become increasingly popular in nursing education programmes in the UK (Williamson et al., 2020); the model draws on active learning ideas, aiming to make students work more independently together in pairs/small groups. The groups are coached from day to day by one supervisor, which allows a department/ward to take in a larger number of students. The model seems to encourage students to take stronger ownership of their work and develop better preparedness for future practice as nurses (Hill et al., 2020; Williamson et al., 2020). A new study from a Swedish context (Jassim et al., 2022) explored peer learning where second year students worked in pairs in clinical practice in primary health care settings. The study found the model to be stimulating, challenging and leading to development of nursing skills. Henderson et al. (2018) have developed a model to enhance active learning in first clinical practice for nursing students; they argue that it is critical to foster a sense of agency and responsibility for learning in students in the first clinical

practice to shape students' attitudes and engagement from the beginning of the programme (Henderson et al., 2018).

2.1 | The intervention

The present project has aimed to strengthen nursing homes as a learning arena for first-year nursing students, while allowing for a higher number of students in nursing homes without compromising the students' learning opportunities and overloading the staff. Central to the project is facilitating and testing a practice model for active learning in clinical practice in nursing homes, where two students collaborate in learning cells and are encouraged and guided to undertake a more active role and responsibility for their learning under qualified supervision and scaffolding. The ambition is to contribute to developing the students' capacity to learn in nursing home practice, but also prepare them for a more active

student role in future practical learning (see Figure 1 *The kickstart model* for a more detailed presentation of the practice model).

The intervention took place during the ongoing COVID-19 pandemic. In this period, the students did not have the opportunity for physical meetings with other students beyond the learning cell or to participate in learning activities in other wards. Equivalently, the teachers from the college lost physical access to the nursing homes, and all communication between clinical supervisors and college teachers had to be carried out digitally.

3 | METHOD

The purpose of the current study was to explore students' experiences from a pilot project testing out a model for active collaborative learning in first-year placement at a nursing home. The present study has a qualitative and explorative design, in which the experiences of

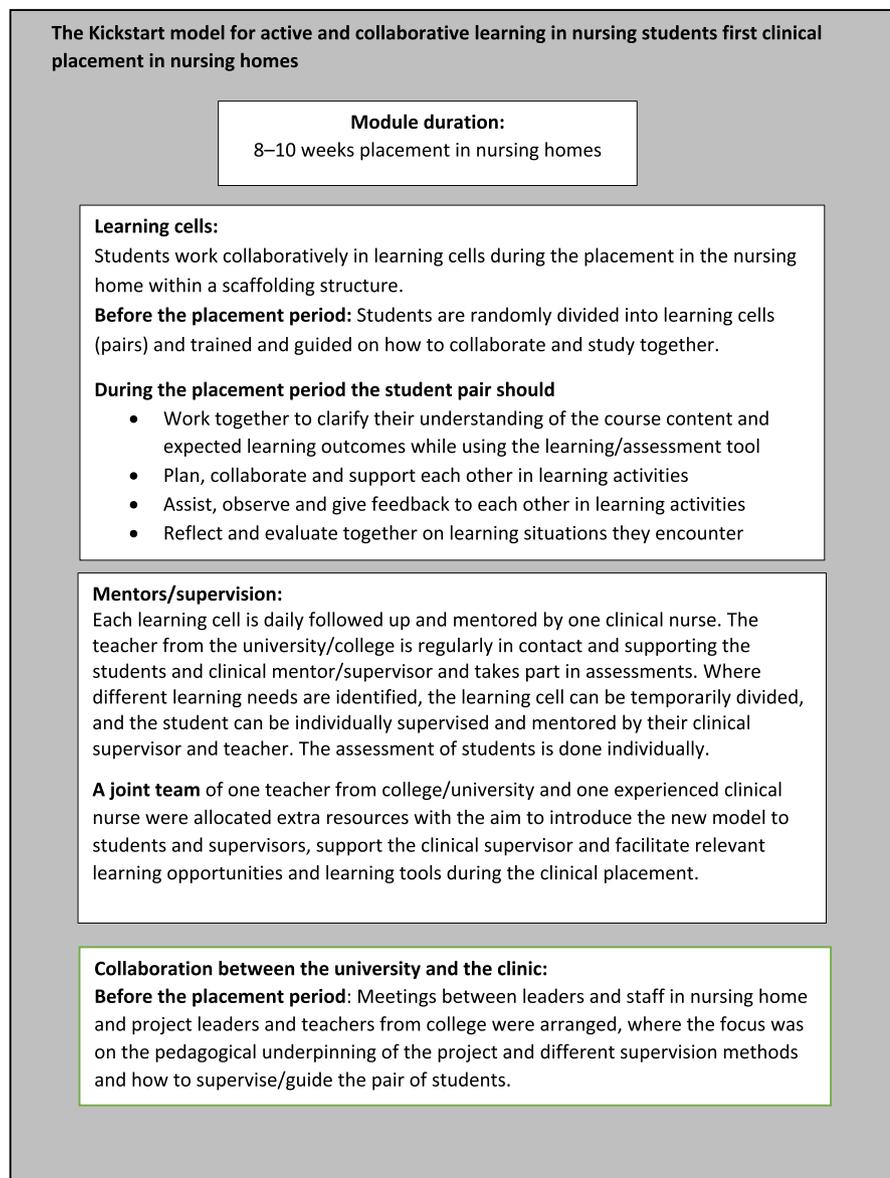


FIGURE 1 The kickstart model.

students participating in the pilot project were investigated through paired interviews at the end of placement.

3.1 | Participants and setting

In the present study, we chose to interview the students in pairs. Because students' learning essentially takes place in the learning cell, we also wanted to explore their experiences through this cell. Interviewing pairs and couples is an established approach in qualitative research (Polak & Green, 2016). In the current project, the additional strength benefit from interviewing the students in their learning cell pair was that the exploration of their learning experience in the interview could continue the process of making sense of their learning within the cell, a process already going on and that the researchers were interested in exploring. Interviewing pairs who meaningfully cooperate about the topic under scrutiny has the advantage of giving the researchers insights not only into the experiences of the individuals, but also into the interaction or shared practice itself (Polak & Green, 2016).

The total number of students participating was 96. In total, 11 learning cells, including 22 students, were recruited for the paired interviews. All but one participant were female, and they ranged from 19 to 35 years old. Some had worked in nursing homes as assistants before, but most had not. They were recruited from all the participating universities and municipalities of the project, and all universities and nursing homes are represented in the material. The student pairs were invited to participate by the local project leader after a suggestion from the teacher or the nurse in the joint team (see Figure 1). It was thoroughly stressed that participating in the interviews was voluntary.

3.2 | Data collection

The interviews were conducted during the spring of 2021 while the students were undertaking their clinical placement. They were conducted towards the end of their placement, which varied between 6 and 8 weeks. A semi-structured approach was used, supported by an interview guide addressing the themes related to their clinical placement experience such as preparations before clinical placement, entering the ward, working in a learning cell, giving and receiving feedback, interesting learning situations, being mentored and so forth. The interview guide was developed by the entire author group. The authors were involved in different ways in the implementation and drew on experiences from the implementation so far when developing the interview guide. The interviews took place in the last quarter of the placement period.

The interviews were led by the research staff, mainly members of the author group, at the university of the students with whom they were not in a teacher–student relationship. To minimise the hassle for students participating, the interviews took place in the nursing home where they had their placement, during shift hours.

The interviews lasted between 45 and 90 min and were audio recorded. Most of the interviews were conducted in a physical meeting between the two students and the interviewer. However, because of infection control measures related to the COVID-19 pandemic, some of the interviews were conducted either in digital (video interviews) or hybrid (some in the same room, some participating through video link) form. The quality of the interviews varied because of digital challenges, such as slow speed and bad connection. However, the fact that the students knew each other well probably prevented such challenges from substantially disturbing the conversations.

3.3 | Data analysis

All interviews were recorded on audio tape and transcribed verbatim. Data were analysed using traditional thematic content analysis inspired by the works of Braun and Clarke (2006) and Clarke and Braun (2018), looking for patterns across the interviews. All authors read through the interviews, and each was assigned two interviews to read more carefully, provide an overview and suggest themes and categories. The first author read all the interviews carefully and created codes after having achieved a thorough impression of the experiences of the participants. The analysis process involved going back and forth between the first author and the whole author group in meetings and through written input.

During the analysis, it was important to understand the process of cooperation and co-construction in the learning cells. Therefore, the thematic analysis was supported by analytic questions about how the pairs talked about their learning together. We particularly focused on patterns of agreement and disagreement, the dynamic in the learning cells and how they expressed themselves when talking about their activities. The quotes we decided to use in the article were translated into English by the first author. Each of the translated quotes was discussed and back-translated to ensure that it kept its original meaning (Table 1).

3.4 | Ethical consideration

The present study was reported to the Norwegian Centre for Research Data (NSD) for securing responsible data protection practices (reference number 145248). The recruiting of students involved some ethical considerations as they were in a situation of assessment while being interviewed. The teacher in the joint position was also involved in the assessment of students and, therefore, was not involved in the direct recruitment or interviewing of the participants in the current study. Furthermore, there was a danger of confidential information about third parties being disclosed in the interviews. The students were reminded about their duty of confidentiality towards patients and were supported in managing this concern in the interviews so that no confidential information was disclosed in the conversations.

TABLE 1 Themes and subthemes.

Themes	Theme 1: The learning cell as a facilitator for learning	Theme 2: Discovering learning possibilities in nursing homes	Theme 3: Applying tools and resources for learning
Subthemes	Feeling safe	The art of caring for the patient	Learning tools
	Partners in learning	Developing relational competence	The importance of theory for practice
	Preconditions for the learning cell to work	First-time experiences	Using the community of practice as resources for learning

4 | RESULTS

Three overall themes emerged from the data material: (1) The learning cell as a facilitator for learning; (2) Discovering learning possibilities in nursing homes and (3) Applying tools and resources for learning.

4.1 | The learning cell as a facilitator for learning

4.1.1 | Feeling safe

In general, the students express excitement over finally having their first practice after months of theory. Some say that they value the routine of going to the nursing home every day as 'worth gold'; they use words like 'fun', 'delight' and 'joy' when characterising their experience of being in clinical placement. At the point when we were doing the interview, they are about to finalise the placements, and when they look back to describe the first days, several remember how nervous they were, how insecure they felt and the tension and dread in their bodies before starting up:

I remember that we felt rather small and inferior. We were standing there like two 5-year-old girls

(pair 10)

According to the students, working in pairs or 'learning cells' has contributed to the positive experience of the placement. The model seems to make the entrance into practice easier for the students, creating a sense of safety and partnership and, hence, making it easier for the students to concentrate on learning activities:

[I] think it has been very safe to have a person to lean on. If it's not related to the task and everything but just having someone to share thoughts and opinions with. (...) yes, vent a little bit, and just like, 'Yes, what do you think we did now? What were you thinking? And how do you think I was doing in that situation?'

(pair 2)

Working together with a peer seems to create a sense of support and lower the threshold for asking 'stupid' questions. Some students talk about how they used their partner student to test out whether

a question would be relevant or not before summoning the mentor. Others have been encouraged by the way their more courageous fellow students handle things:

When you see another person dare to ask, [...] then I can also ask.

(pair 5)

4.1.2 | Partners in learning

The students talk about the utility of working together in the learning cells. They describe how they collaborate both in planning, discussing possible approaches, asking each other for information, caring for patients and reflecting over a patient interaction:

I feel we're good at pushing and pulling each other, like: today I've learned this, come on and I'll show you.

(pair 10)

We've talked about it a little bit. We decided to be a little 'selfish' when we worked here because we were going to learn as much as possible.

(pair 8)

In the beginning, the students would often work together in the patient's room, sharing and rotating the roles. The role of observing each other seems to be useful for both the observed and observer. The students appreciate the immediate possibility of giving and receiving feedback and, sometimes, new ideas on what to do directly in the caring situation:

Student 1: If we observe someone, if someone is sore under the breasts, then we talk about it like, 'Yes, here we should wash extra. What are we going to do? What powder should we use?'

Student 2: Yes, if there's anything we kind of see, we'll talk about it.

(pair 1)

All the interviewed pairs talk about their experiences of reflecting and discussing together in the learning cell. *'Sometimes, my learning partner sees other things than I do, and vice versa'*. The students find it useful to be able to discuss a situation and reflect together immediately after they have both experienced it:

You kind of get to reflect on what you see right away. It's not like you have to retell a story. One can somehow reflect at once when all impressions are fresh and it's really hot.

(pair 4)

Many student pairs chose, especially later in the practical training period, to sometimes split so that they cared for their own patients: *'It's not like we're glued to each other all day'*. Still, they seem to continue to be quite close to each other in the way that they discussed and reflected together, asked each other if they had any questions and shared their thoughts and experiences.

4.1.3 | Preconditions for the learning cell to work

Even if all the students seem to find collaboration in learning cells useful, they are also frequently stating that this is not self-evident and that the experience could have been different. Some students are highlighting the importance of both students being at the same level of experience for the learning cell to work well. However, others have experiences that this is not necessary:

I was excited about it. I didn't know if I was going to like it or not. I've worked in nursing homes before, which is why I was a bit scared that I was going to be too dominant and overriding my learning partner. Because I don't want to do that at all. [...] But I feel like we've found a good way ... [...] I think it has worked very well. It's just that I had a little more experience than she had.

(pair 7)

Several pairs highlight the need for the two in a learning cell to get along on a personal/social level. However, some students realise that there can be learning options in all relations: *'You have to learn in health care, to work with people you don't click socially with'*. However, some students admit that there have been conflicts and *'some fighting about the tasks'*. The importance of talking together about the relationship and discussing how to share tasks and how to organise the work has proven to be very important for several learning cells:

We have also been good at talking honestly with each other and then sharing and discussing how we would like to handle different situations. [...] It's not every situation it's appropriate to be two people going into, but to then say that this time I can take them and next

time you take it. [...] We have had a very open dialogue, I feel.

(pair 11)

4.2 | Discovering learning possibilities in nursing homes

4.2.1 | The art of caring for the patient

The students describe the nursing home as a clinical site with a rich and abundant basket of learning opportunities. Several depict daily care for the patient as the most important thing to learn and the main focus for the placement:

The practicality of just the care itself, which is quite ... It is important for all people with care. And just learn, in a way, how to do it in the best possible way. But also to use the knowledge you already have to look for things and observe as well [...] I think that's been very instructive.

(pair 3)

Many students appreciate the possibility of practicing a lot on how to really get a grip on all the aspects of doing proper and professional morning care. Several of the learning cells express that they are actually a little overwhelmed by how complex a regular care situation often is and how rich a daily care routine can be in learning options. They mention aspects like hygiene, awareness of route of transmission, how to use gloves, learning how to brush the patient's teeth's, taking care of your working position, laying the diaper correctly or keeping the washcloth properly. In addition, they learn to understand and listen to what the patient likes and how they can make the patient feel good:

Not having to use more cloths and change water and things like that, that you get a good order and good flow. That it feels natural, both for yourself and for the patient.

(pair 10)

Most students talk about how they have come to see the daily care of the patient as important as an opportunity to observe the patient closely. One learning cell talk about how their supervisor helped make them aware of this:

Student 1: It was our supervisor who asked, 'Yes, how was the skin?' and we were just like that ... I think it was week two or three. 'She had a bit of a beep of respiration', 'Yes, did you count, no?' 'No'. 'Yes, the skin then, was it clammy?' She said, 'Now you've got to start drilling the practical and develop your clinical gaze'.

Student 2: And after that, we've been almost over-stressing. 'Is everything nice here? How is the catheter located? Is there an incision here?'

(pair 7)

Several of the learning cells have had the opportunity to practice care for pressure ulcers and other wounds. They talk about how important it is to observe the skin and how they have learned to use air cushions and turning regimes, how grooming and various types of gels and salves can have a good effect and how nutritional situation and general condition can affect the development of the wounds. One student describes with enthusiasm how they have worked for some time with a patient with a very sore groin area. One day, her cell partner calls her to come and see:

And there's perfectly fine skin all over. That's great.

(pair 1)

4.2.2 | Developing relational competence

Many of the students point out that communication is an essential part of the care situation and of everything that happens at the internship. It's something they think about all the time.

Communication, cooperation and how to include the patient and not override them. Also, how to have respect for them, in a way, under care and such. [...] grooming and communication, it's kind of fundamental to everything really.

(pair 5)

'Relationship building' requires time, patience and effort according to the students. If it does not work, almost everything will be difficult. In addition, communication sometimes needs to be effective in giving the patient what you can in a few minutes. Several students say that it surprised them how difficult this can be and how much can be included in what they have initially perceived as simple communication. The knowledge gained from communication training at school suddenly becomes valuable:

You learn where other people's intimate zones go, where your intimacy goes and where your expertise extends to and where it may not be as adequate. And you feel like you're getting a little bit in return for what you've read. [...] You find yourself thinking that you can actually deal with the situation better because you have read about it. So the theory suddenly makes some sense.

(pair 10)

Several students mention the importance of getting to know the patient as an individual, that all patients are different and, therefore, must be treated differently. They observe how some of the staff who have worked for a long time with a patient have developed their communication techniques: A little enticing, some small talk, or other ways of speaking, then, the patient becomes at ease and more collaborative.

Also, I feel like there's never a final there. There's always something else to learn. It's always a different day, different mood or not exactly today. So you never get fully trained in a way. It is very exciting, educational, fun and challenging.

(pair 10)

Several student pairs mention ethical issues as something that permeates the practical training period. According to the students, ethics is not just about major ethical dilemmas and ethical principles. It is about facilitating people to have a dignified life, even if they are ill and have developed dementia.

4.2.3 | First-time experiences

Many of the students make no secret of the fact that one of the things they find most exciting to learn is the things that they have never done before and that they feel are unique nursing tasks. The daily care of patients is done by many workgroups, including unskilled employees, but getting to try mixing antibiotics and giving an injection for the first time are popular experiences. It makes you *'feel much more like a nurse than if you were just in care'*.

The teacher says, 'It's all nursing: Talking to a human being. Changing a diaper. Putting morphine right into the vein ...' [...] but that's kind of what you, as a student, look at more like a nursing assignment. To inject drugs and mix antibiotics and be able to try the things that maybe a nurse who has been in the profession for many years thinks is boring.

(pair 2)

Being allowed to practice various procedures is held up as important and educational. A learning cell tells us about their experience of assisting in inserting urinary catheters into a man. At school, they have only been allowed to practice urinary catheterisation on a female mannequin, so they particularly appreciate this opportunity:

Student 1: It was probably the second week or something. There was catheterisation on the one man on the ward. And it was also very instructive to be a part of it then because it was also something we hadn't encountered before.

Student 2: It was very much different than I thought the procedure was going to be on a man.

Student 1: And just like that how it really works with a permanent catheter, it's a balloon to be inflated, and it's really like 'Oh, is that how it works?'

(pair 7)

Despite the exciting procedures, several learning cells indicate that what has made the biggest impression during the practical training period and which they have perhaps learned the most from is the encounter with death. Many students talk about the experience of being exposed to death in a way they have not been before and following the end-of-life stages fairly closely.

I was really lucky to be able to sit with the patient as she fell asleep. To kind of see it and follow the whole process afterwards, it was very special and educational. And I think there's something in a way you can't learn in a lab ... [...] you can't get proper feelings and knowledge about it unless you've been through it.

(pair 11)

Some students reveal that encountering death made a massive impression on them and that they needed to debrief a lot with their learning cell partner.

I'd never seen a dead person in my life [...]. You get nervous, and you almost feel like you're losing some control over your own body.

(pair 10)

The student experiences a lot of learning from the situation itself and from the thoughts and feelings it evoked and the reflections afterwards. They feel they are fortunate to have the opportunity to experience this.

4.3 | Applying tools and resources for learning

4.3.1 | Learning tools

The students describe how they identify and make use of a lot of resources for learning in the clinical area. Getting in touch with real patients seems to trigger a curiosity and need to find out more. Some students mention how they find useful information in books and manuals available at the ward. They are also frequent users of the Electronic Patient Journal, where they find a lot of useful information. They also mention digital handbooks such as databases and manuals for evidence-based health procedures, medical encyclopaedias, pharmaceutical product compendiums and Google. Often, patients' diagnosis is the starting point for searching for knowledge:

And we've used each other, picked up the books and looked up: women, peritoneal dialysis, isn't it through the blood, then?' Then, we started. 'Now we're good at it!'

(learning cell 8)

Several student pairs state that they walk around with a notebook in their pocket, so every time there is something they are unsure about, a diagnosis or process that happens regarding a resident, they write it down, and then, they can look it up later. The learning cell partner is a natural person to bring information back to and discuss and reflect with.

Yes, so I'd like to pay credit to the fact that we have been two, working in learning cells. Because we don't have any other nurses here who always bother to sit down with us. They don't know what we need and who we are. No, it is very good to be [in charge of] learning yourself. It's fun.

(pair 8)

4.3.2 | The importance of theory for practice

Several student pairs refer to books and articles they find useful, sometimes literature from the courses they have completed prior to the placement, such as books in anatomy, pathology and pharmacology, but also nursing literature on fundamental nursing. Being in practice seems to make the utility of the theory courses more visible to them. Some students even mention that they consult their notes from the lectures and find them useful:

I like practice much better than theory. It's entirely something else. But it's very good to have the theory at the bottom then. Because then, it's very much like, 'Oh, that's the way it is'. You see the link better.

(pair 7)

Besides focusing on the expected learning outcomes and weekly themes addressed in the requirements and assignments from school, several students find it inspiring to finally be in a position to try out some of the procedures that they have never done before:

We tried out a bed bath to a patient the way it was supposed to be done in the manual, and the patient said, 'What are you doing? No one's ever done it like this before!' We told her that we just wanted to test out if it actually works to do it like that in practice and that we realised that it was too awkward'.

(pair 4)

In addition to testing out, consulting theory, googling and discussing, the students often use their supervisor teacher and other clinical

staff, asking them questions. Nevertheless, they have to check out several sources to be sure:

We have learned from the supervisors that everyone does things very differently. So all that we observe is simply not necessarily correct, but we should always lean on the theory then, so it is important that we use it.

(pair 8)

4.3.3 | Using the community of practice as resources for learning

Although nurses are not always available, several learning cells have experienced the environment they are part of are important and inspiring:

It is fascinating with all the knowledge they have—the people who work here. That you kind of take everything in and get tips and tricks and stuff.

(pair 6)

Many of the students feel well integrated in the ward and can take part in staff meetings, reports and other areas where practice is discussed and receive input and tips from '*sit and listen to professionals reflect on things*'. Some highlight the importance of being included and express gratitude towards the way they have been treated as students:

They just assumed we were part of them or of the team then. Everyone has really tried to help us become the best nurses we can. So they were very sociable, warm, all-embracing, took us along and asked if we wanted to join.

(pair 10)

The students find that it is critical that they are allowed to be students, who are there to learn and are not expected to be fully trained. The internship is the time '*to ask and explore*' and to learn how to study in practice. One of the students express it the following way:

I just think I've become more confident in the role of being a student in practice.

(pair 7)

A general impression is that the students have had rich practice training in the nursing home and are looking forward to continuing their education and future placements. As one of the students express, '*This has been a taste of the future life as a nurse*' (pair 6). Some students state that they have been surprised over the nursing home as a placement:

I was very negative about nursing homes, really. I've been thinking since before I started nursing that working in a nursing home is not my cup of tea. [...] But nursing home surprised me; I quickly realised that I was very wrong. I feel much better about it than I imagined I would, and it's been a lot more interesting.

(pair 11)

5 | DISCUSSION

The purpose of the current study was to explore students' experiences from their clinical placement, testing out a model for active collaborative learning in first-year placement at a nursing home

5.1 | Constructing a space for active learning in nursing homes

The results have shown that the students seem to appreciate the model of working together in learning cells and taking a more responsible and active role in their first clinical placement. The model seems to provide students with a structure in which the learning cell makes up a 'base' for their learning. They quickly connect as partners, describing how they plan together, discuss and consult with each other, how they use each other as assistants and give each other feedback and how they debrief and reflect.

The security of having someone at the same level to collaborate closely with seems to generate a feeling of safety and togetherness while reducing the tension and fear they had before entering practice. This finding is in line with other studies reporting that collaborating with peers in clinical placement develops competence and confidence, and reduces stress and anxiety (Carey et al., 2018; Jassim et al., 2022).

In our study, the students seem to actively engage in their learning process. The active and collaborative approach seems to stimulate the students to seek out and find possible learning situations while making active use of the resources at their disposal, be it procedure books, databases, reference books, supervisors, staff and the patient and their fellow students. The structure of the practice model seems to facilitate a learning mode where students take up more responsibility and become cocreators of their own learning space (Damşa et al., 2019).

One example is how the students approach daily care as a learning activity. They see important learning opportunities in washing and caring for bedbound patients, and they work on developing a workflow, on observation skills on establishing a good relationship with the patient and on developing their communication and collaboration skills. These are all fundamental aspects of nursing care (Feo et al., 2018). The finding is particularly interesting because, in many ways, it contrasts with previous research finding that students perceive nursing home practice as boring, slow and with few learning opportunities (Husebø et al., 2018; Lea et al., 2018; van Iersel et al., 2018).

The findings indicate a potential for using active collaborative learning models in making clinical placement in nursing homes a more attractive learning arena for first-year nursing students. Finding nursing homes placements more interesting may increase the likelihood and the chance that students may become motivated to consider nursing homes as a future workplace (Zhang et al., 2022).

5.2 | Preparing students for the future professional role

The active learning approach has advantages in preparing students for a future work role in a rapidly changing health care landscape where new assets and new knowledge constantly occur. When working in the model, the students are encouraged to develop a more inquiring approach to studying in practice. This can potentially lay the foundation for a habit of knowledge seeking as something inherent to working in clinical settings. Introducing the active, collaborative learning model in the first-year placement can shape students' attitudes and engagement for learning and foster a sense of responsibility for learning in clinical placement that can prove to be a good form of preparation for clinical placements later in their nursing education (Henderson et al., 2018). This can also develop lifelong learning skills in students. Lifelong learning has been clearly identified as an imperative for professional nursing (Davis et al., 2014), and the importance of lifelong learning skills has been discussed in relation to nursing education in the wake of Patricia Benner's seminal work (Benner et al., 2010).

Collaborative approaches to placement learning seem to be a good approach to enhance students' cooperation skills (Carey et al., 2018). This is also the case in our study. The findings show that students in general seem to match quite well with their learning partner, who was allocated to them rather randomly. Some students seem to suggest that it is important that the learning cells are composed carefully regarding the level of the students, such as earlier experiences. They also stress that students in a learning cell should click on a social level to make the cell work successfully. To some degree, it is possible to precompose student pairs prior to placement. It is also possible to let the students themselves organise the learning cells and choose their partners. However, like one of the pairs expresses, there are advantages in having to make a learning cell work despite differences in experiences and not a full social match: *'You have to learn in health care, to work with people you don't click socially with'*. Professional collaboration is crucial to both job satisfaction and patient safety, and the development of collaborative skills, such as the ability to support colleagues, communicate openly and give and receive constructive feedback, is central to quality health care (Ylitörmänen et al., 2022).

5.3 | Prerequisites for active learning to work in clinical placement

Active learning does not just happen; it requires a learning environment that makes it more likely to occur (Michael, 2006). One critical

issue when implementing a model for active, collaborative learning in clinical placement is that all involved faculty, staff and students must be familiar with the approach and receive relevant training and support in consistently using the model. It is important that the scaffolding around the learning cell makes up a logical whole that can give room for the elements to work and for the learning cell to function in the desired way.

It is important to emphasise that the situated coaching (Benner et al., 2010) from the clinical mentors and staff is still important within the active learning model. The learning cells should not be left to themselves as isolated entities or 'islands' in the ward; they need support and guidance from their supervisors and teachers. Additionally, they need to be a part of the working environment in the way that they are seen, and see others at work, and that they are included in the clinical discussions that take place in the ward. The results indicate that the sense of safety or support the students find in the learning cell may make it easier to participate actively in the community of practice. Active supervision and participation in the community is tantamount to students not developing undesired or problematic practices within their learning cells that stands uncorrected.

Cooperation between the educational institution and practical training establishment is of great importance when introducing a new model for clinical practice. To obtain this, leadership involvement, anchoring of the new ideas in the management, and mutual sharing of information is crucial. A key element is about securing a good and close interaction between teacher and clinical supervisor.

6 | LIMITATIONS AND STRENGTHS

The experiences reported in the present article represent the voices of a limited group of students. However, the total material was considered saturated and adequate for the aim of the study.

The choice of a joint interview of the learning cells requires that the interviewer is sensitive to the unfolding dynamics between the participants during the interview (Wilson et al., 2016; Zarhin, 2018). The interviewers were particularly aware of dynamics in which one person tended to dominate the conversation, then attempting to involve the other.

The paired interview approach may also have some disadvantages. For instance, it could be difficult to raise concern about the learning cell not working or about conflicts between the students when being interviewed in pairs (Wilson et al., 2016). The fact that the authors undertook several roles as project initiators and implementors may have influenced the results; however, the authors' close connection and long experiences may have contributed to their understanding and interpretation of the results.

It is not unlikely that some of the results can be attributed to the fact that the study was carried out on students who participated in a project, where they, in several ways, benefited from some special conditions in terms of preparation, supervision and so forth. At the

same time, the project took place during the COVID-19 pandemic, with the restrictions this placed on direct guidance, which also may have negatively influenced the placement experience.

7 | CONCLUSION

The pilot project where the students worked in learning cells is an example of how a more active collaborative approach to learning seems to have enhanced students' learning outcomes from clinical practice in nursing homes. The study shows that the students found support in working in pairs and that this may reduce anxiety and tension, making them more in mode for focusing learning options. The model seems to help the students see useful and exciting learning opportunities in the nursing home and to use their environment more actively for learning. Working with a learning partner seems to increase student learning through common planning, support during activities, feedback and reflection. The study emphasises the importance of facilitating learning through the structures and configuration of the students' learning space.

8 | RELEVANCE TO CLINICAL PRACTICE

There is a need for new and innovative approaches to enhance clinical learning in nursing homes. The present study indicates the potential for introducing active and collaborative pedagogical models in clinical placement. The model can promote nursing homes as a conducive learning arena for nursing students. The model may also inspire active and collaborative approaches to learning in practice in other arenas and can be applied in different stages of nursing education, as well as in other health care disciplines, to enhance clinical learning. Finally, active collaborative learning models in clinical placement can help prepare students for a future work role in a rapidly changing health care landscape.

AUTHOR CONTRIBUTIONS

All authors participated in conceiving the study design, recruitment of participants and conduction of the interviews for the study. Bodil Tveit and Anne Raustøl lead the process of analysing and interpreting the research data in close dialogue with all co-authors and wrote the first draft of the manuscript. All authors contributed to and reviewed the writing of the manuscript and approved its submission.

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CONFLICT OF INTEREST STATEMENT

No conflicts of interest are declared by the authors.

DATA AVAILABILITY STATEMENT

The participants of this study did not give written consent for their data to be shared publicly.

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