



Identifying clinical learning needs using structured group feedback: First year evaluation of pre-registration nursing and midwifery degree programmes



Kate Frazer^{1,*}, Michael Connolly², Corina Naughton³, Veronica Kow⁴

School of Nursing, Midwifery and Health Systems, Health Sciences Centre, Belfield, Dublin 4, Ireland

ARTICLE INFO

Article history:
Accepted 3 February 2014

Keywords:
Clinical learning
Preceptors
Structured group feedback

SUMMARY

Background: Facilitating and supporting clinical learning for student nurses and midwives are essential within their practice environments. Clinical placements provide unique opportunities in preparation for future roles. Understanding the experiences of first year student nurses and midwives following clinical exposures and examining the clinical facilitators and barriers can assist in maintaining and developing clinical supports.

Methods: The study used a structured group feedback approach with a convenience sample of 223 first year nursing and midwifery students in one Irish university in April 2011 to ascertain feedback on the clinical aspects of their degree programme.

Results: Approximately 200 students participated in the process. Two key clinical issues were identified by students: *facilitating clinical learning and learning experiences and needs*. Positive learning environments, supportive staff and increased opportunities for reflection were important issues for first year students.

Conclusions: The role of supportive mentoring staff in clinical practice is essential to enhance student learning. Students value reflection in practice and require more opportunities to engage during placements. More collaborative approaches are required to ensure evolving and adapting practice environments can accommodate student learning.

© 2014 Elsevier Ltd. All rights reserved.

Introduction

Nurse Education in Ireland

The development and evolution of curricula in nursing and midwifery to ensure a graduate population of compassionate and safe practitioners remain a challenge in light of the myriad of internal and external factors such as: local and national healthcare needs, social and political influences, and economic austerity factors (Sedgwick and Harris, 2012).

To facilitate changes within the Irish context, since 2002, pre-registration nursing and midwifery education is provided in higher education institutions (Fealy, 2002). All undergraduate nursing (Adult, Psychiatry, Intellectual Disability) and midwifery students complete a four year degree programme (An Bord Altranais, 2012). Students undertaking a combined Children's and Adult Nursing

programme complete 4.5 years of study (An Bord Altranais, 2012). However, all nursing and midwifery students share a number of common core modules throughout their programme of study, incorporating theoretical and clinical components.

Clinical learning in Ireland is facilitated using a preceptorship model; proposed by the An Bord Altranais (the Irish Nursing Board). An Bord Altranais was guided in selecting this model for practice by the Nursing Education Forum (2000). Students are assigned a preceptor on commencing clinical placement and this registered nurse is responsible for supporting students to achieve competence within that placement. The role includes managing the placement, coordination and communication between the student and other nursing staff; ensuring an optimal learning environment (Nursing Education Forum, 2000, p.12).

Gleeson (2008) acknowledges the importance of good models of support for undergraduate students to facilitate learning during clinical placements and identified good communication, with constant feedback between all stakeholders involved, as a fundamental aspect of preceptorship (Gleeson, 2008, p. 378; Haugan et al., 2012). The preceptorship role is essential in developing clinical competence using various teaching strategies and providing timely feedback within a supportive clinical environment (Baltimore, 2004; Budgen and Gamroth, 2008). Gleeson (2008, p.379) emphasises that being a trained preceptor does not guarantee quality student learning and ongoing education and supports are necessary for preceptors too.

* Corresponding author.

E-mail addresses: kathleen.frazer@ucd.ie (K. Frazer), michael.connolly@ucd.ie

(M. Connolly), corina.naughton@kcl.ac.uk (C. Naughton), veronica.kow@ucd.ie (V. Kow).

¹ Tel.: +353 1 7166479.

² Tel.: +353 1 7166404

³ Florence Nightingale School of Nursing and Midwifery King's College London James Clerk Maxwell Building, 57 Waterloo Rd, London, SE1 8WA. Tel.: +44 (0) 20 7848 3846.

⁴ Tel.: +353 1 7166425

Limitations of this model can include personality conflicts, over burdening of clinical staff in resource scarce environments and taking personal responsibility for students who are not progressing (Budgen and Gamroth, 2008). These issues, in tandem with heavy workloads, may result in preceptor burnout. A key component of the preceptorship model is having one consistent preceptor; in busy ward environments, this is not always feasible or possible (Walker et al., 2012).

An additional supporting role for undergraduate nursing and midwifery students, within the Irish context, is that of clinical placement coordinator; a role established to support students in clinical placement (Government of Ireland, 1998). The focus for a preceptor is on an individual student within one clinical area whereas a clinical placement coordinator role relates to the groups of students allocated within a number of clinical areas (Nursing Education Forum, 2000, p.69). A national review of the role identified it as being positive, necessary, valued and important for student support in clinical practice (Drennan, 2001).

Clinical Learning Environment and Student Evaluations

Clinical placements provide pivotal, unique and invaluable environments for educating and training nursing students for their future professional roles (Henderson et al., 2006). Evaluation of clinical learning environments have focused on three areas: student perceptions and experience of clinical placement; the role of qualified nurses in supervision during clinical placement; and the level of interaction between clinical learning environment and nurse educators (Papastavrou et al., 2010; Warne et al., 2010; Midgley, 2006). In Ireland, clinical teaching and learning hours for undergraduate nurse and midwifery degree programmes are provided in a variety of clinical areas (An Bord Altranais, 2000). Therefore evaluation of clinical learning environments are of critical importance as a significant amount of educational experiences for students occur while on clinical placement (Warne et al., 2010). This paper identifies the experiences and perceptions of the clinical component of current degree programmes for first year nursing and midwifery students.

Overall Study Objectives

The specific objectives of the overall study were to:

- Identify the experiences of first year undergraduate nurses and midwives during clinical placements as part of their degree programmes.
- Identify students' priorities for curricula development.
- Examine facilitators and barriers within the current system experienced during first year.

Methods

Design

A semi-qualitative structured group feedback approach was adopted with a convenience sample of first year students.

Study Setting

The study was completed in an Irish university setting currently offering four undergraduate degree programmes in general nursing, psychiatric nursing, midwifery and combined children and general nursing programme. First year students complete six theory modules in first semester and four theory modules and two clinical modules in the second semester. Although academic staff engage in laboratory based clinical skills instruction, the practice of clinical skills is guided by clinical placement coordinators and student preceptors within the clinical environment. This evaluation was completed prior to the commencement of a mandatory academic advisory session for students.

Sample

The sample comprising first year nursing and midwifery degree students, attending a formal academic advisory session was invited to participate. The number of students who could attend was 223 (203 nursing students and 20 midwives) and approximately 200 students attended the meeting.

Ethical Considerations

The human ethics committee, within the university, was advised of the proposed study. The committee regarded the study as an evaluation of teaching and learning using standard educational techniques and was not subject to further ethical review. As previously indicated, students were invited to participate in this evaluation in the context of attending a mandatory end of year academic advisory session. All students were informed that participation was voluntary and that responses being collected, as part of the evaluation, would respect their anonymity and no one could be identified.

Data Collection

All 200 students attending were invited to participate and the evaluation process was fully explained. To assist with the management of the discussions, the large group of students was divided into two sub groups, with half being moved to an alternative lecture theatre. Each group of students evaluated the academic and clinical components of their degree programme. This paper focuses on the feedback from clinical evaluations using structured group feedback.

Structured Group Feedback Process

Structured group feedback is a semi-qualitative approach to collecting student comments. Gibbs et al.'s (1988) principles underpinned the structured discussions and facilitated the screening of student reactions through a process of explaining and defending statements with peers; allowing all students to air views; allowing student's time to think and reflect on comments heard and preventing minority or extreme views from dominating the discussions.

Stages of Evaluation

The evaluation followed three recommended stages for structured group feedback:

Stage 1 (10–12 min): Working alone students reflected on and recorded an individual response to three simple broad questions: *Things about the clinical components on the course that I would like to see stopped, started and continued*. Students were encouraged not to consult with each other but to write down their own views.

Stage 2 (20–25 min): Students were divided into smaller groups of 4–6 students and asked to discuss their answers under each of the given headings. Each smaller group was provided with a pro-forma to record the responses that the majority agreed upon. Groups were then asked to rank their comments from 1 (least important) to 5 (most important).

Stage 3 (30 min): This centred on a plenary discussion within the wider group in the room. Facilitators initially asked each of the smaller groups to identify their highest ranked issue under the three headings. If the top ranked issue had already been identified from another (group's) contribution, then the group was asked to identify their next highest ranked issue. All responses were recorded on a white board by a facilitator. The process continued until all issues were

discussed and a repetition of information was emerging. This occurred after feedback from approximately half of the 18 groups.

Following this process and wider discussions, students were asked to vote (via a display of hands) on how strongly they supported a particular issue. Finally, facilitators asked groups which had not contributed to the themes to identify any remaining topics or issues. Anonymous pro formas were collected and themes from white boards receiving a majority of support (>50%) were transcribed by facilitators.

Data Analysis

All information from group pro formas was transcribed and coded into major and minor themes using a thematic analysis approach. Descriptive statistics were used to identify the frequency of the major themes; these were measured at group level with group frequencies and percentages reported. Minor themes coded as stopped, started or continued were reported. The denominator was based on the total number of possible stopped, started, and continued responses for the group. If all sub-groups recorded responses under the three headings there would be a maximum of 54 categories (18 × 3). Data analysis was carried out in SAS V9 (CA).

Results

Demographics

Specific demographic information was not collated as part of this evaluation. In total, 223 nursing and midwifery students were enrolled in year one of their degree in 2010. The majority of students were female 91% and the mean age at commencement of year one was 21.3 years (range 17.2 to 43.3 years).

Evaluation of Clinical Experience

The groups contributed approximately 174 separate comments, with a median of 9 (IQR (6 to 12)) comments per group. The majority of comments related to starting/modifying and continuing elements of the clinical placement. Two overarching themes emerged from the data: facilitating clinical learning 94% (17/18) and learning experiences and needs 88% (16/18).

Facilitating Clinical Learning

Over 90% of groups made comments under this topic and nine categories were identified (Table 1). The most significant categories related to preceptor contact (72%, 13/18 groups) and preparation (61%, 11/18 groups) (Table 1). Even though 15% of groups felt that they had regular contact with their preceptors and it was a very positive experience, over 60% of groups had limited opportunities to work with their preceptors or did not have one specific preceptor. Further communication issues resulted when students were allocated more than one clinical preceptor or when preceptors were unaware that they were allocated a student. Issues that affected the student preceptor relationship and learning included a perceived lack of familiarity amongst preceptors to first year students' scope of practice, their abilities and capabilities.

Groups identified a number of solutions to "start" that would improve their clinical learning experiences. Standardising assessment meetings with preceptors was important as variance in duration of meetings ranged from 5 to 60 min. Student examples for improving documentation for assessing competence included a need to reflect progression and improvement over the placement, reducing perceived repetition within documentation and removing the interim student-preceptor meeting.

Almost 70% of groups (12/18) emphasised that Clinical Placement Coordinators (CPCs) were an important resource. The majority of comments

concerned continuing and, where possible, increasing contact with the CPC; they were viewed positively and meetings and teaching sessions were constructive for student learning.

Over one quarter (5/18) of groups suggested improving the induction process for clinical placements. Suggestions included initial introductions with other members of the ward staff and, ward managers and preceptors' awareness of allocated students and their commencement dates.

Supports from fourth year undergraduate nursing interns were recognised by 22% of groups (4/18). It was suggested that senior students could assist with completing competence and clinical skill documentation with first year students, especially if there was sporadic contact with allocated preceptors. Finally, eleven percent of groups identified a need for increased feedback during placement (Table 1).

Learning Experiences and Needs

Six main categories were identified (Table 2). Over 60% of groups indicated reflective practice as important; however, groups were almost equally divided between those who wished to continue with current practices and those who identified practices to start. Reflective practice sessions were highlighted as good ways to learn but groups identified variable attitudes amongst staff and requested increase sessions. One group suggested that small group reflection could be introduced at the end of the first week in practice to facilitate peer support and shared learning.

Structured teaching was the second theme identified by almost 40% of the groups (7/18) (Table 2). The majority of comments supported continuing current practices of structured clinical teaching. Groups that experienced structured clinical teaching sessions with CPCs valued them; however, these opportunities were not universally available.

Clinical skills were identified by 33% of groups (7/18) and comments highlighted areas for learning to bridge the theory–practice gap. Students felt that more time should be spent on teaching and demonstrating clinical skills in the theory phase of programmes. Furthermore, 28% of groups (5/18) identified learning needs in relation to caring for specific client groups such as people with dementia and patients who were confused and/or aggressive, dealing with death and communicating with families. Other areas identified included: understanding clinical documentation and abbreviations used in practice and opportunities to practise completing patient handovers with preceptors and CPCs.

Group Consensus on Clinical Priorities

Finally, in plenary discussion a number of issues emerged as priorities for the larger group including the importance of regular contact and meetings with allocated preceptors and CPCs and the important role of fourth year students. Students highlighted that ongoing training and supports for preceptors are required. The overriding priority for this group of first year students was the frequency and quality of contact with their preceptor. They were motivated to develop their competence and confidence to deal with a broad range of clinical situations and valued feedback to aid their development.

Discussion

These results highlight important issues for first year nursing and midwifery students' clinical placements. The attitudes and experiences of students in clinical placement were similar to those reported previously (Williamson et al., 2012; Loo-Chuan and Barnett, 2012; Roberts, 2008; Chesser-Smyth, 2005).

Williamson et al. (2012) acknowledge that positive learning environments provide effective personal support for students and mentors and students, in their study, identified a need for a 'familiar face' to feel supported. Similarly, in this study students identified the

Table 1
Facilitating clinical learning 17/18 groups 94% comments overall.

Themes n = 18 groups	Examples of start (S), continue (C) or stop (St) comments	Number of comments submitted n = 54
Preceptor contact 72% (n = 13 groups)	Working with preceptors, want specific preceptor or else improved communication between preceptors (S)	11 comments
Preceptor preparation 61% (n = 11 groups)	Regular contact with preceptors (C) Need for communication as preceptors not familiar with students competency level or with the associated documentation (DOCAT) (S)	3 comments 11 comments
Clinical placement coordinator 66% (n = 12 groups)	More input and contact with second placement (S) Clinical placement coordinator meetings and teaching sessions (C)	3 comments 7 comments
Domains of competency documentation 50% (9 groups)	Standardise the format and structure of the meetings (S) Reduce the repetition within the document and stop the intermediate meeting (ST)	8 comments 2 comments
Length of clinical placement 44% (3 groups)	Continue with current arrangement between time in college and placements (C) Reduce length of clinical placement (ST)	6 comments 2 comments
Induction to clinical area 27% (5 groups)	Start induction to hospital and wards by introducing student to staff and preceptors and acknowledging that they are commencing (S)	5 comments
Link to 4th Year Intern students (4 groups)	Fourth year intern students allowed to sign when students have completed a skill or to participate in the assessment of competency (S)	3 comments
More responsibility 22% (4 groups)	Desire for more responsibility and to be trusted by staff (S)	4 comments
Feedback 11% (2 groups)	More feedback from preceptors in the clinical area to identify progression and to allow for improvements (S)	2 comments

important role of preceptors and CPCs in providing a positive learning environment.

Preceptorship

Since the 1980s, preceptorship has become the predominate model of clinical nurse education and remains crucial to the acquisition of skills and knowledge for nursing (Sedgwick and Harris, 2012; Happell, 2009; Lofmark and Wikblad, 2001; Ohrling and Hallberg, 2001). As a result many nurse scholars believe preceptorship to be the most appropriate medium to link theory with practice and facilitate learning in the clinical environment. Current challenges to the preceptorship model include higher patient acuity, shorter patient stay, working patterns and staff shortages (Sedgwick and Harris, 2012). Comments from students in this study reflected variability in experience with preceptors and, to a lesser extent, CPCs. The importance of the preceptor–student relationship in guiding and assisting learning in the clinical environment is well established (Corlett, 2000; Chow and Suen, 2001; Midgley, 2006). Midgley (2006), suggests that involvement (contact and opportunities to work with), personalisation (respect, support, acknowledgement) and task orientation (learning new skills) are the most highly valued aspects of clinical preceptorship. These themes are reflected in the current evaluation; students that had a high level of contact with preceptors strongly endorsed the role. However, 60% of groups were critical and asked for improved coordination of student–preceptor scheduled rostering, ongoing training for preceptors to focus on increasing their awareness of the academic programme resulting in reasonable expectations of students' capabilities and providing encouragement and constructive feedback.

Table 2
Learning experiences and needs (16/18 groups 88% comments overall).

Themes n = 18 groups	Examples of start (S), continue (C) or stop (St) comments	Number of comments submitted n = 54
Reflection time 61% (n = 11 groups)	Staff should be aware of reflection time, allow daily reflection. Group reflection at end of week (S)	5 comments
Structure teaching 39% (n = 7 groups)	Reflection was a great way to learn (C) More practical classes (S) Keep clinical talks/CPC teaching new skills (C)	6 comments 2 comments 5 comments
Taught more skills in college 33% (n = 7 groups)	More emphasis on skills labs including wound care, injections and medications (S)	6 comments
Skills for specific patient groups 28% (5 groups)	More skills for managing specific patient groups including dementia, confused, aggressive, dying patients (S)	5 comments
Documentation/abbreviations 17% (3 groups)	More practice with documentation, using abbreviations, practice ward handover process (S)	3 comments
Essay submission 11% (2 groups)	Stop essay submission during clinical placements	2 comments

Learning Opportunities

Learning opportunities and facilitation were consistent themes in the evaluation of clinical experiences. Opportunities for learning in the clinical area were highly valued and key elements in this were the student–preceptor relationship and contact with CPCs. Loo-Chuan and Barnett (2012) have acknowledged the importance of clinical supervision in ensuring a positive clinical learning environment. The existence of the theory–practice gap was acknowledged and more time allocated to practical nursing skills was identified as a priority. This is consistent with findings from Corlett's study (2000). Junior students expressed frustration with perceived irrelevant theoretical subjects and desired more clinical skills to enable them to survive in practice. In the current study, students received formal education sessions from CPCs that helped bridge the theory–practice gap. Clinical placement coordinators were highly valued resources in the first clinical placement; however, not all students had these learning opportunities and students perceived that there was less structured contact with CPCs during the second placement. The CPC role provides an important support structure for students and it is likely that CPCs helped students cope with the anxiety and stress experienced on clinical placement (Drennan, 2001; Timmins and Kaliszer, 2002).

Reflective Practice

Reflection has the potential to provide a strategy for student nurses to develop autonomy, critical thinking, open-mindedness and sensitivity (Bulam et al., 2012). The role of reflection as an instrument for learning in first year is perhaps under recognised. Haugan et al. (2012)

acknowledge that a central goal for active student learning is the ability to reflect. Students indicated that they valued specific time allocated for reflection during their clinical placement, though not all had the same opportunity. One group suggested that small group reflection sessions perhaps should be facilitated both during clinical and academic blocks.

Positive Clinical Placements

Clinical placements provide pivotal, unique and invaluable environments for educating and training nursing students for future professional roles (Henderson et al., 2006). In this study, other important elements that contributed to a positive learning environment were the friendly nature of the clinical areas, contact with more senior students and the length of clinical placements. Students endorsed peer learning and this finding is supported in previous studies; peer learning assists in refining clinical skills and sharing experiences (Roberts, 2008; Loo-Chuan and Barnett, 2012). Improving the orientation process in clinical areas is important for students adapting to the new environment. A receptive welcome has a positive impact on self-esteem, increasing confidence and building knowledge amongst student nurses (Chesser-Smyth, 2005). Positive learning environments need to provide key personnel and have supporting structures in place to assist student learning (Williamson et al., 2012; Chesser-Smyth, 2005).

Limitations

The study was carried out in one University in Ireland. The methodology used in this study did not ensure that all students had an equal opportunity to express their views; however using this method did permit participation by all present, allowed students to discuss negative and positive issues within groups and has been used previously in curriculum evaluation (Dobbie et al., 2004). Negative feedback may not always be forth coming during face to face meetings and issues for students could be missed. Even though the group was divided into sub-groups, it was at times difficult to hear feedback and insufficient time may have been allocated to the plenary discussion. In any large group setting, it is possible that more vocal groups overshadow less expressive groups. However, there was a high degree of consistency between information recorded on the group pro formas and those identified in the plenary discussion. It was not possible to capture in detail some of the rich data recounted by students illustrating the importance of a particular topic.

Conclusions

This first year student evaluation identified several areas for ongoing clinical developments that need reconsideration to facilitate positive learning environments within Ireland; reflecting issues identified in previous international studies. Students identified a number of solutions to improve their clinical learning experiences including improving induction processes for clinical placements, standardising of assessment meetings, increasing the time spent on teaching and demonstrating clinical skills and more assistance provided for caring for specific care groups. Positive experiences included regular contact with preceptors, reflective practice and teaching sessions with clinical placements coordinators. It is crucial that clinical learning environments allow for student engagement in contributing to their positive learning experience. In this study, structured group feedback provided valuable insights into first year students' experiences of clinical learning environments. The non-homogenous nature of this student group (from three nursing

and one midwifery degree programmes), exposed varied experiences from clinical placements. The solutions identified by students in this study highlight a need for greater collaboration between university and practice educators. In a time of reduced resources and competing demands it is essential that student learning is not adversely affected.

References

- An Bord Altranais, 2000. Requirement and Standards for Nurse Education Programmes. An Bord Altranais, Dublin.
- An Bord Altranais, 2012. Pre-registration honours degree programmes 2013: nursing/midwifery, a career for you. <http://www.nursingboard.ie/en/careers.aspx> (Accessed December 15th 2013).
- Baltimore, J.J., 2004. The hospital clinical preceptor: essential preparation for success. *J. Contin. Educ. Nurs.* 35, 133–140.
- Budgen, C., Gamroth, L., 2008. An overview of practice education models. *Nurse Educ. Today* 28, 273–283.
- Bulam, C., Lathlean, J., Gobbi, M., 2012. The concept of reflection in nursing: qualitative findings on student and teacher perspectives. *Nurse Educ. Today* 32, e8–e13. <http://dx.doi.org/10.1016/j.nedt.2011.10.007>.
- Chesser-Smyth, P., 2005. The lived experiences of general student nurses on their first clinical placement: A phenomenological study. *Nurse Educ. Pract.* 5, 320–327.
- Chow, F., Suen, L., 2001. Clinical staff as mentors in pre-registration undergraduate nursing education: students' perceptions of the mentors' roles and responsibilities. *Nurse Educ. Today* 21, 350–358.
- Corlett, J., 2000. The perceptions of nurse teachers, students and preceptors of the theory–practice gap in education. *Nurse Educ. Today* 20, 499–505.
- Dobbie, A., Rhodes, M., Tysinger, J., Freeman, J., 2004. Using a modified nominal group technique as a curriculum evaluation tool. *Fam. Med.* 36 (6), 402–406.
- Drennan, J., 2001. An evaluation of the role of the clinical placement coordinator student nurse support in the clinical area. *J. Adv. Nurs.* 40 (4), 475–483.
- Fealy, G., 2002. Aspects of curriculum policy in preregistration nursing education in the Republic of Ireland: issues and reflections. *J. Adv. Nurs.* 37 (6), 558–565.
- Gibbs, G., Habeshaw, S., Habeshaw, T., 1988. 53 Interesting Ways to Appraise Your Teaching. Technical & Educational Services Ltd., Dublin.
- Gleeson, M., 2008. Preceptorship: facilitating student nurse education in the Republic of Ireland. *Br. J. Nurs.* 17 (6), 376–380.
- Government of Ireland, 1998. Report of the Commission on Nursing: A Blueprint for the Future. Stationery Office, Dublin.
- Happell, B., 2009. A model of preceptorship in nursing: reflecting the complex functions of the role. *Nurs. Educ. Perspect.* 30 (6), 372–376.
- Haugan, G., Sørensen, A., Hanssen, I., 2012. The importance of dialogue in student nurses' clinical education. *Nurse Educ. Today* 32, 438–442.
- Henderson, A., Twentyman, M., Heel, A., Lloyd, B., 2006. Students' perception of the psycho-social clinical learning environment: an evaluation of placement models. *Nurse Educ. Today* 26, 564–571.
- Lofmark, A., Wikblad, K., 2001. Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *J. Adv. Nurs.* 34 (1), 43–50.
- Loo-Chuan, O., Barnett, T., 2012. Student, tutor and staff nurse perceptions of the clinical learning environment. *Nurse Educ. Pract.* 12, 192–197.
- Midgley, K., 2006. Pre-registration student nurses perceptions of the hospital-learning environment during clinical placements. *Nurse Educ. Today* 26, 338–345.
- Nursing Education Forum, 2000. A Strategy for a Pre-Registration Nursing Education Degree Programme. Department of Health, Dublin.
- Ohrling, K., Hallberg, I., 2001. The meaning of preceptorship: nurses' lived experience of being a preceptor. *J. Adv. Nurs.* 33 (4), 67–78.
- Papastavrou, E., Lambrinou, E., Tsangari, H., Saarikoski, M., Leino-Kilpi, H., 2010. Student nurses experience of learning in the clinical environment. *Nurse Educ. Pract.* 10, 176–182.
- Roberts, D., 2008. Learning in clinical practice: the importance of peers. *Nurs. Stand.* 23 (12), 35–41.
- Sedgwick, M., Harris, S., 2012. A critique of the undergraduate nursing preceptorship model. *Nurs. Res. Pract.* <http://dx.doi.org/10.1155/2012/248356>.
- Timmins, F., Kaliszser, M., 2002. Aspects of nurse education programmes that frequently cause stress to nursing students – fact finding sample survey. *Nurse Educ. Today* 22 (3), 3–11.
- Walker, S., Dwyer, T., Moxham, L., Broadbent, M., Sander, T., 2012. Facilitator versus preceptor: which offers the best support to undergraduate nursing students? *Nurse Educ. Today* 33, 530–535. <http://dx.doi.org/10.1016/j.nedt.2011.12.005>.
- Warne, T., Johansson, U., Papastavrou, E., Tichelaar, E., Tomietto, M., Van den Bossche, K., Vizzaya Moreno, M.F., Saarikoski, M., 2010. An exploration of the clinical learning experience of nursing students in nine European countries. *Nurse Educ. Today* 30, 809–815.
- Williamson, G., Callaghan, L., Whittlesea, E., Heath, V., 2012. Improving student support using Placement Development Teams: staff and student perceptions. *J. Clin. Nurs.* 20, 828–836.