

# Collaborative Learning Models in Practice

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# Why do we need to think differently about practice education?

- To ensure high quality learning to secure care standards provided by future workforce
- To provide a positive student experience which reduces risk of attrition resulting from negative experiences
- To expand placement capacity to support expansion of the nursing, midwifery and AHP professions

# Aims

- This resource aims to provide guidance and direction to those considering the implementation of new models to enhance practice learning, provide new learning opportunities and potentially increase student capacity in some placement areas.
- It aims to support integrating the principles of coaching and peer learning into every-day practice where it may not be practical to achieve full implementation of collaborative learning models
- It is not intended to promote a specific model but to give those in practice and in higher education institutes the tools to facilitate meaningful local exploration and planning before embarking on this journey.

# Objectives

## What we hope to achieve within this resource:

- To provide an overview of models in use in the UK and beyond.
- Explore some of the benefits and challenges as outlined in the literature.
- Provide some guidance and principles to be considered for those planning to implement a new or adapted model.
- Present a range of relevant resources to support implementation.

# Why collaborative learning models?

The Royal College of Nursing Mentorship Project in 2015 identified three types of models to support practice learning (RCN, 2015).

The three models reviewed in their work include:

- **Real Life Learning Wards (Amsterdam model).** This has been implemented in the UK as Collaborative Learning in Practice (CLiP) initially by University of East Anglia (UEA) and this alongside other adapted models will be explored here.
- **Dedicated Education Units** - more prevalent in the USA and Australia.
- **Clinical Facilitation models** evident in Australia.

The Real Life Learning Ward model and UEA's adaptation was found to significantly increase placement capacity and quality of learning.

An excellent review of collaborative learning and peer models can be found in a systematic review undertaken by the University of Greenwich (Markowski et al., 2021)

# What is CLiP?

- Collaborative Learning in Practice (CLiP) is a model of practice-based learning where students are encouraged to collaborate with their peers under the guidance of a coach (Alexander et al., 2014).
- Under traditional 1:1 supervision models, students work under the direct supervision of a registered nurse. CLiP reduces the amount of direct 1:1 supervision required as students learn with their peers and are coached to take on increasing amounts of responsibility.
- CLiP reflects the NMC (2018) Standards for Student Supervision and Assessment by empowering students to take a lead in organising their placement learning experience.
- Coaches may be registered nurses or other members of the multidisciplinary team who act as practice supervisors under the NMC (2018) standards. Registered nurses confirm the achievement of practice learning as a result of the CLiP model through assessing proficiencies and progress

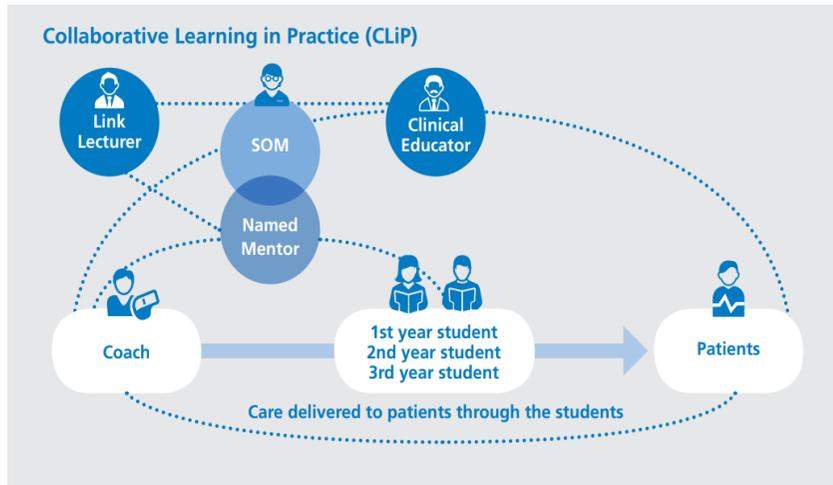
# Background



- CLiP was developed by the University of East Anglia (UEA) in conjunction with Health Education East of England (HEEoE) and local community and acute Trusts in Norfolk (Huggins, 2015).
- This approach encompassed two to three students supported by a coach to provide care to a group of patients (Huggins, 2015). Learning is attuned to the level of experience of the students with the coach providing support and guidance as necessary.
- The CLiP model was highlighted in the Shape of Caring Review (HEE, 2015) as good practice in ensuring a high-quality learning environment.



# The CLiP Model



- Traditional 1:1 supervision models are challenging in the context of competing demands and a limited pool of available supervisors. CLiP significantly increases capacity whilst empowering students to lead their own learning.
  - CLiP can be adapted to any clinical environment with no service too complex or specialist
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- Coaching facilitated learning is possible even on a 1:1 basis, though for peer learning a minimum of 2:1 is recommended
  - Optimal CLiP configuration is 3 Students : 1 Supervisor, though in some settings up to 8 Students : 1 Supervisor is equally as successful

# Implementation of Collaborative Learning Models:



- Greater Manchester developed 'GM Synergy' which is adapted from the CLiP model. It has been implemented in four Universities across Manchester and the NHS organisations that they partner with (University of Salford, No Date).
- Following a successful pilot in 2016 (eWIN, 2016), CLiP has been implemented across the Royal Preston Hospital and Chorley & South Ribble Hospital (The Health Academy, 2021).
- Collaborative Learning in Practice Placement (CLIPP) has also been implemented across Southwest England (Plymouth University, No Date).

## Other UK Examples:

- Practice Learning at Northampton (known as PL@N) (Ashworth, 2018)
- Northumbria University and Newcastle upon Tyne Hospitals NHS Foundation Trust (RCN, 2021)
- Student Coaching in Practice (SCiP) initially at Worcestershire Acute Hospitals (2021)
  - see next slide re NCL pilot.

## Examples of Collaborative Models in London:

- Queen Elizabeth (QE) hospital, part of Greenwich and Lewisham trust worked with the midwifery team from University of Greenwich and Hertfordshire and HEE London in implementing CLiP – a small pilot to date with excellent learning and to be revisited post pandemic.  
For more information contact [c.yearley@herts.ac.uk](mailto:c.yearley@herts.ac.uk)
- Central and North West London NHS Foundation Trust and Bucks New University (BNU) piloted CLiP in 2015 in mental health.
- SCiP led by Marie Band, Project Lead (NCL) and piloted at Moorfields Eye Hospital (MEH), University College London Hospitals (UCLH), Whittington Hospital (WH) and the North Middlesex University Hospital (NMUH) in 2020/21. A full evaluation was not completed due to Covid-19 but still being implemented at NMUH with principles applied elsewhere.

# Key Principles of Collaborative Learning (GM Synergy)

- Team-based supervision and **coaching conversations** with students – assessor oversight
- Facilitation of **peer learning** amongst students, learning *with* and *from* each other
- Students participating in **service delivery**

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# Community or Clinic Based 2:1 Example (GM Synergy)

- Student 1 sees patient A with practitioner
- Student 2 reviews case notes of patient
  
- Student 2 sees patient B with practitioner
- Student 1 documents interaction with patient A pending review of practitioner then reviews case notes of patient C
  
- Student 1 sees patient C with practitioner
- Student 2 documents interaction with patient B pending review of practitioner then reviews case notes of patient D

# Community or Clinic Based 2:1 Example (GM Synergy)

- Alternating patients
- Split morning / afternoon sessions
- Mixture of visits & clinics – can also be applied to virtual clinics
- Reflection of session by students and practitioner
- Practitioner uses coaching conversations with students
- Documentation and reflection to inform assessment

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**We have identified 5 P's that we feel are essential to the discussions if considering implementing a collaborative model:**

1. **Planning:**

2. **Partnership working:**

3. **Preparation:**

4. **Positive Learning Culture:**

5. **Peer learning:**

# 5 P's for Implementation/ Top Tips

## 1. Planning:

- Give yourself plenty of time and start small (some projects have taken 9-12 months to implement).
- Be clear with your rationale for change and what exactly it is that you are trying to achieve.
- Ensure you have senior level support from the outset. The pilot findings from the team involved in the midwifery project (Greenwich/HEE) identifies that the CLiP Educator role is crucial for successful planning and implementation.

## 2. Partnership working:

- Ensure close collaboration between local higher education institutes and provider services as your model may depend on having different levels of students in placement at the same time.
- Consider the learning and proficiencies that students need to achieve.
- Ensure the approach you are aiming to adopt meets requirements for the NMC (2018) Standards for Student Supervision and Assessment.

# 5 P's for Implementation/ Top Tips

## 3. Preparation:

- Must include students, practice staff and educational staff (needs advance planning)
- Explore what resources are already available to you for example the e-coaching module on the PLPLG website and various resources highlighted below.

## 4. Positive Learning Culture:

- Consider starting in an area where staff are more familiar with coaching, team- based approaches and are eager to embrace new innovations
- Positive leadership and senior educational support is needed

## 5. Peer learning:

- Is core to any collaborative model and time and resources must be invested to make this effective (Markowski et al. 2021 is a helpful resource)

# Key Resources

If you are interested in implementing a collaborative model within your organisation, the following resources may support you in doing so:

- Online resources available from The Health Academy, Lancashire Teaching Hospitals  
<https://healthacademy.lancsteachinghospitals.nhs.uk/support/clinical-placement-support/collaborative-learning-in-practice-clip/>
- Online resources available from GM Synergy - <http://hub.salford.ac.uk/gmsynergy/>
- An evaluation of CLiP undertaken by Hill, R., Wooward, R., and Arthur, A., (2019) Collaborative learning in practice (CLIP): Evaluation of a new approach to clinical learning, Nurse Education Today:  
<https://doi.org/10.1016/j.nedt.2019.104295>
- Book on Collaborative Learning in Practice - Lobo, C., Paul, R. And Crozier, K. (2021)  
*Collaborative Learning in Practice: Coaching to Support Student Learners in Healthcare*. London: Wiley-Blackwell (to be published June 2021 and include a range of examples and case studies)
- Online case study of CLiP and the experience of the James Padgett University Hospitals  
<https://www.youtube.com/watch?v=btnCh0XV8JY>

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