

Snaps⁺: Peer-to-peer and academic support in developing clinical skills excellence in under-graduate nursing students: An exploratory study[☆]



Sherree Gray^a, Matthew Wheat^a, Martin Christensen^{b,*}, Judy CRAFT^c

^a School of Nursing, Queensland University of Technology, Caboolture Campus, Queensland 4510, Australia

^b Centre for Applied nursing Research, Ingham Institute for Applied Medical Research, Campbell St, Liverpool, NSW 2170, Australia

^c School of Biomedical Science, Queensland University of Technology, Caboolture Campus, Caboolture, Queensland 4510, Australia

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ABSTRACT

Peer to peer learning is not a new concept. It has proven to be a valuable approach to enhance deeper learning, improve critical thinking and problem solving. It has been used in the clinical environment, the classroom and the clinical skills laboratory. The aim of this study was to evaluate the effectiveness of student nurse assisted in practice sessions (SNAPS⁺) with the addition of an experienced nursing academic. Using an eight item Likert scale questionnaire together with three open ended questions, this study found that having a nursing academic present in supporting the peer teachers helped improve confidence in practicing clinical skills and was an effective teaching approach to support student learning and by also providing a critical eye over the skills being practiced. Content analysis revealed to central themes – ‘being and feeling supported’ and ‘feeling more able and competent at undertaking essential nursing skills’. The results suggest that overall the nursing students found the SNAPS⁺ supportive in allowing the time and space to practice skills in an informal manner. The implications for practice could include an evaluation as to whether there is any effect on student success in the clinical placement environment after attending SNAPS⁺ sessions.

1. Introduction

Learning in a safe clinical environment is an essential component of contemporary nursing practice to ensure nurses have the professional capacity to navigate the various challenges that are presented when practicing as a registered nurse (Christiansen and Bell, 2010). Traditionally, clinical skills are taught using a modelling technique, in which an academic demonstrates a skill with a return demonstration from students. However, this method can impact on student's education and learning due to time constraints, lack of student engagement, large class sizes and greater faculty demand and limited faculty resources (McKenna and French, 2011; Brannagan et al., 2013; Dennison, 2010). Concerns over meeting the need for student engagement and effective education are important aspects for both universities and the nursing profession at large. As a result, more student-centred methods are now being utilised to encourage student engagement and participation (Ravanipour et al., 2015). One such method is peer-to-peer teaching, which is also known as peer-to-peer learning and peer-to-peer mentoring. Peer-to-peer teaching is seen as a learning partnership between

nursing students, where education is delivered in a reciprocal manner through shared knowledge, experiences and ideas, traditionally without the immediate influence of an academic (Ravanipour et al., 2015). Furthermore, with increasing student numbers and economic pressures on universities, peer tutors serve as a cost-effective way to provide one-on-one attention, feedback and performance correction to junior peers while decreasing demand on faculty (Dennison, 2010; Bensfield et al., 2008; Stone et al., 2013; Reid et al., 2016).

2. Background

The underlying educational philosophy of peer learning is students teaching students, which has mutual benefits for both the peer tutors and the peer learners (Williams et al., 2015). Benefits for the peer tutors are widely expressed, including enhanced confidence in perceived knowledge and clinical skill level, increased leadership abilities, communication skills, problem-solving skills, reflective practice, self-esteem, along with an enhancement of deeper learning, and an appreciation for how much they have learnt and how much they are yet to

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* Corresponding author.

E-mail addresses: Sherree.gray@connect.qut.edu.au (S. Gray), matthew.wheat@connect.qut.edu.au (M. Wheat), m.chrisensen@westernsydney.edu.au (M. Christensen), j.craft@qut.edu.au (J. CRAFT).

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learn (Evans and Cuffe, 2009; Roscoe and Chi, 2007; McKenna and French, 2011; Christiansen and Bell, 2010; Dennison, 2010; Bensfield et al., 2008; Stone et al., 2013; Dennison, 2010). Furthermore, an understanding and experience in educating and confidence in supervision and leadership for the peer tutors is a transferrable and core competency to their future careers as registered nurses, specifically when dealing with unskilled staff, patients and students in the workplace (Christiansen and Bell, 2010; Williams et al., 2015; Christiansen et al., 2011; Ravanipour et al., 2015; Stables, 2012; Ten Cate and Durning, 2007).

Several studies found that junior nursing undergraduate students experienced deep anxieties of feeling incompetent and inadequate with a perceived lack of knowledge and skill (Christiansen and Bell, 2010; McKenna and French, 2011; Lauder et al., 2008; Lockspeiser et al., 2008). Secomb (2008) suggests that peer-to-peer learning elevates some of the aforementioned issues with a reduction in anxieties towards studies and those held towards future clinical placement. Furthermore, a number of studies and systematic reviews found that peer-to-peer learning provided enhanced critical thinking skills, an enriched sense of self-determination, empowered learning and improved student collaboration (Evans and Cuffe, 2009; Stone et al., 2013; White et al., 2012; Christiansen and Bell, 2010; Brannagan et al., 2013). Many of the benefits for peer tutees arose from the informality of the learning environment. Colvin and Ashman (2010) identified a more relaxed, supportive, non-threatening environment promoted reduced anxiety in the students. Additionally, McKenna and French (2011) and Bensfield et al. (2008) suggest that this relaxed environment made the peer tutors more approachable than academic staff the instructors. This reduced anxiety facilitated discussion, problem solving, and reflective knowledge-building, explorative learning and challenged wrong assumptions without judgement or intimidation (White et al., 2012; Christiansen et al., 2011).

With the adoption of peer-to-peer teaching in nursing education, peer tutors are better positioned to understand and appreciate the difficulties and barriers that current nursing students face, more so than academic tutors, and therefore can tailor their teaching approaches to target individualised education (Ravanipour et al., 2015; Carey et al., 2016). Peer tutors are able to draw on past experiences in their given course, on which they can capitalise to create an environment that can be comforting and non-judgemental for student learners (White et al., 2012). Stone et al. (2013) identified this in a systematic review, as they suggest that a successful peer learning environment is one in which peers teach peers who are close in experience or stage in the course to offer a more relaxed and less intimidating environment than one offered solely by a registered nurse academic. However, several studies have found that although peer-to-peer learning provides positive aspects to nursing education, there are several negative aspects (Loke and Chow, 2007; Carey et al., 2016). Stone et al. (2013) suggest that supervision and observation from a registered nurse is required in peer-to-peer education to ensure that correct information and techniques are offered. Questions of a peer tutor's capacity for effective teaching was widely challenged, suggesting that peer tutors may not possess the necessary experience and knowledge required for effective teaching and learning (Brannagan et al., 2013; Loke and Chow, 2007; Christiansen and Bell, 2010; Carey et al., 2016; Williams et al., 2015). Inaccurate information is a risk that may be detrimental to tutees assessment and clinical performance (Stone et al., 2013). Furthermore, variance in teaching with opposing knowledge gaps and teaching styles between the peer tutors may present a disadvantage to student groups (McKenna and French, 2011). Thus, quality assurance of learning with this model may be difficult, as senior peers are not experts in the profession (Christiansen and Bell, 2010).

Several studies identify the importance of peer tutor supervision, and suggest that it is imperative for effective learning to counteract the knowledge gaps and inexperience of student tutors (Ravanipour et al., 2015; Stone et al., 2013; Owen and Ward-Smith, 2014). Loke and Chow

(2007) suggested that lecturers should be made available as a resource to student tutors; a common frustration described by student tutees throughout their study was inadequate knowledge of the tutors. Although several studies identified the importance of academic supervision, limited studies identify the advantages of academic support for peer tutors in peer-to-peer clinical skills teaching for the Bachelor of Nursing degree. Brannagan et al. (2013) identified overall the presence of faculty was valued with greater critical thinking and problem solving when supported by the instructor. Additionally, it was also noted that student tutors may have helped to alleviate anxiety that may be normally directed at the instructor, further supporting the learning environment (Brannagan et al., 2013).

3. Student Nurse Assisted Practice Sessions⁺ (SNAPS⁺)

The current study utilised an educational model known as Student Nurse Assisted Practice Sessions, Plus an Academic (SNAPS⁺). SNAPS⁺ facilitates clinical skills practice sessions for groups of nursing students, run by student tutors and faculty to compliment course lectures and skills labs. The focus of the sessions is determined by the attending students, based on their perceived knowledge deficits, anxieties of the course content, and clinical skills competence. The sessions are student led by the peer tutors in a non-threatening environment and complimented by the knowledge and experience of an attending academic to facilitate learning.

4. Method

4.1. Aims and Objectives

The aim of this exploratory study was to explore the experiences of first and second year nursing students in practicing clinical skills at a regional university campus using the peer-to-peer SNAPS⁺ model and to evaluate the effectiveness of academic support in peer-to-peer learning of the clinical skills for under-graduate nursing students. The key objectives related to the benefits experienced by the tutees, and were to:

- Determine whether having a nursing academic present alongside the peer teachers improves understanding and confidence with practical skills;
- Determine whether the presence of a nursing academic encourages effective engagement with clinical skills;

4.2. Setting

The setting was a regional university campus in southeast Queensland. The SNAPS⁺ sessions were held once a week for 2 h in the clinical skills laboratory during the two 13 week teaching semesters – semester 1 and semester 2. The student cohort who were invited to attend included first, second and third year students enrolled in the under-graduate nursing programme, and they were contacted through the student email system and noticeboard advertisements on the campus advertising the time and place of the SNAPS⁺ sessions. The structure of the SNAPS⁺ was at the discretion of the nursing students attending, as it was guided by their requests. They were encouraged to practice any clinical skill that was relevant and pertinent to their current level of learning. For example the second years could practice injection techniques or priming an intravenous line, whereas the first years could practice taking observations of vital signs. Prior to the commencement of SNAPS⁺, the peer teachers had attended a workshop delivered by the university's teaching and learning unit on supporting peer student learning, which included topics on the basic principles of teaching and learning relative to their level of clinical experience, and their specific roles and responsibilities as peer teachers.

Table 1Student Likert scale responses (Strongly Agree (4) – Strongly Disagree (1)). (Note: the higher the mean the more satisfied the students were with SNAPS⁺).

		Median (Mean)	Std Dev
Q1	Having a nursing academic present with the student peers is good in helping me to understand and apply my nursing skills.	4 (3.92)	0.277
Q2	I didn't learn a lot in the peer-to-peer skills sessions	1 (1.78)	1.159
Q3	The peer-to-peer skills sessions have boosted my confidence in performing nursing skills	4 (3.78)	0.550
Q4	The teaching methods used were effective	4 (3.92)	0.277
Q5	The peer-to-peer learning should be just that peer-to-peer, a nursing academic should not be present	1 (1.45)	0.580
Q6	I feel encouraged to actively participate within the peer-to-peer skills sessions	4 (3.84)	0.373
Q7	I feel the student peers do not have enough clinical experience to be effective	1 (1.43)	0.677
Q8	I feel uncomfortable with a nursing academic present	1 (1.49)	0.794

4.3. Sample

A convenience sample was formed, based on the first ($n = 18$) and second year nursing students ($n = 29$) who had attended SNAPS⁺ in semester one. While third year students were invited to attend, none of these students participated, which may have been because they might not have felt it would necessarily be beneficial, given that the peer teachers were also of the same year level.

4.4. Ethical Consideration

A low risk ethics approval was sought; however as per institutional policy regarding evaluation of teaching practice, ethics approval was waived.

4.5. Data Collection

At the end of each SNAPS⁺ session, all students who attended were invited to complete an evaluation survey of their experiences of the clinical skills session, which included an eight item Likert scale survey which encompassed statements that required a strongly agree to a strong disagree response. The scale itself was adapted from a previously used teaching and learning assessment form to meet the requirements of face validity. However, to ensure content validity, further refinement of the tool was undertaken through peer review whereby a small group of academics were asked to comment and provide feedback on the scale. At completion of the peer review the survey was finalised and the final version was used to collect responses from the students. Examples of these questions included: *Having a nursing academic present with the student peers is good in helping me to understand and apply my nursing skills* and *I feel the student peers do not have enough clinical experience to be effective*. The students were asked to offer their thoughts and experiences to three opened questions; these included: *Three things I did enjoy/found most useful about the peer-to-peer learning were* and *the peer-to-peer skills learning could be improved if...* All 47 students who attended completed the survey, constituting a 100% response rate. Those students that had attended more than one SNAPS⁺ session were not invited to complete additional SNAPS⁺ evaluation forms, because it was felt that this would unduly bias the results if there were a large number of responses from a small number of students. Additionally, students were asked to provide their main reason for attending the SNAPS⁺ sessions, such as whether they were attending SNAPS⁺ as a result of an upcoming clinical placement, or to prepare for an upcoming nursing theory unit assessment item.

4.6. Data Analysis

The Likert scale data was analysed using measures of central tendency and descriptive statistics, namely frequency, median and standard deviation. The student groups were not of equal distribution therefore, non-parametric testing using Mann-Whitney U was used to ascertain the difference between the year groups in terms of the benefits of the SNAPS⁺ sessions. The open-ended comments were analysed

using content analysis as described by Krippendorff (2013). In Krippendorff's (2013; 49) approach content analysis allows the unstructured text to be viewed as meaningful, symbolic qualities and expressive content relative to the participants experiences – in this case the students experience of peer to peer teaching. In addition, he suggests using an approach to identify specific text which classifies content according to psychophysiological properties, that is to say counting the numbers of times a specific word appears within the text (sign-vehicle analysis). Therefore, using sign-vehicle for of content analysis, each participant comment was coded based on word frequency. The significant statements borne from the word frequency were then collated to create a subtheme from which a central theme was then developed; it was the central theme that identified the nature of the experiences of the students who attended the SNAPS⁺ sessions.

5. Results

The results of this study demonstrate favourable responses to the presence of a nursing academic in the SNAPS⁺ sessions together with the peer teachers. In all, 47 students completed the post SNAPS⁺ survey. Responses to the Likert scale statements show that overall, students found the SNAPS⁺ a supportive and learner inclusive process. Interestingly, effective teaching methods and the application of nursing skills were those aspects the students found most favourable (Table 1). When asked the reason for attending SNAPS⁺ 86% of second years reported the sessions were preparing them for an upcoming clinical placement whereas the first years were mainly attending to improve their vital observation skills. Interestingly, for the first years, the main skill that was practised was being able to take and record a blood pressure accurately (67%; Fig. 1). For the second years, learning to draw up medication and administer intramuscular injections was the predominant skill (38%), followed by being able to prime an intravenous fluid line (34%; Fig. 2), (Table 2).

Descriptively, it can be seen that the students found the SNAPS⁺ sessions beneficial in supporting their learning. There were two central content analytic themes that emerged from the open-ended questions: 'being and feeling supported' and 'feeling more able and competent at

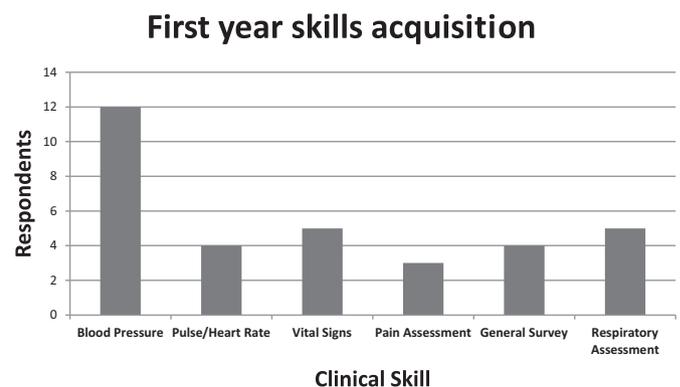


Fig. 1. First year skills acquisition according to reason for attending SNAPS⁺.

Second year skills acquisition

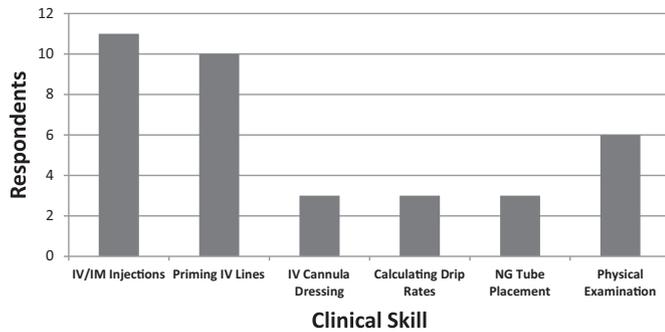


Fig. 2. Second year skills acquisition according to reason for attending SNAPS⁺.

Note: IV = intravenous; NG = nasogastric; IM = intramuscular.

undertaking essential nursing skills’. Within these two central themes four subthemes were identified: ‘having an academic and peer teachers’ present improved understanding and integration’; ‘facilitated learning positively’; and ‘making practice perfect and promoting a feeling of confidence’ (Table 2).

5.1. Being and Feeling Supported

The students reported the SNAPS⁺ sessions as being an ideal environment to be able to practice their specific clinical skills in a safe and stress-free environment. The inclusion of a nursing academic to cast a critical eye on the performance of skills was viewed favourably not only among the student participants but with the peer teachers as well who used the opportunity to verify their own skills set was up-to-date and accurate and therefore they felt better equipped to provide an effective teaching and learning environment. More importantly, the students also found that they were able to apply nursing theory more aptly to the clinical skill they were practicing; this was evident with first year students especially where learning and applying knowledge of vital signs assessment was seen by many of them as integral to essential nursing care. One of the more telling observations from the students was that unlike the timetabled clinical skills sessions seen as part of a nursing theory unit, the SNAPS⁺ sessions allowed them sufficient time to ask

questions and practice the skills numerous times. This was one of the chief concerns from students, where a lack of time during the regularly scheduled clinical skills sessions left them feeling rushed and extremely under-prepared, particularly in the case of the second years getting ready for clinical placement. Therefore, the opportunity in these additional sessions provided by SNAPS⁺ to hone and develop confidence in undertaking some clinical skills meant that students felt better prepared, as one student commented “I am glad that I had student peers and our teacher to monitor my clinical skills as they pointed out the things I did wrong and the things I did right”. Just as importantly was the feeling that the peer teachers “have been in our position before, so could understand where we are at”. Many felt the ratio of teachers to students was excellent, inasmuch they felt they learnt more and there was no pressure on time. Typically, in a regular, timetabled clinical skills class, the student/teacher ratio is 16:1, but during the SNAPS⁺ sessions, the ratio was approximately 4:1, providing more teachers for the number of students present.

5.2. Feeling More Able and Competent at Undertaking Essential Nursing Skills

The first year students readily identified with the need to improve their skills, especially around taking and understanding blood pressure readings. The same sense of importance was observed with the second year students who were cognisant of the need to practice and master the drawing up of intravenous (IV) medication, priming IV lines and setting up IV syringe driver infusions. Needless to say they would not necessarily be allowed to administer IV medications or fluids independently during their placement, but clearly they would need this skill for their future clinical role. Therefore, it was important they understood the processes and for this the SNAPS⁺ appeared to be invaluable. However, being able to practice skills repeatedly was one area the students felt contributed to their confidence in performing the skills overall. Unlike the timetabled clinical sessions mentioned previously the students attending SNAPS⁺ clearly felt that the relaxed environment added to their learning. This relaxed environment, coupled with peer teachers and the presence of a nursing academic, provided reassurance and educational guidance, for which one student commented they “didn’t feel stupid because other peers were in the same boat”. This meant teaching in smaller sized groups learning appeared to be more effective as students quickly grasped the technical aspects of the skills

Table 2

Exemplar of content analysis of the open-ended questions.

Significant statements	Sub theme	Central theme
I enjoyed having an academic present to answer questions Having an RN/academic to teach extra skills and precise skills was extremely helpful Having nursing academic to check skills Picking up tips from a nursing academic The peers/academics use hands on examples which helped me understand	Having an academic and peer teachers present improved understanding and integration	Being and feeling supported
Having someone who understands how difficult it is learning new things for the first time. Made me more comfortable to ask questions I enjoyed having an academic present to answer questions Being able to ask as many questions as I would like Peers were supportive, encouraging, patient, welcoming, experienced and willing Relaxed, stress free environment	Facilitated learning positively	
It’s an extra opportunity to learn the skills we were briefly taught with a critical eye to ensure we’re learning best practice Having more time to practice skills with a nursing academic staff member Valuable additional practice time	Making practice perfect	Feeling more able and competent at undertaking essential nursing skills
I’ve come away more confident with my skills because there is a relaxed environment and more time to practice each skill I’m enjoying developing my skills with confidence now and not dreading going to placement because I’m nervous	Promoting a feeling of confidence	

being taught and became more proficient in their execution of the skills, such as giving an intra-muscular injection, priming an IV line through a dedicated volume infusion pump, or in the case of the first years, being able to accurately auscultate a blood pressure. Students commented feeling more supported, and that the teaching was delivered at a slower pace, giving them time to assimilate and integrate what they knew (nursing theory) with what they were doing (nursing skills). Others felt welcomed and encouraged to participate, considered that the clinical skills were demonstrated clearly, and highly practical and that the peer teachers were willing and enthusiastic in the way they approached the students. As for the presence of the nursing academic the students felt there were 'tips' to be learnt such as effective or alternative methods of drawing up IV injections, or specific ways of injecting IM medication. Additionally the nursing academic was also able to check and pass a 'critical eye over' the skills being learnt so as to build confidence.

5.3. Things Found Least Useful About Peer-to-peer Learning

Despite the favourable responses for the SNAPS⁺ sessions a number of the students felt that because of its popularity, over-crowding in the SNAPS⁺ sessions was a concern, especially when there were a mixture of first and second year nursing students within the same SNAPS⁺ session, requiring different levels of support to learn vastly different skills sets; for example priming IV lines (second year) to learning vital signs (first years). Some students commented that the SNAPS⁺ sessions should be allocated to specific year groups so that learning year-specific skills would improve and enhance the learning and minimise the problems of equipment accessibility and over-crowding. This has challenges in itself in terms of arranging the SNAPS⁺ sessions around the peer teachers' own clinical placement rotations, the availability of the nursing academic as well as timetabling the clinical skills room outside of regular timetabled clinical skills classes. Others suggested there should be more nursing academics present during the SNAPS⁺ sessions, and while this demonstrates the benefit of the nursing academic being present during SNAPS⁺, additional demands such as teaching and research make this proposition almost untenable and impractical. Additionally, this must be considered in light of the focus of SNAPS⁺ being to support student learning with peer assistance.

6. Discussion

The aim of this exploratory study was to explore the experiences of first and second year nursing students in practising clinical skills at a regional university campus, using the peer-to-peer SNAPS⁺ model, and to evaluate the effectiveness of academic support in peer-to-peer learning of the clinical skills for under-graduate nursing students. The data from this study supports other work on the benefits of how peer-to-peer learning has enhanced the clinical placement experience (Ravanipour et al., 2015) and the integration of nursing theory (Reid et al., 2016). The added advantage in the current study is that peer-to-peer learning in this instance incorporated a nursing academic to support learning of a specific set of clinical skills. Clearly, peer-to-peer learning for the student experience has demonstrated an increase in confidence and ability in those that participated. However, we were cognisant like Ravanipour et al., (2015) that there is the potential for student collusion especially where clinical skills formed part of an assessment item. Fortunately, this was not the case despite the second year nursing students going out into clinical placement where the overall assessment was simply satisfactory versus unsatisfactory. Instead we found that having an experienced nursing academic casting a critical eye over the practiced skill ensured that consistent and safe practice was being maintained in accordance with prescribed local health care policies and procedures and professional codes of conduct.

The most significant finding from with this project was the student appreciation at having time to practice clinical skills in a safe and supportive environment from peers. The informal approach to learning

between the peer teachers as well as the academic, promoted increased confidence, and similar to Goldsmith et al.'s (2006) study promoted reflective insight into to their overall skills ability. This was an advantage, compared with the regular, timetabled clinical skills classes which were undertaken as part of their regular studies, where the students were under considerable pressure to practice multiple skills in a defined period of time, as many students felt that the regular classes were not adequately conducive to them feeling capable of performing the skill when in clinical practice. Christiansen and Bell (2010) as an example identified the challenges of presenting to a clinical environment where students felt lost, alone and ineffectual. Combined with these feelings of inadequacy heightened anxiety and "envisioning the self as incompetent" suggests that students not only feel out of their depth when entering the clinical environment, but as the students in this study highlighted not being skills capable further promotes those feelings of incompetence especially where clinical mentors have pre-conceived expectations of their ability.

7. Limitations

There were two main limitations to this study. One limitation was the sample size, which reflected the number of participants who elected to participate in the optional SNAPS⁺ sessions. This amounted to approximately 11% of the total student population at the campus and therefore it is difficult to generalise these findings to the larger nursing group. However, we acknowledge competing demands such as work and home life responsibilities, as well as attendance at lectures and tutorials during the SNAPS⁺ period that would have contributed to the low number completing the sessions. Moreover, we were cognisant that a number of students were attending SNAPS⁺ on multiple occasions and therefore we were not unduly concerned about the overall numbers of students that attended overall. Despite this size limitation, as all students who participated in the sessions completed the survey, the results here reflect the responses from all students who participated. The other limitation is that whilst this study was undertaken over one academic semester, it was conducted in the second semester of the academic year. Anecdotally, we observed that the number of students attending SNAPS⁺ during the second semester had dropped off significantly when compared with semester one and we put this down to the students' clinical placement rotations at the beginning of the semester and the heavy academic workload, with many of the nursing theory units adopting an intensive five week delivery pattern. Finally, as this was an exploratory study to evaluate the effectiveness of academic and peer support in enhancing clinical skills capability we omitted to collect demographic data such as gender and age as we deemed it as being unnecessary for the information we required. Instead we collected specific demographic data aligned with the year level that the student was currently studying, the skills they were learning, and whether attendance at SNAPS⁺ was related to an upcoming clinical placement or to prepare for a nursing theory unit assessment. We took this approach so that future SNAPS⁺ could be better tailored to student need, and therefore future research into this area would encompass a more detailed analysis of student specifics.

8. Implications for further Education and Research

Peer-to-peer teaching is an effective approach in supporting under-graduate nursing education especially in the clinical skills laboratory (Ravanipour et al., 2015; Stone et al., 2013; Owen and Ward-Smith, 2014). While the inclusion of a nursing academic into the SNAPS team is novel the overall effect has seen a substantive increase in students attending exponentially when data was compared with previous SNAPS sessions which were purely run by nursing students and we therefore concluded that the presence of the nursing academic was key to this phenomenon. Therefore, it is suggested that future research in peer-to-peer teaching could focus on:

- Evaluating the effectiveness of SNAPS⁺ across a wider range of clinical skills;
- Evaluating the effectiveness of the SNAPS⁺ attendance in relation to clinical placement experiences.

9. Conclusion

Peer to peer teaching has proven to be an effective approach in supporting nursing students to apply and integrate nursing knowledge, not only in the clinical placement setting, but as this study will attest, in perfecting practical nursing skills in the clinical skills laboratory (Ravanipour et al., 2015; Stone et al., 2013; Owen and Ward-Smith, 2014). The main difference between this study and others is the inclusion of an experienced nursing academic in supporting not only student learning but also supporting teaching assistance for the peer teachers. While some students found the SNAPS⁺ overcrowded at times, they generally felt the informal approach allowed them to practice year specific related clinical skills without feeling rushed or with fear of ridicule or criticism; they felt supported and were able to practice and re-practice the skills until they felt capable and confident. It is unfortunate that with the pressures to encompass more and more clinical skills in ever smaller and smaller timetabled sessions it is not surprising that some nursing students report feeling scared and out of their depth when in clinical practice.

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