



Clinical education

Preceptors' and nursing students' experiences of peer learning in a psychiatric context: A qualitative study

Verica Vuckovic^a, Karin Karlsson^a, Charlotta Sunnqvist^{b,*}^a Psychiatric Clinic Malmö/Trelleborg & Helsingborg, Sweden^b Malmö University, Faculty for Health and Society, Department of Care Science Malmö, Sweden

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ABSTRACT

Objective: The aim of this study was to investigate preceptors' and nursing students' experiences of peer learning in a psychiatric context during their clinical education.

Design: A qualitative research design was used in this study. Data were analysed with qualitative content analysis. The study was conducted in 2017 with 17 preceptors and 11 students, constituting four focus groups with preceptors and four focus groups with nursing students.

Participants: The preceptors were nurses and specialist nurses who worked in inpatient psychiatric care. Nursing students seeking their bachelor's degrees were placed in clinical settings at different psychiatric units for 4 weeks during the fourth semester.

Results: One theme emerged: *Knowledge acquisition as an interactive process* from the two shared categories for students and preceptors: *the importance of a supportive relationship and reciprocal learning by communication, doing and reflection*.

Conclusions: The result of this study suggested that peer learning in clinical education in psychiatric care promoted the learning process for nursing students.

1. Introduction

In Sweden, the three-year bachelor program in nursing (180 credits) includes theoretical and clinical education. Clinical education is both education at clinical training centers and clinical practice in hospitals and other healthcare institutions. The clinical education stands up for at least half of the nursing education program (Council Directive 2013/55/EU). Clinical education is a crucial part of nursing education. Clinical education model and setting are influential for the development of nursing competences in addition to development of the students' clinical knowledge, skills and attitudes (Jokelainen et al., 2011; Budgen and Gamroth, 2008; Hall-Lord et al., 2013). A central theme for the Department of Care Science at Malmö University is lifelong learning as an underlying educational philosophy. This means that teaching will support the students' ability to develop independent knowledge, critical thinking and reflective and problem-solving skills (Alm-Roijer and Carlson, 2013).

2. Background

In Sweden, the traditional supervision of nursing students during

clinical education entails the student following a nurse/supervisor during the nurses' shift. The nurse/supervisor role is to instruct and demonstrate the nursing tasks for the student and to observe and assess the students' performance. Students perceived this as a passive learning process due to flooded information from the nurse/supervisor instead of being active in searching for knowledge on their own (Andrews et al., 2006). In psychiatric clinical education, students experienced fear and confusion as hindering factors in learning and the student's ability to cope with the uncertainty was depended on the support of the supervisor (Fisher, 2000; Charleston and Happell, 2005). Peer learning means that students who are not professional teachers help one another to acquire practical and theoretical knowledge by learning from one another. Peer learning enables students to participate in the learning process through communication and collaboration with one another. Peer learning differs from traditional supervision in such a way that the students learn from one another without direct intervention from the teacher or the preceptor (Topping, 1996, 2005). The common learning outcomes that peer learning promotes are working with others, critical reflection, communication, articulation of knowledge, understanding, skills, and self- and peer assessment. The crucial component of successful peer learning lies in the supportive environment created by the

* Corresponding author. Malmö University, Faculty for Health and Society, Department of Care Science, SE-205 06, Malmö, Sweden.

E-mail address: charlotta.sunnqvist@mau.se (C. Sunnqvist).

learners themselves. Hence, the learners can express themselves freely, test ideas and ask for and offer support when needed (Baud et al., 2001).

Presently, research available on peer learning during clinical education focuses on somatic care. Positive outcomes of peer learning in clinical practice for nursing students' was increased self-esteem, independence and clinical reasoning among nursing students during clinical practice (Secomb, 2008). In addition emotional support and friendship between students, precepted with peer learning protected them from the social isolation that students often experience during clinical practice with traditional supervision (Chojecki et al., 2010; Roberts, 2009; Christiansen and Bell, 2010). Students who helped one another with the practical things and shared knowledge with one another during clinical practice experienced greater self-development and more effective learning in a clinical context (Halse and Hage, 2006). Findings from Swedish studies where peer learning was utilized in clinical education in somatic context found that students assumed responsibility for their own learning and developed independence, continuity, cooperation and confidence (Mamhidir et al., 2014; Hellström-Hyson et al., 2012).

At Malmö University, the psychiatric clinical education for bachelor nursing students was provided at in- and outpatient adult psychiatric units. The psychiatric clinical education in the fourth semester is the only clinical placement in psychiatry for the bachelor nursing students. The peer learning in clinical education for nursing students' comprised of two students, randomly paired by the university, placed on the same psychiatric unit and supported by one preceptor. Students were individually assessed at the end of their clinical education by the faculty. The learning outcomes for the students were set by the university. The peer learning utilized in psychiatric clinical education required students' preparation for different learning activities (psychiatric nursing tasks), performance of the activities and reflection after the execution of the tasks, so called guideline of learning activities.

The psychiatric clinical education is an important part of the nursing education and differs from somatic context which is more task focused. In psychiatric nursing, the building of nurse patient relationship is central and requires the effective communications skills (Moxham et al., 2013; Secker et al., 1999). With no previous clinical training in psychiatric context, this could be challenging for nursing students and therefore the safe and supportive learning environment is significant for students to gain an understanding of psychiatric nursing.

Based on educational platform in the Department of Care Science at Malmö University, which requires further development of clinical practice, the peer learning model was introduced as a pilot project in 2010/11 and then implemented in 2011/12 in adult psychiatry (Karlsson and Vuckovic, 2013). Since the implementation, peer learning model continues to be utilized in clinical education in psychiatric care for bachelor nursing students. Peer learning has now been used in clinical education in psychiatric care for several years and it is interesting to investigate both preceptors' and students' experiences with peer learning. Students need to feel secure and supported so that they could experience psychiatric clinical education firsthand thru working with real patients. Peer learning could be a model of preceptorship for nursing students in psychiatric clinical education that could meet these needs.

The aim of this study was to investigate the preceptors' and nursing students' experiences of the peer learning model in a psychiatric context during their clinical education.

3. Method

In order to investigate the preceptors' and nursing students' experiences of peer learning in psychiatric context, focus group interviews were conducted. The focus groups were chosen with the intention to promote an interaction and a discussion between the participants who shared the experiences of the peer learning in clinical education. The

interviews were transcribed verbatim, and analysed with qualitative content analysis.

3.1. Participants and data collection

The focus group interviews were conducted during the spring and fall semester of 2017. The educational level of the preceptors were nurses (n = 12) and specialist nurses in psychiatric care (n = 5). The preceptors who participated in the study worked in ten psychiatric units, at the two psychiatric clinics in southern Sweden. The students' clinical placement was at ten different psychiatric inpatient units and lasted for 4 weeks during the fourth semester. The students had previous clinical experience from year one, with two different placements within somatic care.

Gatekeepers (two head preceptors and ten unit managers), were given verbal information about the study by the first and the second author. Then the written information was sent by e-mail about the study to the gatekeepers. They recruited the preceptors by e-mailing the written information about the study to the preceptors. The two head preceptors were specialist nurses in psychiatric care employed by the two psychiatric clinics in southern Sweden. They provided, in cooperation with the university, clinical placements for the nursing students and were responsible for the pedagogic support of the preceptors in the psychiatric clinical education. The unit managers, a specialist nurses in psychiatric care, were primarily responsible for the inpatient unit and functioned as part of the clinic's management team. The head preceptors and the unit managers were familiar with the nurses (preceptors) who worked in psychiatric inpatient units at the time and assisted therefore with the recruitment of the nurses' participants. In addition, unit managers approved that the interviews took place during the working shift of the preceptors.

The inclusion criteria were that the preceptors ought to have previous experience in peer learning in the clinical education of nursing students in psychiatric inpatient care. Preceptors who were interested in participating responded by e-mail to the first and the second author. In total seventeen preceptors who responded on the e-mail were then contacted by telephone by the second author, and they were placed into four focus groups. The first and the second author arranged the time and the place for the focus groups interviews. The preceptors decided on the suitable time for participating in the focus group.

The first and the second author verbally informed eighteen nursing students (spring semester) and eight students (fall semester) about the study at the introduction day of their clinical education. Written information about the study was then sent by e-mail to 26 students. In total, twenty-six students were asked to participate. Five out of the 18 students (spring semester) could not be reached by phone or mail and could not be included. Four out of the 18 students (spring semester) declined because they did not feel comfortable speaking in groups. Three out of the 18 students (spring semester) did not come for the interview setting and were therefore excluded. Three out of the 8 students (fall semester) did not come for the interview setting. The interviews took place during the last week of their clinical education. In total, seventeen preceptors and eleven students participated (Table 1). The four focus groups for preceptors included two groups with four preceptors, one group with six preceptors and one group with three preceptors. For the students there were three groups with three students and one group with two students.

All focus group interviews were conducted in a conference room at the psychiatric clinic by the first and second authors. The interviews were recorded via mobile phone and lasted between 35 and 65 min. Prior to the start of the focus groups interviews, all participants signed an informed consent and a written background information form. The purpose of collecting background information was to learn about students and preceptors previous experience in peer learning in clinical education.

An open-ended interview guide was used by the moderator (second

Table 1
Participants' characteristics.

Preceptors	n = 17
Age	29–58 years, mean age 43 ± 6
Sex	female n = 11, male = 6
Professional experience	2–30 years
Preceptors experience	1–30 years
Preceptorship in Clinical Practice Education	n = 8
Peer learning preceptorship model during clinical practice students	2–18 students, mean 7 ± 7
Students	n = 11
Age	21–34 years, mean age 26 ± 1
Sex	female n = 9, male n = 2
Previous experience with peer learning	n = 3

author), who asked questions concerning the preceptors' and students' experiences with the peer learning during clinical education in psychiatric inpatient care. The introductory question was as follows: "How did you experienced the peer learning during psychiatric clinical education?" Some of the questions that followed were: "What was your experience of the peer learning? Describe weaknesses and strengths with the peer learning? Give examples? How did the peer learning influence students' learning?" The co-moderator (first author) observed, wrote notes and controlled the recording. At the end of each interview, the moderator reviewed what the participants said to ensure that the given information was correctly understood. The moderator and co-moderator reflected on each focus-group session afterwards. This was with the intention to capture the interactions and the atmosphere of the focus group and to reflect on the moderators' roll during the session (Krueger and Casey, 2015).

3.2. Data analysis

The transcripts of the focus-group interviews were analysed with content analysis (Hsieh and Shannon, 2005), focusing on describing and interpreting the focus groups interviews and data was read and reread to obtain a sense of the whole. The exact words from the interviews that appeared to capture the experiences of the preceptors and the nursing students with the peer learning during clinical education in psychiatric inpatient care were then highlighted. After, the first and the second authors coded the text from the preceptors and the students individually. These were read several times to get a new understanding and meaning and to compare and find the similarities and differences between the experiences of the preceptors and the students. The codes for the preceptors' and students' were then organized into three subcategories for preceptors and three subcategories for students. Two shared categories were then formed from both preceptors and students' subcategories. Eventually, a theme emerged from the two shared categories (Table 2). Throughout the process, all the authors of the study participated in the analysis and the authors discussed the data until a consensus was reached.

3.3. Ethical consideration

This study was approved by the head of adult psychiatry and by the head of the Department at of Health and Society, department of Care Sciences at Malmö University. This study falls under the category of normal course improvement and therefore does not require a special research ethical permit in Sweden. However, all students and preceptors were informed about the aim of the study, and they signed an informed consent form, they were also told that the findings might be published. The participants were free to withdraw from the study at any time without any explanation. All data in the study has been treated confidentially and in an ethical manner according to the 1964 Helsinki

declaration of the World Medical Association (World Medical Association, 2013).

4. Results

Participating preceptors' and nursing students' discussion of their experiences of peer learning in psychiatric clinical education resulted in overall theme *Knowledge acquisition as an interactive process*.

The theme is described by the two shared categories from both students' and preceptors' experiences: *the importance of a supportive relationship and reciprocal learning by communication, doing and reflection* (Table 2). The categories are supported by the quotes from the interviews.

4.1. Knowledge acquisition as an interactive process

Both the students and the preceptors experienced that the peer learning during clinical education promoted the learning process for students. Supportive relationships between students and preceptors and a safe learning environment facilitated communication, collaboration while practicing nursing, critical thinking, reflection and professional development for the students.

The students felt safe being together because clinical education in psychiatry was a new area, so it felt scary at first. However, it was a relief for the students to have a peer with whom to share their experiences. If the peers felt safe with each other, they exchanged knowledge and experiences immediately even before receiving support from the preceptor. In this way, peers developed collaborative and problem-solving skills, as encouraged by the preceptors. With support from the preceptor, the students were able to plan the day and participate in nursing tasks both individually and together. In addition, the peer could test his or her knowledge in interactions with the patients. Afterwards, the students had time to reflect together and with the preceptor to analyse their experiences. This helped the students to internalise what they had learned and how they could use the knowledge in new situations, so called feed forward. Reflection was an important learning activity because the students applied new knowledge that they could use in later situations, thus improving their nursing skills. Time to reflect also contributed to the ability of the students to understand the difficult life stories told and expressed by the patients. With continuous support from each other and the preceptor, the students progressively developed into their professional role and felt independent.

4.2. The importance of supportive relationship

Good relationships between the students and the preceptor were a prerequisite for the learning process to take place for students with the peer learning during clinical education.

The students experienced support from their peers, they inspired and triggered on another. Friendship developed between peers even though the students did not know each other before. The learning process was strengthened and deepened by the emotional and practical support that the peers provided each other. Preceptors acknowledged and encouraged the support between the peers.

"I read the patients 'records', tragic stories. I had my peer to share thoughts and feelings with instead of keeping it within myself ..." (Group 5, Student No 1)

The preceptor had an active role at the beginning of the clinical education. Subsequently, the preceptor took on an observant role. The students thus perceived that there was room for them to act independently with support from each other. The preceptors were confident and trusted the students' ability to complete the task or ask for needed support. In this way, a trustful relationship between both students and preceptor emerged, which facilitated and stimulated the learning process for the students.

Table 2
Examples of the analysis process.

Shared Theme from both students and preceptors "Knowledge acquisition as an interactive process"			
Codes from students	Subcategories from students	Shared categories from both student and preceptors' subcategories	Subcategories from preceptors
Support and assistance from my peer. Preceptor in the background. Focus on students' collaboration. Continuous feedback. Collaboration with the preceptor. Support from the preceptor. Compatible peers. Incompatible peers. Two is security in a new situation. Less afraid and anxious. Relaxed atmosphere with my peer.	To be a peer student, strengths and weaknesses Togetherness is security	The importance of supportive relationship Reciprocal learning by communication, doing and reflection	Codes from preceptors Emotional and practical support between peers. Students' collaboration in focus. Continuous feedback between peers. Less dependent on the preceptor. Collaboration and support with peers. Compatible peers. Incompatible peers. Security in discussing with each other before consulting the preceptor. Peers dared to perform. Continuous reflection. Exchange of knowledge. Learning from each other. Problem-solving on their own. Taking care of their own patients. Taking care of patients together. Taking responsibility for their own learning. Independent peers. Planning the day peers/preceptor.
Continuous learning. Continuous reflection. Taking care of my own patients. Sharing the experience of patient care with my peer. Taking care of patients together. Learning through exchange of knowledge and practical experiences. Independent. Planning the day peers/preceptor.	Sharing knowledge by learning from and with each other	Opportunity for critical thinking and reflection between peers Encouraging peers to take responsibility for own learning and professional development	

“The preceptor always made sure that I felt secure ... I appreciated that I got some freedom and confidence to do things on my own. It felt good because I did not want the preceptor standing over me all the time.” (Group 8, Student No 11)

Both the students and the preceptors felt that a good relationship between the peer students was necessary for the students to learn from and with each other. The importance of the students being compatible with each other both on the personal and the knowledgeable level was also expressed by students and preceptors. Even though the students might have different learning styles and different professional experiences, they could still find a way of working together and learning from each other's differences.

“I thought that the students seemed to have a good relationship with each other. My two students that I had recently had hardly met before ... Even though the students were different, they worked very well together ... I did not experience that they had been drawn apart instead they worked together ”(Group 3, Preceptor No 12)

4.3. Reciprocal learning by communication, doing and reflection

Students and preceptors both perceived the security that arose from being two students who together found themselves in an unknown situation, which created a relaxed learning environment. The fear and the feeling of stress that the students shared at the beginning of clinical education decreased, because the students' had each other with whom to exchange experiences. It was reassuring to have a peer.

“... I felt that psychiatry was where I needed the support of my peer the most, at first I was a little scared, and then it was pleasant to have someone to talk about it.” (Group 7, Student No 7)

This sense of security enabled the students to focus on nursing tasks and patient contact at the beginning of the clinical education. With support from the preceptor, the students planned the day and divided tasks between themselves. The students used each other as a sounding board continuously during the day, allowing the students to feel comfortable doing tasks both together and independently.

“ Two students learned a lot from each other by sharing the knowledge between them. For example, the students took care of a few patients each and did all nursing tasks involving these patients. Through discussions and reflections students gained knowledge on all the patients I perceived that students felt safe ... ” (Group 2, Preceptor No 8)

When the students worked together, one student observed while the other performed the task. The preceptor supported the students from a distance. The student who performed the task got direct feedback from the peer observer. This was followed by reflection, so new knowledge was developed. The students valued getting information on their performance and reflection directly after the task was completed. The students themselves found answers to new questions that could arise from the situation.

“I think it's really exciting when the students carried out a nursing task ... I saw that the students did a great job. Great fun for the students to manage the task themselves instead of me entering the situation.” (Group 4, Preceptor No 16)

Students found it difficult to communicate with the patients. The students were encouraged by the preceptor to communicate with the patients by themselves without a preceptor presence. The fear of expressing themselves wrongly while conversing with the patients was due to a lack of experience. Students overcame this challenge by supporting each other during encounters with the patients. Communicating and spending time with the patients contributed to new knowledge and confidence for the students.

“... We bounced ideas from each other all the time. We both thought it was difficult at first, what we should say and ought not to say in the conversation with the patients. So that the patients did not misunderstand us. I thought we both felt more confident after practicing ... ” (Group 6, Student No 6)

Students participated in the patient care with the preceptor in the background. When the students succeed in performing the tasks on their own, they felt independent and responsible for their own learning. At the same time, the students felt safe seeking support from both the peer and the preceptor when they needed it. Both students and preceptors appreciated reflection with the preceptor. By sharing thoughts, feelings, experiences and knowledge between the students and the preceptor reciprocal learning took place.

“... Reflection contributed to collaboration and the exchange of thoughts, feelings, experiences and knowledge between students ... I emphasized on the reflection between the students. An opportunity for the students to be able to talk about things they were having trouble talking about with staff and preceptor ... By expressing themselves freely, students could learn from each other ... ” (Group 1, Preceptor No 3)

5. Discussion

From the preceptors' and students' perspectives, the results of the present study were predominantly positive experiences of the peer learning. Together, students and preceptors created a supportive and safe learning environment that provided students with the opportunity to practice psychiatric nursing both with their peer and independently. By doing so students shared and gained knowledge and experience in caring for patients in psychiatric inpatient care.

The practical experience provided in clinical education is a foundation of nursing education, but many nursing students perceive clinical education as difficult, due to their lack of knowledge and clinical skills and poor communication with the preceptors. (Kaldal et al., 2018; Gunay and Kilinc, 2018). Furthermore, in psychiatric contexts, students' insecurity in communication skills and the fear of the unknown increased feelings of anxiety and stress (Charleston and Happel, 2006; Demir and Ercan, 2018). The peer learning, in the present study, might contribute to a clinical placement that supports mutual learning for peers throughout collaboration and support between peers and preceptors. When the fear and anxiety were replaced with a feeling of security due to a supportive relationship, mainly between students, but also between students and preceptors, the learning process for each student could occur. The supportive learning environment provided by the professionals in psychiatric care was found to be valuable for the students (Charlestone and Happell, 2006; Happell et al., 2015).

Research on the peer learning in clinical education for nursing students in a somatic context presented similar findings. From the students' perspective they felt secure and less anxious in clinical practice when they had a peer (Roberts, 2009; Christiansen and Bell, 2010; Hellström-Hyson et al., 2012; Stone et al., 2013; Stenberg and Carlson, 2015; Ravanipour et al., 2015). Preceptors, using peer learning, encouraged students to assume responsibility for their learning process, therefore, the students felt confident to speak their minds (Mamhidir et al., 2014; Nygren and Carlson, 2017).

As for the psychiatric context, Holst and Hörberg (2012), described how, the students felt secure as a pair of students caring for psychiatric patients both together and individually. It appears that the safe learning environment created by the students themselves, during clinical education, is a prerequisite for learning to take place. Wareing et al. (2018), explored the experiences of nursing students in mental health inpatient care utilizing coaching and peer assisted learning. Mostly positive experiences, related to the peer support and participatory learning were disclosed by the nursing students (Wareing, 2018).

The participants in the present study acknowledged that there were

many learning opportunities for the students. Peer-assisted learning, where students supported the learning of each other, could provide a broader range of learning opportunities for mental health nursing students (Wareing et al., 2018). In the present study, patient encounters were especially recognized as an essential learning opportunity for students in the psychiatric setting. The students and the preceptors knew that psychiatric care was more person-oriented and less task-oriented work. Preceptors guided and encouraged students to communicate and spend time with the patients early in the clinical education. Thus, the students, with support from each other and from the preceptor, created a relaxed environment which provided opportunities for patient contact and contributed to a deeper understanding of the patients' situations. The students processed their experiences through reflection and critical thinking which helped them to translate their clinical experience into learning. Reflecting on clinical experiences is crucial to nursing students learning as well as critical to positive resolution of the critical incidents that could occur in the mental health settings (Donovan, 2007; Fisher, 2000).

Most preceptors in the present study have been utilizing peer learning in clinical education of nursing students for several years. Their experiences provide a valuable knowledge for the clinical education of nursing students. The experienced preceptors in the present study could have educate new colleges/nurses to adapt peer learning into clinical practice. As for the students, the preceptors might have introduced the peer learning as a supportive and equal learning opportunity model for peers from the very start. This could have diminished the stress of the two students sharing nursing tasks on the same unit as well as reduced the fear of the uncertainty of students' expectations in psychiatric context.

The preceptors play a crucial role for the overall student experience during clinical education. Supportive preceptors, who are inclusive of students and prepared to meet students' different needs, are prerequisites for successful peer learning. Additionally, when peer students create a good collaboration between them, clinical placement with a peer learning can promote the acquisition of new knowledge and professional skills for students in psychiatric care.

5.1. Limitations

The small sample of 17 preceptors and 11 students limited the generalisability of the findings. Some students declined to participate in the study due to the focus group interview. If individual interviews had been carried out with the students, a larger sample of students could have been achieved. The small sample of students could have limited the findings from students' perspective. Although, our objective was to interview 4–6 participants in each focus group, this was not obtained with the students due to the students' not coming for the interview setting. An attempt to reach the students who did not come to the interview was made before the start of the interviews by telephone without result. The interviewers decided to complete the focus groups with the present students. The time for the interviews was set during the last week of students' clinical education and it would have been difficult to reschedule the interviews due to fact that the students had a new course starting the following week. We hoped to gain an understanding for students and preceptors' perceptions of peer learning, both positive and negative. Although the focus groups were small, the students who did participate engaged in dynamic discussions with each other about their experience of peer learning model in clinical education. As for the preceptors, discussions and the exchange of experiences, ideas and tips of how to utilize the peer learning model in clinical education transpired. Three investigators collaborated throughout the analysis process which contributed to credibility.

6. Conclusions

In summary, the results of the present study suggested that peer

learning in clinical education in psychiatric care promoted the learning process for the nursing students. Communication and collaboration between students throughout the performance of nursing, critical enquiry and reflection, in a supportive and safe learning environment contributed to the professional development of the nursing students. It appears that peer learning in clinical education can contribute to life-long learning which is the underlying educational philosophy of the Department of Care Science at Malmö University.

More studies with a larger sample size, evaluating peer learning in a psychiatric context from both the students' and preceptors' perspectives are needed to strengthen the findings of this study.

Declaration of competing interest

The authors report no actual or potential conflict of interests.

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