



**EDUCATION IN CLINICAL PRACTICE: PRACTICE LEARNING,
MENTORSHIP AND SUPERVISION
A SCOPING LITERATURE REVIEW**

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Clinical learning environments: a scoping literature review

INTRODUCTION

The learning environment is at the core of research into the effectiveness of clinical education, patient safety, student experience and career intentions. Although research varies in scale, setting, method and theoretical foundation, a common finding is that the clinical learning environment has a significant impact on student learning and intention to work in any particular area. Variable and sometimes high attrition rates from UK and many other countries' nurse training coupled, in the UK, with increased financial penalties for universities for attrition intensify the need for comprehensive knowledge of its causes as well as the factors that lead to successful learning environments. In addition, poor training environments and poor student experience in medicine and nursing have been highlighted as indicators of low quality clinical settings in the UK (Francis 2013b).

Background

Our approach to the topic and the review is theoretically eclectic and no formal theoretical framework guided the review at the outset. However, we critically reflect on the literature as a whole, that is, point to limitations and areas that we consider have been largely neglected in the existing literature.

THE REVIEW

Aim/s

The aim of this review is to provide a critical overview of:

- Characteristics of and constraints on effective clinical learning environments
- Characteristics of good mentorship
- Effectiveness of mentorship models, including 'super-mentors/coaches'
- Effects of good and bad learning environments on students and staff

Design

An interpretative scoping literature review methodology based on the framework outlined by Arksey and O'Malley (2005) and employed and explained by Davis et. al. (2009) is used.

Search Methods

A search strategy was devised to ensure access to as wide a scope of the available literature as possible therefore we placed few restrictions on the

type of literature and no research quality or design criteria were used, save that only research papers were included and that the studies described included a UK setting because the funder of this research wished to better understand the effect of the UK policy context on the learning environment (see discussion). However during the process of review we read many international studies. Some were comparison studies and some, which were eventually discarded, were undertaken in non-UK settings. This alerted us to the fact that although student learning is arranged differently in different countries, similar factors appear to promote or constrain learning.

The literature search was carried out between February and May 2014. The databases used were CINAHL and PUBMED. Keyword searches were carried out supplemented by searches of citations to further articles of apparent relevance. Two sets of keywords were used: ‘mentorship AND National Health Service’, ‘learning environment AND nurs** limited to any author with a UK address. We searched only for English language texts published after January 2000 for reasons of policy relevance. The following table details the searches and numbers of hits returned. All abstracts of the articles retrieved from the initial extraction process were read carefully by either one of the authors and if matching the topic criteria were included. Abstracts about which there was doubt were read by both reviewers and a consensus made about whether to include or exclude.

Search outcome

Table 1. Search Results

Database	Search terms	Hits	Retained
CINAHL	mentorship + National Health Service	13	5
MEDLINE	mentorship + National Health Service	8	0
CINAHL	learning environment AND nurs* LIMITED to UK	373	30
MEDLINE	learning environment AND nurs* LIMITED to UK	331	3

The main reasons for exclusion were: duplication across databases; not a UK study; not a research study.

Quality appraisal

Only relevant papers detailing individual research projects or literature reviews were retained. Because our exploratory work showed that the topic had been approached from a range of methodological orientations and because we wanted to gain a comprehensive overview of the topic no design or formal quality criteria were used. The majority of papers included were qualitative research.

Data abstraction

Both MT and SM abstracted basic data from the retrieved literature to a table (see Table 2) identifying key features comprising: method of data collection; sample size, sampling and setting; summary of main findings; author recommendations and a comment on the strengths and weaknesses of each paper. Numbers in square brackets in the review refer to Table 2.

Synthesis

A study by Ring and colleagues (2011) identified the main approaches to synthesising qualitative data. They considered that meta-ethnography, meta-study, meta-summary, and thematic synthesis have been most widely used and that while meta-ethnography is the leading method for synthesizing qualitative health research, thematic synthesis is also useful for integrating qualitative and quantitative findings. The present review, which includes both qualitative and quantitative research, adopts thematic synthesis for this reason. It should be noted that the designs and purposes of the studies retrieved varied considerably.

RESULTS

Study designs

Evaluations of specific initiatives:

Six studies reported evaluations of specific initiatives in a single setting. McArthur and Burns (McArthur and Burns 2008) [3] used focus groups (n=15) and a questionnaire survey (n=73, 49% response rate) to evaluate the introduction of practice education facilitators (PEF) into two Scottish NHS trusts. These facilitators were expected to improve support for mentors and students and mentors were seen as experiencing role strain. The role of the PEFs was misunderstood by mentors.

Clarke et al (Clarke et al. 2003) [9] used interviews, focus groups, questionnaires and secondary data analysis to evaluate the impact of the introduction of a similar role (Practice placement facilitator - PPF). They found that while the PPF could help clinical staff understand the needs of learners, their role needed to be made clear and be well maintained to avoid detrimental effects on the learning environment. Congdon et al (Congdon et

al. 2013) [18] evaluated the introduction of the role of Learning Environment Manager (LEM) in a large hospital in England via focus groups with key stakeholders. The number of participants and their roles are not clearly stated. The study's informants thought that the LEM was able to organise mentorship allocation in a way that was sensitive to local variation and personal strengths and was therefore generally supported. Carlisle et al (Carlisle et al. 2009) [36] also evaluated the impact of an educator post with an overseeing role in 6 case study sites in Scotland using a wide range of data collection methods. Their respondents considered the role, which supported mentors, to improve staff confidence. The authors concluded that mentors benefitted from a sense of connection and belonging to the universities whose students they supported. Roxburgh (Roxburgh 2014) [54], also examining nurse education in Scotland, found that students preferred a 'hub and spoke' model of practice learning to conventional rotation. Although the study is based on a small sample of students (10) in focus groups in a single institution, it draws usefully on Tinto's model of 'Institutional departure' concerning social and academic integration and presents a detailed examination of its data. The author concludes that the benefit of the 'hub and spoke' model is an enduring sense of belongingness, continuity in mentorship, and continuity in practice for students, as predicted by Tinto's model.

Heaslip and Scammell (Heaslip and Scammell 2012) [65] evaluated the introduction of a practice assessment tool incorporating grading of practice of pre-registration nursing students within one university. A convenience sample of mentors (112 out of 130) and students (107, 51% response) completed a questionnaire as part of phase two of the evaluation. The authors found that mentors preferred giving students a grade for practice rather than a simple pass or fail, though only 60% of respondents claimed that they were 'confident' when failing students.

Cross-national comparisons:

Seven studies compared learning environments in different countries. These comparison countries included Australia, England, Finland, Hong Kong, Norway and Scotland. Saarikoski (Saarikoski et al. 2002) and colleagues used a sample of over 500 nursing students in Finland and England to develop an instrument, the Clinical Learning Environment and Supervision scale, aimed at measuring the quality of the clinical learning environment [6]. It emerged that Finnish students evaluated their clinical placements and supervision more positively than UK students. There were no significant differences in how students worked with their mentors but the frequency of nurse teacher/student meetings was much higher within the Finnish sample. About 30% of mentor relationships did not appear to be effective. The study only included students in hospital settings. A subsequent study by Warne et al. (Warne et al. 2010) [4] including over 1,900 student nurses in 9 countries in Europe used an expanded version of the measure developed in the earlier study, the Clinical Learning Environment, Supervision and nurse Teacher scale (CLES+T) in order to develop an understanding of the commonalities and differences in the learning environment across these sites. Students emerged

as mainly satisfied with their clinical placements; 42% were satisfied or very satisfied and 14% were dissatisfied or very dissatisfied. The frequency of supervisory relationships was linked to the student's level of satisfaction and students with longer placements were more satisfied. The review included four papers from a cross-national study by Levett-Jones and colleagues (also reviewed here). In two qualitative papers (Levett-Jones and Lathlean 2009b) [14], (Levett-Jones et al. 2009)[44] data from students are explored via a theoretical framework linking 'belongingness' to conformity. These papers present findings from 18 third year students from 2 Australian and 1 UK University. Using this framework the authors concluded that students who felt insecure, isolated or ostracised were more willing to conform and less likely to question practices with which they felt uncomfortable. Conversely, when students felt sure of their acceptance in the clinical environment, they were far less likely to comply with the directives of qualified nurses if they felt that to do so might put patients at risk. The authors make no explicit distinction between countries and the theory is a useful though perhaps not surprising explanation for aspects of their data. A focus group study by Jokelainen and colleagues (Jokelainen et al. 2013) [71] examines the beliefs of samples of mentors in Finland (n=22) and England (n=17). It revealed that mentors from both countries believed that support from other mentors, the lead mentor, clinical teachers and university staff was essential for the optimal functioning of their role. The study showed different preparation for mentorship in Finland and England. In the former only one third of participants had undertaken a voluntary mentorship preparation of a number of days. The authors conclude that universities need to develop a well-defined and robust partnership strategy for student mentorship which would clarify the roles of all involved. In general, the cross-national studies included in this review focus on commonalities rather than differences across the countries in their studies.

Qualitative explorations that were not evaluations in a single setting:

Eight such studies involved either interviews or focus groups, or both, with mentors, other teaching staff or students and very occasionally more than one group.

In one of the few studies to gather data from mentors, Murray and colleagues (Murray and Williamson 2009) [30] used focus groups with 29 UK mentors in acute and community settings to investigate how best to manage capacity issues in clinical placements. The authors concluded that more joint appointments between HEIs and Trusts would help to manage capacity and ensure that quality of placements could be safeguarded.

A small UK study by Pearcey and colleagues (Pearcey and Elliott 2004) [45], used two focus groups of volunteer students (n=14) in a single university to explore experiences of clinical nursing. They concluded that failure of mentors to live up to the students' expectations was the greatest cause of disappointment to the students during clinical placements and they were concerned about the detrimental affect on their learning opportunities. It is unclear, though, what motivated students to volunteer to participate in this

research and it could be that those with negative experiences were more inclined to join. Nevertheless, other studies have come to similar conclusions. Donaldson and colleagues (Donaldson and Carter 2005) [53] involved diploma and degree students in a small study combining focus groups (n=12) and interviews (n=30). Underpinned by role theory, the conclusion of the study was that student nurses sought role models and that the importance of providing such models should be emphasised during mentor preparation. The authors suggested that mentors/role models can enable students to convert observed behaviour and skills into their own behaviour and skills set.

In a rare study to include mentors, managers and matrons, Hutchings and colleagues (Hutchings et al. 2005) [48] held three focus groups involving participants from each of these groups from one English acute hospital. The authors suggest that educational staff are needed at operational and strategic levels to support learning in practice. Timely and appropriate audit information to support allocation decisions and identify strategies to enhance the quality and support of learning in practice, are also required. Another small study (Wareing et al. 2011) [57] focussing on mentors used interviews (n=8) in a single NHS trust to explore the way that mentors view mentoring student nurses compared to other work-based learners. The finding of relevance to this study is that mentors appeared to view the relationship with students in more hierarchical terms than that with other members of the clinical team.

Looking to psychoanalytic theory, Smith and Allan (Smith and Allan 2010) [74] undertook a case study (focus groups and document analysis) of four universities in England to explore how nurse teachers negotiate the separation of education and practice. They concluded that the increased separation of teaching from practice (since university based education) has proved a source of anxiety for nurse educators regarding uncertainty and ambiguity of role. Psychoanalytic approaches are rare in this field however it is not always easy to extract organisational recommendations from such studies. A small phenomenological study of 10 students from a single cohort of 52 in Ireland (Chesser-Smyth 2005) [76] supported previous findings in that the authors claimed that a 'warm, receptive environment' appeared to facilitate learning and raise student confidence. A rather larger study by Hartigan-Rogers (Hartigan-Rogers et al. 2007) [B1] and colleagues came to a similar conclusion after conducting interviews with all graduates from one school of nursing at two sites (n=70). They concluded that experiencing supportive relationships was considered most important by their interviewees. Environments were judged as non-supportive where nursing staff were perceived as stressed, intimidating, and not prepared to accept learners. Despite the studies under this heading being often small and based on single sites, there is a high degree of consensus regarding their findings: the need for personal and organisational support is felt by both students and mentors.

Quantitative studies using variants of the Clinical Learning Environment Inventory (CLEI) initially developed by Chan:

This category overlaps with others. Five studies with sample sizes varying from 1,903 (Warne et al, 2010) who included students from 9 European countries (see above) to 67 (Midgley, 2006) with a study of students in a single UK university. Here we present the publications not already discussed above (under Cross-national comparisons). We include some non-UK studies in order to describe the instrument's development and its limitations to be borne in mind. In 2001 the developer of the CLEI published a description of the development of the measure using 108 nursing students in Hong Kong (Chan 2001) [12]. The paper claims that the use of the measure could have benefits in the study of learning environments, however only internal consistency is reported and no factor analysis is described. The assessment of discriminant validity is not clearly described. A subsequent study by Newton and colleagues (Newton et al. 2010) [7] used the CLEI with a sample of 767 students from an Australian university. The aims of the study were to test the factor structure of the measure and to examine the introduction of a mentorship scheme in that institution. The latter is not reported in their paper. Their factor analysis did not support the scales claimed by the developer which casts some doubt on the stability of the CLEI and its interrogation of all the influences on student estimation of the learning environment. Midgley (Midgley 2006) [37] used the CLEI to examine student perceptions of the hospital learning environment in a UK study of 67 students at a single institution. The author found that in comparison with the actual hospital environment (the CLEI has 'actual' and 'ideal' scales), students would prefer an environment with higher levels of individualisation, innovation in teaching and learning strategies, student involvement, personalisation and task orientation. This small study adds little to what is known already.

Our review included reports on three different instruments to measure the learning environment, developed by Chan, Chuan and Barnett and Saarikoski (discussed above [6]). The most widely used appears to be that developed by Chan. The scale was intended to measure six theoretically derived dimensions of the learning environment: individualisation, innovation, satisfaction, involvement, personalisation and task orientation, though this structure has been questioned by subsequent analyses.

Literature reviews of various kinds:

Our review has identified 6 previous reviews of varying styles and quality. Pellatt undertook a review published in 2006 (Pellatt 2006) [34]. The databases used are identified as are the keywords employed, though no inclusion or exclusion or quality criteria are identified. The review period is 'the past four decades' so the scope is broad and the paper presents a general discussion of mentorship with a focus on the NMC's recently published standards for mentors. The review concludes that the mentor role is challenging in the context of demanding clinical environments and that mentors need protected time, good support, increased status, better training and evaluation of their performance.

Allan and colleagues (Allan et al. 2008) [19] report on a 'literature study'

undertaken as part of a larger project in 2008. The keywords and databases used are identified along with inclusion criteria. The authors also examined policy documents from relevant bodies. Their review included 88 papers (there may be some double counting across their categories). Their aim was to identify new leadership roles and their influence on student nurse learning. The authors found that learning in clinical placements was led by practice teaching roles such as mentors, clinical practice facilitators and practice educators rather than new leadership roles. They found, however, that workforce changes in clinical placements restricted the opportunities for trained nurses to role model caring activities for student nurses and considered that university based lecturers are increasingly distant from clinical practice.

Henderson and colleagues (Henderson et al. 2012) [35] reviewed six studies published between 2004 and 2009 that had used Chan's CLEI in three countries. The researchers used CINAHL and provide the keywords used. Of the 56 studies found, six provided data. Sample sizes varied from 55 to 281. As previously mentioned the CLEI attempts to measure students' perceptions of the learning environment. The authors noted relatively high scores for task accomplishment across all the studies, as was the case with affiliation with clinical teams. Opportunities to interact with staff on an individual basis were not scored as highly. The authors note that the data suggest that students did not feel they could initiate dialogue around treatment decisions or innovation. They conclude that this reflects a task focus within nursing and an apprenticeship model of learning rather than the development of learning environments where innovation and questioning is integral.

Thomas and colleagues (Thomas et al. 2012) [39] undertook a metasynthesis of 10 papers published between 1990 and 2010 describing qualitative UK studies with sample sizes from 10 to 99 students. They provide good detail of the search strategy and the qualitative quality checklist used. The authors identify five overarching themes: 1. pre-placement anticipation (some students had idealised expectations); 2. the realities of the clinical environment; 3. clinical learning (important learning comes from interactions with qualified nurses); 4. becoming a nurse and 5. stress and coping. They conclude that reports of negative student-nurse clinical experiences have endured through time. They recommend that nurse educators should be alert to the possibility that some students may have negative clinical experiences, claiming that the consequences of such experiences can affect student attrition and perpetuate the cycle of negative clinical learning experiences occurring in the future.

With the aim of exploring the link tutor role in nursing homes, Kerridge (Kerridge 2008) [49] reviews literature specific to this topic. No details are provided of the search strategy. The review reiterates findings of other literature from acute settings e.g. a need for mentors to have confidence in their own practice however the paper takes the form of an argument for a particular course of action rather than an attempt to gather comprehensive and objective knowledge of the area.

Wilkes (Wilkes 2006) [61] reviewed literature focussing on the student-mentor relationship published between 1995 and 2005. The databases and keywords used are provided but there is lack of clarity about search procedures and the inclusion of disciplines relevant to nursing. Papers are discussed on the basis of whether they focus on student or mentor viewpoints. The author concludes that roles and responsibilities need to be set to avoid unrealistic expectations; time and respect needs to be given to role of mentor and that mentors need support from their HEI, manager and peers. The paper does not consider the range of organisational and other influences on student learning in the clinical setting.

Surveys (not using the CLEI) and mixed methods studies:

Seven studies are included in this category.

Cope and colleagues (Cope et al. 2000) [42] undertook an interview survey of a random 10% sample of two groups of students, 'traditional' (n=11) and the first cohort of Project 2000 students (n=19). In this early though useful comparative study based on theories of learning, the authors focus on the notion of 'cognitive apprenticeship' where mentors gradually gave increasing responsibility to students and made implicit knowledge explicit. They conclude that 'becoming a nurse' is about joining a community of practice. Short placements made this difficult because students did not achieve enough experience and learning to be given independence by mentors.

In 2007 Lewin (Lewin 2007) [8] compared student views from a survey conducted in 1978 (n=71) with a similar survey conducted in 2003 (n=272, 38.6% response rate). He concludes that the context of ward-based learning has responded to a series of policy improvements since 1978 though there is still wide variation. The instrument used for the recent survey is based on many assumptions and there is possible recall bias in the retrospective 2003 study. The second survey includes students from a single educational institution and placed in three NHS trusts.

Nettleton and Bray (Nettleton and Bray 2008) [62] sent questionnaires to 1,064 mentors from nursing, midwifery and medicine in 5 acute NHS trusts in England (nursing response rate 13%) regarding what factors influence the student-mentor relationship. Nursing mentors reported minimal formal support for their role which was in contrast to other professions. The authors concluded that more time and resources were needed for the mentor role – time, development, support – and possibly financial reward.

Levett-Jones and colleagues (Levett-Jones and Lathlean 2009a) [50] report on a large cross-national study (other papers are included elsewhere in this review) involving 362 students in its quantitative phase. In a possibly circular argument, because the paper was orientated around this theme, the authors conclude that 'belongingness' in the learning environment is a crucial precursor to student learning and success.

Hunt and colleagues (Hunt et al. 2011) [60] undertook a retrospective survey of all HEIs in UK to determine ratio of theory/practice failures on pre-registration nursing programmes. Of all 52 HEIs delivering pre-registration nursing programmes, 27 responded to the survey. Data was requested on all cohorts starting in 2005 and finishing in 2008, with numbers of referrals at first attempt, subsequent pass, and numbers failing subsequent/all attempts at practice leading to subsequent withdrawal from the programme. Sixteen universities gave useable numerical data on 3725 students. The ratio of practice to theory failures was in region of 1:5 with 25% of HEIs having never failed students on basis of practice assessments. The authors argued that differences in levels of preparation of mentors and university lecturers contributed to differing levels of confidence with assessment processes.

Gidman and colleagues (Gidman et al. 2011) [69] conducted a mixed methods study (questionnaires and focus groups of new (survey n=174, focus groups n=15) and more senior (survey n=98, focus groups n=20) student nurses in one English university seeking to understand their perceptions of support in practice. Their overall findings concur with those of many other studies. Mentor qualities that were valued were personal attributes, being facilitative and being knowledgeable. Newly qualified mentors and experienced students were seen as being the most supportive and highly valued. They argued for a need for collaboration between HEIs and placement providers to develop effective support systems. Such support systems should, they wrote, include preparation and support of mentors and students and the development of peer-mentor programs.

Betony (Betony 2012) [10] conducted a recent survey of 48 university nursing departments in England regarding the use of community placements in nurse training. The survey had a 39% response rate and revealed inconsistencies between universities regarding the number, timing and length of primary care placements. The study is of tangential relevance to this review but indicates that community learning placements can be difficult.

DISCUSSION

Because our search strategy was devised to ensure access to a wide scope of the available literature, our summary and discussion of the findings is broad. Nevertheless, despite the varied character of the research included, there is considerable consensus in the findings.

Characteristics of and constraints on effective learning environments

According to students, effective learning environments are those that welcome them, providing good personal relationships with mentors and a sense of 'belongingness' in which they can discuss and question clinical practice. Effective learning environments also provide access to varied learning

opportunities. For mentors good environments feature support for their work from universities, possibly via some of the innovative roles evaluated positively in this review. Studies identified mentors' desire for well-defined relationships with the university and clear role definitions as well as recognition for their contribution.

Constraints tended to be the mirror image of facilitative aspects. In the report of mentors the main constraint on learning environments is their own priority in clinical work and some studies speak of increasing work demands that compromise mentoring. Studies suggested that workforce changes as well as short placements constrained mentors' ability to become role models. Other studies identified lack of training and confidence in assessing students and an increased distance between university-based lecturing staff and service-based mentors.

Characteristics of good mentorship

The majority of studies focus on the personal relationship between mentor and student and mentors' personal characteristics, to the neglect of the policy and organisational factors that constrain this type of contact. According to students the mentor's conduct has a significant influence on the students' experiences. Students look to the mentor to set a good professional model. They expect knowledgeable and approachable mentors.

Effectiveness of mentorship models, including 'super-mentors/coaches'

Some studies investigated the impact of different mentorship models on both mentors and students, comparing for example a 'hub and spoke' approach with conventional rotation [50] (which the authors describe as potentially having low coherence as a learning experience). They report students involved in the former model experienced a stronger sense of belongingness which reduced anxiety and which continued to benefit them during their training. Although not strictly mentorship models, other studies [3,9,18,36] evaluated the introduction of various innovative roles, such as Learning Environment Manager, all concerned with supporting and coordinating the work of mentors. These were reported to be welcomed by mentors.

Effects of good and bad learning environments on students and staff

Many studies discussed the impact of good and bad learning environments on both mentors and students. However, the studies rely on self-report of subjective responses rather than objective outcomes (e.g. higher quality of care, lower student attrition, educational outcomes). For example many studies found that mentors benefitted from a sense of connection with their university and gained confidence e.g. [36]. Other studies reported that students benefitted from a sense of belongingness claiming that this enabled better, more questioning learning which could lead to improved patient safety [14,44] but this outcome is not measured. One study [33] found that if students had a good experience in a setting they were more likely to want to work there. Another study [5] concluded that if staff did not give the student enough support regarding planning and implementation of practical nursing situations, clinical learning was experienced as difficult. Finally one study [57]

claimed that good role models enabled students to internalise good professional qualities.

CONCLUSION

The studies included in this review varied in design, setting, size and quality. There was a tendency for studies to rely on subjective, self-report rather than attempt to measure the effect of successful learning environments on student learning or patient outcomes. Many studies, undertaken by researchers involved in education themselves, failed to take into account the effect of policy changes within the health service apart from specific policy with a direct bearing on nurse education. NHS reconfigurations, which have proceeded throughout the period of the review, are rarely investigated as forces acting on the learning environment yet have led to significant organisational turbulence (Rivett 2011). Organisational mergers, ward closures, job losses, staff downgrading (RCN 2013), the rise in number of assistant grade workers (NHS Education for Scotland 2010), uncertainty and pressure to meet targets (Bevan and Hood 2006), and more recently to be seen to be responding to challenges emanating from the Francis report into serious failures in one UK NHS trust (Francis 2013a), have combined to create stressful environments which must be considered highly difficult for learners and mentors alike. These overarching factors are rarely acknowledged in the literature we reviewed.

We consider this lack of context a serious limitation of the literature on learning environments as a whole which has led to an incomplete understanding of the influences on the quality of student learning.

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Table 2. Summary of included papers

	Name/title etc.	Method of data collection	Sample size, sampling and setting	Summary of main findings	Authors' conclusion/recommendations	Strengths/weaknesses of paper
3	An evaluation, at the 1-year stage, of a 3-year project to introduce practice education facilitators to NHS Tayside and Fife. McArthur GS; Burns I. Nurse Education in Practice 2008 May; 8 (3): 149-55.	Questionnaire survey and focus groups with those in new roles (PEF) and others	Survey in 2 trusts 73/150 (49% response). Two rounds of focus groups each n=15 in total	Survey: respondents expected PEFs to improve support for mentors and students as mentors seen as experiencing role strain. Focus groups: PEFs expected that they give practical help to improve teaching by support	Some mentors thought PEFs were intended to work directly with students rather than support them. There was some misunderstanding about their role and questions about their clinical credibility. PEFs become more assertive over year 1.	Specific initiative in only two trusts.
4	An exploration of the clinical learning experience of nursing students in nine European countries. Warne T; Johansson U; Papastavrou E; Tichelaar E; Tomietto M; den Bossche KV; Moreno MFV; Saarikoski M; Nurse Education Today, 2010 Nov; 30 (8): 809-15. Database: CINAHL	Clinical Learning Environment Supervision and Nurse Teacher Scale (CLES+ T)	Data (N= 1903) in 9 countries in Europe including England. 17 educational institutions, 2 from England	42% students were satisfied or very satisfied; and 14% were dissatisfied or very dissatisfied with clinical placements. Supervisory relationship was linked to level of satisfaction.	working with patients and effective mentorship relationships are core elements of professional development in nursing.	Includes useful diagram of the conceptual framework of the CLES instrument. Large study and well argued.

				satisfied.		
6	Clinical learning environment and supervision: testing a research instrument in an international comparative study. Saarikoski M; Leino-Kilpi H; Warne T; Nurse Education Today, 2002 May; 22 (4): 340-9. Database: CINAHL	Clinical Learning Environment and Supervision (CLES) scale	(n=558) from 4 nursing colleges in Finland (n=416) and 2 universities in the UK (n=142)	Finnish students evaluated their clinical placements and supervision more positively than UK students. There were no significant differences in how students worked with their mentors but the frequency of teacher/student meetings was higher within the Finnish sample.		Useful review of learning environments from the 1980s onwards. Only hospital settings. Instrument may have been approached differently by the two different country samples.
7	Clinical Learning Environment Inventory: factor analysis. Newton JM; Jolly BC; Ockerby CM; Cross WM; Journal of Advanced Nursing, 2010 Jun; 66 (6): 1371-81. Database: CINAHL	The Clinical Learning Environment Inventory (CLEI) (Chan 2001, 2003)	767 students from one university	Aimed to examine differences between traditional learning and a new 'preceptorship' scheme but these are not reported.	The CLEI was not very robust	Useful review and references Large sample, but from one institution. Study is Australian. Aims 1. to test the factor structure of a previous instrument 2. Examine introduction of mentorship
8	Clinical learning environments for student nurses: key indices from two studies compared over a 25 year period. Lewin D; Nurse Education in Practice, 2007 Jul; 7 (4): 238-46.	Early study: Interviews and Surveys; later study: postal survey	71 students from early study and 272 (38.6% response rate) from more recent	Authors claim increases in student satisfaction since the 1978 study – with some reservations. Learning	The context of ward-based learning has responded to a series of policy improvements since 1978 though there is still wide variation.	The instrument used for the recent (2003) study is based on many assumptions. Possible recall bias in the retrospective 2003 study.

				opportunities and a supportive environment rated most significant to promote learning		
9	Clinical learning environments: an evaluation of an innovative role to support preregistration nursing placements. Clarke CL; Gibb C; Ramprogus V; Learning in Health & Social Care, 2003 Jun; 2 (2): 105-15.	'interviews, focus groups, questionnaires and secondary data analysis'		students need to have continuity of support; clinical staff derive benefits from an enhanced understanding of the needs of learners through the work of the practice placement facilitator (PPF); and that if the role and function of the PPF post is unclear and/or poorly maintained there will be detrimental effects		many details missing from abstract
10	Clinical practice placements in the community: A survey to determine if they reflect the shift in healthcare delivery from secondary to primary care settings. Betony, Karen; Nurse Education Today, 2012	Email survey of nursing departments in England	48 universities in England sent – 39% response rate i.e. 18	There was an inconsistency between universities in the number, timing and length of <i>primary care placements</i>		Low response rate. Of limited use – apart from an acknowledgement that community placement can be difficult

	Jan; 32 (1): 21-6.					
11	<p>Creating supportive clinical learning environments: an intervention study. Henderson A; Twentyman M; Eaton E; Creedy D; Stapleton P; Lloyd B Journal of Clinical Nursing 2010 Jan; 19 (1-2): 177-82.</p>	Quasi-experimental design; psychometric questionnaire	62 students on 2 surgical wards in Australia	Students rated their psycho social learning more highly during an intervention period than not.	An experienced researcher/educator conducting capacity building sessions can effectively assist and support registered nurses to engage with students.	Small study in two units.
12	<p>Development of an innovative tool to assess hospital learning environments. Chan D; Nurse Education Today, 2001 Nov; 21 (8): 624-31. Database: CINAHL</p>	Development of the Clinical Learning Environment Inventory (CLEI), as a survey instrument for assessing nursing students' perception of the clinical learning environment.	108 2 nd year nursing students in Hong Kong took part in 'validation' of the measure		The development of the CLEI provides a resource for the study of the hospital learning environment. The identification of social climates that characterize a hospital environment could lead to strategies that foster those factors most predictive of desirable student learning outcomes	Only internal consistency measured, no factor analysis. Assessment of discriminant validity not clear
14	<p>'Don't rock the boat': nursing students' experiences of conformity and compliance. Levett-Jones T; Lathlean J; Nurse Education Today, 2009 Apr; 29 (3): 342-9. Database: CINAHL</p>	Qualitative interviews	18 third year students from 2 Australian and 1 UK university	Students who felt insecure, isolated or ostracised were more willing to conform and less likely to question practices with which they felt uncomfortable.	Questioning practitioners are an asset to a profession that seeks to be innovative and forward-thinking. There is a need for a better understanding of the strategy of	Study carried out within the conceptual framework of psychological theory about belongingness therefore findings are a little circular

				Conversely, when students felt sure of their acceptance in the clinical environment, they were less likely to comply with the directives of RNs if they felt that to do so might put patients at risk.	unquestioning compliance by students as a means of enhancing their acceptance and inclusion by the nursing team.	
18	Enhancing the strategic management of practice learning through the introduction of the role of Learning Environment Manager. Congdon, Graham; Baker, Tracey; Cheesman, Amanda; Nurse Education in Practice, 2013; 13 (2): 137-41.	Focus groups with key stakeholders	Not given	The Learning Environment Manager role was found to provide mentors with high levels of support which in turn helped to promote positive practice learning experiences	the re-establishment of practice teaching as a valued nursing activity is central to the quality of the student learning experience facilitated by nurses in practice.	
19	Leadership for learning : a literature study of leadership for learning in clinical practice. Authors: Allan HT ; Smith PA Lorentzon M Journal Of Nursing Management [J Nurs Manag] 2008 Jul; Vol. 16 (5), pp. 545-55.	'literature study' keywords and databases identified plus inclusion criteria. Thematic analysis no formal quality criteria declared				

	Name/title etc.	Method of data collection	Sample size	Summary of main findings	Authors' recommendations	Strengths/weaknesses of paper
30	Managing capacity issues in clinical placements for pre-registration nurses. Murray SC; Williamson GR; Journal of Clinical Nursing, 2009 Nov; 18 (22): 3146-54. ISSN: 0962-1067 PMID: 19220603, Database: CINAHL	Qual – Focus groups – Framework for analysis not clear from abstract	29 mentors across fields, acute and community	3 themes apparent – Decision making in relation to capacity (who, influencing factors) Supporting and enhancing learner experiences Issues impacting on learning in practice	Strategic approach needed to capacity planning and management More joint appointments between HEIs and Trusts to manage capacity and ensure that quality of placements can be safeguarded	Findings link with concepts of developing and managing clinical learning environment Unclear context in which mentors worked / existing support mechanisms in place / existing capacity issues, so hard to judge applicability of findings to other areas – or how recommendations arise from findings
34	Nursing mentors. The role of mentors in supporting pre-registration nursing students. Pellatt GC; British Journal of Nursing, 2006 Mar 23-Apr 12; 15 (6): 336-40. (journal article - tables/charts) ISSN: 0966-0461 PMID: 16628171, Database: CINAHL	Literature-based discussion	Lit review from 70's to 2006 – earlier work which informed some information acknowledged as being difficult to evaluate, in terms of research methods used	Discursive account of role of mentor, written by lecturer on mentorship programme, at time of publication of new mentor standards by NMC.	Given tension of role – how do mentors find time for a role in environments where there is no time allocated? Mentors need preparation for role (and updates), and support from HEIs, if they are to adequately support students, and assess their competence effectively.	Strengths – A useful marker, reflecting the impact that the new NMC standards for mentors had on education and practice (2004 and 2006) – also captures issues concerning mentorship – preparation and support of mentors, tensions of the role, in terms of time and resources, and in terms of the dual roles of being a supporter and assessor.
35	Nursing students' perceptions of learning in practice environments: A review. Henderson, Amanda; Cooke,	Literature review INCLUDE AS REVIEW	Review of 6 studies in 3 countries (Australia, UK,	A strong indicator of student satisfaction in practice is the	There is a need for champions such as clinical specialists, who are knowledgeable	Strengths – Review of evaluations using similar tool, across 3 countries

	<p>Marie; Creedy, Debra K.; Walker, Rachel; Nurse Education Today, 2012 Apr; 32 (3): 299-302. (journal article - tables/charts) ISSN: 0260-6917 PMID: 21514982, Database: CINAHL</p>		<p>Hong Kong) where students evaluated clinical environment using Clinical Learning Environment Inventory (Chan, 2001, 2002, 2003)</p>	<p>degree to which they feel included within the practice team. There is less evidence of innovation, in that students were unable to influence care and practice. There was reluctance among qualified staff to facilitate discussions with students on how practice might be changed.</p>	<p>about practice and able to consider how new evidence could be put into practice. A need for clinical leadership that enables a culture that goes beyond task orientation to encouraging reflective practice.</p>	<p>Useful overview of key themes arising from student perceptions of learning in practice</p> <p>Weakness – Relatively small review, with 6 studies used as basis for analysis</p>
36	<p>Practice-based learning: the role of practice education facilitators in supporting mentors. Carlisle C; Calman L; Ibbotson T; Nurse Education Today, 2009 Oct; 29 (7): 715-21. (journal article - research, tables/charts) ISSN: 0260-6917 PMID: 19345449, Database: CINAHL</p>	<p>Impact evaluation – mixed methods – incl. use of scoping survey, 6 case study sites, expert panel, and 2 consensus conferences</p>	<p>Survey of all PEF in Scotland – 84 respondents (71%) Case study sites - Postal survey of pre- and post-reg students– 31 (21%) and mentors – 69 (26%), telephone survey of key stakeholders – 34 (32%),</p>	<p>PEF role is widely accepted in Scotland. Benefits include developing quality, innovative practice learning environments, working to support mentors with failing students, building mentor confidence in dealing with weak students. Although they help in getting evaluations of practice, there can</p>	<p>Ensure continuity of PEF role – as way of developing staff confidence as mentors, and increasing / maintaining quality of practice learning environments. Find ways of getting feedback to clinical areas without delay to help areas address any issues.</p> <p>Theme of belonging – but in sense of clinical staff, perhaps,</p>	<p>Complex methodology – aims of project guided analysis of raw data.</p> <p>Interesting examples of good practice noted in study, of different ideas / practices developed by PEFs</p> <p>Useful source of ideas for what has worked, in terms of supporting clinical environments.</p>

			focus groups – 31 Conference 1 to identify case study sites – 19 Conference 2 x review of findings - 21	be delays in getting feedback to relevant clinical areas. Partnership working with mentors and HEIs seen as key.	benefitting from belonging to HEI, in terms of partnership working / support structures	
37	Pre-registration student nurses perception of the hospital-learning environment during clinical placements. Midgley K; Nurse Education Today, 2006 May; 26 (4): 338-45. ISSN: 0260-6917 PMID: 16406618, Database: CINAHL	cohort study, using the CLEI	67 from a single cohort at a UK institution	In comparison with the actual hospital environment, students prefer an environment with higher levels of individualisation, innovation in teaching, learning strategies, student involvement, personalisation and task orientation.		Strengths: Useful brief review of the seminal studies Weaknesses: conclusions appear to add little to existing knowledge; CLEI has been critiqued
39	Resilience to care: A systematic review and meta-synthesis of the qualitative literature concerning the experiences of student nurses in adult hospital settings in the UK. Thomas, Juliet; Jack, Barbara A.; Jinks, Annette M.; Nurse Education Today, 2012 Aug; 32 (6): 657-64. ISSN: 0260-6917 PMID: 22014589, Database:	Metasynthesis focusing on 10 papers	10 papers describing UK studies, sample size from 10 to 99 students	39 themes extracted placed into five themes: 1 pre-placement anticipation (some students had idealised expectations), 2 the realities of the clinical environment, 3 clinical learning	The long time period for the review allowed the authors to claim that 'despite all the changes to nurse education in the UK over the last 20 years the issue of negative clinical experiences some student nurses endure remains unresolved' (page 663)	Strengths: good detail of the search strategy provided with a qualitative quality checklist used. Useful summary of papers published over 20 year period.

	CINAHL			(the most important learning comes from interactions with qualified nurses) and 4 becoming a nurse 5. Stress and coping		
42	<p>Situated learning in the practice placement. Cope P; Cuthbertson P; Stoddart B; Journal of Advanced Nursing, 2000 Apr; 31 (4): 850-6. (journal article - research) ISSN: 0309-2402 PMID: 10759981, Database: CINAHL</p>	Questionnaire-based interview	Two groups random 10% sample of last 'traditional' (n=11) and first Project 2000 (n=19) cohorts	Successful learning appeared to follow some aspects of 'cognitive apprenticeship' where mentors gradually gave increasing responsibility and made implicit knowledge explicit	'becoming a nurse' is about joining a community of practice. Short placements made this difficult because students did not achieve enough experience and learning to be given much independence by mentors	Strength: useful comparative element enables comment about placement length; based on theories of learning
44	<p>Staff-student relationships and their impact on nursing students' belongingness and learning. Levett-Jones T; Lathlean J; Higgins I; McMillan M; Journal of Advanced Nursing, 2009 Feb; 65 (2): 316-24. ISSN: 0309-2402 PMID: 19191935, Database: CINAHL</p>	Interview study	18 students – 12 from two sites in Australia and 6 from UK	There was variety in how far students had a sense of 'belongingness' – not having it was distressing and alienating and not useful learning experiences.	When students are assured that the nursing staff they work with are supportive of their learning and committed to their professional development, they focus on learning rather than being preoccupied with interpersonal relationships.	Strength: cross-national study showing similarity in experiences; has theoretical framework; provides specific examples of behaviour that facilitates and hinders belongingness. Weakness: not clear how much the theoretical framework of the importance of belongingness shaped the findings, making the process circular.

45	<p>Student impressions of clinical nursing. Pearcey PA; Elliott BE; Nurse Education Today, 2004 Jul; 24 (5): 382-7. ISSN: 0260-6917 PMID: 15245861, Database: CINAHL</p>	Two focus groups, of volunteers on a course in a single university	14	Failure of mentors to live up to the students' expectations was the greatest cause of disappointment to students during clinical placements and they were concerned about the detrimental affect on their learning opportunities.		<p>Strengths: Weaknesses: convenience sample & restricted focus so not sure if the sample were chosen for their poor experiences; muddled write-up;</p>
48	<p>Supporting learners in clinical practice: capacity issues. Hutchings A; Williamson GR; Humphreys A; Journal of Clinical Nursing, 2005 Sep; 14 (8): 945-55. (journal article - research, tables/charts) ISSN: 0962-1067 PMID: 16102146, Database: CINAHL</p>	Focus group study: 3 groups mentors of nurses, managers of nurses, and modern matrons) in one English acute sector hospital	12 in total	Decisions on learner numbers include identification of types of learners and numbers of mentors available. 'Educational staff' are needed at operational and strategic levels to support learning in practice. Timely and appropriate audit information to support allocation decisions and identify strategies to enhance the		<p>Strength: comparative sample; capacity issues require attention Weakness: v small single site sample; findings perhaps are self-evident</p>

				quality and support of learning in practice, also required.		
49	<p>Supporting student nurses on placement in nursing homes: the challenges for the link-tutor role. Kerridge JL; Nurse Education in Practice, 2008 Nov; 8 (6): 389-96. (journal article - tables/charts) ISSN: 1471-5953 PMID: 18456555, Database: CINAHL</p>	Review/ discussion piece		Nursing homes present potential areas for student learning but may need preparation and extensive work on the part of a Link tutor		<p>Strength: reiterates findings of other literature from acute settings e.g. need for mentors to have confidence in their own practice Weakness: more of an argument for a particular course of action</p>
50	<p>The Ascent to Competence conceptual framework: an outcome of a study of belongingness. Levett-Jones T; Lathlean J; Journal of Clinical Nursing, 2009 Oct; 18 (20): 2870-9. (journal article - research, tables/charts) ISSN: 0962-1067 PMID: 19747258, Database: CINAHL</p>	Mixed methods	362 in the quantitative phase and 18 in the qualitative phase.	Overview of the project (also see number 44). Belongingness is a crucial precursor to students' learning and success		<p>Strength: Cross-national comparative study with large sample in quantitative part; Weakness: (see 44) possibly circular argument</p>
53	<p>The value of role modelling: perceptions of undergraduate and diploma nursing (adult) students. Donaldson JH; Carter D; Nurse Education in Practice, 2005 Nov; 5 (6): 353-9. (journal</p>	Focus groups and individual interviews	FGs: 6 diploma and 6 undergrad nurses; interviews 8 on each programme in	Student nurses were looking for role models	during mentor preparation courses mentors should discuss the value of role modelling, emphasising value of observational learning, the need to	<p>Strength: based on role theory re the need for role models Weaknesses: relatively small study</p>

	article - research) ISSN: 1471-5953 PMID: 19040845, Database: CINAHL		year 2 and 8 and 6 in year three		provide constructive feedback and for mentors/role models to enable the student to convert observed behaviour/skills into their own behaviour and skills set.	
54	Undergraduate student nurses' perceptions of two practice learning models: A focus group study. Roxburgh, Michelle; Nurse Education Today, 2014 Jan; 34 (1): 40-6. (journal article) ISSN: 0260-6917 PMID: 23594513, Database: CINAHL	Focus groups students in 2 nd year	10	Evaluation of 'hub and spoke' (emphasizing belongingness and continuity) model of practice learning in year 1: this model gave students added confidence that endured to year 2's conventional rotation model		Strength: detailed comparison; based on a theoretical model Weaknesses: small sample in single institution
57	Workplace mentor support for foundation degree students: a hermeneutic phenomenological study. Wareing M; Journal of Clinical Nursing, 2011 Feb; 20 (3/4): 545-54. (journal article - research, tables/charts) ISSN: 0962-1067 PMID: 21219528, Database: CINAHL	Qualitative interviews	8 mentors in a single NHS organisation	The mentorship of work-based learners presents mentors with a range of challenges that are quite different from pre-registration students given the situatedness of the learner in their clinical team	The relationship between mentor and mentee appears to have greater equality due to the situatedness of the student in the clinical team. Mentors view the relationship with students as more hierarchical	Strength: focus on mentors' views and highlights the issue of the perception of hierarchical relationships with students. Weaknesses: V small single site study with only tangential relevance to our work

60	<p>Assessment of student nurses in practice: a comparison of theoretical and practical assessment results in England Hunt, L.A., McGee, P., Gutteridge, R. & Hughes, M. 2012; 2011, Nurse education today, vol. 32, no. 4, pp. 351.</p>	<p>Retrospective survey of all HEIs in UK, to determine ratio of theory / practice failures on pre-reg nursing programme. Descriptive stats used – with implications for professional registration and nurse education considered. Comparison between years and between four fields of nursing (Adult, child, MH and LD)</p>	<p>27 out of all 52 HEIs delivering pre-reg nursing programmes responded. Data requested on all cohorts 2005-8, with numbers of referrals at first attempt, subsequent pass, and numbers failing subsequent / all attempts at practice leading to subsequent withdrawal from the programme. 11 HEIs gave comments, and 16 gave useable numerical data on 3725 students.</p>	<p>Ratio of practice / theory failures was 1:5. 25% of HEIs responding never failed students on basis of practice assessments. Students were more likely to be failed in Year 1 than in Year 3. Higher levels of theory failure suggest that underpinning knowledge for practice is not being assessed in practice. Reasons for failure to fail related to: complexity of processes, lack of HEI support, lack of role confidence, emotional costs, guilt, intimidation and fear of legal action.</p>	<p>Given disparity in failure rates across HEIs, inter-HEI reliability is questioned – Role for NMC. Differences in levels of prep of mentors v HEI lecturer contributing to differing levels of confidence with assessment processes. Need consistency and clarity of language of assessment – to increase reliability, help assessors / students and allow for inter-HEI comparisons. Given that 11 Universities could not supply data on practice assessments, there is a need for more emphasis on practice assessment, and quality monitoring (at national level) needs to reflect this.</p>	<p>Strengths: Lit review gives useful summary of reasons for failure to fail – across a range of practice disciplines. Claims to be first national study to assess levels of pass and failure rates in practice assessment in pre-reg nursing.</p> <p>Useful range of references – for other practice disciplines</p> <p>Weakness – Challenge of gathering standardized data limits scope of study. Sensitive nature of data may have dissuaded other HEIs from participating.</p>
61	<p>The student-mentor relationship: a review of the literature.</p>	<p>Literature review – not comprehensive</p>	<p>Purposive sample of literature from</p>	<p>Notion of the toxic mentor – suppressing</p>	<p>Roles and responsibilities of need to be set to avoid</p>	<p>Context piece – Set just after Duffy’s work... Selective review explored one</p>

	Zoe Wilkes Nursing Standard 2006 20: 37 , 42 -47	but providing a synthesis of evidence – purposeful – focusing on qualitative / emotional aspects of student / mentor relationship	range of practice disciplines, including nursing, education, dietetics and medicine – going back 10 years.	learning and creating dependency on the mentor. Major changes in pre-reg nursing curricula over last 10 years have impacted on role of mentor. Qualities of mentor more important than learning environment to student. Qualities of mentor are based in emotion. Mentors have difficulties with time and role allocation – with competing expectations from student, employer and professional body.	unrealistic expectations of mentor / student relationship. Time and respect needs to be given to role of mentor. Mentor needs support from HEI, manager and peers.	aspect of the topic but neglects other influences on the relationship.
62	Current mentorship schemes might be doing our students a disservice P. Nettleton, L. Bray Nurse Educ. Pract., 8 (3) (2008), pp. 205–212	Multiprofessiona l study – comparing nursing, midwifery and medicine – Mixed method – questionnaires	Questionnaires – open and closed questions sent to 1064 mentors across nursing, midwifery and	Changing nature of role, with emphasis on failing students and sign-off mentor, preventing mentors from carrying out role.	More time and resources needed for role – time, development, support – and possibly financial award (as in education). Need for clearer	Strengths: Multi professional – large study. Interesting to see similarities of experience Weaknesses: relatively low uptake of questionnaires Might have been useful to see full questionnaire Written around time of

		and interviews focusing on a number of areas including how mentoring is defined within health, what factors influence the mentor / student relationship – either positively or negatively, what the personal and professional needs are of students and what the training and development needs of mentors are.	medicine in 5 acute Trusts in NW England in one HEI (nursing = 79%), with response rate of 15% (only 13% in nursing). 532 students – with response rate of 51%. Participants self-selected for interview with choice of mode – This paper focuses on nursing interviews – 37 via telephone and 3 via internet.	Minimal formal support for role for nurses means mentors struggling to fulfil requirements, which is in contrast to other professions. Mentors and students identified lack of time an issue. Mentors wanted more HEI support, updates and training. Medics wanted improved paperwork. Students wanted to see increased awareness of their programmes, and the need for mentors to take on the role voluntarily	definition of role, with possible split between mentor (who is chosen by student) and assessor (who is assigned). This would make the role of mentor fit better with original concept.	introduction of NMC new standards for mentorship
65	Failing underperforming students: the role of grading in practice assessment , Heaslip, V. & Scammell, J.M.E. 2012 Nurse education in practice, 03/2012, 95 - 100	Questionnaire survey, second phase of evaluation project of introduction of grading of practice for pre-	Convenience sampling. 112 (86%) of 130 mentors approached, completed and returned questionnaire.	Note that UK is one of few countries where mentor / assessor is a clinician, and not someone employed by a HEI – contributing		Limitations: Scope, sample size, student response rate, only reflects evaluation in one HEI

		registration nursing. Closed questions, Likert scales and free-text responses – Analysis using SPSS (chi-squared) and content analysis	Sample reflected all fields of practice. 210 final year students received questionnaire - 107 completed (51%). All except Learning Disabilities students represented. Response rate reflected the proportion of students enrolled in each field.	to increased pressure on dual roles... Points to range of literature indicating difficulties in shared agreement of what competent practice is.		
69	Student perceptions of support in practice Gidman, J., McIntosh, A., Melling, K. & Smith, D. 2011, Nurse education in practice, 11/2011, 351 - 355	Mixed methods – questionnaire and focus groups – with pilot study to test questionnaire (adapted from faculty tool to explore perceptions of academic support)	New (first six months) and senior (final three months) students from Adult nursing programme in one HEI in England. Questionnaires to 174 starters and 98 completers. 2 focus groups for	The most important areas needing support were clinical skills, placement situations, documentation and personal issues. Valued mentor qualities were personal attributes. Students saw their	There is a need for a collaborative approach between HEIs and placement providers to develop effective support systems. Support systems should include preparation and support of mentors and students and the development of peer mentor programmes. There is a need for a	Strengths – Good literature review – makes the point that students not only face challenges of gaining requisite knowledge and skills – but that, given the multi-faceted nature of practice environments, they must also learn how to integrate and become accepted into these practice environments. Paper points to research that suggests lecturers have limited impact in practice –

			<p>starters (N = 15) and 2 for completers (N = 20). Descriptive stats / qual analysis (Miles & Huberman).</p>	<p>responsibilities as learning and gaining skills, being professional and caring for patients. Challenges related to personal issues, dealing with issues such as patient death and uncertainties in new situations. The best aspects of practice included feeling part of a team and experiencing positive support from mentors.</p>	<p>more holistic approach to competence within pre-registration nursing programmes.</p>	<p>hence support there is best from mentors. Looks at literature suggesting the benefits of peer-mentoring (student / student). Limitations – Findings come from one HEI – although they are line with findings from many other studies.</p>
71	<p>Seamless and committed collaboration as an essential factor in effective mentorship for nursing students: conceptions of Finnish and British mentors Jokelainen, M., Tossavainen, K., Jamookeeah, D. & Turunen, H. 2013, Nurse education today, vol. 33, no. 5, pp. 437-443.</p>	<p>Qualitative study – focus groups – phenomenological analysis – Study was part of a larger Finnish – British one, designed to explore pre-registration nursing within different contexts.</p>	<p>Finnish and British mentors – N=39, with 22 from Finland and 17 from UK. 88% of UK mentors had undertaken mentorship programme. 32% of Finnish mentors had undertaken voluntary</p>	<p>Mentors felt that their own positive attitude, capabilities and competence, supportive co-operation with colleagues and lecturers, and enthusiasm and active participation of students were all significant factors</p>	<p>Nursing organisations and educational units need to develop a well-defined and robust partnership strategy for student mentorship, which would clarify the roles of all stakeholders. This would help to ensure the availability and quality of students' placement learning and mentorship, and</p>	<p>Strengths – Findings similar across both Finland and UK – in terms of need for collaborative working, clarity of roles and expectations, and relevance of student readiness and motivation to learn for success of practice placement. Potential weakness – researchers acknowledge that two languages used in data collection – but translations robust enough that</p>

			mentorship preparation – of a few days.	determining the effectiveness of student mentorship. Support – from other mentors, lead mentor, clinical teacher and HEI staff – was seen as essential. Feedback valued from others for their role as mentors.	develop the joint preparation programmes for student mentorship – notion of practice learning teams – which comes out of supporting literature too. ? see Chapple, M., Aston, E.S., 2004. Practice learning teams: a partnership approach to supporting students' clinical learning. Nurse Education in Practice 4 (2), 143–149.	understanding of findings not diminished.
73	"Belongingness: A prerequisite for nursing students' clinical learning" , Levett-Jones, T. & Lathlean, J. 2008, Nurse Education in Practice, vol. 8, no. 2, pp. 103-111.	Report on selected qualitative findings from mixed-methods international study – Based on interviews. Participants came from 2 Australian and 1 UK HEI.	365 students completed on-line survey on belongingness of which 18 students based in UK and Australia agreed to be interviewed.	In order to learn in practice, students need to feel a sense of belonging. Practice placements associated with low sense of belonging were seen to be poor learning environments, which impacted on student	Data analysis allowed the team to better define belongingness: “..a personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their	Strengths – interesting findings, focusing on the impact that students' sense of belonging can have on their learning Weakness – Very student-focused – Does not look at issues from within the practice area which may affect mentor's abilities to create inclusive learning environments. What happens if mentors do not feel they “belong” to the learning community? Does this impact

				performance and self-esteem. The need to belong was stronger than any other pre-requisite in perception of good clinical placement / learning experience / takes precedent over the quality of care they give / competency they aspire to.	professional and/or personal values are in harmony with those of the group. The experience of belongingness may evolve passively in response to the actions of the group to which one aspires to belong and/or actively through the actions initiated by the individual.”	on their ability to support students? Same study as 44 and 50.
74.	"We should be able to bear our patients in our teaching in some way": theoretical perspectives on how nurse teachers manage their emotions to negotiate the split between education and caring practice". Smith P ; Allan TH Nurse Education Today 2010 Apr; Vol. 30 (3), pp. 218-23.	Case study of 4 universities in England: focus groups, interviews and documentary analysis	This paper draws on the interview data for a psychoanalytic exploration	Nursing evokes anxiety which nurses have defended against. The increased separation of teaching from practice has also proved a source of anxiety for nurse educators regarding uncertainty and ambiguity of role.	Nurse teachers need to manage their anxiety in more effective ways and organisations need to acknowledge these problems.	Psychoanalytic approaches are rare in this field. It is not always easy to extract organisational recommendations from such studies. Limited understanding of psychoanalytic approaches as focussed on repression of emotions (affects are the result of ideas says Freud).
75.	The support that mentors receive in the clinical setting. Authors: Watson S ; Nurse Education Today 2000 Oct; Vol. 20 (7), pp. 585-92.	Says it is ethnographic	Involves mentors			Few details available from poorly written abstract. Rather aged now.

76.	<p>The lived experiences of general student nurses on their first clinical placement: A phenomenological study.</p> <p>Chesser-Smyth PA; Nurse Education In Practice 2005 Nov; Vol. 5 (6), pp. 320-7.</p>	Phenomenological interview study of undergraduate students in Ireland	Purposive sample of 10 students from cohort of 52	Themes: self-awareness, confidence, anxiety, facilitation and professional issues	the presence of mutual respect and regard for others had a positive impact on the students' self-esteem. The acquisition of knowledge led to an increase in confidence levels that subsequently reduced anxiety. This enhanced the learning process that was dependant upon the collaborative support and facilitation in the clinical learning environment	
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B. Literature from citation

1	<p>Hartigan-Rogers J.A., Cobbett S.L., Amirault M.A. & Muise-Davis M.E. (2007) Nursing graduates' perceptions of their undergraduate clinical placement. <i>International Journal of Nursing Education Scholarship</i> 4(1), 1–12.</p>	Qualitative interviews	All 1999 - 2002 graduates from one School of Nursing, located at two sites, were interviewed (N=70)	1. Developing nursing skills and knowledge – students wanted placements that provided opportunities to practice skills. 2. Experiencing the realities of work life was considered useful, including realistic client care situations and workloads, and shift work. 3. Preparing for future work through exposure to a wide range of nursing roles and opportunities to explore clinical interests. Active	Positive clinical experiences are more likely related to how valued and supported students feel, rather than the physical aspects of placement	
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				participation in patient care rather than observation only. 4. Experiencing supportive relationships was considered most important. Environments were judged as non supportive where nursing staff were perceived as stressed, intimidating, and not prepared to accept learners.		
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