




# “Coaching and Peer-Assisted Learning” (C-PAL) - The mental health nursing student experience: A qualitative evaluation

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## Accessible Summary

### What is known on the subject?

- There is increasing demand for clinical placements for pre-registration nursing students.
- New models of mentorship have been developed to meet the demand for clinical placements by increasing the number of students within each placement.
- At present there are no published research studies into the effectiveness of team mentorship utilized by pre-registration nursing students within in-patient mental health settings.

### What does this paper add to existing knowledge?

- This paper reports findings from a study that explored the experiences of mental health students within the social world of their clinical placement, adopting a new approach to practice learning where students support each other's learning.
- Students found their engagement in the pilot project as valuable as being exposed to the new team mentorship model which introduced them to peer-assisted learning.
- The learning that arose from peer-assisted learning within team mentorship appeared to provide learning opportunities that enabled students' to develop greater self-awareness and confidence.

### What are the implications for practice?

- Peer-assisted learning where students support the learning of each other, can lead to a wider range of learning opportunities for, as well as between, nursing students.
- In order for students to participate in care and become a “learning team,” suitable in-patient mental health wards need to be identified that can support this new approach to the supervision, assessment and support of students.
- The establishment of team mentorship within mental health in-patient settings is dependent on the support provided by practice educators and university link lecturers to nurse mentors and coaches which in turn, determines the quality of the student experience.

## Abstract

**Introduction:** This paper presents findings from a study that evaluated mental health nursing students' experience of a team mentoring model called Coaching and



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peer-assisted learning (C-PAL). At present there are no published research studies into the effectiveness of team mentorship utilized by nursing students within in-patient mental health settings.

**Aim:** The study utilized an interpretive methodology where the focus was on individuals in their social world.

**Method:** Two focus groups were held with fifteen students who had experienced C-PAL in four in-patient wards.

**Findings:** Students' overall experience of piloting C-PAL was positive. Learning opportunities (Theme 3) appeared to be dependent on the quality of peer support (Theme 5) which in turn, enhanced the learner experience and increased the level of student confidence (Theme 6). Less positive experiences included inadequate preparation (Theme 1), poor understanding of the model and competition for learning experiences.

**Implications for practice:** We tentatively suggest that team mentorship models such as C-PAL may be suitable for acute in-patient mental health settings. The success of C-PAL depends upon the preparation of nursing staff, mentors (Theme 4), coaches and students in relation to role expectations, shift rostering (Theme 2) and the implementation of "huddling" to promote opportunistic learning.

#### KEYWORDS

coaching, C-PAL, mental health nursing students, mentoring, peer-assisted learning

## 1 | INTRODUCTION

In order to meet the challenge of providing sufficient placements for preregistration nursing students, new models of mentoring have been developed which provide opportunities for peer-assisted learning whilst introducing mentors and students to the concept of coaching. This paper presents findings from a study to evaluate a model of mentoring developed by an East of England University called "Coaching and Peer-Assisted Learning" (C-PAL).

There are a small range of alternative approaches to one-to-one mentoring that seek to support, supervise and assess nursing students whilst engaging in practice learning within clinical placements. In the USA, "dedicated education units" (DEUs) have been introduced where students are given responsibility to deliver patient care under close collaborative support from education and hospital organizations (Moscato, Miller, & Logsdon, 2007; Murray & James, 2012). A key driver for the establishment of DEUs is the reduction in the availability of clinical placements and supervising faculty staff to support a relatively small number of learners within each individual placement (Harris, Keller, & Hinton, 2018). Practice learning within DEUs may feature "learning dyads" where paired nursing students share decision-making whilst working to care for patients (Mulready-Shick, Kafel, Banister, & Mylott, 2009). Dyads have been favourably evaluated in respect of patient safety and the enhancement of student confidence (Austria, Baraki, & Doig, 2013); with one study suggesting that learning dyads instilled teamwork and eased the transition from the classroom to the clinical learning environment (Ruth-Shahd,

2011). Similarly, an Australian study described a "buddying" system that facilitates peer-assisted learning with the support of a nurse mentor who undertakes supervision and assessment of pairs of students (Franklin, 2013; Mallik & Aylott, 2005). An overriding driver for new approaches to the support of nursing students appears to be the identification of a safe, sustainable approach to the supervision and assessment of increasing numbers of learners supported by partnerships between placement providers and higher education institutes.

Presently, within the UK all preregistration nursing students studying on approved programmes must be supported and assessed by a mentor, who is registered with the Nursing & Midwifery Council and has completed an approved mentor preparation programme (NMC, 2008). Recent reviews of nurse education have revealed a shrinking pool of mentors set against increasing demand for more preregistration students which suggest that one-to-one mentoring is becoming unsustainable (Lobo, Arthur, & Lattimer, 2014; RCN 2015). Consequently, initiatives to increase placement capacity through team mentoring models, such as the collaborative learning in practice (CLiP) project (HEEEoE/UEA, 2015), have been introduced in a bid to meet the increasing demand for clinical placements. The need to evaluate new approaches to mentorship is of interest to educators and commissioners who have a duty to monitor the quality of clinical placements (HEEEoE, 2016) and healthcare providers who are seeking to enhance their learning cultures (Berwick, 2013). At present there are no published research studies into the effectiveness of team mentorship utilized by preregistration nursing students within in-patient mental health settings.

## 1.1 | C-PAL

The “coaching and peer-assisted learning” (C-PAL) model is very similar to both the CLiP and Amsterdam team mentorship models (RCN, 2015). All three models utilize a team-based approach which enable students to take responsibility for patient care, under the supervision of a coach (a registered nurse) with strategic support provided through a collaborative partnership between the placement provider and the higher education institute. The C-PAL model requires students to engage in opportunistic learning that recognizes the value of knowledge within the workplace, the identification of opportunities on offer and what can be created as a result of each opportunity. The role of the coach is to help the student to unlock their potential utilizing a suitable approach such as the GROW model (Whitmore, 2017). This model is introduced to students in the form of a daily learning log and requires learners to set goals they would like to achieve; adjust goals based on what is realistic (as practice unfolds), and identify options and actions to meet their learning goals. Coaches are required to give feedback both to the student and their mentor regarding observed performance which feeds into their practice-based assessment document. The students’ responsibility is to collate evidence of their learning using their learning log, to feedback to their mentor who continues to fulfil the role of practice assessor. Additionally, evidence of learning through the use of the log ensures that the coach can assess the degree to which the student has engaged with both the intended curriculum (the learning intentions identified at the commencement of each shift) and the enacted curriculum (what students actually experienced throughout the shift) to promote effective practice learning (Billett, 2014 p. 98.). In the C-PAL model, students are expected to work within a group of three students at all times which require students to negotiate and plan their shifts with coaches.

## 1.2 | Research question

This study sought to answer the following research question:

- What are the experiences of students using the C-PAL model within an in-patient mental health setting?

## 1.3 | Ethics

The university’s Institute of Healthcare Research granted ethical approval for the study (no. IHREC719). Participation was voluntary and written consent was obtained from all participants who were free to withdraw from the study at any time. Prospective participants were recruited via the university virtual learning site (BREQ) where they were able to access electronic copies of the consent form and participant information sheet. Written consent was obtained prior to the commencement of the focus groups.

## 2 | METHODOLOGY

The study utilized an interpretive methodology where the primary focus is on the actions of individuals within their social world where the interest focuses on aspects that are unique, individual and qualitative (Crotty, 1998), in an attempt to uncover participants views and perspectives (Gray, 2014).

### 2.1 | Method

All pre-qualification mental health nursing students who had been exposed to C-PAL within their 9 week non-elective placements on four pilot wards were invited to take part in a Focus Group, where discussion was led by a facilitator using a schedule of semi-structured open-ended questions. Participants were asked why they thought C-PAL had been introduced; whether they could recall any particularly vivid learning experiences; what was positive and less positive about C-PAL and to share observations regarding their learning support provided by mentors to students (a copy of the Focus Group schedule was available from the lead author). One focus group was facilitated by a Senior Lecturer in mental health nursing who was known to the participants of that group, whereas the other focus group was facilitated by a Senior Lecturer from a completely different healthcare programme, who had no previous contact with the participants.

### 2.2 | Data collection

The focus groups were of 1 hr 43 min and 1 hr 54 min duration respectively. Focus group 1 comprised eight students (three first-year, one second-year and four third-year students); focus group 2 comprised of seven students (two first-year, two second-year and three third-year students); who had completed placements within one of four inpatient mental health wards used to pilot C-PAL. The two Focus Groups were audio recorded and transcribed by the research team verbatim (Poland, 1999). Typed transcripts were distributed to the members of the research team. Given the time required to transcribe the focus group recordings and that fact that third-year nursing student participants were about to complete their programme, it was not possible for transcripts to be returned to participants for validation.

### 2.3 | Data analysis

Data analysis of the Focus Group transcripts was undertaken using constant comparative analysis (Gray, 2014). The analysis of data comprised of two stages:

Stage 1: Each member of the research team was required to read each transcript through a process of focused reading to identify key words or phrases. Nodes were used to “hold” tentative categories, and readers were asked to capture their initial thoughts and perceptions using memos such as dimensions, comparisons or contrasts.

1 Stage 2: The research team met together to generate, through an  
2 iterative process of analytical coding and induction, the properties  
3 of each code and a theoretical explanation of both transcripts.

4 The research team used this approach to undertake a thematic  
5 analysis of data arising from both focus groups. No computer soft-  
6 ware was used to analyse or generate themes.

### 9 | 3 | FINDINGS

10 We identified six themes from the analysis of the Focus Group  
11 transcripts which include preparation, shift patterns, opportuni-  
12 ties, mentor involvement, peer support and confidence. This paper  
13 presents findings presented in accordance with the Consolidated  
14 Criteria for Reporting Qualitative Research (COREQ) guidelines  
15 (Tong, Sainsbury, & Craig, 2007). All data have been anonymized,  
16 and pseudonyms have been created in order to present the findings:

#### 19 | 3.1 | Theme 1: Preparation of staff and students

20 Whilst Joshua and Billy's wards received some preparation as C-PAL  
21 pilot sites, Morgan and Joy's early experiences were less positive as  
22 there was a lack of common understanding due to information not  
23 being shared with nursing staff:

24 Initially it was a little awkward in placement when  
25 the nursing team said "so you are doing C-PAL;  
26 let's do it this way and what do you think of this?"  
27 And we did not have any answers because we  
28 did not have a full understanding of what it was...  
29 (Morgan, Focus Group 2)

30 So we had the induction....which was useful to us...  
31 at least we had an idea of the context and we were  
32 able to discuss with mentors and the nursing team  
33 and then kind of all of us working from the same page  
34 on the issue, rather than "you are now doing C-PAL".  
35 (Billy, Focus Group 2).

36 ...I think the manager knew, everything was done,  
37 but the rest of the staff did not know anything about  
38 it, it was very, very difficult for us in the beginning...  
39 (Joy, Focus Group 2)

40 Newton, Billett, Jolly, and Okerby (2011) stated that creating an  
41 environment which is invitational for nursing students, albeit as pe-  
42 ripheral members of the nursing team, is a central focus of novices'  
43 learning as they desire to be accepted by their co-workers. It is clear  
44 from Morgan and Joshua's experiences that a lack of preparation had  
45 an impact on their ability to adapt to the new placement and engage in  
46 participatory learning:

...some individual members of the team had dif-  
ferent ideas and understandings of the process...  
there was a clash along with a lack of understand-  
ing from the nursing team which caused difficulty...  
(Joshua, Focus Group 2)

In order for practitioners to be successful coaches, they  
must have knowledge of the role (Haidar, 2007) as alluded to  
by Morgan who described improvisation resulting from a mis-  
understanding of expectations. One explanation is that not all  
nurses serve as mentors or coaches by choice, as the role can  
sometimes be thrust upon them according to need (Andrews &  
Wallis, 1999).

Therefore, ensuring mentors, coaches and students had a com-  
mon understanding of all roles within C-PAL seemed critical to the  
extent to which team mentoring was assimilated within nursing  
teams which in turn, enabled students to engage in participatory  
learning.

#### 21 | 3.2 | Theme 2: Shift patterns

22 In order for C-PAL to be implemented based on a mix of first-  
23 and second-year third-year students, careful rostering of students and a  
24 coach needed to be arranged which caused some challenges for Billy  
25 and Della:

...there would be a lot of chopping and changing and  
there was confusion over [whether] we could have  
one [student] of each year on a shift or a mixture of  
years.  
(Billy, Focus Group 2)

...say there's three students, and the person on  
shift is ONE of your mentors...however much they  
try to make it fair...if there are things that come up,  
learning opportunities, [they] will go to their stu-  
dents and say, "Oh come here, I want to show you  
so...and that"...the mentor just sort of went back  
to what I would say "old school" mentoring and  
just took the student under their wing and said,  
"This is what we're doing, come along with me".  
(Della, Focus Group 1)

Some students appeared to have been proactive in planning shifts  
to not only ensure that C-PAL was implemented, but to promote fair-  
ness in rostering, as described by Morgan and Tina:

We said let's have a blanket rule about shift pat-  
tern; you do early today and then you do late, who  
does late today probably do first three earlies then  
the remaining two days of the week you do late so  
that it is balanced and that solved the problem.  
(Morgan, Focus Group 2)

1 ...my youngest is two years old, so you know, it's  
 2 just difficult, so you need flexibility so that you're  
 3 able to swap shifts...there's six of you; you can't  
 4 say, I want to do early' you can't be p[ro]tective.  
 5 (Tina, Focus Group 1)

6  
 7 A further challenge was the requirement for nursing students to  
 8 work a minimum of 40% of time with their mentor (NMC, 2008) al-  
 9 though Billy suggested that greater flexibility in shift planning ensured  
 10 that C-PAL could still be delivered:

11  
 12 ...if C-PAL is rigid...there is no way you can make  
 13 that 40% because before you go on that ward the  
 14 staff have done their rota for one month and you  
 15 are just coming in and so the first week your men-  
 16 tor might be doing a night and you are on an early,  
 17 like the mentor was away for three weeks...so all  
 18 these things were kind of challenging with C-PAL, as  
 19 the criteria in the PAD says you need to work 40%...  
 20 (Billy, Focus Group 2)

21  
 22 In order to deliver C-PAL, the rostering of shifts needed to take  
 23 into account the availability of allocated mentors, the availability of  
 24 co-mentors; both of whom would be expected to undertake the role  
 25 of coach for a group of students. Not only did students demonstrate  
 26 an awareness of the SLAiP standards (NMC, 2008) that stipulate the  
 27 minimum amount of time students are to work alongside a mentor, but  
 28 students played an active role in shift rostering to enable C-PAL to be  
 29 implemented.

30 Della's comment suggested that how mentors identify learning  
 31 opportunities for their individual student may clash with the ethos  
 32 of shared and peer-assisted learning where a student is taken away  
 33 to either observe or participate in a learning activity. One explana-  
 34 tion could be that the mentor may have viewed the presence of their  
 35 student on the same shift as an opportunity for direct contact that  
 36 might not have otherwise been afforded, which suggests that the  
 37 mentor may not have adapted their assessment strategy in the face  
 38 of C-PAL. Alternatively, a learning opportunity may not always be  
 39 appropriate for sharing with a group of students.

### 40 41 3.3 | Theme 3: Opportunities

42  
 43 Whilst the pilot sites had a range of learning opportunities for stu-  
 44 dents, Precious described some challenges in terms of participation  
 45 in care that had an impact on the assessment of her skills due to the  
 46 size of the patient group:

47  
 48 ...we only had 20 patients on our ward...yea...so trying  
 49 to find enough work for you...there are six members  
 50 of staff on so you have your HCAs and your qualified  
 51 nurses; then on top of that you have three students.  
 52 At times the students were out numbering the quali-  
 53 fied so it was more like everyone wants to do things,

everyone wants to get their skills signed-off regard-  
 less of the year and it ended up with some people just  
 clashing... (Precious, Focus Group 2)

Sienna, a third-year student, tried to negotiate learning experi-  
 ences for some of her junior counterparts, but appeared to have met  
 resistance from a qualified nurse:

We tried to get the year ones and twos to coordi-  
 nate and I was shot down by a staff nurse for  
 suggesting it "they cannot possibly do that".  
 (Sienna, Focus Group 2)

Similarly, Tina described occasions where the pace and tempo of  
 the unit did not always afford sufficient learning opportunity:

...all of us needed to have a chance...there'd be the  
 odd, um, manager's meeting or tribunal or whatnot  
 and there's six of you, whereas...where Precious was,  
 it's tribunal every other day...even the nurses, they  
 found it a little bit overwhelming sometimes...there  
 was a times when we're just standing around thinking.  
 (Tina, Focus Group 1)

Conversely, Wilma, Rob and Penny seemed to develop creativity  
 around the recognition of learning opportunities, not just from new,  
 but existing workplace practices:

...even as a year 3 you will have someone coming to  
 you just privately to get some advice yea, because  
 we are there as role models when you are year 2,  
 year 3 to the year 1s and for me I must say it was a  
 very good opportunity. It is a joy as a second year  
 [or] third year seeing a 1st year student doing very  
 well and being commended by other staff members.  
 (Wilma, Focus Group 2)

...we have those huddles soon after handover,  
 and just before handover...we say "Guys, let's just  
 have a talk" and you, update, and bring up issues,  
 any problems...say "Guys, you know, do you mind  
 if maybe have the opportunity to..." We could do  
 clinical and do the, ah, physical obs, you know, I  
 mean, so you, you just find ways of doing things.  
 (Rob, Focus Group 1)

Wenger-Trayner, Fenton-O'Creevy, Hutchinson, Kubiak, and  
 Wenger-Trayner (2015) argue that competence includes a social di-  
 mension and is not merely an individual characteristic. Additionally, the  
 achievement of competence is recognizable by members of a commu-  
 nity of practice which operates as a regime that pulls and transforms  
 learning as described by Penny and Wilma:

1 ...it was about grabbing opportunities for learning and  
 2 more independent learning and learning from each  
 3 other; but I took it to be the major thing for the year  
 4 3s to have that step-up before they get their first job.

5 (Penny, Focus Group 2)

6  
 7  
 8 Some of the opportunities were the same...you could  
 9 still participate in ward rounds, you could still do  
 10 handover...I think it was more how you divided it up  
 11 so you might not be able to do all the stuff that you  
 12 would like to do; it was a bit of give and take you know  
 13 you might be able to do the ward round this week,  
 14 but how about instead of that you write the notes for  
 15 it...I found that although the same opportunities  
 16 were there I found that I broadened the way I looked  
 17 at it by becoming quite creative in what I was doing  
 18 rather than...I need to get this skill signed-off to do  
 19 that I need ABCD...I was going and talking to a nurse  
 20 about the medication and [asking] "what did that do?"  
 21 So although I was not physically handing it out and  
 22 doing the medication round I was finding other ways  
 23 to learn... (Wilma, Focus Group 2)

24  
 25 Newton et al. (2011) argues that workplace affordances and the  
 26 quality of support offered to nursing students and their capacity to  
 27 engage with the clinical learning environment is critical to the quality  
 28 of students' experience as described by Morgan:

29  
 30 You know we started to pull up medication charts...  
 31 we [would] pull up like five or six [charts] and sit  
 32 down and say "guys...what do you understand by  
 33 this medication?"...There are different ways of learn-  
 34 ing and C-PAL makes you look outside the box.

35 (Morgan, Focus Group 2)

36  
 37 Additionally, Billy described the importance of seeking learning op-  
 38 portunities from within the multidisciplinary team and perceived that  
 39 patients could also be a valuable source for learning:

40  
 41 My thinking is that most students focus on the regis-  
 42 tered nurses for opportunities but there are others;  
 43 the doctors are there, the OTs are there, the patients  
 44 themselves are there, but we tend to focus more on  
 45 the registered nurses; this is where the opportuni-  
 46 ties are. Where we work we grabbed the doctor and  
 47 wanted to learn about clozapine...Somebody will say  
 48 "I have got this opportunity with the OT; they are  
 49 going out, okay you go"...So you look for the opportu-  
 50 nity... (Billy, Focus Group 2)

51  
 52 These findings are similar to a study conducted by Martin and  
 53 Edwards (1998) in which students found learning opportunities were

reduced due to the requirement to share them with their peers. Billy,  
 Morgan and Wilma's comments suggest that C-PAL offered students  
 increased opportunity for deeper involvement in learning opportuni-  
 ties through the sharing of ideas and strategies despite being in diffi-  
 cult situations. Peer-assisted learning opportunities have been shown  
 to enable students to increase their confidence (Austria et al., 2013),  
 decrease anxiety and provide a space for clarification of ideas and a  
 rehearsal of skills that need to be achieved (Yates, Cunningham, Moyle,  
 & Wollin, 1997;).

### 3.4 | Theme 4: Mentor involvement

Setting aside challenges associated with shift working and students  
 being able to work alongside their allocated mentors, Joshua was  
 conscious of how mentors were able to come to a decision regard-  
 ing performance within practice-based assessment, whilst Morgan  
 described how the daily learning log provided additional evidence  
 for the effectiveness of his practice learning:

...I was not under the wing of my mentor the whole  
 time...I had learnt from everybody; you know they  
 are all mentors in my mind to a certain degree

(Sienna, Focus Group 2)

Unfortunately, our mentors were on nights for a couple  
 of weeks and I did not see mine...The other thing is  
 you have a document and OAR [ongoing achievement  
 record] so depending on the mentor, that individual  
 staff member is dependent on whether they take it as  
 Gospel and whether you have done what is on your  
 sign-off sheet [daily learning log sheet], so that's an-  
 other thing because it's not necessarily a problem; but  
 it is an issue - you can do something one day and you  
 mentor can see that it has been signed-off, but they  
 may not be happy to sign it because they were not  
 there... (Joshua, Focus Group 2)

van Woerkom's (2010) Dutch study into the experience of 33  
 coachees suggested that the existence of mutual trust is critical to the  
 relationship between the coach and coachee as it determines the de-  
 gree of disclosure from the learner, although differences in personality  
 can be a source of learning. Billy alluded to the quality of the coach-  
 ing on offer in respect of the protection for poor practice that it af-  
 forded him, whereas Morgan reflected on the impact of his mentor's  
 personality:

They still protect you...your mentor or your coach...  
 as a student in case of any error or whatever might  
 happen...but with traditional mentoring you kind of  
 build your relationship with the team through your  
 mentor; you have a stronger relationship with your  
 mentor which transitions to the team, whereas the

C-PAL approach your relationships are a little bit disjointed with everyone to a point... so I found [it] not necessarily as easy to get to the same level of intimacy as you would have with your mentor... (Billy, Focus Group 2)

What I found was that my mentor wanted to know exactly what I had done each day, what I had learnt, how it was useful, what patient I did it with, everything you could imagine; which was fair enough because he was signing my PAD. In that respect having it as detailed as possible on every day with everything that I did...and signed for is more beneficial for me because if I am asked are you sure you did this on this day, I can then round and say yes... (Morgan, Focus Group 2)

The theme of "mentor involvement" suggested that C-PAL required the establishment of stronger communication strategies between students and their allocated mentors, particularly when evidence needed to be gathered to support the assessment process. The use of a daily learning log appeared to assist students in capturing evidence of student engagement with learning opportunities and providing reflective feedback, as alluded to by Joshua and Morgan.

### 3.5 | Theme 5: Peer support

"Huddling" where members of the nursing team come together several times a day to discuss their intentions and monitor patient safety (Health Foundation, 2015), seemed to provide a vehicle for peer-assisted learning as suggested by Precious.

...when it was not possible to huddle...we really missed each other...you know, 'we have not huddled!' it was that kind of relationship, we missed you guys from group A and B and it was such a good relationship because in the mornings like if it was group A in the morning immediately after the handover you would be left behind and we would revisit what they said and we would look at the tasks ahead... (Precious, Focus Group 2)

This comment aligns with a study conducted by Bates (2016) in which students felt that peer-assisted learning offered an opportunity to collaborate and build professional relationships with peers, as described by Tina:

...it was more...peer learning, where...like as in learning from each other, nurturing, um...leadership skills on all three levels ...what you discover is....we all learn from each other, whether third year or first year, I learnt a lot of stuff from the first years because things constantly change... (Tina, Focus Group 2)

Billett (2014) describes the process of learning through imitation and mimicry as mimetic learning. Mimesis is shaped by institutional facts, norms and practices; brute facts (which are incontrovertible); personal facts based on an individual's capacities, interests and intentions; and the relationships between these facts. Mimetic learning can be transformative as the consequences can lead to new ways of thinking, doing and innovation for individuals (Billett, 2014 p. 12.). For Precious, Morgan and Joshua, C-PAL was characterized by the formation of relationships and practices that created team working bonds which reflects findings from Ruth-Shahd's (2011) study into learning dyads. This was achieved by learning from, as well as alongside, fellow students:

...what I saw about the C-PAL is it's a commitment that you have to make as a student; to yourself, to your colleagues, to work and the unit... (Joshua, Focus Group 2)

Additionally, students perceived the value of peer learning in terms of nurturing one another and working across years of study within their teams as described by Billy, Morgan and Rob:

...you have got the opportunity to learn from two teams. You have got your student team that's the first team and then you have got the wider team which is the MDT. That really is a big opportunity for you to learn... (Billy, Focus Group 2)

...C-PAL is sweet to be honest because one thing you learn is people management especially because you guys are going to do patient management, you guys are going to do management of colleagues and we have different characters, how do I live with [name] how do I work with [name] and with that you learn how to work collaboratively with colleagues... (Morgan, Focus Group 2)

Rob described the C-PAL learning landscape as having features associated with togetherness and team work that generated support irrespective of the seniority of students, when learners' faced challenges:

...the other thing I learnt from C-PAL is the way you work together; it teaches you team work, yeah, you rely on each other, irrespective of the level of you are, whether you are year three or whatever, you know, you always, like, fall back on each other, and support each other if you see your colleague is struggling then just come in and 'do you want me to help you?' or 'do need any help?' 'Are you okay?'. (Rob, Focus Group 1)

Wenger-Trayner et al. (2015) describe the process whereby learners "find themselves" as being shaped by the landscape of

practice. This landscape comprises of engagement, concerned with doing, working, talking, using and producing artefacts; imagination, where the image of a learning landscape (working in a hospital as other nurses do) helps orientate and locate us; and alignment, where activity is not only coordinated, direction is received, laws followed and intentions implemented.

### 3.6 | Theme 6: Confidence

Finally, the theme of confidence was described by Wilma in terms of how she saw others grow, whereas Joy and Sienna saw confidence in their ability to become stronger team players. Increased confidence is a significant attribute of peer-assisted learning that has been recognized in several studies (Bates, 2016; Secomb, 2008; Yates et al., 1997). Additionally, C-PAL provided Billy with an opportunity for greater self-awareness which led to deeper insight into the importance of communication within teams:

... this has helped build a lot of confidence for most of the very shy amongst us and they have taken that position you know, as a leader as a year 1 year 2 year 3 and also learn how to listen, sit back and be led by someone who is in a lower year than you; but one beautiful thing about C-PAL is that it sharpens each other...  
(Wilma, Focus Group 2)

Jarvis (2009) describes the development of social identity as “becoming” and “being.” Becoming is signified when an individual is given an ascribed identity (as a novice nursing student) and an achieved identity when graduation and professional registration signifies the new status of being a registered nurse. Like Wilma, Joy saw the value of the C-PAL model in the context of not only the development, but preparation needs of final year students as future qualified nurses:

...for year 3's who are preparing for the 'real life', rather than having your mentor [there] all the time it is about being a team player...how you work with people...it is about leadership, delegation.  
(Joy, Focus Group 2)

...I think I have grown more confidence in the last four weeks...I am running the shift, I am working with the team and I feel more comfortable...  
(Sienna, Focus Group 2)

Webster-Wright (2010) asserts that professionals develop a social construction of the self by forming opinions within a public arena where personal views become stabilized over time. The creation of an authentic professional “self” occurs when learners identify what is important to both know and do; within professional contexts, using conversation with others which is external, and through an internal

dialogue to create authentic professionalism. Billy alluded to the process by which professionalism and professional identity creation was fostered:

...it gives you confidence, the confidence to do things on your own and work within your team as well...I have improved as a team player I have improved working with different people and understanding peoples' different needs and try to accommodate it in a team... so yes; working as a team, leaderships skills, delegation skills, it is something that I have acquired from C-PAL.  
(Billy, Focus Group 2)

Sienna and Billy described how their experience of C-PAL afforded greater confidence through enhanced self-awareness:

C-PAL does make you look at yourself. I discovered a lot about myself in those nine weeks, even the way I talk, how I would talk with you guys in class is obviously completely different. I found out a lot about myself as a positive, even though some of those realities are not nice to realise about yourself...  
(Sienna, Focus Group 2)

I would say that it is an opportunity to find out who you are...how I can work with the team and how I can communicate. You not only communicate with your colleagues, but you communicate with your team as well and it was something that builds you up because you miss someone who is a strong character and someone who is like me more introverted, but now I can come up and say something...  
(Billy, Focus Group 2)

Billett and Henderson (2011) argue that in addition to students learning canonical and occupational knowledge learners need to be self-monitoring of their practice as well as self-directing of their own learning in order to become a professional.

The theme of “confidence” was the strongest finding from both Focus Groups and represented the most significant outcome of the C-PAL pilot for students in terms of the construction of their professional identity as mental health nurses.

## 4 | DISCUSSION

The findings from this study suggest that C-PAL provided mental health nursing students within an in-patient setting with a generally positive experience characterized by their strong engagement in opportunistic and participatory learning which enhanced their confidence and leadership skills and led to greater self-awareness. Additionally, students' vivid recollections suggest that engagement



1 as part of the pilot project as well as immersion within peer-assisted  
2 learning supported by coaches enhanced the learning experience.  
3 However, poor preparation of some of the pilot sites had a detrimental  
4 effect on the initial learning experiences of participants and is a  
5 key finding of this study. Our findings reflect Chan's (2002) study  
6 which concluded that continual and open communication between  
7 nursing academics, clinical staff and nursing students in the planning  
8 of learning experiences sets the social climate of a clinical learning  
9 environment. The importance of peer support within C-PAL ensured  
10 that peer-assisted learning was delivered, regardless of the year of  
11 study of students. We suggest that students were sufficiently inspired  
12 to model their learning behaviour in response to the needs of others  
13 (Illeris, 2014); in particular fellow students, as well as nursing  
14 staff and service users. This finding suggests that team-based  
15 approaches such as C-PAL broaden the range of learning relationships  
16 available for students in contrast to learning dyads or student  
17 "buddying".

18 It could be argued that C-PAL mirrors the principles of "co-  
19 production" within contemporary mental health where professionals  
20 and citizens share power in order to plan and deliver support whilst  
21 recognizing that both partners have a vital contribution to make in  
22 order to improve quality of life for people and communities (Slay &  
23 Stephens, 2013 pg. 3.). Our study suggests that C-PAL allows learners  
24 to be active participants in their own learning and that of others  
25 which may have the potential to help mental health nursing students  
26 embrace co-production and enhance the service user experience.

## 27 5 | LIMITATIONS

28 A limitation of this study is that the sample comprised of a mixture  
29 of participants of different years of study who had only experienced  
30 C-PAL within their individual clinical placement areas. The study did  
31 not include the perspectives of mentors, service users and health-  
32 care professionals within the pilot sites, as the experiences of these  
33 three groups are currently being evaluated by the placement provider.  
34 Interestingly, there did not appear to be any discernible difference  
35 between the themes generated from the two focus groups or  
36 participants' responses, even though one of the two facilitators had  
37 a pre-existing relationship with the participants (Tong et al., 2007).  
38 Lastly, participants did not seem to differentiate between the role  
39 and practice of coaches as opposed to mentors. This may have been  
40 due to the fact that the Focus Group schedule included two questions  
41 on the level of support received from coaches and mentors  
42 rather than their actual role in the enhancement of practice learning.

## 43 6 | CONCLUSION

44 The findings relating to the preparation of mental health in-patient  
45 areas ahead of the implementation of C-PAL, which includes careful  
46 shift rostering and the roles of coaches, mentors and students,  
47 suggest that the move away from one-to-one mentoring is a

48 significant cultural change for many nursing staff. For those students  
49 expecting to work "under" a mentor, our study revealed that peer-  
50 assisted learning can be unsettling. We found that student performance  
51 improved in areas such as organizing patient care, managing fellow  
52 students, and professional accountability and reflects findings from a  
53 study undertaken by Secomb (2008). Indeed, one of the aims of clinical  
54 practice for all healthcare students must be to facilitate empowerment  
55 so that the student may learn to practice safe patient care independently.  
56 Therefore, lecturers and mentors must create situations through  
57 facilitation and coaching, in which students may empower themselves.  
58 Peer-assisted learning within the mental health in-patient clinical  
59 environment appears to do just that.

## 60 7 | RELEVANCE STATEMENT

61 The findings of this study are of particular interest to academic staff  
62 and link lecturers within higher education institutes; practice education,  
63 learning environment leads and clinical learning facilitators employed  
64 within secondary healthcare environments and mentors and students  
65 preparing for engagement with team mentorship or clinically based  
66 peer-assisted learning initiatives.

## 67 CONFLICT OF INTEREST

68 This research did not receive any specific grant from funding agencies  
69 in the public, commercial or not-for-profit sectors.

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