VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Preceptors' perspectives of an integrated clinical learning model in a mental health environment

This is the Accepted version of the following publication

The publisher's official version can be found at
https://onlinelibrary.wiley.com/doi/full/10.1111/inm.12441
Note that access to this version may require subscription.

Preceptors' perspectives of an integrated clinical learning model in a mental health environment

ABSTRACT

Supervised clinical practice is an essential component of undergraduate nursing students' learning and development. In the mental health setting, nursing students traditionally undertake four-week block placements. An integrated clinical learning model, where preceptors mentor students on an individual basis, has been used successfully in the clinical learning environment. This flexible model provides the opportunity for students to work across morning, afternoon, night and weekend shifts. There is a need to improve the evidence base for a flexible model for students undertaking a mental health placement. The aim of this study was to understand preceptors' experience of, and satisfaction with, a mental health integrated clinical learning model. Focus groups were used to elicit the views of preceptors from a mental health service. Findings highlight the advantages and disadvantages of an integrated clinical learning model in the mental health setting. Participants suggested that students may benefit from flexible work arrangements, a variety of experiences and a more realistic experience of working in a mental health service. However, they found it challenging to mentor and evaluate students under this model. Most also agreed that the model impeded students' ability to engage with consumers and develop rapport with staff. The findings indicate the need to develop a placement model that meets the unique needs of the mental health setting.

INTRODUCTION

Recruiting newly qualified nurses into mental health nursing is notoriously challenging (Harrison, Hauck, & Ashby, 2017; Porter, Ham, & Grealish, 2016; Stevens, Browne, & Graham, 2013). The profession of mental health nursing is often stigmatised and undervalued by the general public and nurses themselves (Happell & Gaskin, 2013; Stevens et al., 2013). A survey of Australian Bachelor of Nursing students career choices, found that most student nurses hoped to work in acute care adult (21%), with lower preference rates given to mental health (2%) and aged care nursing (1%) (McCann, Clark, & Lu, 2010). Most undergraduate nursing students enter a clinical placement in mental health with high levels of anxiety and prejudices against the setting and patient cohort (Happell, Welch, Moxham, & Byrne, 2013; Kirkbakk-Fjær, Andfossen, & Hedelin, 2015). However, those who experience a positive clinical placement are more likely to enter the field of mental health nursing (Harrison et al., 2017).

Positive experiences during clinical placements are strongly associated with higher levels of perceived clinical confidence (Patterson et al., 2017), which has, in turn, been linked to greater interest in working in the mental health setting (Happell & Gaskin, 2013; Harrison et al., 2017; Moxham, McCann, Usher, Farrell, & Crookes, 2011). Mental health nurses and supervisors play an important role in promoting this specialist area of nursing during student placements (Happell & McAllister, 2014). However, the way in which clinical supervisors fulfil their roles is largely determined by the structure of the clinical placement. Although the clinical component of undergraduate nurse education varies across local and international boundaries, and is influenced by a range of contextual factors (AL-Sagarat, ALSaraireh, Masa'deh, & Moxham, 2015; Forber et al., 2016; Hardy, Mushore, & Goddard, 2016; Ward & McComb, 2017), the traditional block placement is the main model for clinical placements (Forber et al., 2016). Under the block (or rotational) model, students may be 'buddied' with a registered nurse for each shift, while a clinical supervisor serves as the primary instructor for a small group of students across different wards or units (Courtney-Pratt, FitzGerald, Ford, Marsden, & Marlow, 2012; Croxon & Maginnis, 2009). Alternatively, a one-to-one supervisory relationship may be established between a student and registered nurse (the preceptorship, or mentorship model) (Forber et al., 2016). The student attends a placement on a full-time basis for several weeks, either during the study period or in semester breaks (Kevin,

Callaghan, Driver, Ellis, & Jacobs, 2010). An alternative to the block model is the Integrated Clinical Learning Model (ICLM). In this model, nursing students attend their clinical placement on a weekly basis, exposing them to a broader range of settings and experiences, while they continue their classes (Kevin et al., 2010). During these clinical placements, preceptors assume the essential role of mentoring, teaching and evaluating students, to ensure that they become competent entry level health practitioners (Lee, Brammer, & Chan, 2010). The literature suggests that a flexible ICLM may benefit students by providing a positive clinical learning environment in which clinicians and academics collaborate to enhance students' learning (Lawrence, 2014; Löfmark, Thorkildsen, Råholm, & Natvig, 2012).

The ICLM has been used successfully in the clinical learning environment (Lawrence, 2014). However, block placements are more common in the mental health setting. An ICLM that allows students to work across morning, afternoon, night and weekend shifts would offer a greater range of experiences and a more realistic experience of working in a mental health service. The role of the clinical supervisor is integral to students' learning and satisfaction with the placement experience, regardless of the model of clinical education and student supervision (Harrison et al., 2017; Sweet & Broadbent, 2017).

While the experiences and perspectives of student nurses undertaking mental health placements have been explored widely (Hardy et al., 2016; Ketola & Stein, 2013; Ramluggun, Anjoyeb, & D'cruz, 2016), less is known about preceptors' views of a flexible placement model, particularly in the mental health setting. The aim of this study was to understand preceptors' experience of, and satisfaction with, a mental health ICLM.

METHODS

Design

An inductive qualitative approach was used to explore preceptors' views of an ICLM. This paradigm is useful in under-researched areas, as it affords a rich and in-depth insight into the phenomenon under study (Patton, 2002). This approach to data collection is underpinned by an interpretivist paradigm, which seeks to generate new knowledge and meaning from participants' experiences and perspectives (Jayasekara, 2012; Stalmeijer, McNaughton, & Van Mook, 2014). Data were collected through focus groups. Focus

groups are used widely in nursing research to collect qualitative data (Stalmeijer et al., 2014). They are characterised by participant interaction, which allows researchers to explore attitudes, priorities and frameworks of understanding (Freeman, 2006; Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Thus, the dynamic of the group itself serves to stimulate ideas and elicit views on the research question (Holloway & Wheeler, 2010).

Participants

Human research ethics committee approval was obtained before the study commenced. Participants provided written consent to participate and data were de-identified to maintain confidentiality. Purposive sampling was used to recruit registered nurses who served as preceptors in one mental health service in Victoria, Australia. This service offers inpatient and community mental health services for adults. Following the completion of undergraduate nursing students' mental health placement (consisting of 160 hours over 16 weeks), preceptors were invited to participate in a focus group. A total of 13 preceptors participated in this study.

Data collection

Data collection was undertaken in 2014. The first focus group comprised seven participants, while six attended the second focus group. Broad questions (Table 1) developed by the research team were asked initially, which encouraged participants to produce thoughts and opinions about their experience of, and satisfaction with, the ICLM. The same researcher conducted both focus groups, and each focus group discussion was digitally recorded and transcribed verbatim by a professional transcription service. To ensure that the research team was eliciting the range of experiences relevant to the aim of the study, the data collected in the first focus group were used to modify the questions that were asked of the second group (Kidd & Parshall, 2000). Although interview transcripts were not returned to participants for review, the researcher confirmed key points at the end of each discussion topic in the focus groups.

Data analysis

The researchers used Braun and Clarke's (2006) approach to thematic analysis to identify, analyse and develop themes inductively from the data. Transcripts from each focus group were analysed separately and then combined. They were read and re-read to obtain a broad understanding of the discussion, after which initial codes were generated and provisional themes identified, using QSR NVivo (version 10). Themes were revised, and a thematic map of the analysis created (Braun & Clarke, 2006). Variances in coding and theme identification were addressed through discussion between the researchers and reference to relevant literature. Illustrative exemplars were selected for each theme.

RESULTS

The participants in the current study were preceptors for third year nursing students who had completed one unit of mental health theory and undertook their second mental health theory unit while attending placement. Preceptors had mentored students in an acute admission or extended care rehabilitation unit, while a designated nurse educator employed by the mental health service (separate from the preceptor) coordinated the ICLM and students' learning experiences during the placement. Students self-rostered to placements shifts across weekdays, weekends and a limited number of night shifts, as required by the ICLM, over a 16-week period. This model contrasts to the traditional block model in the Australian context, which comprises four weeks of only weekday morning and afternoon shifts.

Mindful of the overarching framework in which the questions were asked (differences, similarities, advantages and disadvantages of an ICLM), three overarching themes, and related sub-themes, were abstracted from the data, reflecting participants' views: (i) *Benefits of an ICLM*, (ii) *Challenges of an ICLM*, and (iii) *Placements in the mental health setting* (Figure 1).

Theme 1: Benefits of an ICLM

Participants considered the benefits of an ICLM to students, and generally agreed that the model was more reflective of the reality of working in the mental health setting. The three sub-themes were *Flexible work arrangements*, *Variety of experiences*, and *Reflecting reality*.

Flexible work arrangements

The main benefit of an ICLM was that students could choose their preferred shifts, which facilitated their efforts to manage their personal, work and study responsibilities.

> *It gives them the flexibility in terms of their personal life and outside of the placements. It gives them, I suppose, better quality of life and they can basically manoeuvre through their studies and personal life.*

Several participants conveyed the views of their students, who preferred the flexibility of an ICLM. One issue that was raised in favour of the flexible model was that student absenteeism appeared to be lower, than on block placements. They also reported that the flexible work arrangements helped prepare students for joining the healthcare workforce.

> *Giving them a lot of flexibility in choosing their own time of work, it's also preparing for the workforce, to pick and choose the shifts ... so it's more preparing for them.*

Variety of experiences

An additional benefit for students was the variety of experiences provided by an ICLM (Lawrence, 2014). For example, the flexible model required them to work with staff who had different experience and skills, and teaching styles.

> *I think it's beneficial to work with different people on the different level, because my experience is different to my colleagues ... we all have different levels and different areas that we work in ... it helps shape them into who they're going to be in the future.*

Although they identified several benefits to students of experiencing an ICLM, participants highlighted the importance of students to take responsibility and actively participate in their learning. Undertaking a placement in the clinical setting was integral to their learning.

> *I found that those that were not very good with self-directed learning and probably not so confident, they struggled to kind of get involved in the whole serious running of the ward and get used to the routines ... it felt like all the time they were here they had to start again.*

Reflecting reality

Students' learning is greatly strengthened when 'real life' experiences are mirrored in the placement setting (Johnson et al., 2010; Spence, Garrick, & McKay, 2012). Participants agreed that an ICLM offered students a realistic experience of working in the mental health care setting. Being exposed to a range of patients was identified as a key benefit to students' learning and experience.

> *The flexi model is better because they get to see a bigger range of what's happening within the unit.*

Theme 2: Challenges of an ICLM

Preceptors understand the importance of a positive placement experience for students and take their roles seriously (Harrison et al., 2017; Löfmark et al., 2012). However, their effectiveness is often determined by the model under which they must conduct their preceptorship (Forber et al., 2016). Despite its potential benefits, most participants agreed that an ICLM brought several major disadvantages or challenges to their roles as preceptors.

> *It [an ICLM] gives more flexibility, but from the study point of view, or the practical point of view, I think that flexi model is not really working properly.*

Overall, participants reported that a flexible approach did not work as well as a block placement in the mental health setting. Disadvantages were grouped into four sub-themes: *Difficulty engaging with clients*, *Lack of continuity*, *Developing rapport with staff* and *Difficulty evaluating students*.

Difficulty engaging with clients

Participants considered whether an ICLM provided adequate opportunity for nurse students to engage well with consumers in the mental health setting. They raised concerns that students may not experience the range of clients and conditions, and that there may be a lack of continuity between shifts.

There's no rapport, so they really struggle to communicate with that client that next week that they come back in, whereas if they'd been around to see the whole change ... if they'd been around Monday to Friday ... they'd have seen how the other staff are interacting with that person.

Consistent with the literature, clients were also seen to benefit more from having the same student nurse for a longer period at a time (Quail, Brundage, Spitalnick, Allen, & Beilby, 2016; Redknap, Twigg, & Towell, 2016).

The clients get warmer [towards them] when they see them almost every day ... But then, because sometimes we get students [back] after a fortnight, after a month ... it's like, "Oh, what's your name again?" So, basically, just starting over…

Lack of continuity

Whether a flexible model benefited students' learning was also considered. Overall, participants agreed that a lack of continuity was disadvantageous to students.

With the flexi model, they see it today and next week maybe ... in the next two weeks, that patient's gone, so they will not get any learning or any study from that. They have to start again with another patient, another illness or diagnosis, so it is a bit hard for the student.

These students will not have continuity of learning, because they're just coming here once a week or something like that. By the time that they come back again, they have forgotten what they have learned. I think it's still better for them to just be here for a continuous two weeks.

As preceptors who were responsible for mentoring student nurses, most felt that they had to repeat information to students who had been away for more than a few days.

It's like filling in the gaps and I don't think there's continuity. Quite often, we have a student ... we see them after four weeks and they've forgotten ... sometimes, by week eight, they still haven't grasped the concepts.

A lack of continuity has been shown to adversely affect student learning, preceptor roles and client support (Walters et al., 2012; Ward & McComb, 2017).

Developing rapport with staff

An ICLM was also not considered conducive to students maximising rapport with staff. In addition to clear communication, rapport involved developing trust and a shared understanding between colleagues and clients.

> *With the flexi model, I don't that there is this establishment of good rapport and working relationship, considering that you don't see the student often.*

Good rapport with preceptors and clients is strongly associated with students' ability to develop confidence (Quail et al., 2016). Group work, for example, has been shown to improve nursing students' rapport and skills (Gagnon & Roberge, 2012).

> *I think that if you have students here for a longer period, I think they would adjust, you'd help them adjust and they'll feel better, more confident themselves because they're here for a longer period … they're part of the team, you know.*

Difficulty evaluating students

A major part of the preceptor's role is to evaluate the student's understanding of intended learning outcomes (Löfmark et al., 2012). Evaluating students on a flexible placement in the mental health setting was considered particularly challenging. Participants explained that they were frequently expected to evaluated students without adequate follow-up, or after working with a student for a single shift.

> *For us as preceptors, we will have a chance to evaluate when they start, where are they and, at the end of that, when they're finished. We will have that follow up and we can't just say, "Look, you progressed, or maybe you have to do more." But this one now [ICLM], every week when they come, they are new, they encounter a new preceptor and it is very hard to follow their progress.*

I think if it's under the flexi model, it's so difficult to actually make an assessment as to whether the students are actually prepared or not. I think if they're using the block model, you can identify if the student nurse is lacking in a particular clinical skill or hating an interaction with a patient, working with the other team members.

Related to their roles as preceptors, participants wanted to optimise students' learning, but also felt responsible for assisting students' broader needs in the mental health setting. For example, participants acknowledged that students might need support to overcome feeling of fear in the mental health setting. They felt that this was possible under a block placement arrangement, rather than an ICLM.

I think we have to remember as well that these are students who actually decided to become a nurse, have to prepare themselves holistically. We're not only looking after their intellectual needs. We have to ensure that they also develop their social development, their intellectual, emotional, psychological needs and social needs. I think it's more possible if they're here in a block.

Theme 3: Placements in the mental health setting

Once data concerning the ICLM had been collected, participants were asked to consider how students experienced and might better prepare for their placement in the mental health setting. Sub-themes abstracted from the data were: (i) *Preparing for a mental health placement*, and (ii) *Opportunities for improving the student experience*.

Preparing for a mental health placement

Preceptors are concerned about students' willingness and ability to work in the mental health setting (Kirkbakk-Fjær et al., 2015). Participants reported that students' personal beliefs or lack of knowledge often resulted in negative views of mental health nursing. However, the type of placement would not necessarily change their fear.

If someone's scared, they're going to be scared regardless, whether they're here on a block placement or flexi model. And if they're going to be scared, they're going to be scared for the whole four weeks that they're here.

Students might be able to better prepare for and improve their confidence by visiting the site before commencing their placement, while educators should assess their personal attitudes and maturity ahead of the placement (Kirkbakk-Fjær et al., 2015).

> *Perhaps they need to come and have a few visits and see how the psych ward actually runs ... so that that fear is not there about, "Oh my god, I'm going to be killed, I'm going to a psych unit for a period of time."*

Participants reported that students were ill prepared for their placement in the mental health setting. Earlier exposure to mental health nursing was needed for students to understand and approach mental health nursing in a more informed and confident manner (Kirkbakk-Fjær et al., 2015). The limited amount of time given to mental health nursing over the students' course of study was identified as a challenge. From this perspective, participants considered the role and responsibility of the university and the workplace.

> *I don't think they are adequately prepared for a mental health setting, because of the limited information that they have ... from my understanding, it's only two or three months out of a whole three-year space.*

Opportunities for improving the student experience

The imperative identified by participants to improve student interest, education and knowledge in mental health nursing is also evident in the literature (Happell, 2009; Harrison et al., 2017; Hooper, Browne, & O'brien, 2016). Participants had several suggestions for how students' experience of their mental health nursing placement might be improved. These included the need for more education and exposure to mental health nursing, and the importance of the students' understanding of the role of the preceptor in providing advice and support.

> *Probably the best students' understanding of preceptors or how the preceptor works ... having a bit of consistency with the preceptor tagging along as buddy nurses will probably give them a bit of a better understanding of all the practices ... so maybe a bit of consistency of preceptorship.*

Understanding students' learning objectives were identified as a way to improve the placement experience for preceptors and students.

> *Without a clear plan of what they wanted to achieve, they walked in blind. So you have to kind of probe and push to say, "What exactly do you want to achieve today? What have you achieved?" And, again, that takes us back to the lapses between the time when they're last here and when they come back again, because we never get to know what they've achieved.*

Following up issues and providing feedback are also important components of student development (Courtney-Pratt et al., 2012; Sweet & Broadbent, 2017). To improve their learning, preceptors often suggested that students ask for guidance from their lecturers at university. They also asked the placement coordinator to provide additional support, as needed.

> *We are here to support them and they are here as students to participate ... we are just here supporting them and they are also supporting us, we are working together. We can support them, we help them, we are there always with them and that relationship, I think, continues, whether it is flexi or block ... I think that relationship remains the same.*

DISCUSSION

In this exploratory study, we sought to understand preceptors' experience of, and satisfaction with, an integrated clinical learning model in the mental health setting. The ICLM allows students to learn about and integrate theoretical knowledge in the clinical setting, often within the same week. This provides nursing students with the opportunity to work across morning, afternoon, night and weekend shifts, thereby broadening their experience in a more realistic work context.

Participants' views about using an ICLM in the mental health setting were mixed. Overall, the benefits of an ICLM were seen from the students' perspective. Flexible work arrangements and a range of experiences more accurately reflected the reality of working in the mental health setting. In addition, participants noted the importance of the duration of mental health placements. In the current study, students attend placement over 16 weeks, with a total of 160 hours. This, in itself, is positive, as most Australian Bachelor of Nursing courses' mental health placements vary from 70-160 hours (Happell, 2009).

From their own perspectives, however, preceptors identified four major disadvantages of an ICLM, relating to difficulty engaging with clients, developing rapport with staff, lack of continuity and difficulty evaluating students. These four concerns were interrelated. For example, students not having the opportunity to learn from a range of clients and conditions also related to a lack of continuity between shifts. While students typically aim to develop rapport with mental health clients (Beauvais, Brady, O'Shea, & Griffin, 2011; Szpak & Kameg, 2013), staff also place importance on the development of rapport (Alexander, Sheen, Rinehart, Hay, & Boyd, 2017; Cleary et al., 2012). Under an ICLM, however, participants cautioned that students not having regular or repeated contact with the same client may undermine efforts towards rapport. Adverse effects may also be felt by clients, who benefit from established relationships with their health professionals (Murcott, 2014; Wiechula et al., 2016).

Another disadvantage of an ICLM related to the student-preceptor relationship. This, too, was associated with a perceived lack of continuity between shifts in this placement model. It is during clinical placements that preceptors are expected to mentor and assess student nurses. Competing demands of patient care, staff shortages and the time-consuming nature of the assessment process are major challenges to the preceptor role (Cassidy et al., 2012). This is reflected in the literature, which indicates that the establishment and maintenance of an effective preceptor-student relationship requires some consistency in the placement setting (Butler et al., 2011; Forber et al., 2016; McCarthy & Murphy, 2008). Ideally, the rosters of preceptors and students should be matched, to support the continuity of the learning experience (Butler et al., 2011). In practice, however, participants often had to repeat information to different students or 'start again' with those who had been away for more than a few days.

A clinical placement model also influences how students are evaluated (Sweet & Broadbent, 2017). Participants found it particularly challenging to evaluate students who attended under the ICLM. Although they wanted to optimise students' learning and provide a fair evaluation of their knowledge and competence, they often found themselves in the position of having to evaluate a student after a single shift.

While the role of preceptors is a fundamental element of the mental health placement, there is also a need for students to be better prepared to enter the mental health setting. To maximise the learning experience, negative views or anxiety about mental

health nursing should be addressed before the placement commences (Kirkbakk-Fjær et al., 2015). The learning objectives of educators, preceptors and student perspectives should also be clear. Importantly, the content and structure of the model under which the placement occurs should be appropriate to the mental health setting.

Limitations

There are two main limitations to this study. First, as this is a qualitative study, the findings are context-bound to the participants and setting in which it was undertaken. Second, the sample was small and drawn from staff in one mental health services in a large city, who may not necessarily represent the views of preceptors in services elsewhere in Australia or overseas. Thus, while it cannot be assumed that the findings of this study generalisable, they elaborate on issues which have been identified elsewhere However, the size and composition of each focus group in the current study is consistent with recommendations (Barbour, 2007; Krueger & Casey, 2014)..

CONCLUSION

The aim of this study was to understand preceptors' experience of, and satisfaction with, a mental health integrated clinical learning model. The study introduced a novel way of providing students with experience in a mental health environment. Students participated in an ICLM over an extended timeframe offering exposure to morning, evening, night and weekend shifts. Findings highlight the advantages and disadvantages of an integrated clinical learning model in the mental health setting, compared to a block model. Under this model, preceptors agreed that students benefited from greater variety of more realistic experience of working in a mental health service. However, they found it more challenging to mentor and evaluate students. Most also agreed that the model impeded students' ability to engage with consumers and develop rapport with staff. Future research should study how the experience of students and preceptors could be maximised through a placement model that meets the unique needs of the mental health setting.

RELEVANCE FOR PRACTICE

The shortfall in the nursing workforce and a general lack of interest of undergraduate students in mental health as their speciality indicate the importance of recruiting and

retaining nurses in the mental health setting. The structure of the placement and the influence of preceptors have been associated with greater interest in working in mental health. An ICLM that exposes students to a range of shifts, learning experiences and client cohorts may enhance students' knowledge and increase their interest in choosing mental health as their preferred specialty. However, overall, preceptors raised concerns about introducing an ICLM in the mental health setting. These related to increased difficulty engaging with clients and developing rapport with staff, a lack of continuity between shifts, and challenges in evaluating students. While opportunities exist to improve students' and preceptors' experiences of clinical placements in the mental health setting, the needs and preferences of all stakeholders require further understanding.

REFERENCES

AL-Sagarat, A. Y., ALSaraireh, F., Masa'deh, R., & Moxham, L. (2015). The impact of a mental health clinical placement on the clinical confidence of nursing students in Jordan. *Nurse Education Today, 35*(6), 760-764. doi:10.1016/j.nedt.2015.02.008

Alexander, L., Sheen, J., Rinehart, N., Hay, M., & Boyd, L. (2017). Mental health simulation with student nurses: A qualitative review. *Clinical Simulation in Nursing*. doi:10.1016/j.ecns.2017.09.003

Barbour, R. S. (2007). *Doing focus groups*. London: Sage.

Beauvais, A. M., Brady, N., O'Shea, E. R., & Griffin, M. T. Q. (2011). Emotional intelligence and nursing performance among nursing students. *Nurse Education Today, 31*(4), 396-401. doi:http://dx.doi.org/10.1016/j.nedt.2010.07.013

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Butler, M. P., Cassidy, I., Quillinan, B., Fahy, A., Bradshaw, C., Tuohy, D., . . . Tierney, C. (2011). Competency assessment methods–tool and processes: A survey of nurse preceptors in Ireland. *Nurse Education In Practice, 11*(5), 298-303. doi:10.1016/j.nepr.2011.01.006

Cassidy, I., Butler, M. P., Quillinan, B., Egan, G., Mc Namara, M. C., Tuohy, D., . . . Tierney, C. (2012). Preceptors' views of assessing nursing students using a competency based approach. *Nurse Education In Practice, 12*(6), 346-351. doi:10.7748/nr2002.04.9.3.68.c6190

Cleary, M., Horsfall, J., O'Hara-Aarons, M., Mannix, J., Jackson, D., & Hunt, G. E. (2012). Views and experiences of mental health nurses working with undergraduate assistants in nursing in an acute mental health setting. *International Journal of Mental Health Nursing, 21*(2), 184-190. doi:10.1111/j.1447-0349.2011.00784.x

Courtney-Pratt, H., FitzGerald, M., Ford, K., Marsden, K., & Marlow, A. (2012). Quality clinical placements for undergraduate nursing students: a cross-sectional survey of undergraduates and supervising nurses. *Journal of Advanced Nursing, 68*(6), 1380-1390. doi:10.1111/j.1365-2648.2011.05851.x

Croxon, L., & Maginnis, C. (2009). Evaluation of clinical teaching models for nursing practice. *Nurse Education In Practice, 9*(4), 236-243. doi:https://doi.org/10.1016/j.nepr.2008.06.004

Forber, J., DiGiacomo, M., Carter, B., Davidson, P., Phillips, J., & Jackson, D. (2016). In pursuit of an optimal model of undergraduate nurse clinical education: An integrative review. *Nurse Education In Practice, 21*, 83-92. doi:10.1016/j.nepr.2016.09.007

Freeman, T. (2006). 'Best practice'in focus group research: Making sense of different views. *Journal of Advanced Nursing, 56*(5), 491-497. doi:10.1111/j.1365-2648.2006.04043.x

Gagnon, L. L., & Roberge, G. D. (2012). Dissecting the journey: Nursing student experiences with collaboration during the group work process. *Nurse Education Today, 32*(8), 945-950. doi:http://dx.doi.org/10.1016/j.nedt.2011.10.019

Happell, B. (2009). Influencing undergraduate nursing students' attitudes toward mental health nursing: acknowledging the role of theory. *Issues in Mental Health Nursing, 30*(1), 39-46. doi:10.1080/01612840802557113

Happell, B., & Gaskin, C. J. (2013). The attitudes of undergraduate nursing students towards mental health nursing: a systematic review. *Journal of Clinical Nursing, 22*(1-2), 148-158. doi:10.1111/jocn.12022

Happell, B., & McAllister, M. (2014). Perspectives of Australian nursing directors regarding educational preparation for mental health nursing practice. *Issues in Mental Health Nursing, 35*(11), 891-897. doi:10.3109/01612840.2014.891679

Happell, B., Welch, T., Moxham, L., & Byrne, L. (2013). Keeping the flame alight: understanding and enhancing interest in mental health nursing as a career. *Archives of Psychiatric Nursing, 27*(4), 161-165. doi:10.1016/j.apnu.2013.04.002

Hardy, S., Mushore, M., & Goddard, L. (2016). Supporting student mental health nurses in clinical placement through virtual in-practice support (VIPS): Innovation uptake and the 'VIPS'project. *Nurse Education Today, 46*, 133-138. doi:10.1016/j.nedt.2016.08.033

Harrison, C. A., Hauck, Y., & Ashby, R. (2017). Breaking down the stigma of mental health nursing: Qualitative study reflecting opinions from western Australian nurses. *Journal of Psychiatric and Mental Health Nursing*. doi:10.1111/jpm.12392

Holloway, I., & Wheeler, S. (2010). *Qualitative Research in Nursing and Healthcare* (3rd ed.). West Sussex, UK: Wiley-Blackwell.

Hooper, M. E., Browne, G., & O'brien, A. P. (2016). Graduate nurses' experiences of mental health services in their first year of practice: An integrative review. *International Journal of Mental Health Nursing, 25*(4), 286-298. doi:10.1111/inm.12192

Jayasekara, R. S. (2012). Focus groups in nursing research: Methodological perspectives. *Nursing Outlook, 60*(6), 411-416. doi:10.1016/j.outlook.2012.02.001

Johnson, N., List-Ivankovic, J., Eboh, W. O., Ireland, J., Adams, D., Mowatt, E., & Martindale, S. (2010). Research and evidence based practice: using a blended approach to teaching and learning in undergraduate nurse education. *Nurse Education In Practice, 10*(1), 43-47. doi:10.1016/j.nepr.2009.03.012

Ketola, J., & Stein, J. (2013). Psychiatric clinical course strengthens the student–patient relationships of baccalaureate nursing students. *Journal of Psychiatric and Mental Health Nursing, 20*(1), 23-34. doi:10.1111/j.1365-2850.2012.01878.x

Kevin, J., Callaghan, A., Driver, C., Ellis, J., & Jacobs, B. (2010). A possible alternative model of clinical experience for student nurses. *Journal for Nurses in Professional Development, 26*(5), E5-E9.

Kidd, P. S., & Parshall, M. B. (2000). Getting the focus and the group: Enhancing analytical rigor in focus group research. *Qualitative Health Rresearch, 10*(3), 293-308. doi:10.1177/104973200129118453

Kirkbakk-Fjær, K., Andfossen, N. B., & Hedelin, B. (2015). Preceptors' expectations of nursing students' preparation before placement in psychiatry: Ability and will to reflect on and exercise knowledge. *Issues in Mental Health Nursing, 36*(4), 300-306. doi:10.3109/01612840.2014.978424

Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research* (5 ed.). Thousand Oaks, CA: Sage Publications.

Lawrence, K. (2014). Innovation in clinical practice: Providing undergraduate nursing students with a best practice clinical learning environment. *Journal of Teaching and Education, 3*(1), 265-274. Retrieved from http://universitypublications.net/jte/0301/pdf/R3ME85.pdf

Lee, J., Brammer, J., & Chan, S. (2010). Registered nurses' perception of their preceptor role towards pre-registration nursing students during clinical placement: A systematic review. *JBI Library of Systematic Reviews, 8*(34 Suppl), S551 - 574.

Löfmark, A., Thorkildsen, K., Råholm, M.-B., & Natvig, G. K. (2012). Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice. *Nurse Education In Practice, 12*(3), 164-169. doi:10.1016/j.nepr.2011.12.005

McCann, T. V., Clark, E., & Lu, S. (2010). Bachelor of Nursing students career choices: a three-year longitudinal study. *Nurse Education Today, 30*(1), 31-36. doi:10.1016/j.nedt.2009.05.014

McCarthy, B., & Murphy, S. (2008). Assessing undergraduate nursing students in clinical practice: Do preceptors use assessment strategies? *Nurse Education Today, 28*(3), 301-313. doi:10.1016/j.nedt.2007.06.002

Moxham, L., McCann, T., Usher, K., Farrell, G., & Crookes, P. (2011). Mental health nursing education in preregistration nursing curricula: a national report. *International Journal of Mental Health Nursing, 20*(4), 232-236. doi:10.1111/j.1447-0349.2010.00735.x

Murcott, W. (2014). Transitions between child and adult mental health services: service design, philosophy and meaning at uncertain times. *Journal of Psychiatric and Mental Health Nursing, 21*(7), 628-634. doi:10.1111/jpm.12150

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods, 8*(3), 1-21. doi:10.1177/160940690900800301

Patterson, C., Moxham, L., Taylor, E. K., Perlman, D., Brighton, R., Sumskis, S., . . . Lee-Bates, B. (2017). Effect of immersive workplace experience on undergraduate nurses' mental health clinical confidence. *International Journal of Mental Health Nursing*. doi:10.1111/inm.12288

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (Vol. 3rd ed). Thousand Oaks California: Sage.

Porter, V., Ham, C., & Grealish, L. (2016). Transition to practice program: A new direction for recruiting and retaining enrolled nurses in mental health. *Journal for Nurses in Professional Development, 32*(6), 299-305. doi:10.1097/NND.0000000000000296

Quail, M., Brundage, S. B., Spitalnick, J., Allen, P. J., & Beilby, J. (2016). Student self-reported communication skills, knowledge and confidence across standardised patient, virtual and traditional clinical learning environments. *BMC Medical Education, 16*(1), 73. doi:10.1186/s12909-016-0577-5

Ramluggun, P., Anjoyeb, M., & D'cruz, G. (2016). Mental health nursing students' views on their readiness to address the physical health needs of service users on registration. *International Journal of Mental Health Nursing*. doi:10.1111/inm.12279

Redknap, R., Twigg, D., & Towell, A. (2016). What interventions can improve the mental health nursing practice environment? *International Journal of Mental Health Nursing, 25*(1), 42-50. doi:10.1111/inm.12187

Spence, D., Garrick, H., & McKay, M. (2012). Rebuilding the foundations: Major renovations to the mental health component of an undergraduate nursing curriculum. *International Journal of Mental Health Nursing, 21*(5), 409-418. doi:10.1111/j.1447-0349.2011.00806.x

Stalmeijer, R. E., McNaughton, N., & Van Mook, W. N. (2014). Using focus groups in medical education research: AMEE Guide No. 91. *Medical Teacher, 36*(11), 923-939. doi:10.3109/0142159X.2014.917165

Stevens, J., Browne, G., & Graham, I. (2013). Career in mental health still an unlikely career choice for nursing graduates: a replicated longitudinal study. *International Journal of Mental Health Nursing, 22*(3), 213-220. doi:10.1111/j.1447-0349.2012.00860.x

Sweet, L., & Broadbent, J. (2017). Nursing students' perceptions of the qualities of a clinical facilitator that enhance learning. *Nurse Education In Practice, 22*, 30-36. doi:10.1016/j.nepr.2016.11.007

Szpak, J. L., & Kameg, K. M. (2013). Simulation decreases nursing student anxiety prior to communication with mentally ill patients. *Clinical Simulation in Nursing, 9*(1), e13-e19. doi:10.1016/j.ecns.2011.07.003

Walters, L., Greenhill, J., Richards, J., Ward, H., Campbell, N., Ash, J., & Schuwirth, L. W. T. (2012). Outcomes of longitudinal integrated clinical placements for students, clinicians

and society. *Medical Education, 46*(11), 1028-1041. doi:10.1111/j.1365-2923.2012.04331.x

Ward, A., & McComb, S. (2017). Precepting: A literature review. *Journal of Professional Nursing, 33*(5), 314-325. doi:10.1016/j.profnurs.2017.07.007

Wiechula, R., Conroy, T., Kitson, A. L., Marshall, R. J., Whitaker, N., & Rasmussen, P. (2016). Umbrella review of the evidence: what factors influence the caring relationship between a nurse and patient? *Journal of Advanced Nursing, 72*(4), 723-734. doi:10.1111/jan.12862