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Implementation and service evaluation of a Collaborative Learning in Practice (CLiP) placement pilot for Physiotherapy students in an acute hospital setting

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Abstract

This paper presents the implementation and service evaluation of a Collaborative Learning in Practice (CLiP) pilot placement for physiotherapy students on an acute ward in a secondary care district hospital. The pilot involved two second-year physiotherapy students and two practice educators, and ran alongside an established nursing CLiP placement over six weeks. Student feedback was collected via a post-placement questionnaire comprising of open and closed questions, while informal feedback from practice educators was gathered through emails and meetings. Findings indicated that the CLiP model supported the development of key competencies, including autonomy, caseload management, person-centred care, and communication. Challenges were noted around initial preparation and adaptation to the model. This small-scale pilot offered a physiotherapy-specific example of the CLiP model, addressing a gap in the literature. While appropriate setting, training, and preparation appeared critical to success, findings should be interpreted with caution due to the small sample size (n=2). Further research is needed to assess broader effectiveness and scalability.

Keywords: ***collaborative, physiotherapy, placement, student***

Introduction

The demand for physiotherapy has risen over the last 10 years (Low et al., 2022). Placements are an essential element of student physiotherapy programmes. To fulfil the requirements of the UK Chartered Society of Physiotherapy (CSP), a minimum of 1000 hours of practice-based learning (PBL) is required

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before qualification. To meet the growth of physiotherapy, a significant increase in practice placements is needed for pre-registration learners (Low et al., 2022; National Health Service [NHS], 2019).

Student physiotherapists have traditionally been supported in practice using the one to one (1:1) model of supervision (O'Connor et al., 2012). The 1:1 model has significant constraints when workloads are heavy, impacting negatively on the student/ educator relationship (Alpine et al., 2019). Traditional clinical placement models may no longer adequately support learning due to the changes and challenges to healthcare, increased student numbers and resource limitations (Frenk et al., 2010), and particularly since the COVID-19 pandemic.

In 2022, the CSP released the KNOWBEST project (Low et al., 2022) which reviewed physiotherapy education guidance and its appropriateness to prepare a physiotherapy workforce fit for the future. The project recognised the demand on placement capacity and the need to ensure new graduates are leaving education with the skills needed for practice.

To meet increasing demand of placements and to address the skills needed for the future workforce, PBL needs to use more innovative placement models (Frenk et al., 2010; Low et al., 2022). Collaborative Learning in Practice (CLiP) placement models are an example of an innovative placement model which has gained recognition both nationally and internationally for nursing students (Barrett et al., 2021; Harvey and Uren, 2019; Keeping-Burke et al., 2018; Williamson et al., 2020).

CLiP is a coaching model, where students are encouraged to take the lead in their practice, caring for their own patient group and supporting the learning through identified daily learning outcomes. The student themselves are coached by registered staff with additional mentor support. The idea is that the ward will have a mixture of students from different years who can support and learn from each other, although they are supervised by a number of staff, and be coached by any registered professional for the duration of the shift (Lobo et al., 2014).

Despite strong evidence supporting the effectiveness of the CLiP model within nursing education, its implementation in physiotherapy remains underexplored. Moreover, it is important to recognise that the CLiP model, originally developed for nursing, may require adaptation for other healthcare professions due to the differing nature of clinical roles and responsibilities. Emerging evidence in physiotherapy has begun to demonstrate the potential of collaborative supervision models. For instance, Morris et al. (2022) identified key benefits such as enhanced peer support, skill development, and increased placement capacity. Nevertheless, studies specifically evaluating the use of CLiP within physiotherapy contexts remain scarce.

Challenges associated with the CLiP model have also been identified, including a lack of confidence among practice educators (PEs) in supporting multiple students simultaneously. Additionally, concerns have been raised regarding reduced opportunities for individualised feedback and teaching when PEs are responsible for more than one student, which may be perceived as negatively affecting the assessment process (Barrett et al., 2021; Keeping-Burke et al., 2018; Williamson et al., 2020).

This article aims to give an example of a CLiP placement in physiotherapy, discussing the implementation, evaluation, benefits and challenges.

Methods

The pilot included two physiotherapy students who were allocated to an acute Care of the Elderly (COE) ward. The CLiP placement model was already established on this ward for nursing students; four nursing students were also on placement at the same time as the physiotherapy students. This allowed the student groups to mix and provided ample opportunity for joint working which helped with the collaborative learning. Please see Figure 1 for the initial steps of implementation.

The CLiP model normally has students from the same profession across the three years of study, to offer peer support. Unfortunately, this was not possible for the pilot as the HEI only had 2nd year students on placement during this time.

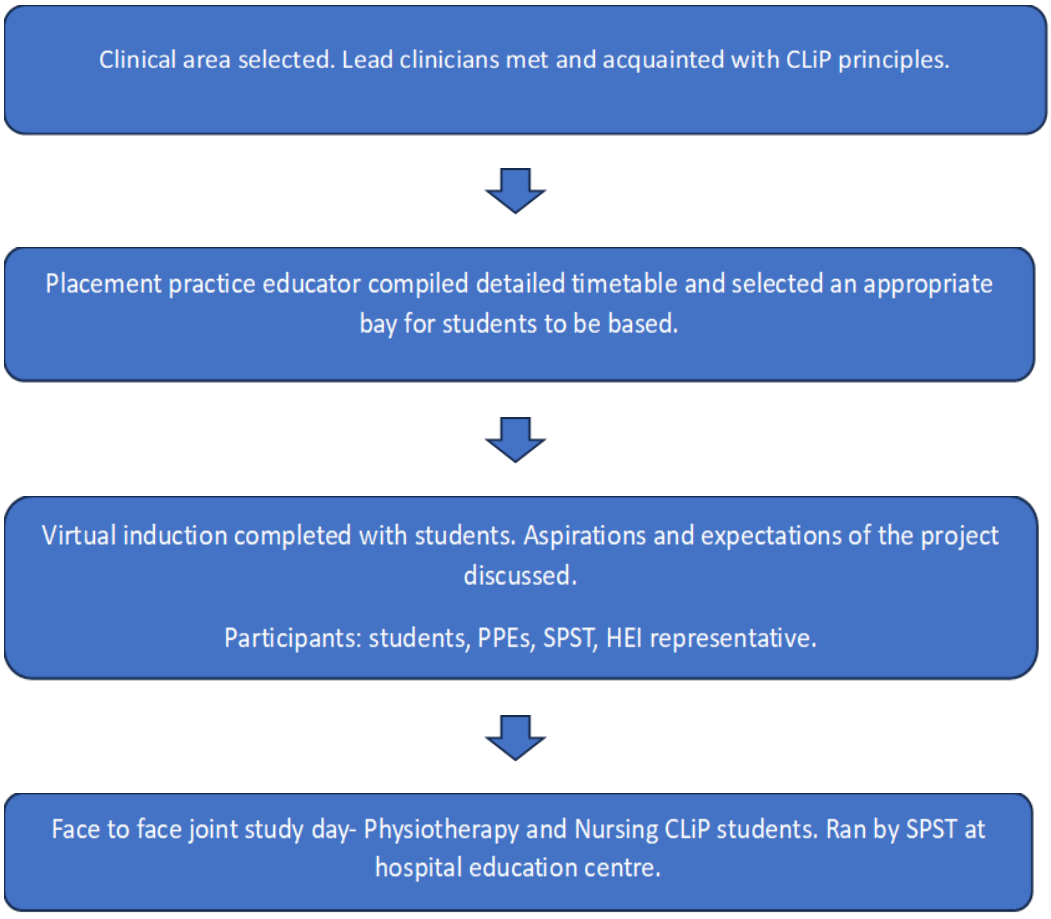
The pilot was conducted on a high-demand acute ward, with a significant number of patients with dementia and complex frailty related problems. The clinical area of frailty was chosen as the nursing ward manager had prior experience with CLiP and was keen to support a multidisciplinary trial.

The pilot involved the education support team, charge nurse of the ward, frailty therapy team lead and Higher Education Institution representative/ link tutor. Previous literature highlighted the importance of senior staff involvement within the organisation, and the preparation of the team was identified as key to the successful implementation of CLiP (Lobo et al., 2014). Support from the academic team at the education institute was also key to successful implementation of the model (Lobo et al., 2014; Williamson et al., 2020).

The acute hospital offered all students on placement access to a student and placement support team (SPST) who provided onsite support for students and PEs. Registered physiotherapists provided daily input as PEs and completed the Common Placement Assessment Form (CPAF) which is a standardised physiotherapy assessment used across the UK. Two PEs supported the students.

Figure 1:

Implementation process



Pre-placement preparation

Prior to setting up the MDT CLiP placement, members of the nursing and physiotherapy teams met to discuss how the model would work and how MDT peer learning could be maximised. Virtual meetings and a face-to-face study day were also held with students to orientate them to the pilot and placement model. Preparation and training for all those involved in placement activity are crucial (Lobo et al., 2014; O'Connor et al., 2024). According to Hanson and Deluliis (2015), clear objectives and expectations needed to be communicated effectively, ensuring that all those involved have a good understanding of collaborative learning and coaching principles.

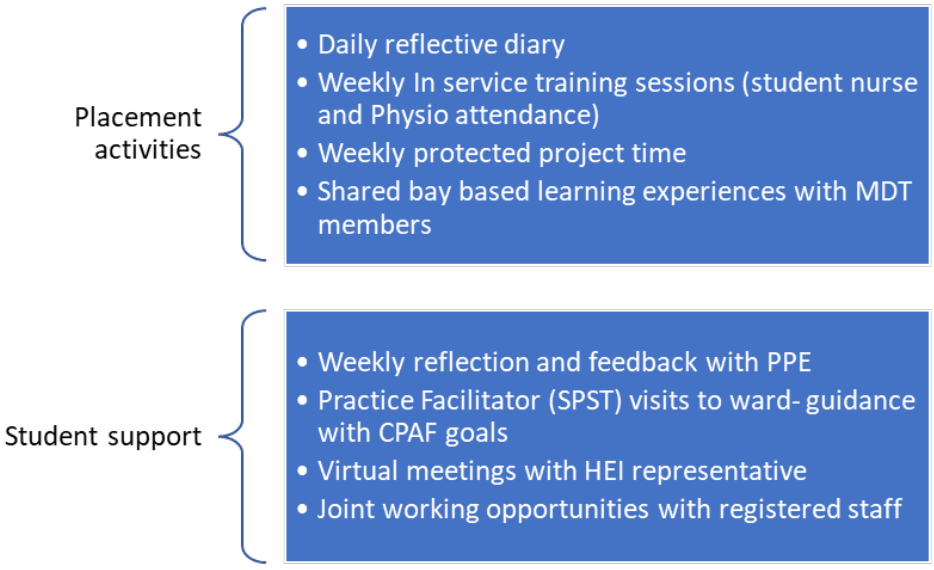
A detailed, student-owned timetable was created to demonstrate how CLiP would work in line with expected timeframes. This incorporated direct clinical time, training sessions and protected project work time to ensure the full range of collaborative activities could take place. Students were encouraged to take ownership of their own timetable and scheduling.

During Placement

A range of strategies were used during placement to optimise both the MDT and Physiotherapy specific elements of learning as detailed below in Figure 2:

Figure 2:

Learning elements



Students were located in a ward (6-bedded room), with the view that they could lead, observe or be involved in any care, investigative or therapeutic activity that was occurring for these patients during their shift. The nursing and physiotherapy students were encouraged to compare experiences and proficiencies to identify common learning goals and share common learning outcomes.

Early in the placement, areas of learning from the CPAF in relation to CLiP were identified and highlighted to the students. This enabled them to draw links between some of the MDT work they were completing and relevance to role specific objectives.
Daily reflective diaries were used by the students to facilitate continuous reflection on their learning and raise early awareness of any challenges. The students were allocated time to collaborate in the creation of

a teaching session to deliver to other members of the MDT as part of their placement. They were also tasked with the creation of a short video clip to support CLiP resources for future placements.

Placement Evaluation

To determine the effectiveness of this intervention, a service evaluation took place using the university's pre-existing anonymized placement questionnaire. The questionnaire is used to evaluate all placement experiences and is an established process within the university. It was therefore, identified as a valid source of data for evaluating this pilot. This does however limit the generalisability of the findings (Moule et al., 2016) The questionnaire is a mix of open and closed questions used to evaluate and monitor practice placements. Please see Appendix 1 for the list of questions.

Gathering informal feedback from PEs via email and meetings also formed part of the evaluation. The questionnaire and feedback gained is standard practice for practice placement evaluation, therefore no ethical approval was required (Bournemouth University, 2022). Consent was gained for the staff and students to be involved in the service evaluation.

Feedback from questionnaires and meetings was analysed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006). Two authors independently conducted manual coding of the data using an inductive approach, allowing themes to emerge directly from the content. Discrepancies in coding were discussed and resolved collaboratively to enhance consistency and reliability. Codes were then grouped into preliminary themes based on conceptual similarities. These themes were subsequently reviewed, refined, and clearly defined through team discussions, ensuring they accurately represented the core meanings within the feedback.

Findings

Students and practice educators (PEs) reported that they would recommend the placement experience to others and considered it a valuable learning opportunity. PEs demonstrated strong engagement with the new model and expressed enthusiasm about implementing a similar approach in future placements.

Four key themes emerged as benefits from both student and PE perspectives: patient-centred care, communication, caseload management, and the development of autonomy. Challenges included the initial preparation for and the adjustment to the Collaborative Learning in Practice (CLiP) model. A summary of student feedback is presented in Table 1, with a discussion of the key benefits and challenges provided below.

Anecdotal evidence also suggested potential benefits for patients. The presence of a larger number of students on the ward was perceived as advantageous for fall prevention and for supporting emotional well-being through increased opportunities for occupational engagement.

However, during the placement, both students and PEs raised concerns regarding the limited physiotherapy needs of patients within the designated CLiP bay, which could potentially restrict learning opportunities. In response, students were allocated additional caseloads outside the CLiP bay to ensure sufficient clinical exposure and skill development.

Patient centred care

Compared to traditional physiotherapy placements, the CLiP model allowed students to engage more fully in patients' day-to-day care, deepening their understanding of person-centred care, an observation also reflected in student feedback (see Table 1).

PEs noted that the model offered a richer learning experience by providing students with a more continuous view of the patient journey, rather than brief clinical interactions. Students contributed to ward-based risk management (e.g., falls prevention) and supported patients through increased social interaction and occupational engagement.

Table 1:

Feedback

Theme	Student feedback
Strengths	
Patient centred care	*"This placement really highlighted to me the importance of patient-centred care"* The student also felt they gained an *"increasing awareness of the roles of the therapy team and MDT to ensure effective care can be delivered."*
Communication	*"…this placement did provide me with many opportunities to improve my skills and knowledge working and communicating with very complex patients with numerous medical conditions"*
Caseload management	*"A varied and complex caseload of patients also helped in providing me with lots of opportunities to improve my skills in communicating with different people and managing different conditions"* *"It also taught me the value of prioritising and planning"* *"Good time management was also emphasised to ensure I was not deferring my workload to my colleagues all the time"*
Autonomy	*"autonomy" was a skill they would take to their next placement and that they had learnt to "navigate challenges"*
Challenges	
Preparing for CLiP	*"communication in terms of expectation from (the) student" was a weakness of the placement.*
Adjusting to the CLiP model	*"The CLiP placement model did not fulfil my expectations, though I acknowledge that the project is in its infancy and is therefore a work in progress"* *"Finding opportunities to make use of the CLiP model …trying to manage our caseload for the day as well as find time to shadow other MDT teams and get involved with other activities outside our physio responsibilities was often very difficult"* *"I did not feel I yet possessed the ability to manage all of this on a busy inpatient placement with such complex patients"* *"it was… very overwhelming and a lot of new information to take in each day."*

Additionally, the CLiP model fostered a deeper understanding of the multidisciplinary team (MDT) and holistic care. While traditional placements often involve observational periods with other professionals, CLiP enabled daily collaboration with the MDT on familiar patient cases, enhancing both learning and contribution to patient care.

Communication

Being ward-based provided students with increased opportunities to communicate with a range of healthcare professionals. Again, this is also present in traditional placements, however the PE typically acts as the main point of contact; students assumed this role, enhancing their professional responsibility.

The CLiP model encouraged students to proactively plan and engage in discussions with their PE about caseloads, as the PE was not continuously present on the ward. PEs observed that this structure improved students' communication skills with patients and promoted earlier development of responsibilities such as leading handovers and contributing to ward rounds, which were traditionally undertaken later in the placement.

Caseload management

Both students and PEs reported that, like traditional placements, the students gained experience with complex cases and developed key caseload management skills such as prioritisation and delegation. However, the CLiP model facilitated earlier application of these skills within the placement.

Autonomy

The CLiP approach encouraged the students to be autonomous as the PE was not present all the time. This was acknowledged by both the students and PEs. The students were able to get to know the patients better, which built confidence. The PEs felt the ward was a more controlled environment for the students and therefore this increased their confidence to let the student see patients independently.

Preparing for CLiP

As with all pilots, there was several challenges highlighted by the students and PEs. It was initially difficult to set the pilot up due to a lack of allied health professional specific CLiP resources. Preparing and adjusting to CLiP were challenges highlighted by both the students and PEs.

Pre-placement meetings and training took place, however due to conflicting workload demands, these did not include all professions involved.

Adjusting to the CLiP model

Initially the students needed extra time and support with understanding the model, which took time from the PEs, University Practice Learning Adviser (UPLA) and SPST at the hospital. This extra time and support were not expected.

Feeling overwhelmed was also mentioned by the students. Trying to adjust to the model and manage a case load was initially difficult.

It was also highlighted that there were some differences between the team members with their approach to the CLiP model. Regular meetings of the whole team were difficult to organise.

As mentioned above, there was some concerns that the patients in the CLiP bay had limited physiotherapy needs and therefore would impact on learning opportunities. To address this the students were given a caseload out of the CLiP ward. This may have added to the students feeling overwhelmed.

Discussion

This paper aimed to explore the perceived benefits and challenges experienced by both physiotherapy students and PEs during the implementation of a CLiP placement on an NHS acute ward. Findings from this small-scale service evaluation suggested potential advantages for students, educators, and patients, including enhanced communication, autonomy, and exposure to multidisciplinary practice. However,

caution is warranted when interpreting these findings, as the pilot involved only two students, limiting the generalisability of the results. Nonetheless, the pilot has identified key areas of value and highlighted considerations for the future development and scaling of CLiP placements for physiotherapy students within secondary care settings.

The CLiP placement was perceived as a valuable learning experience, with students indicating they would recommend it to others. Although some challenges were encountered, these did not negatively affect the students' ability to meet the learning outcomes outlined in the CPAF. The PEs supported this view, noting that the learning opportunities provided were comparable to those offered in traditional 1:1 placement models.

Enhanced patient care was identified as a benefit from the pilot. Although observed anecdotally in this pilot, other studies have identified similar benefits (Keeping-Burke et al., 2018). This is an area that needs more formal evaluation.

Caseload management and autonomy emerged as key themes identified by both PEs and the physiotherapy students as positive outcomes of the pilot. These competencies were perceived to be more actively developed compared to a traditional 1:1 supervision model, potentially due to the increased responsibility and self-direction required within the pilot structure. The development of such skills is widely recognised as essential for preparing students for the workforce (Low et al., 2022).

The observed increase in autonomy aligns with findings from broader interprofessional literature on the CLiP model, where enhanced independence and responsibility have been reported across nursing and allied health professionals (Lobo et al., 2014; Keeping-Burke et al., 2018; Hill et al., 2020; Markowski et al., 2022).

However, these reported benefits must be critically considered alongside concerns in the literature regarding reduced direct supervision. Barrett et al. (2021) caution that reduced supervision can negatively impact on patient safety and the quality of care, particularly when students operate with increased independence. This concern is important in the context of the pilot, where the students are encouraged to engaged in peer-led practice without direct supervision. Striking an appropriate balance between fostering student autonomy and ensuring patient safety remains a central consideration. Within the pilot, this was addressed through regular check-ins with PE's to discuss caseload and concerns and daily reflective practice.

The students in the pilot reported feeling overwhelmed and unclear about their role, including scope of practice. Some studies also indicated that reduced time with the supervisor can increase anxiety for students (Hill et al., 2020; Williamson et al., 2020). This could have been addressed through more comprehensive training on this type of model (Lobo et al., 2014; Williamson et al., 2020). A list of competencies of core skills could be utilised to provide students with reassurance that they can complete tasks independently with patients.

Improved communication has been widely reported as a benefit of the CLiP model (Keeping-Burke et al., 2018; Lobo et al., 2014; Williamson et al., 2020), and this was evident in the pilot, where students acted as the first point of contact for the therapy team. This role increased their engagement with the MDT and broadened their understanding beyond therapy-specific tasks. Such exposure may enhance communication skills to a greater extent than is typically possible in traditional 1:1 placement model. In line with Morris et al. (2022), the opportunity to learn from the broader MDT supported the development of more holistic, patient-centred care. Furthermore, being responsible for all patients within their bay provided students with exposure to a wider range of clinical presentations, including more complex cases. These experiences are essential for developing clinical competence and preparing a workforce equipped to meet the demands of contemporary healthcare (Low et al., 2022; Patton et al., 2018).

The PEs felt that peer support was a benefit to the pilot; this is in line with other studies in collaborative supervision models (Keeping-Burke et al., 2018; Lobo et al., 2014; Williamson et al., 2020). The students

worked in the bay without direct supervision from their PEs and therefore were able to support each other, leading to more opportunities to work autonomously.

The students did not mention peer support as a benefit however this may have been due to the placement running with only 2nd year physiotherapy students. This limited the students' ability to coach each other. The CLiP model relies on other years providing peer support which was lacking in this pilot. Several studies reported on the positive effects of mixed year groups. For example, Markowski et al. (2022) found that 1st year students felt more able to ask questions of their senior peers and the 3rd year students felt a real confidence boost from this. It is not possible to always have different year groups out from the same HEI, however, a mixture of HEIs or the use of apprenticeship students could help to address this issue.

A significant challenge was getting the patient case load right to ensure the learning needs of the students were met. The pilot used a pre-established CLiP ward, that had been set up by nursing staff for nursing students. The ward was deemed less medically dependent with the view to optimise nursing student independence with patient care. Patients consequently demonstrated a lesser rehabilitation need. As the placement progressed it was deemed necessary to move the physiotherapy students to a different bay that had more rehabilitation needs, to enable the physiotherapy students to meet their learning needs. The CLiP principles continued to be applied in the new ward, however, there was less opportunity for the nursing and physiotherapy students to work together. It is important to consider the student learning needs when setting up a CLiP ward, as it became clear that the patients, although appropriate for nursing students, were not appropriate for physiotherapy students due to the lack of rehabilitation need.

Using a CLiP model increased placement capacity from one student to two students; however, with significant time and effort invested by the Physiotherapy Team Lead. It is not yet known whether this increase can be sustained long term. It is worth noting that a lot of the time was invested during the setting up of the placement and may have been avoided if the communication between all parties had been more regular, especially in the initial few weeks. This may have also saved time for the PE and student support staff initially. Despite the time and effort invested, it was acknowledged by the PEs that they would continue to use elements of CLiP for example, project work, bay involvement and reduced shadowing for all future placements. More research is needed to explore the effectiveness of CLiP for physiotherapy students.

Limitations

This pilot study had several limitations, including a small sample size, potential self-selection and response biases, the use of a non-validated outcome measure, and limited generalisability due to the specific placement setting.

The small sample size was intentional, given the pilot nature of the study, aimed at assessing the suitability of the placement for future students. Feedback was gathered using a standard questionnaire employed by the HEI for placement evaluation. While efforts were made to reduce bias through anonymised questionnaires, feedback collected in other settings (e.g., meetings) could not be anonymised.

Future work should consider a valid outcome tool to review the placement and the scalability and applicability of this approach to other contexts. Involvement of patient in the evaluation would also strengthen future work.

Conclusions

This small-scale pilot suggests that the CLiP model may offer potential benefits for student physiotherapy placements within an acute NHS setting. In line with findings from other disciplines, the model appeared to support the development of key competencies such as autonomy, caseload management, and communication skills that are critical for professional practice. However, given the limited scope and scale of this pilot, further research is required to evaluate the effectiveness, feasibility, and transferability of the CLiP model more comprehensively within physiotherapy education.

Ethical Approval

Feedback for the pilot was gathered as part of an internal service evaluation, conducted in line with Bournemouth University's Ethics Code of Practice (2022). As the activity was classified as a service evaluation rather than research, formal ethical approval was not required. This classification is consistent with guidance from Moule et al., (2016) and supported by the Health Research Authority's decision-making tool.

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Conflict of Interest

There are no conflicts of interest.

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References

Alpine, L. M., Caldas, F. T., & Barrett E. M. (2019). Evaluation of a 2 to 1 peer placement supervision model by physiotherapy students and their educators. *Physiotherapy Theory and Practice*, *35*(8), 748-755. https://doi.org/10.1080/09593985.2018.1458168

Barrett, E. M., Belton, A., & Alpine, L. M. (2021). Supervision models in physiotherapy practice education: student and practice educator evaluations. *Physiotherapy Theory and Practice*, *37*(11), 1185-1198. https://doi.org/10.1080/09593985.2019.1692393

Bournemouth University. (2022). *Research Ethics Code of Practice: Policy and Procedure*. Bournemouth University. https://intranetsp.ac.uk/documentsrep/8B-research-ethics-code-of-practice.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Melesis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Serwadda, S., & Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, *376*(9756), 1923–1958. https://doi.org/10.1016/s0140-6736(10)61854-5

Hanson, D. J., & DeIuliis, E. D. (2015). The Collaborative Model of Fieldwork Education: A Blueprint for Group Supervision of Students. *Occupational Therapy In Health Care*, *29*(2), 223-239. https://doi.org/10.3109/07380577.2015.1011297

Harvey, S., & Uren, C. D. (2019). Collaborative learning: application of the mentorship model for adult nursing students in the acute placement setting. *Nurse Education Today*, *74*, 38-40. https://doi.org/10.1016/j.nedt.2018.11.022

Health Research Authority. (n.d.). *Is my study research? Decision tool*. MRC Regulatory Support Centre and Health Research Authority. https://www.hra-decisiontools.org.uk/research/

Hill, R., Woodward, M., & Arthur, A. (2020). Collaborative learning in practice (CLiP): Evaluation of a new approach to clinical learning. *Nurse Education Today*, *85*, 104295. https://doi.org/10.1016/j.nedt.2019.104295

Keeping-Burke, L., McCloskey, R., Donovan, C., Yetman, L., & Goud, L. (2018). Nursing students' experiences with clinical placement in residential aged care facilities: a systematic review of qualitative evidence. *JBI Evidence Synthesis, 18*(5), 986-1018. https://doi.org/10.11124/jbisrir-d-19-00122

Lobo, C., Arthur, A., & Lattimer, V. (2014). *Collaborative Learning in Practice (CLiP) for preregistration nursing students.* University of East Anglia. https://healthacademy.lancsteachinghospitals.nhs.uk/app/uploads/2020/09/UEA-CLiP-Paper_-15-Sept-14.pdf

Low, C. M., Heneghan, N., Herbland, A., Atkinson, K., & Beeton, K. (2022). *KNOWBEST: the KNOWledge, Behaviours and Skills required of the modern hysiotherapy graduate including the future role of practice based learning. Project report for the Chartered Society of Physiotherapy. Hatfield: School of Health and Social Work*. University of Hertfordshire. https://www.csp.org.uk/system/files/documents/2022-06/FINAL%20KNOWBEST%20Project%20Summary%20and%20Report%20June%202022%20%281%29.pdf

Markowski, M., Yearley, C., Bower, H., Hayford, W., Rugge, E., & Chatterley-Stettler, S. (2022). Implementing collaborative learning in practice in a London maternity ward. *British Journal of Midwifery, 30*(9), 532-537. http://doi.org/10.12968/bjom.2022.30.9.532

Morris, J., Corp, G., Robinson, A., Wyndham-Birch, N., Wilson, D., Royle, H., & Modrate, M. (2022). Four-strands of qualitative study understanding the perspectives of students, clinicians, senior managers and leaders on Collaborative-Learning-in-Practice (CLiP) on physiotherapy placement, *Physiotherapy, 114*(Supplement 1), e29-e30. https://doi.org/10.1016/j.physio.2021.12.276

Moule, P., Armoogum, J., Dodd, E., Donskoy, A-L., Douglass, E., Taylor, J., & Turton, P. (2016). Practical guidance on undertaking a service evaluation. *Nursing Standard, 30*(45), 46-51. https://doi.org/10.7748/ns.2016.e10277

National Health Service England. (2019) *The NHS Long Term Plan.* https://webarchive.nationalarchives.gov.uk/ukgwa/20230418155402/https:/www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

O'Connor, D. A., Baird, T., Jack, K., Wilkinson, RG., Chambers, A., & Hamshire, C. (2024). Supporting physiotherapy learners in practice settings: a mixed methods evaluation of experiences of physiotherapy educators. *Physiotherapy Theory and Practice, 40*(8), 1807-1820. https://doi.org/10.1080/09593985.2023.2219313

O'Connor, A., Cahill, M., & McKay, E. A. (2012). Revisiting 1:1 and 2:1 clinical placement models: student and clinical educator perspectives. *Australian Occupational Therapy Journal*, *59*(4), 276-83. https://doi.org/10.1111/j.1440-1630.2012.01025.x

Patton, N., Higgs, J., & Smith, M. (2018). Using theories of learning in workplaces to enhance physiotherapy clinical education. *Physiotherapy Theory and Practice*, *29*(7), 493-503. https://doi.org/10.3109/09593985.2012.753651

Williamson, G. R., Plowright, H., Kane, A., Bunce, J., Clarke, D., & Jamison, C. (2020). Collaborative learning in practice: A systematic review and narrative synthesis of the research evidence in nurse education. *Nurse Education in Practice*, *43*, 102706. https://doi.org/10.1016/j.nepr.2020.102706

Appendix 1 Questionnaire
Theme 1: Learner Induction Skills and Preparation

Q#	Question	1	2	3	4	5
1	The quality of the University/Education Provider preparation pre-placement was excellent.					
2	There was excellent pre-placement information from my placement area (e.g. first contact, mentor /educator / supervisor name, placement profile, pre-placement reading).					
3	My own preparation for this placement was thorough.					
4	My local induction/orientation to this placement was excellent (Trust/Department/Service/Team).					

Theme 2: Quality of Mentorship/Supervision and Excellent Role Models in Practice Education

Q#	Question	1	2	3	4	5
5	My Mentor/Educator/Supervisor (M/E/S) understood my assessment requirements.					
6	I had opportunities to negotiate my learning objectives with my M/E/S(s) at the start of my placement and monitor/review these during my placement.					
7	I had opportunities for regular (weekly) discussion and reflection on my clinical practice.					
8	I received constructive feedback (verbal & written) during this placement about my learning needs and achievements which has enabled my professional development.					
9	I felt supported by my M/E/S in this placement to make improvements in the care I deliver.					
10	Overall, the quality of the supervision I have received					

	on this placement was excellent.					

Theme 3: Quality of Learning Experience & Learning Opportunities

Q#	Question	1	2	3	4	5
11	I was challenged to use evidence to underpin the care and treatment I gave patients/service users.					
12	Placement resources maximised my learning opportunities on this placement (e.g. library, IT access, internet, space).					
13	Overall, I was provided with a range of learning opportunities which were appropriate to my stage of training and allowed me to meet my learning outcomes.					

Theme 4: Quality of Team Leadership: Support for Learners; Team Culture & Values

Q#	Question	1	2	3	4	5
14	The leadership of this team demonstrated a positive culture for learning and development, which supported me, and other learners, to					

	ask questions and challenge each other.					
15	The team addressed feedback (from learners, team members, service users and carers) promptly and constructively.					
16	The team valued my, and all my team member's roles, in contributing to the delivery of high quality patient care.					

Theme 5: Inter-Professional Working & Learning

Q#	Question	1	2	3	4	5
17	I witnessed excellent communication between team members, other professionals, teams and agencies, to ensure the delivery of high quality patient care, which has had a positive impact on my learning.					
18	I had appropriate opportunities to experience inter-professional and inter-agency working (to learn about the unique contribution to patient care					

	made by all staff, and from a range of professionals).					

Theme 6: Quality of Patient Experience & NHS Constitution (High Quality, Safe Practice Experiences)

Q#	Question	1	2	3	4	5
19	I was encouraged to reflect on aspects of good patient care and to suggest how patient care can be improved.					
20	There is clear information about where to go for support, both in the placement provider organisation and the University/education provider.					

Theme 6 Continued: Yes/No Questions

Q#	Question	Yes	No
21	This placement enabled me to give patients / service users the best care and put them at the centre of everything I did.		
22	I felt able to raise concerns about patient care and/or learner experience.		
23	Would you be satisfied with the standards of care in this environment for a friend or member of your family?		

24	Would you recommend this placement as a valuable learning experience?		

Theme 6 Continued: Open Responses

Q#	Question
22a Please explain your answer (to question 22)	
23a Please explain your answer (to question 23)	
24a Please explain your answer (to question 24)	

General

Q#	Question
25. What values, skills and behaviours have you learnt on this placement that you will take to your next placement, or first post?	
26. What were the strengths/most valuable aspects of this placement? Please give examples of good practice.	
27. What were the weaknesses/least valuable aspects of this placement? Please give examples.	
28. In summary, if there was one area that you could suggest to improve the learner experience on this placement what would it be?	