



## Research article

# A qualitative study of supervisors' experiences with nursing students in practice, a new guidance model

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## ABSTRACT

**Introduction:** Clinical practice stimulates students to use their critical thinking skills for problem solving. Collaboration between educational institutions and practices can also be challenging.

**Aim:** This study aimed to determine supervisors' experiences using a case model in clinical supervision and evaluation.

**Method:** After a period in which a new case model was implemented in clinical practice for nursing students, their supervisors were interviewed. A total of six informants participated, and their ages ranged from 25 to 35 years old.

**Results:** The case model was a new and better way to make the connections between theory and practice. The supervisors were not ready to take over any more central or final evaluation responsibility.

**Discussion/conclusion:** We discuss whether supervisors can take responsibility for some of this evaluation work, especially at the end of the practice period. This study shows that the need is there, but many experienced supervisors prefer to adopt the standards that were in use when they were completing their studies.

## 1. Introduction

Clinical practice for nursing students aims to strengthen their professional identity as nurses and achieve the best possible professional competence to meet patients' and the community's healthcare needs (Helseth Andersen et al., 2019; Martinsen et al., 2020; Ministry of Education, 2008). Sandvik (2015) writes that the learning process is about an infinite understanding of nursing and caring. She emphasised that understanding is about seeing, knowing and becoming. This requires that students' clinical practice be planned, goal-oriented, and relevant to the nurses' professional development. It also requires that the student receive continuous guidance, follow-up and evaluation. Nurses often act as supervisors at their place of practice. Clinical supervision is dependent on supervisory competence and the relationship between the supervisor and the student (Martinsen et al., 2020). The quality of nursing students' clinical practice has been discussed over time, and much of the discussion has focused on nurses' competence as supervisors. In Norway, The Norwegian Agency for Quality Assurance in Education (NOKUT), which contributes to quality assurance and enhancement in education,

has initiated several projects to enhance the quality of education in the country's study program (NOKUT, 2021). Most professional education has a long tradition of using clinical settings as a teaching platform.

In 2018, NOKUT started a project to map the quality of clinical practice in higher education. The project generated several reports, and in 2019, an overview of the mapping process was published (Helseth Andersen et al., 2019). The aim of clinical practice can be divided into three topics: 1) knowledge - making a bridge between theoretical knowledge and clinical actions, 2) socialisation - helping students create a professional identity, norms and values specific for the profession, and 3) recruitment. Nursing students need the opportunity to make observations, analyse, plan and act. They also need opportunities to evaluate nursing in an authentic environment. Nursing is complex and can be overwhelming at times. The intention of nurse education is to educate qualified personnel at all health and hospital care levels with a deep understanding of nursing as a profession (Helseth Andersen et al., 2019; Martinsen et al., 2020; Sandvik, 2015). Clinical practice stimulates students to use their critical thinking skills for problem solving and decision making. Kaphagawani and Useh (2013) assert that clinical

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trials are an essential component of nurse education, considering that nursing is a practice-based profession dependent on expert knowledge and skills. It is not enough to learn about nursing and caring in university; students need the opportunity to build a bridge between theoretical knowledge and clinical experiences. Sandvik (2015) draws attention in their study to “what” must be understood instead of “how to do” something. Nursing students develop their understanding of the field during their education at the university and in clinical departments (Sandvik, 2015). To achieve the in-depth knowledge of nursing, there should be consistency between what students learn about the profession at the academy and in clinical practice (Helseth Andersen et al., 2019).

### 1.1. Role of the supervisor

Norway follows a three-year undergraduate nurse education program and clinical practice constitutes 50% of the total three-year course content. Nursing students perform supervised practice during their educational studies (Magerman, 2015; Martinsen et al., 2020; Severinsson and Sand, 2010). The Study-Supervision Regulations in higher education provide a guide for both theoretical and practical content (Magerman, 2015). The clinical supervisor's role and function are to ensure that students integrate theory with practice in the clinical setting and develop their understanding of nursing as a profession. They are responsible for daily supervision of bedside nursing and support practical nursing skills (Fakude et al., 2014). In Norway, The Norwegian Association of Higher Education Institutions (2016), and NOKUT (2018), strengthened supervisor competence. Practice-based evaluation should be continuously integrated into the supervision process and the supervisor has a primary role in the implementation process. Although the initiative for practice-based evaluation may come from others, such as those in academia, even if external evaluations are involved, supervisors play a central role in both the development and implementation process (Halvorsen, 2007). This study aimed to examine nursing student supervisors use of a case model for clinical guidance and evaluation.

## 2. Literature reviews

A study by Martinsen et al. (2020) identified difficulties concerning supervisors, such as the supervisors' preparation and motivation, time allocation, and the substance of the supervision process. Practice supervisors are responsible for students' daily follow-up and play an essential role in their evaluation process (Halvorsen, 2007). Other research found that the learning objectives and criteria form the basis for evaluation, but the threshold for approval of practice is not always clear. Good communication around the student's performance and progression can be challenging. The supervisors and university academics should work closely together and assess and discuss all challenges (Helseth Andersen et al., 2019).

Research indicates that it can be challenging to find enough time for proper and useful guidance. The supervisors' role in the clinical evaluation involves limited time and great responsibility (Tjøstolvsen et al., 2019; Tveiten, 2019). The students focus on theoretical knowledge, while nurses place the most emphasis on practical experience. It is also a challenge for nurses to be supervisors who also simultaneously assess students. There is a risk of a negative influence on the relationship between the supervisor and student (Tveiten, 2019). The supervisor faces many challenges in the supervision process (Martinsen et al., 2020). Many supervisors lack pedagogical education or experience, and almost all young nurses receive supervision responsibility early. Practice supervisors often lack formal supervisor training and quality assurance on cooperation, structure and guidance. For supervisors in practice, students are stimulated to become reflective professionals. They must know about learning in practice, understand different guidance models, and use them to encourage students' learning (Tjøstolvsen et al., 2019). Clinical practice stimulates students to use their critical thinking skills for problem solving. Collaboration between educational institutions and

places of practice can also be challenging (Flittie Onstad et al., 2018). The planning and implementation of the learning outcome are also fundamental in practical education. These must be linked to the guidance method in practice (Biggs and Tang, 2011). That is, there must be links between theory and practice (Browning and Pront, 2015). In regard, to students learning in a clinical education ward, the primary task for supervisors is balancing patient and student needs (Dilworth et al., 2013; Manninen et al., 2015). Clinical supervisors at hospitals are not a part of the university staff and are therefore not allocated office space for planning their work or when students' complete skills laboratory sessions on the university's campus (Magerman, 2015). Clinical supervision in nursing is considered a role where nurses supervise and facilitate student learning through guidance and support in the clinical arena, providing links between theory and practice (Browning and Pront, 2015).

## 3. Implementation of case-model

In 2019, a discussion began on how practice guidance could be developed to increase nurses' function as professional supervisors. The debate took place with nurses and leaders at the medical department in Central Norway. The discussion led to a proposal that the guidance should be based on “patient cases”. Cases would represent the patient groups for which the department was responsible. Three nurses were appointed to develop the cases. The ward nurse decided that the nurses could use their working time to create cases. The university teacher played a support role in the process and was responsible for informing the students. The project began with a joint meeting with the relevant department staff in which three cases were developed. The case model project started in spring 2020, and since then, all nursing students at this department have followed this model. The model highlights a “normal” patient for the department. The supervisor and student use the case for professional discussion and reflection. Usually, the university academic participates in three conversations with the student. The student's evaluation takes place against the learning objectives divided into eight sub areas. In the case model, the reflection includes the student's combined account of the case and care plan as part of the case report. The eight sub areas for evaluation are made up of observations and measures relevant to the case. The students' professional development is the responsibility of the supervisor with support from university staff. The final acceptance of the case reports and evaluation of the practice is university academics responsibility in cooperation with the supervisor. The academic participates in the centre evaluation and at the starting meeting for practice. The supervisor and the student conduct the final evaluation. In the case of a problem, the university staff attend meetings to supervise and support the student and the supervisor.

The research question of this study: What is the supervisors experience of using the case model for guidance and evaluation of nurse students' clinical practice?

## 4. Methods

### 4.1. Design

This is a qualitative study using a hermeneutical design approach based on participants' interpretation and construction of meaning. The design is informed by the work of Creswell (2014) and Kvale et al. (2015). An inductive approach was taken according to Creswell's (2014) recommendations, with a holistic approach that involves reflection and discovery.

### 4.2. Participants

Participants were nurses who supervised nursing students in clinical practice, in 2020. A total of six nurses participated, and they were from 25 to 35 years in age. The nurse students were from one university in Norway that was using a new guidance model in clinical practice. The

head of the medical department gave the researchers contact information to the supervisors who supervised students based on the case model in 2020 (Fig. 1).

#### 4.3. Data collection

Six individual interviews were conducted with nurses who supervised students in one medical department.

#### 4.4. Ethics

The Norwegian Centre approved this study for Research Data (NSD), project no 710066, with no additional approval required for ethical clearance. All study phases were conducted according to the Declaration of Helsinki (2001). The university's Dean and the Head of Section at the medical department were notified and gave the authors permission to undertake the study. Data were transcribed and anonymised accordingly. It was emphasised that participation was voluntary and that the participants could withdraw at any time without giving reasons. Before the interviews, the participants gave their written consent to participate in the study.

#### 4.5. Reliability and validity

There were only six interviews in this study, all interviews were conducted in the same medical department. However, the participants had positive and direct statements. The individual interviews were conducted by the first author who was not involved in the implementation of the project. The first author conducted all interviews equally and all had the same length. All interviews were conducted face-to-face in the hospital.

### 5. Data analysis

Interviews were audio recorded. The first author transcribed the interviews immediately afterwards and recordings were erased at the end of the project. Data were analysed using Malterud's (2012) model of text condensation in four steps. The method of data analysis was decided upon before the interviews started and transcription marked the beginning of the analysis process (Kvale et al., 2015).

1. In the first step, all authors read the interview transcripts several times to obtain an overall impression and identify guidance topics.
2. In the second step, all authors identified meaningful entities (MEs) using phrases from the text that addressed the topics from the first step. The MEs were then coded with a tag for categorisation into code groups based on common themes.
3. In the third step, the MEs in each code group were sorted into subgroups under each theme. MEs were moved back and forth between subgroups until we felt that all MEs were placed in the right theme. The first and last authors worked on the subgroups one by one and

summarised each subgroup's content in a coherent and condensed text that recounted and summarised the subset's content in question.

4. The first and last authors designed an analytical text for each code group based on the previous step's summarised texts in the fourth analysis step. Then, the authors chose quotes that were well suited to illustrate our points.

### 6. Findings in qualitative data

The analysis process generated two main categories of experiences: 1) use of a case model for guidance in clinical practice for nursing students and 2) use of a case model in the evaluation of clinical practice for nursing students. Each main category was divided into subcategories. Direct quotes from participants are written in italics.

#### 7. Use of a case model for guidance of nurse students in clinical practice

Experience using cases as a basis in the supervision process is perceived as twofold. This main category is divided into two subcategories: supervisors' positive experiences using a case model and supervisors' challenges using a case model.

##### 7.1. Supervisors' positive experiences using a case model

Participants were delighted with the structure of the case. They were very satisfied with the "cases" they had made. *"I think this probably has potential"* (A). They found the case relevant to the reality that characterised the department's daily work and patient care. They believed that the case had opportunities to guide the student from a holistic perspective of the patients' needs of nursing, in contrast to the traditional way of training, which could be pragmatic and reductionist. They could see clear benefits and were satisfied with the case they made.

*"This was a positive project. The students said it was nice to work with this, so connected to the practice. They can have first and second evaluations, by reflection notes they delivered and on set dates. This is probably far better than previous work requirements. I think this probably has potential"* (A).

The participants found the cases very relevant. They said that it is very pertinent and educational for students to work this way. *"We read the case and provided input"* (C). Several participants also said that it is positive that the students must work independently on the patients' needs, choose relevant observations, perform problem solving and evaluate the patients' care. The students needed to plan what to do next and then how to do it. *"I see that they have reflected"* (B). The participants stressed that students had to reflect and evaluate their decisions together with the supervisor.

*"I would say that the case was perfect. Here you get everything that is important, and they must work independently. What should the patient do next and such? What treatment and how should it end up? A little more continuity. Much better than the old one [method]"* (A).

Participants said that it was very relevant and educational for

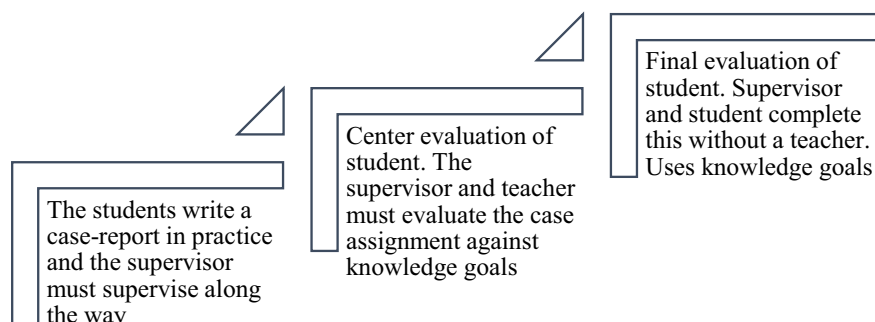


Fig. 1. Study design.

students to work in this way. “We read the case and provided input” (C). Several participants also said that it is positive that the students must work independently on this assignment. The participants emphasised that students always have had some written work requirements in practice and that this requirement is better. Nevertheless, it appears that it should be delivered at a more scheduled time and the department should have a case base. “I think this is more holistic patient work. Excellent” (E). The participants emphasised that the students get holistic patient work, not just a situation, as earlier.

## 7.2. Supervisors' challenges using the case-model

Not all participants felt equally involved in this work. They thought they missed how much time students used to prepare the case. In my situation, “it all boiled down a bit to the cabbage. I do not have an idea of how much work the student put into this” (A). Some participants felt that the work with the patient case was time-consuming at the expense of the students' time spent in practice. Some participants told that such work was reserved for the teacher and the university. “That is probably not our task” (F). Some participants emphasised that they decided to never use the case report. “Difficult when students come and ask me about the case” (B). The lack of a sense of ownership of the case and practice based on the case elicited frustration among some participants. They lacked motivation and the commitment to work with the “case”. What the supervisors concretely lacked was the “conclusion” of the task. They were unsure about how to solve the problem and the right answers to students' questions. The participants described their experiences as follows: “...do not know if we felt any project ownership. Maybe we were a little unmotivated.” A lack of solution alternatives for the case created uncertainty in some participants, which was reflected in the student's supervision.

“I think it was time consuming to make a case. It was so open to us about how it should be. I never got to decide. It did not go quite as I had intended. [We need to] talk about it and change things up” (B).

## 8. Use of a case model in the evaluation of clinical practice for nursing students

The second main category was divided into two subcategories: benefits of using the case model as an instrument for mid-evaluation and benefits of using the case model as an instrument for final evaluation.

### 8.1. Benefits of using the case model as an instrument for centre evaluation

The participants emphasised that the university staff took responsibility for the mid-evaluation and that they only provided some input. Several participants expressed that they had proficient students, so the centre evaluation was not challenging. Several participants found involving the eight points in the curriculum with the case report for the students to be challenging. Previously, there had been much focus on how the students functioned in the department, which was not as stressed in this case-model. “I do not remember [whether] we went through all eight points” (C). Submission of the case-model rapport was also a topic of discussion. Some participants thought they got the case report in time or too late, and others did not get the paper. “I got the assignment two days before, which was a little late” (D). A clear strategy for submitting the report promoted the students to be responsible for the rapport's quality.

“Submission [should] preferably [occur] between start and evaluation. You can then see how far they have come and avoid a “hasty decision”. [I] think they start immediately before mid-evaluation” (D). The cases test ethics, knowledge subjects, and other objectives in the case report, i.e., what are you thinking here (A, E)? The participants highlighted some questions they could have asked.

### 8.2. Benefits of using the case model as an instrument for final evaluation

The final evaluation was handed out without the university staff. The participants expressed that when the students' progress was less than expected, it caused extra work. What will happen if the student does not work well in the department? In this case, one informant said, “We must have a dialogue with the school if it does not go well for the student” (C). They also said that the evaluation becomes less formal when university staff are not present. “They are probably slightly more honest when the teacher is not there” (D). Some participants thought that evaluation was a university responsibility, but that thinking may reflect an “old habit”. Several participants admitted to being supervisors for the first time, but they still felt the old ways of evaluating clinical practice were perfect. “It could undoubtedly have been more comfortable when it was not the first time. I think the evaluation we had before was excellent” (F). Some participants said that the plan's eight points were not used during the final evaluation. They wanted a precise method for final evaluation with more concrete directives from the university. “It would have been easier if the teacher had sent me a letter. This should be considered” (A). Participants also stated that the case assignment was slightly less valuable when the university staff were not present. “That does not mean that they should put anything less into this task” (A). The participants asked for a dialogue with the university staff to make a shared decision about what happens to the student if they do not manage well enough in clinical practice.

“If it does not go well for the student, we must gather towards the end, I mean. When you must pull the knowledge out of them, sometimes it can be unnecessary for the teacher to come. Just come to “hold the threads [together]” (C).

There were divided opinions among the participants about this. Someone thought that university staff should be part of the evaluation, while some thought it was unnecessary. “We can use the cases against the final assessment curriculum points” (B).

## 9. Discussion

The aim of this study was to examine nursing student supervisors use of a case model for clinical guidance and evaluation. The case model included changes in the supervision and evaluation process from a university teacher-centred evaluation process to more supervisor – centred. The supervisor was encouraged to take more responsibility for the students' learning process in their feedback or evaluation. A study of [Martinsen et al. \(2020\)](#) identified difficulties concerning supervisors, such as supervisors' preparation and motivation, time allocation and the substance of the guidance process. Practice supervisors are responsible for students' daily follow-up and play an essential role in the evaluation process ([Halvorsen, 2007](#)). Other research found that the learning objectives and criteria form the basis for evaluation and assessment of work practice at hospitals, but nevertheless assessment of the practice part is not always clearly formulated. Good communication around the student's performance and work progression can be challenging. It is required that the supervisors and the university teacher work closely together and assess and discuss all challenges ([Helseth Andersen et al., 2019](#)). We found that the participants were satisfied with students using a case during practice at the medical department. A case dealing with disorders and diseases was typical for patients in the ward. Professional guidance of students is a goal-oriented development and learning process that teaches the student to work methodically, integrates the profession's basic knowledge, helps the student understand professional and ethical principles, and strengthens professional identity ([Killen, 2007](#)). The findings indicate that the case model has opportunities for promoting students' professional learning and holistic patient work. Students are more honest when university staff are not present. Why is unclear; but may indicate that supervisors should have a greater role in nursing students' clinical practice.

Clinical practice stimulates students to use their critical thinking skills for problem solving. Collaboration between educational

institutions and places of practice can be challenging (Flittie Onstad et al., 2018). The planning and implementation of the learning outcome are fundamental in practical education. These must be linked to the guidance method in practice (Biggs and Tang, 2011). That is, there must be links between theory and practice (Browning and Pront, 2015). In regard, to students learning in a clinical education ward, the primary task for supervisors is balancing patient and student needs (Manninen et al., 2015; Dilworth et al., 2013).

Supervision must achieve some form of change and development. Changing and developing can mean painful experiences, but why is it crucial that practice supervision change? Nursing is a complex and challenging area, and nursing has become more demanding through all the national changes that have been made (White Paper. 47, 2008-2009). The patient's role has changed from a passive recipient of care to a person with a codetermined right and an active role in the health care system. Nurse education has been criticised for having limited scope and inadequate preparation of students for professional practice challenges (Sandvik, 2015).

This study describes supervisors' experiences of changes in the clinical setting's supervision process. It might seem like it was a more painless process for some supervisors and more problematic for others. Based on the findings, we cannot say with certainty why some participants find it challenging to absorb changes while others did not. Some explanations might be about how many students the supervisor has previously supervised, the process of implementing the case model, and the supervisor's self-confidence and security in the role as a supervisor with all the responsibilities that the position entails (Magerman, 2015; Martinsen et al., 2020; Severinsson and Sand, 2010).

Experience with supervision over time is fundamental to mastering change processes. Nevertheless, with little time and much work in the ward, things do not always go as planned. It is also challenging for nurses to be supervisors and assess students at the same time. There will be a risk of a negative influence on the relationship between them (Tveiten, 2019). We wanted to determine if the supervisors also saw this opportunity to evaluate students using the case the student had done. This work shows ethics, organisation and collaboration issues, diseases, drugs, etc. It seemed like it was difficult and challenging for some supervisors to complete. Half of the participants stated that the case model was truly good and positively impacted students' learning process, but some participants lacked a sense of ownership of the case and practice based on the case, indicating a certain frustration. Some supervisors want protocols to stay the way they have always been.

A case provided opportunities for the supervisor to structure their supervising. The case included some questions that the supervisor could use for the students. Students could reflect on the questions and work on the case. This meant that students did not become dependent on the individual supervisor's competence but could work more independently.

There is still a gap between theoretical knowledge and practical skills for nurse students. Helseth Andersen et al. (2019), Kaphagawani and Useh (2013), Martinsen et al. (2020) and Sandvik (2015) describe that students are dependent on the opportunity to reflect on and understand the connection between theoretical teaching at the university and practical learning provided by licenced nurses at health institutions. What if the case model was sufficiently discussed in the ward before the case model was put into use? The other question we must ask is whether the supervisors received enough guidance on how to use cases in clinical practice (Martinsen et al., 2020). Some participants expressed that they were unmotivated to enact this change. As we see, it is not a question of whether supervisors are motivated. Research (Tjøstolvsen et al., 2019; Tveiten, 2019) also indicates that it can be challenging to find enough supervision time and that can affect supervisors' motivation to use new guidance models in clinical practice.

The design and implementation of the learning outcome are also fundamental in practical education. These must be linked to the guidance method in practice (Biggs and Tang, 2011).

These eight curriculum areas can be learned and evaluated in several ways. When using the case as a basis for the evaluation process, more guidance and support is needed from the university staff (Halvorsen, 2007). The participants maintained that this evaluation was the academics responsibility, and they would not take responsibility for the evaluation process. They had trouble using this case as an evaluation document. The participants wanted to use the eight points in the curriculum, and some of them did not see the connection between the eight points in curriculum and the case model. Several of the participants had little experience both as a nurse and as a supervisor. It may be a contributing factor to it. Authors (Browning and Pront, 2015; Helseth Andersen et al., 2019; Sandvik, 2015) write that the learning process is about understanding nursing and caring. This requires that the students' clinical studies also are planned, goal-oriented, and relevant to the nurses' professional development. The collaboration between the university staff and the clinical supervisor can therefore be the most useful in students learning process.

### 9.1. Limitations

The sample size in the study was small, and this conclusion needs further confirmation with a larger sample and different research approaches. More research is needed to investigate whether the role of university staff and/or supervisors using a case model is fundamental for students learning or can the case model support nurse students to be more independent. clinical practice.

## 10. Conclusion

During these turbulent times, with all restrictions and limitations that the pandemic has caused, it is especially vital for faculty to maintain open lines of communication and create a safe environment with all students and supervisors, Clear exceptions of the students and the supervisors' responsibility, and clear goals and learning outcomes are a prerequisite for a successful supervision and evaluation process. The continuous guidance, follow-up and evaluation that students need during the practice is demanding. Previously, university staff had responsibility for the evaluation process in the case of evaluation of written work and feedback to the students. The question is whether the supervisors can take more responsibility for the daily feedback and at the end of the practice period and how well the students have achieved expected learning outcomes. Furthermore, it is still difficult to implement new models. This study indicates that some experienced supervisors prefer to adopt the standards that were in use when they were completing their studies. The study highlighted the importance of good preparation among both students and supervisors before implementation of new guidance models in clinical practice. Findings in the study shows that the use of a case model in clinical practice for nursing students provides added value to the learning process, supported critical review and reflection, and improved the guidance process and makes it more goal-oriented and systematic. This model can also be used by other student professions. The common thread present throughout these elements is that the university continues to support the education and safety of all nursing students in clinical practice, but timely models should be used.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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