CIWIL Current Issues in Work-Integrated Learning
UNIVERSITY WEST
ISSN: 3035-6903 CIWIL 2(1) 2026, pp. 86-102 doi.org/10.64775/ciwil.63901

Research Article - Peer reviewed

Supervisors' experiences of applying the patient-oriented learning supervision model during nursing students' clinical placements: An interview study

Johanna Selin Månsson[1], Sandra Pennbrant[2], Jan Gustafsson Nyckel[3], Catrine Ekre[4], Anette Johnsson[5]

[1]Department of Health Sciences, University West, Trollhättan, Sweden and Department of Geriatric Medicine, NU-Hospital Group, Uddevalla, Sweden. https://orcid.org/0000-0002-2108-8908

[2]Department of Health Sciences, University West, Trollhättan, Sweden, https://orcid.org/0000-0002-2793-9937

[3]Department of Social and Behavioural Studies, University West, Trollhättan, Sweden https://orcid.org/0000-0003-1770-7830

[4]Department of Health Sciences, University West, Trollhättan, Sweden https://orcid.org/0009-0003-6712-8770

[5]Department of Health Sciences, University West, Trollhättan, Sweden https://orcid.org/0000-0003-2944-1099

Corresponding author: Johanna Selin Månsson, johanna.selin.mansson@vgregion.se

Abstract

EU regulations mandating expanded clinical training in nursing education have intensified the demand for clinical placements and qualified supervision in Sweden, where nurse shortages are expected to persist for 15 years. The patient-oriented learning model, a work-integrated and student-centred supervision model, can enhance the educational environment during clinical practice. The aim of this study was to describe supervisors' experiences of applying the supervision model of patient-oriented learning during nursing students' clinical placements. This qualitative descriptive study included fifteen semi-structured interviews with supervisors, analysed using abductive qualitative content analysis. The analysis resulted in three key aspects that bridged campus-based education and clinical practice. First, engagement depended on management support, preparatory activities, and time. Second, the patient-oriented learning model encouraged structured, student-driven learning that promoted engagement and independence. Third, it fostered collaborative knowledge sharing, enhancing student preparedness and supervisory processes. Challenges included balancing structure and flexibility during busy periods, which affected the model's use. Despite these issues, supervisors noted the model led to more organised, reflective, goal-oriented supervision, supporting professional identity, competence development, and improved student preparation for future roles. The patient-oriented learning model bridges campus and clinical practice, supporting student learning, professional development, and supervision. A key component is the binder documenting the learning process, aiding planning, reflection, and interplay between theory and practice. The model offers a structured, reflective approach benefiting supervisors and students. Organisational support and adaptation are needed to address inconsistent interpretation and limited preparation time, to support effectiveness of the model while strengthening supervisors' competence and confidence.

Keywords: Clinical placement, Qualitative content analysis, Sociocultural perspective, Supervising model, Supervising nurses' Experiences, Work-integrated learning

How to cite

Selin Månsson, J., Pennbrant, S., Gustafsson Nyckel, J., Ekre, C. & Johansson, A. (2026). Supervisors' experiences of applying the patient-oriented learning supervision model during nursing students' clinical placements: An interview study. *Current Issues in Work-Integrated Learning*, *2*(1) 86-102. DOI.10.64775/ciwil.63901

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Received: 18 February 2026; Revised: 26 May 2026; Accepted: 1 June 2026; Published: 15 June 2026

ISSN: 3035-6903 CIWIL 2(1) 2026, pp. 86-102 doi.org/10.64775/ciwil.63901

Introduction

Population growth, existing nursing shortages (Swedish Agency for Health and Care Services Analysis, 2017) in Sweden, and stricter EU clinical training requirements (SOU 2022:35) are expected to intensify demand for clinical placements and effective pedagogical supervision in nursing education. Research on supervisors' perspectives suggests that the complexity of balancing pedagogical and clinical responsibilities (Berndtsson et al., 2020) contributes to limited supervisory capacity and difficulties in interpreting course objectives and assessment criteria (Gustavsson & Bivall, 2025), underscoring the need for structured supervision models. The patient-oriented learning (POL) model is a work-integrated, student-centred supervision model that promotes active participation, responsibility, and reflective practice in clinical education (Johnsson et al., 2023). To date, research has thus far focused solely on students' experiences, leaving supervisors' experiences underexplored. This represents a significant gap in understanding how the model is enacted in clinical practice. This study aims to describe supervisors' experiences of applying the POL model during nursing students' clinical placements.

Clinical placement within Swedish nursing education

Clinical placement constitutes an essential component of nursing education in Sweden, which comprises a three-year programme leading to a bachelor's degree in nursing and professional qualification as a registered nurse (SFS 1993:100). Clinical placements are vital for professional development, offering opportunities to connect theoretical knowledge with practical skills (Billett, 2025). Since 2023, 50% of nursing education occurs in clinical placements, hospitals, municipal, and primary care. Within these settings, supervisors play a central role in facilitating student learning and translating educational objectives into clinical practice (Berndtsson et al., 2020). Clinical competence develops through ongoing interaction between students and supervisors, where both parties share responsibility for the learning process (Johnsson et al., 2023; Löfgren et al., 2025). However, research indicates that supervisors encounter challenges. Particularly in relation to reflection and the pedagogical dimensions of clinical supervision (Nyqvist et al., 2020), as well as workplace environments that are not structured or resourced in ways that effectively support student placement and learning (Gustavsson & Bivall, 2025).

Supervisors have reported that learning outcomes are often perceived as vague and insufficiently aligned with clinical practice, with assessment tools described as too theoretical and general (Christiansen et al., 2021; Gustavsson & Bivall, 2025). This may complicate their use in clinical supervision. Different models of supervision may help to strengthen the relationship between theory and practical experience in clinical work (Shahzeydi et al., 2024). Previous studies indicate that supervision models incorporating peer learning, group reflection and shared supervisory responsibility can enhance clinical learning outcomes, compared to more traditional supervision approaches (Antonsen et al., 2023).

Patient-oriented learning model

The POL model is innovative and has been developed in collaboration between healthcare and academia and is used in nursing education. The model aims to structure learning and support alignment between learning outcomes and clinical practice during clinical placements. The model is a work-integrated, student-centred supervision approach designed to help nursing students establish a professional identity within clinical practice (Johnsson et al., 2023). It promotes student-centred learning by highlighting critical thinking, practical application of knowledge, and real-world experiences (Johnsson et al., 2023), which are considered important for delivering safe and effective patient care (Benner & Sutphen, 2010). The model emphasises reflection, using the Gibbs reflection cycle (Gibbs, 1988), and is grounded in interactive learning (Cajvert, 2021). It views itself as a task- and process-driven, continuous process aimed at fostering nursing students' professional growth.

The POL model is interdisciplinary and builds on the Anglo-Saxon tradition within work-integrated learning (WIL), highlighting the ongoing link between work, learning and education (Björck, 2020; Gustafsson & Thång, 2017; Pennbrant & Svensson, 2018), and enables students to apply their theoretical knowledge in authentic settings. From a WIL perspective, clinical placements can be understood as structured practice-based learning environments where students are expected to explore the relationship between theoretical knowledge and clinical practice (Gustafsson & Thång, 2017; Pennbrant & Svensson, 2018). A central aspect of the model is the integrated perspective, where supervision is emphasised as a crucial tool to support learning in social practices (Lave & Gomes, 2019; Säljö, 2014). The model emphasises the importance of developing the competencies necessary for nursing students to succeed in their future careers. The goal is to

ISSN: 3035-6903 CIWIL 2(1) 2026, pp. 86-102 doi.org/10.64775/ciwil.63901

prepare them for professional life and increase their employability (Jackson, 2015).

The defining characteristic of the POL model is that the student concentrates on assigned patient rooms, whereby continuity is primarily established through the relationship between the student and the patients, rather than through the student's relationship with the supervisor. The supervisor may vary from day to day, but there is an assigned supervisor who has the overall responsibility for the student's development and learning. The learning process is documented by the supervisor in a binder containing documents that are adapted to the learning outcomes, which function both as a visual map of the student's expected development as well as a framework for interpreting theoretical course objectives in relation to clinical practice.

The supervisor creates a supportive environment that encourages active student participation, questioning, reflection, and consideration of multiple perspectives, while linking theory to practice, and providing opportunities for students to set goals and reflect on their experiences. Supervisors use open-ended questions, feedback, and role modelling to guide students, support personalised learning objectives, oversee documentation, and foster trust to explore uncertainties. They balance supervision with other duties, ensuring that experiential learning translates into improved patient care, which requires appropriate skills and training. A structured learning pathway, supported by documentation and a visual week-by-week overview of the student's learning activities, enables both students and supervisors to monitor progress and identify areas for targeted development.

The connection between the POL model and PAL (Peer-Assisted Learning) lies in their shared emphasis on active engagement, reflection, and social interaction to enhance learning and professional development. While the model is innovative and designed as a work-integrated, supervisor-led model fostering professional identity development through reflection and real-world problem solving, PAL involves peer-led support that fosters active, collaborative learning among students within similar social groupings (Topping & Ehly, 2001).

The POL model offers opportunities for enriching nursing education by emphasising real-world experiences and reflection to develop a clearer understanding of roles and responsibilities. It encourages active engagement and ownership of learning tailored to individual needs, promotes critical thinking, self-awareness, and continuous improvement. Its flexibility and compatibility with other supervision strategies, such as peer learning, make it adaptable across diverse clinical placements. Students have reported that the model is easy to understand, accessible, and provides a clear structure, supporting personal knowledge and professional development during clinical placements (Johnsson et al., 2023).

Theoretical framing

This study adopts a sociocultural perspective on learning, based on Vygotsky and Cole's (1978) view of socially and contextually constructed knowledge through interaction with supervisors, professionals, and patients (Säljö, 2014). A key aspect of understanding clinical learning involves exploring how boundaries are crossed between different social, cultural, or institutional contexts. Learning often involves crossing boundaries, which may lead to discontinuity when two or more places are relevant to each other, because the cultures may differ between these places (Akkerman & Bakker, 2011). Supervising nursing students can be seen as boundary crossing, as it involves balancing the demands of the workplace with those of the educational institutions and learning objects.

In this context, the concepts of boundary crossing and boundary objects are useful for promoting learning for supervisors and nursing students. Learning occurs as individuals or groups navigate and interact across these boundaries, gaining understanding of each other's perspectives, practices, and ways of working. Boundary objects, material artefacts, conceptual frameworks, or shared practices, help bridge different social worlds by facilitating coordination among diverse groups (Akkerman & Bakker, 2011). They support interpretation and meaning, often taking on forms such as adaptable tools, mouldable objects, and interfaces that simplify cooperation (Trompette & Vinck, 2009). Boundary objects (Akkerman & Bakker, 2011) can play an important role in bridging the gap between education and clinical placements by facilitating collaboration between nursing students and clinical supervisors, thereby supporting a shared understanding of learning objectives and clinical practice. Within the POL model, the binder may be considered a boundary object. It is grounded in the learning objectives created at the educational institutions and contains instructions and tasks developed to fulfil those objectives (Johnsson et al., 2023). This boundary object helps connect the educational institution's learning outcomes with clinical practices, supporting the supervisor's role in linking the two contexts.

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Together, the sociocultural perspective and boundary crossing collaboration with boundary objects provide a comprehensive insight into supervisors' experiences of understanding and applying the model during nursing students' clinical practice. They help to highlight how supervisors can shape learning by navigating boundaries, fostering meaningful interactions, and using shared tools to promote students' understanding and skill development.

Aim and research question

This study aims to describe supervisors' experiences of applying the supervision model of patient-oriented learning during nursing students' clinical placements.

The research question was: How do supervisors describe their experiences of using the patient-oriented learning model in their supervision?

Methods

Design

A qualitative descriptive design was employed, using semi-structured interviews (Flanagan & Tatano Beck, 2025) analysed through abductive qualitative content analysis. This approach involves iterative movement between inductive insights and deductive theoretical frameworks (Lindgren et al., 2020), enabling a comprehensive understanding of supervisors' experiences within a sociocultural context (Säljö, 2014; Vygotsky & Cole, 1978). The analysis focused on how social interaction, boundary crossing, and boundary objects shape supervision practices (Akkerman & Bakker, 2011).

Setting

The study was conducted in a healthcare region in western Sweden, with nearly 300,000 residents, covering both rural and urban areas. This included the two hospitals -one small and one medium-sized- within the same healthcare group, where the supervisors worked. The study included nurses from departments such as surgery, internal medicine, infectious diseases, neurological rehabilitation, and geriatric care, as these departments use the POL model. The hospitals welcomed nursing students from a local campus that hosted around 13,000 students from various nationalities, with approximately 600 enrolled in the nursing programme, whose clinical placements took place at these hospitals as part of their education.

Participants and recruitment

The participants comprised 15 registered nurses (Table 1) with experience of using the POL model, referred to in this article as "supervisors". Nine of them had completed supervisor training. All had supervision experience between six months and three years with the model. The number of students they had supervised was between approximately four and eight each year of supervising. Participants who were deemed to have significant experiences to share were recruited (Flanagan & Tatano Beck, 2025), and so registered nurses with experience of working with the model were selected. A nurse manager or a clinical nurse, responsible for student coordination and supervision at each department, recruited the participants. Those who consented to participate contacted the first author via email to request further information and to schedule an interview. All participants received written and verbal information and provided written informed consent before the interviews.

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Table 1: Background information about the participants

Variable	n=15
Age (*years*)	
Mean	34
Range	23–46
Median	34
Sex (*n*)	
Female	13
Male	2
Time working as a nurse (*years*)	
Mean	5
Range	1–19
Median	3

Data collection

Data were collected through semi-structured interviews conducted between February 2023 and December 2024 at a time convenient for the supervisor, either in person or via video call, depending on participant preference. Participants were reminded that they could withdraw at any time without providing a reason. All interviews were audio-recorded with consent and transcribed verbatim by the first and last authors. Each interview was assigned a unique identification number to ensure anonymity, and personal information was documented separately and securely stored. All data were kept locked and accessible only to the research team.

Interviews lasted between 30 and 70 minutes and were guided by an interview guide. The interview questions focused on supervisors' experiences with supervising based on the POL model, how they became aware of the model, and their initial expectations. The questions also address perceived possibilities and limitations of the model in supervision. During the interviews, one author (AJ) interviewed while the other (JSM) took notes. At the end of each interview, a summary was read back to the participant to ensure accurate understanding.

The research questions in this study are based on prior findings from Johnsson et al. (2023), which examined students' experiences with the model from a sociocultural perspective. Building on this, the current study shifts focus to supervisors' perspectives, aiming to understand their awareness, expectations, and experiences with implementing the model. The questions were designed to explore practical aspects, possibilities, limitations, and areas for improvement, providing a comprehensive view of the model's role in supervision of nursing students from the supervisor's viewpoint.

Data analysis

The primary analytical method was qualitative content analysis as described by Graneheim and colleagues (Graneheim et al., 2017; Graneheim & Lundman, 2004; Lindgren et al., 2020). Initially, qualitative content analysis was used to examine the manifest and latent content. Manifest content, the explicit statements, provided the basis for surface meaning, while latent content captured underlying assumptions in the messages (Graneheim et al., 2017), emphasising the supervisors' words and their deeper meaning (Lindgren et al., 2020). The transcribed interviews were carefully read and re-read by all authors, facilitating an immersive engagement with the data. Meaning units were identified based on the study's aim of exploring supervisors' experiences with the POL model. These units were organised into a preliminary table, condensed to capture their core, and assigned initial codes for further analysis. From the theoretical framework of sociocultural perspectives (Vygotsky & Cole, 1978), boundary crossing and boundary objects (Akkerman & Bakker, 2011) three questions were created: *How do supervisors construct meaning in order to understand the POL model for themselves? In what ways might boundary crossing and boundary objects inform supervisors' understanding and use of the POL model in supporting student learning? How do supervisors create social interaction with the student using the POL model?* This allowed for an abductive stance where the analysis did not solely follow an inductive path but also incorporated deductive elements. This dual approach enabled the researchers to move fluidly between data-driven insights and existing theoretical constructs. The codes were grouped based on similarities, leading to the identification of subcategories, categories, and ultimately an overarching theme that encapsulated the core meanings of the supervisors' statements (Table 3) (Lindgren et al., 2020), illustrated by an example in Table 2:

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Table 2: Example

Meaning unit:	I think the binder is more specific than the learning objectives from the university, but they go well together. It's the goal, but in my experience, the binder is easier for the students to understand
Code:	Binder is more concrete and accessible than university learning outcomes
Subcategory:	Structure for students' learning
Category:	Navigating supervision complexity - Benefits and limitations of facilitating student-driven learning

The binder can be understood as a boundary object (Akkerman & Bakker, 2011), as it translates abstract learning outcomes into a practical tool that structures supervision in clinical practice. In this way, it becomes an active, practical tool that structures supervision in clinical practice. The binder becomes an active mediator between educational and clinical logic rather than a passive document. This also illustrates boundary crossing (Trompette & Vinck, 2009), as supervisors navigate between educational requirements and clinical practice when using the binder.

Throughout the analytical process, the researchers engaged in ongoing reflection and dialogue, oscillating between the empirical data and theoretical perspectives. This iterative process enabled the refinement of categories and the emergence of nuanced interpretations that reflected both the participants' lived experiences and the sociocultural dynamics influencing them. Incorporating quotations from the interviews into the results served as a validity check, grounding the interpretive process in the participants' own words. By employing an abductive approach, the analysis aimed to generate a comprehensive understanding that not only described what the supervisors experienced but also elucidated how sociocultural factors and boundary objects influenced their navigation of professional and educational boundaries. This method (Lindgren et al., 2020) enabled a nuanced data interpretation by highlighting the complex interplay between individual experiences and broader contextual frameworks.

Ethical considerations

The study received ethical approval from the Swedish Ethical Research Committee (ref: 2023-00586-01; February 1, 2023). In accordance with the Declaration of Helsinki (World Medical Association, 2024), the participants received verbal and written information and provided their informed consent. Participation was voluntary, and withdrawal was possible at any time before publication.

Results

The results show that the supervisors perceived that the POL model strengthened their supervisor role and was an effective bridge between academic and clinical environments, promoting student-led learning and improving students' readiness for internships. When the conditions for using the model were inadequate, it was not as easy for the supervisors to facilitate student-driven learning. Categories and subcategories are presented in Table 3.

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Table 3: The theme, categories, and subcategories

Theme	
Knowledge in action: The patient-oriented learning supervision model as a bridge between academia and the clinical setting	
Category	**Subcategory**
Engagement and cooperation from management and colleagues - Opportunities and challenges	• Gaining legitimacy from management and colleagues • Introductory preparation for learning the POL model • Time allocation for using the POL model
Navigating supervision complexity - Benefits and limitations of facilitating student-driven learning	• Structure for the student's learning • Structure for supervision • Balancing between structure and flexibility
Professional identity and competency development through collaborative knowledge	• Providing space for learning and knowledge development together • Preparing students for professional life • Strengthening the supervisory role

Engagement and cooperation from management and colleagues – opportunities and challenges

Implementing the POL model required engagement and cooperation from management and colleagues. Key prerequisites included management legitimacy, access to introductory training, and formally allocated time to work with the model. These were conditions that enabled engagement and cooperation between supervisors and students during clinical placements in the nursing programme. When these conditions were lacking, it was challenging to implement the model successfully.

Gaining legitimacy from management and colleagues

The supervisors explained that legitimacy, supported by management and colleagues, was essential for the successful implementation of the model. When management actively supported the model and recognised its value, this laid a solid foundation for engagement and participation among the supervisors. Establishing the model within the workplace was crucial for it to become a natural part of daily practice and for colleagues to understand the work done by the supervisors. Integrating the model into the organisation's working methods ensured that it was not perceived as a separate initiative. All staff members needed to be informed about the model, as responsibility for the students was shared across the whole workplace.

> At my workplace, at the ward, we receive a lot of support from the manager to develop as supervisors. Everyone who works here must be aware that we are using the model (8).

Introductory preparation for learning the POL model

Initial support was required for implementing the POL model. The supervisors expressed that a well-thought-out introductory session was crucial for creating a safe and structured start, providing an opportunity to familiarise themselves with the model and its application. A verbal overview of the model, in which instructions and their implementation were clarified, proved to be a valuable element.

> I received good information, but there's always room for being a bit more prepared. Perhaps I could read more and approach it in a different way next time (11).

While some supervisors appreciated the structure that the model offered, a few expressed that it could be difficult to get started. Initial uncertainty and lack of clarity regarding how to apply the model in practice were mentioned as challenges.

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> After all, it was the first time we worked with this here. And I must do this to get a better grip. […] I need to practice more on this (14).

However, supervisors also noted that preparation helped reduce these difficulties. Thorough preparation was perceived to reduce uncertainty and create a clearer structure during the supervision period.

> At first, it was difficult to get started, but after a while, using the model became second nature. I read up and prepared myself by going through the binder (4).

Time allocation for using the POL model

Some supervisors described preparation, such as browsing through the binder and reviewing video materials, as important steps that strengthened the supervision process. The requirement for dedicated preparation time and supervision was not always aligned with the practical realities of the workplace, yet supervisors perceived long-term benefits from investing time in preparation.

> …once I used the binder, I found it to be a very good way for the student to learn (3).

Other supervisors noted that familiarising themselves with the model and working through the binders was time-consuming and not always feasible within the constraints of their regular workload. They found it difficult to prioritise these tasks and even felt the need to work overtime to be able to use the model, potentially influencing their motivation and engagement. To provide more structured and effective guidance, the supervisors expressed that they needed time to prepare. When time was lacking, the model was sometimes not used at all, and the supervisors felt that the quality of supervision was negatively affected.

> I would have liked to have had more time to go through the model properly and perhaps even have it explained/.../It's quite a lot in it [the binder], to have had more time to look through it before the student arrives on the ward (2).

Navigating supervision complexity - Benefits and limitations of facilitating student-driven learning

The supervisors reported both advantages and limitations of the POL model in terms of facilitating student-led learning. The benefits were that the model strengthened the role of the supervisor, which facilitates students' learning by offering a structured framework for their learning process. This structure helped to clarify and formulate individual learning objectives and encouraged students to take a more active and responsible role in their learning. The limitations were that the model could be used as a rigid template rather than a flexible tool; a balance between structure and flexibility was needed.

Structure for the student's learning

The supervisors explained that the POL model and the accompanying binder could be used as a tool in the planning process and described how this was perceived to facilitate a more structured and pedagogically oriented introduction for the students. The binder helped reflection and feedback became more natural and made it easier for students to structure their thoughts, helping them to integrate feedback and reflection into their daily care routines. The model's basis in both intended learning outcomes and practical tasks made it easier to link reflection and learning outcomes to the work carried out in the clinical environment.

> I think the binder is more specific than the learning objectives from the university, but they go well together. It's the goal, but in my experience, the binder is easier for the students to understand (1).

> When we sit down for reflection in the afternoon or at the end of the week, we take out the binder and check what level the student is performing at in the different parts. […] You can help the students to start up conversations with open questions, which makes it a lot easier to summarise the week (13).

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The supervisors perceived the model as systematic, which made it easier for them to provide clear guidance to the students. The structured approach was seen to encourage discussions, where they discussed their reasoning and linked it to common goals in a care setting to help students develop a better understanding of learning outcomes. The structured approach was seen to encourage reflective discussions and follow-up actions.

> If the student doesn't know about the situation, I usually explain while they observe first. Then I show them how to execute the task. And then they show me. If they do something that deviates, I correct it together with the students. Then, after a while, when I see that they can handle the situation, I usually let them do the task by themselves (12).

The supervisors stated that students' comprehension was facilitated when they focused on fewer patients, allowing supervisors to provide clearer and structured guidance to students about the intended learning outcomes. In some cases, supervisors used the model to ensure dedicated time for student support, even during periods of high workload, both during scheduled reflection meetings and through ongoing feedback integrated into the daily workflow.

> They are assigned one or two patients to focus on, to read about and delve into. […] A longer period, so they get to read about the prescribed medicines […] It is better, for their learning, for them to have a few patients and get to delve into them thoroughly, while I take care of the rest of the patients (15).

Structure for supervision

Some supervisors described the POL model as easy to understand and felt that it clarified parts of the supervisory role. The model could function as a shared resource or tool that could support learning and role clarification.

> It facilitates a more defined structure for the supervisors within the act of supervision. Also for the student (1).

For some, it seemed to offer a common language and framework that enhanced social cohesion among supervisors, particularly those who were new to supervising. This shared reference point may have helped to make their roles more understandable and manageable. In a few cases, the model also appeared to support the development of collective understanding and confidence.

> I feel like I've learned a lot in my role as a supervisor. Having it clearly laid out in the binder makes it concrete—what I need to keep in mind and what to focus on when I'm supervising (13).

The core documents in the binder – the weekly overview and the progression charts – were seen by some of the supervisors as giving a clear structure that supported their communication and coordination with one another, fostering a shared identity and common goals. Some supervisors felt that the model created opportunities to reflect on their roles and practices and promoted collective learning. Additionally, they expressed that the emphasis on continuity, even with multiple supervisors or absences, meant that the model could help to ensure consistent support and knowledge transfer and reinforce professional development for the student. This was useful, for example, when a student had more than one supervisor or when one supervisor had a sick day.

> The binder made it clear what step we were at, and that helped, even when I wasn't at work. My student could be with someone else, and I could say that you can see in the binder that she's done this (10).

Some supervisors expressed that the model and the documents in the binder could serve as tools that facilitated understanding and collaborative learning between the supervisor and student. The model was also described as a support for the supervisor to improve the students' communication skills, as the students were expected to explain and justify their planned working methods. These explanations were often based on the stated learning outcomes. According to some supervisors, this process can help students connect theoretical reasoning to practical actions in a reflective and goal-oriented way.

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> You get to see the student's progression as a supervisor, but the student can also see their own progression. You can follow the student differently when there's documentation, and then you can use that documentation when it's time to assess the student's clinical placement. It's great, like a reminder, the student has done this and knows that. It becomes clear when you and the student sit down for a reflection, and the student identifies what they need to practise or what they find important (18).

Supervisors described how the model's usefulness partly depended on how well it fit into educational environments, where collaboration with the student and joint reflection were a strength. There is an opportunity for the supervisors to visualise and consider the student's learning needs to support the student's development.

> I felt that you could get a very clear vision with the model, that it was a little bit easier to see the differences with it than without it, as if you needed to support the student a little more. It helped to make the students' level of knowledge visible (13).

According to some supervisors, the model helped to create conditions for supervision that meant reduced stress and less duplication of work, which made it a valuable tool in the context of supervision.

> It's been a way that works for me to stay organised and not get stressed. So right now, it doesn't feel as stressful (4).

However, the model contributed to the fact that the conditions for supervision were not always sufficient, which meant stress and added to the workload.

> I enjoy supervising students, but the challenge is that no dedicated time is allocated. I still have to manage my group of patients. It's about finding time to supervise while also making time for my patients. I found it a bit difficult before I had the chance to get to know the student (15).

Balancing between structure and flexibility

In high-pressure situations, the consistent and full utilisation of the POL model may be compromised, leading to potential oversights and increased risks during busy periods. Without regular use, there is a risk that the model will be lost or become less effective.

> ...there is a risk that the model is not used consistently or fully, especially during busy periods when it can be overlooked (2).

The supervisors described that different supervisors or students can interpret situations and knowledge levels differently, which can create confusion or disagreement. It can be difficult to correctly assess students' needs for supervision, which can lead to tutors underestimating or overestimating students' levels of development.

> It can also be difficult to place a student at a specific level; one might prefer to see them somewhere in between or… It would be if everyone viewed the same situation differently. […] Some may need more supervision than one realises or believes, yes, those kinds of things (6).

Understanding the importance of flexibility, it's essential to recognise that focusing solely on weekly tasks can impose limitations, potentially hindering overall progress and adaptability. There is a risk that the model is used as a rigid template rather than a flexible tool. This can lead to a loss of flexibility.

> …of course, there are limitations if you become fixated on what needs to be done each week (10).

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This indicates that supervisors may feel constrained if they follow the structure of the model too strictly without adapting it to the specific situation.
It appears that supervisors' reflections with students are often limited to brief moments, which can hinder a more in-depth and continuous reflection process for the student.

> Like everywhere else, it's a bit up and down how much time we have for reflections. There's always a lack of it. You must remember that it happens when you step out of the patient's room and go into the office... then you often say something, and that is also a reflection (14).

Professional identity and competency development through collaborative knowledge

Working with the POL model provided improved opportunities for the supervisors to collaborate with the students in the development of knowledge. The supervisors reported that, with the help of the binder, they were better able to prepare students for professional practice, while also strengthening the supervisory role by facilitating the integration of theory, practice and reflection.

Providing space for learning and knowledge development together

Some supervisors described the POL model and the binder as tools that helped them to integrate learning objectives and clinical practice. According to their accounts, the model contributed to a clearer awareness of the goals, which in turn enabled them to use it to guide students in working towards these goals. This was seen to promote increased interaction between theory, practice, and reflection between the student and the supervisor. In this way, the model was perceived as supporting and fostering a shared understanding of professional development between student and supervisor.

> What are the intended learning outcomes? These objectives can sometimes feel abstract and difficult to understand. How should they be interpreted, and what do they mean in practice? In such cases, I believe the binder or the model acts as a bridge that helps us to make sense of them and supports a clearer understanding (12).

According to several supervisors, the model supported them in facilitating students in recognising the importance of deeper conceptual understanding beyond the immediate practical tasks.

> When I was training to become a nurse, I had to adopt a different mindset, one that involved actively recalling areas where I needed to improve. At times, I would ask myself, what should I focus on developing now? Initially, my thoughts centred solely on practical skills. However, with the introduction of this model, significant opportunities emerged. It provided a structured approach to recognise areas for improvement beyond the immediate tasks at hand. The binder facilitated this process by encouraging reflection, enabling me to identify aspects of my practice that required enhancement (13).

Preparing students for professional life

The supervisors described how the POL model supported them in preparing for students' future professional roles by helping them gain insight into their learning needs. This, in turn, according to some of the supervisors, enabled students to focus on relevant aspects of their future professional role.

> The binder is structured, and the students understand that this knowledge will be essential in their future professional lives (18).

The model was described by multiple supervisors as a vital tool that significantly supports them in facilitating students' learning. It enables supervisors to actively guide and promote a continuous learning process, helping students develop towards lifelong learning. By encouraging reflection, critical thinking, and a sense of increased responsibility for their own learning, the model empowers supervisors to create an environment that nurtures a learning culture rooted in ongoing growth. This environment allows students to collaboratively construct knowledge and develop self-awareness, with

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supervisors playing a key role in fostering these skills. Additionally, supervisors observed that students generally found it easier to identify their weaknesses, which they were encouraged to address and develop.

> I think it becomes easier to recognise one's weaknesses… It's valuable to become aware of them, as it gives you the chance to work on them and improve (13).

Strengthening the supervisory role

Several supervisors described that the commitment to the POL model gave them increased self-confidence. Some of the supervisors saw the model as a tool that helped them strengthen the students' self-confidence and clarify their skills, which contributed to a better understanding of competencies and expectations. In turn, these factors strengthened the supervisors in their role.

> An increased independence and confidence [...] With semester six students, you usually see it immediately, perhaps after two weeks; semester four students take a bit longer. However, you generally see the development in how they are themselves. Not just in each task, but overall, and they can handle different situations (14).

The supervisors described how the model had also strengthened their supervisor role, as they saw how the students, during the final assessments, had developed both learning and knowledge development. The students engaged with the model, and they used more structured methods in their learning, which showed improved readiness in their assessment tasks.

> I can see a difference compared to a few years ago. Yes, perhaps they've always had some awareness of the goals, but now it feels like they're more up to date, more on top of the goals. It feels like they're prepared in a different way than a few years ago. They don't miss the small things (15).

Discussion

This study explored supervisors' experiences of applying the POL model during nursing students' clinical placements. The findings indicate that the model provides a structured approach to supervision that supports the integration of academic outcomes into clinical practice. Supervisors described how this structure facilitated planning, reflection, and the monitoring of student progress, thereby contributing to continuity in supervision and supporting students' development of clinical competence and independence. According to Löfgren et al. (2025) ongoing engagement and shared responsibility from both supervisors and students are fundamental for effective learning. However, the effectiveness of connecting learning outcomes with clinical activities was found to depend on contextual factors such as sufficient time allocated for supervision, institutional support, and the presence of a safe and supportive learning environment.

A key finding was that the effectiveness of the model depended on contextual conditions, including time allocation, organisational support, and supervisors' familiarity with the model. When these conditions were in place, the model was experienced as clarifying supervisory expectations and supporting more consistent and goal-oriented supervision. This aligns with previous findings (Berndtsson et al., 2020; Gustavsson & Bivall, 2025), which reported that supervisors often face challenges in linking theoretical learning objectives to practical activities, thereby complicating assessment and guidance. In contrast, the model supports supervisors in tailoring supervision to individual student needs by translating theoretical goals into concrete tasks and reflective practices, thus bridging the gap between theoretical knowledge and clinical application. The success of this translation hinges on supervisors' familiarity with the model, the specific clinical context, and available time.

Structured supervision grounded in realistic, individualised goals based on assessments of student competence is recognised as essential for fostering learning and professional growth (Tuomikoski et al., 2020). Supervisors actively utilised the model and its binder as a structured framework to guide clinical supervision and a helpful tool for crossing boundaries between academia and the workplace. This framework helped them plan, monitor, and evaluate student progress systematically, ensuring alignment with individual learning needs. As such, the binder can be seen as a boundary object

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(Akkerman & Bakker, 2011), helping to understand academic learning objects in a clinical setting. Supervisors reported that this structured their supervision and approach, facilitated planning, and monitoring of student progress, enabling a reflective learning process that strengthened the link between theoretical knowledge and practical skills. This aligns with the concept of the zone of proximal development (Vygotsky & Cole, 1978), emphasising social interaction and guided learning, where supervisors serve as the more knowledgeable others providing scaffolding to promote student development.

Supervisors believed that the model contributed to continuity and clarity in supervision while allowing for adaptation to individual needs and preparing students for future professional challenges. Previous research supports these perceptions, indicating that the model can enhance students' independence, confidence, and engagement during placements, thereby supporting their readiness for professional practice (Johnsson et al., 2023). Additionally, supervisors perceived that the model facilitated socialisation processes, aiding students' integration into professional communities. These findings suggest that, from the supervisors' perspective, the model may support the development of competencies that may contribute to employability and professional preparedness (Benner & Sutphen, 2010; Jackson, 2015).

The model's emphasis on clarity, continuity, and the application of learning outcomes bridged theory and practice through concrete tasks and reflective activities. By structuring supervision around personalised goals and encouraging active participation, collaboration, and reflection, the model was described by supervisors as promoting student engagement, confidence, and independence. The binder supported planning, assessment, and social interaction, functioning as a scaffold in line with the Vygotsky and Cole (1978) concept of scaffolding supporting learners within their zone of proximal development. Supervisors dedicated around an hour weekly for reflection and assessment within this framework, which helped reduce tension and fostered a safe, supportive learning environment. Allocating approximately one hour weekly for reflection and assessment using the binder was deemed vital. The principles embedded in the model, active participation, clear structure, and collaboration, align with the aims of WIL, promoting student-centred, reflective supervision that supports the development of professional knowledge and skills (Billett, 2025; Zegwaard et al., 2023).

The foundational understanding of the model among supervisors is critical. Structured initial training and ongoing professional development are essential to boost confidence and ensure clarity in applying the model's principles. When supervisors comprehend the pedagogical principles of the model, they are better equipped to facilitate student-centred learning that effectively links theory to practice. However, perceptions of the model's usefulness may vary, underscoring the need for contextualised training tailored to specific clinical environments. This is in line with previous research, which emphasises the need for preparation and competence development, as well as support in interpreting learning outcomes (Mathisen et al., 2025). From a sociocultural perspective, learning and professional development are not solely individual processes, but are mediated through participation in social practices (Säljö, 2014). The model can thus be understood not only as a pedagogical framework but also as a form of support that facilitates the supervisors' participation in the social practice of situated clinical education.

The success of the model also relies on organisational support. In line with previous research (O'Neill et al., 2022), we found that organisational factors such as managerial legitimacy, access to training and allocated time are crucial for the implementation of clinical supervision in practice. Supervisors emphasised the importance of receiving an introduction to the model and having sufficient time to familiarise themselves with the tools, which fostered confidence in their application. Although some initially found it challenging to get started, many appreciated the structured nature of the model and found it to reduce stress compared to traditional supervising. Previous research indicates that supervising adds to an already high workload (Gustavsson & Bivall, 2025; Livingstone, 2024). The result of this study indicates that supervisors experienced the model as helpful in reducing this stress. Without backing, supervisors risk only superficial engagement with the model, limiting its benefits. High workload and time constraints can impede reflective practices and thorough supervision, diminishing overall quality. Active endorsement from management and colleagues to incorporate the model, enhancing its legitimacy, and encouraging shared responsibility. Addressing workload and time constraints through targeted management strategies may enhance supervisors' experiences of supervising (Regaira-Martínez et al., 2023), thereby strengthening the application of the model and ultimately improving student learning outcomes.

Effective application of the model involves not only following its procedural steps but also interpreting its flexibility appropriately. While the model provides clarity, rigid adherence can limit supervisors' ability to adapt to individual student needs and situational demands. Variations in interpretation may lead to inconsistencies, highlighting the importance of ongoing dialogue, and shared understanding among supervisors. Such continuous professional exchanges help refine practice and ensure the model's principles are applied in a manner responsive to diverse contexts.

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Fostering meaningful interactions is central to the pedagogical intent of the model. Supervisors encourage active student engagement, responsibility, and reflective dialogue, which deepens learning. Such interactions are particularly relevant given the experiences that workload and lack of time for supervision affect their involvement, motivation, commitment, and satisfaction (Regaira-Martínez et al., 2023).

Taken together, the model provides a structured pedagogical framework whose effectiveness depends on flexibility, collegial, and organisational support. When implemented, the model was described as enhancing supervisors in their supervision structure and pedagogically oriented supervision. It promotes continuity in student development, supports their progression towards independence, and boosts supervisors' confidence by clarifying roles. The model also facilitates professional identity formation and encourages collaboration and shared understanding among supervisors.

Conclusions

Supervisors' understanding and strategic use of the POL model is crucial to promote optimal student learning and development. The model offers a structured, reflective approach that benefits both supervisors in their role and students. Organisational support and continuous adaptation are essential to overcome obstacles such as inconsistent interpretation and organisational constraints, such as a lack of time and opportunity for preparation. Recognising these challenges ensures that the model remains a dynamic and effective tool, ultimately fostering supervisors who are more competent and confident in their role as supervisors. The model has proved valuable in creating a clear, structured, and reflective supervision process that benefits both supervisors and students. Under suitable conditions, the binder which is used to document the student's learning can function as a boundary tool that supports WIL, bridging campus-based learning objectives with clinical practice. At its best, the model offers a space for work-integrated learning and change. To date, the model has mainly been explored in hospital settings, and further research is needed to determine its applicability in other clinical contexts, such as primary or municipal care.

Trustworthiness and limitations

This study has both strengths and limitations. Qualitative methods are well-suited for exploring experiences (Flanagan & Tatano Beck, 2025). The study's qualitative design and abductive analysis provided in-depth insights, though the small sample of 15 participants and context-specific setting limit transferability and fail to capture the full diversity of supervisors' experiences. However, the inclusion of two hospitals and multiple departments captured the variation of the POL model across different clinical contexts. This broader sampling increases the potential transferability of the findings and introduces heterogeneity.

Furthermore, the informants provided rich, in-depth data that allowed meaningful patterns and themes to emerge. The adequacy of the sample was continuously assessed, in line with guidance for qualitative research is understood as being co-constructed by the researcher's engagement with the data rather than simply being discovered. This underscores the importance of transparency in the analytical process to enhance trustworthiness.

Participant selection via department managers may introduce bias, as managers might select participants who align with certain perceptions or who are more readily available, potentially skewing the data. Although involving nurse managers and clinical nurses facilitated recruitment but also positioned them as gatekeepers with potential influence over participation. This should be acknowledged as a limitation. However, no differences in perceptions of the model were observed between participants recruited via managers and those recruited through clinical nurses, suggesting that the recruitment strategy did not systematically affect responses.

Variations between clinical settings suggest that the implementation of the model is contextually dependent, particularly in relation to how supervision practices are organised. The study was conducted in only one small and one medium-sized hospital, which limits the applicability of the findings to other settings such as larger hospitals, different geographic regions, or healthcare systems with varying organisational cultures. Although minimal differences were observed between the two hospitals, some variation between acute care and rehabilitation units was noted, but this could not be conclusively examined due to the small sample size, indicating a need for further investigation. Consequently,

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caution should be exercised when attempting to transfer these findings to other contexts or populations.

Strengths of the study include the volume and richness of data, which enabled the identification of meaningful patterns and categories relevant to the research question. Inclusion of supervisors from diverse departments such as surgery, internal medicine, infections diseases, neurological rehabilitation, and geriatric care broadened perspectives and enhanced the potential applicability of the findings across clinical settings. Targeted selection of experienced supervisors ensured that the insights were informed and relevant, thus strengthening the validity of the data.

The interview process was designed to maximise trustworthiness. Participants contacted the first author via email to obtain information and arrange interviews. All received written and verbal study information and provided written consent. Flexibility in timing, location, and format (face-to-face or video call) contributed to participant comfort and data richness. The use of verbal summaries at the end of interviews allowed for clarification and added validity. Transcribing interviews verbatim and involving four researchers in the analysis process enhanced reliability, rigour, and consensus-building. The iterative analytical process, with ongoing movement between data and coding, supported depth of understanding (Graneheim & Lundman, 2004). Inclusion of participant quotations in the present article further enhances credibility and allows readers to assess the trustworthiness and transferability of the findings (Graneheim et al., 2017).

The researchers' professional backgrounds as nurses and nurse educators provided valuable contextual understanding that enriched the interpretation of participants' experiences with the student-centred supervision model based on patient-centred care. However, this expertise also carries the risk of unconscious bias, which could potentially influence data collection, analysis, and theme identification. To mitigate these effects, the researchers employed measures such as using an interview guide and maintaining reflexivity throughout the process. These actions aimed to enhance the verifiability and overall reliability of the results. The researchers openly acknowledge that their preconceptions, shaped by their knowledge of nurse supervision models, might influence various aspects of the research process. Despite efforts to counteract bias through transparency and reflexivity, the potential remains for their expertise to subtly affect interpretations. The inclusion of a researcher with a pedagogical background added a complementary perspective, thereby enhancing analytical balance and overall reflexivity.

Suggestions for future research

While the POL model shows promise in supporting effective supervision and preparing students for professional challenges, further research is needed to explore its applicability across diverse settings and the binder's role in supervision. Such research may inform refinements and adaptations of the POL model. The model has so far only been explored in hospital settings, and further research is needed to determine its applicability in other clinical contexts, such as primary or municipal care.

Declaration of interests

The authors declare that there is no conflict of interest.

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