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THE VALUE OF COACHING TRAINING TO SUPPORT ALTERNATIVE PRACTICE LEARNING MODELS

Abstract

Mentoring student nurses and supporting learners in the UK has been under scrutiny following the Shape of caring review (Lord Willis 2015). Findings revealed that traditional 1:1 mentoring was no longer the most effective strategy for robust assessment of nursing students in practice. A variety of practice education models have subsequently been piloted and implemented in the practice arena. A pivotal theme underpinning these approaches has been the philosophy of coaching. Students` experiences of receiving coaching vs mentoring in the learning environment has been reported by Lobo (2015) however there is limited information on the preparation of staff for the role of coach.

This paper reports on the value of a one day coaching training course delivered to qualified healthcare staff in twelve different NHS healthcare trusts. The aim of the training was to introduce the skills and principles of coaching that could be used to support new ways of facilitating student learning in practice.

Introduction

A plethora of government and regulatory requirements are currently influencing the ever-changing landscape within the healthcare arena. In order to deliver world class patient care the Nursing and Midwifery Council (NMC) (2018) have introduced innovative ways of educating, supervising and assessing students to develop practitioners for the 21st century.

The eradication of student bursaries and the requirement for an increase of 25% in student nurse places (HEE 2019) has impacted on recruitment and practice placement capacity. Subsequently the accessibility of mentors to support student learning in placements has been under scrutiny with evidence to suggest an increase in mentor burnout and fatigue (Huggins 2016). As a result, a number of new mentoring models to support student practice learning across the UK have been piloted. These include Collaborative learning in Practice (CLiP) (Lobo 2015) and Practice Education Based Learning (PEBL).A commonality underpinning these approaches is the philosophy, principles and skills of coaching. Coaching has been defined by Whitmore (2009) as "Unlocking people's potential to maximize their own performance. It is helping them to learn rather than teaching them". It adopts a facilitative rather than directive approach to learning prompting benefits for students

such as resilience, autonomy, increased confidence and leadership (Hellstrom-Hyson 2012). These are fundamental skills required for the future workforce and in promoting the NMC modernisation strategy (NMC 2018).

Preparation

As there was limited information or materials on coaching training specific to nursing a number of resources were reviewed and relevant aspects used to underpin the teaching delivered. These included the GROW model (Whitmore 2009) as a coaching framework and the principles from CLiP coaching models in clinical practice (Yobo 2015). These were adapted to nursing using clinical scenarios and utilised through discussion and group work.

The content primarily focused upon seven key areas:-

- Understand one's own personal style of facilitation
- Explain the difference between coaching and mentoring and how these both have a role in the learning and development process
- Describe the GROW Coaching Model (Goal, Reality, Options, Will)
- Recognise the communication skills essential to effective coaching
- Explain how coaching techniques can contribute to maximising learner performance through raising self-awareness and encouraging self-responsibility
- Discuss how coaching principles can be applied in the clinical learning environment
- Practice using coaching skills with other staff

The workshops were facilitated by practice educators from a higher education institute. The educators' personal experiences of being coached coupled with their roles in clinical practice learning, facilitating groups and delivery of the mentorship course was invaluable in the implementation of this coaching day. Demonstrating skills such as questioning, reflective listening and summarising to aid the coaching conversation were fundamental.

Training evaluations

Evaluations distributed at the beginning of the training were used to ascertain attendee's knowledge and skills on coaching before the session and establish their key learning after attendance.

The pre-training questions focused on professional background, mentoring qualification/experience, knowledge and experience of coaching and role in supporting learners. These evaluations confirmed that the majority of staff were from

a nursing background including adult, mental health and learning disability. All staff had a role in supporting learners in one capacity or another. 68% had a validated mentor qualification and 94% had some mentoring experience. In relation to coaching, over half had no theoretical knowledge or experience of coaching suggesting that the correct staff had been selected to attend the training.
The post training questions focused upon the key learning from the training (figure 1), benefits of implementing a coaching model (figure 2) and key challenges to implementation (figure 3).

The diagram below summarises key learning themes

Figure 1
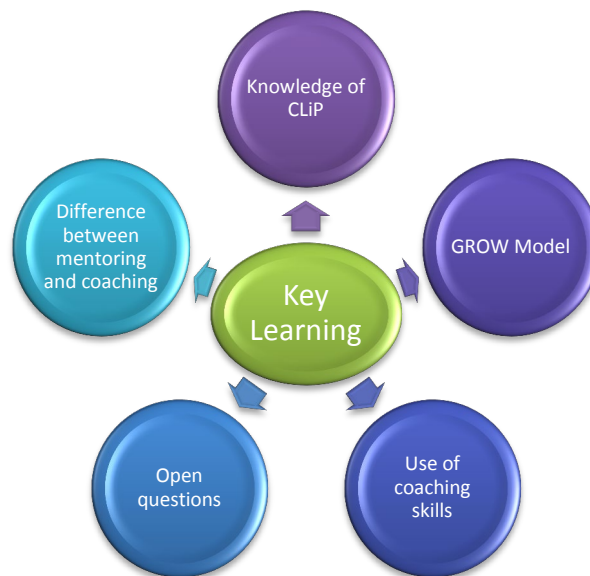
The opportunity to use coaching skills through simulated clinical scenarios was highly welcomed .The staff valued the dedicated time to safely practice coaching conversations whilst gaining support and guidance from those more confident in understanding a coaching philosophy and its practical application. This was affirmed by one who suggested," practising basic coaching skills that I had no prior knowledge of and "understanding that coaching isn't a scary new concept but the realisation we have the skills to implement" was reassuring.

Staff recognised that using coaching as a process for the facilitation of learning could be very productive and positive for student, mentor and coach. Of particular benefit was practising asking open questions and utilising the GROW model (Whitmore 2009). Staff reported "learning to ask open questions enables the coachees learning" and "the grow questions are a useful starting point to move from mentoring to

coaching ". Another confirmed "that the Grow model will definitely be incorporated into my practice".

Exploring the similarities and differences between mentoring and coaching during training was important for staff. This was verified by comments such as "a better understanding has been gained regarding the benefits of coaching rather than mentoring". "There is a subtle difference between mentoring and coaching but this can make a big difference" and "moving to a coaching style with students allowing them to take ownership".

Staff reflected on their understanding of the links between coaching and other previously trialled models such as Collaborative learning in Practice (CLiP) (Lobo 2015) and identify if these models could be taken and adapted to suit their own organisations. Staff comments included, "I will be cascading the information to all my team"," ensure coaching is implemented", and "plan regular clip meetings".
The recognition that a coaching approach can empower students to problem solve was also an area promoted by staff. "Understanding how to elicit the answer from a student rather than telling them will make them feel more accomplished". This is confirmed by Leigh et al (2018) who suggests that a coaching approach can incite individuals to find their own solutions.

The diagram below summarises the benefits of implementing a coaching model

Figure 2

The NMC Standards for Supervision and Assessment (2018) highlight the need to separate the mentorship roles to Practice supervisor and Practice Assessor. This ensures a variety of supervisors voices are heard contributing to a more robust, effective assessment and decreasing individual burden (Huggins 2016). Utilising the knowledge and experience of others rather than restricting it to one mentor was highlighted as a clear benefit. Staff suggested that by sharing responsibility through team coaching would be a "more effective way of decreasing mentor fatigue and increase communication and morale" within practice areas.

In terms of the student experience and the learning environment it was suggested that there would be "more learning opportunities", "the experience would be enhanced by prompting more critical and independent learners" and enable them to feel more part of the team". As a result the staff suggested that students would be more confident, empowered and prepared for their role. One comment stated that they felt the coaching approach would enable "more confident nursing students who will understand the role they need to fulfil on qualification better. Walker-Reed (2016) agrees with this identifying that this type of approach can enable individuals to experience the challenges but also then discover how to address them.

Staff also suggested a "better patient experience" and higher standards of care would be promoted. This is supported at James Paget Hospitals NHS foundation Trust (Crowle 2016) where early findings suggested reduced falls, decreased length of stay and lesser amount of pressure ulcers.

The diagram below summarises the key challenges to implementation

Figure 3
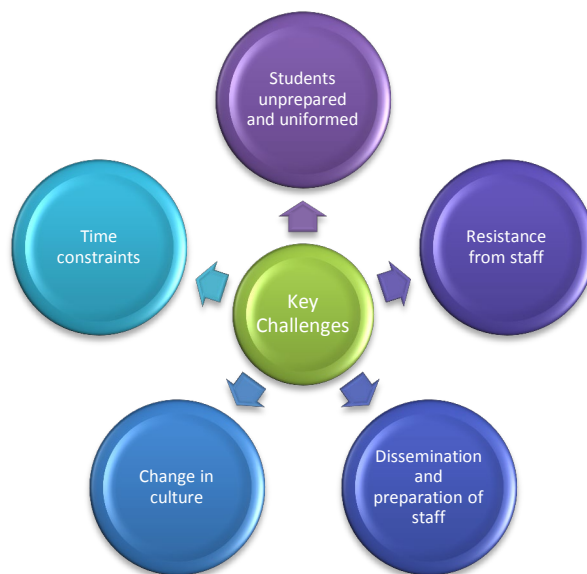
A prevalent theme with regards to the key challenges was preparation of both staff and students and managing staffs` potential resistance to change in engaging in new models of practice learning. One apprehension was "having enough staff to implement effectively" and changing "staff attitudes".

Similarities were highlighted by Leigh et al (2018) when implementing the Synergy Project model. It was considered that a 'shift in mind-set' was required but also for change to be successful the process and the way it is implemented will affect the sustainability and effectiveness.

This was also emphasised by several of the staff with one in particular stating "I think some staff will be resistant, like when any change is implemented, but I feel it will be beneficial, to both students and mentors ". It was suggested that a whole change in culture and working practice was needed from the executive level right through to the clinical staff.

The time involved in disseminating the coaching philosophy, preparing staff and students as well as embedding the approach into practice was also a concern. "A positive manager and clear outcome will be key and ensuring all current mentors have coaching training was imperative".

Staff also highlighted the need for students to be prepared by both the academic and practice environments to understand the new way that learning would be supported in clinical practice. Ensuring that students are clear of their roles and responsibilities and to understand that to ensure patient safety their work would be monitored".

Staff recognised there were some key challenges but were motivated to implement new strategies and wanted to "engage others to share the vision and to take the next step". The aim is "to improve the learning culture and develop a skilled workforce" one concluded.

Conclusion

Overall the evaluations suggested that the staff valued the workshops as it increased their knowledge and practical skills of coaching. It also heightened their understanding of how learner support maybe delivered through different models of mentorship underpinned by a coaching philosophy.The opportunity to reflect on implementation in their own clinical areas was of great benefit.

The impact of the training on the staff reinforced to the facilitators the value of ensuring coaching is at the forefront of any new developments. Subsequently the Higher Education Institute has embedded the coaching philosophy within the Practice Supervisor days and included in the delivery of the 'preparation for the RN role' for all 3rd year student nurses. It has also been recognised that this would be a timely topic for the practice assessor's conference where the underlying theme of coaching would enable exploration of its many different facets.

It is hoped that these findings can be used as a foundation for other providers in reviewing their training in conjunction with the NMC standards for supervision and assessment (NMC 2018)

Key Points

- The training provided was advantageous to the one hundred and forty eight staff as it increased their knowledge and skills in coaching.

- Staff considered how training could be translated into new models of supporting students in practice to promote a cohesive competent future workforce.

- Evaluations revealed that both students and mentors need to be adequately prepared in both academic and practice settings.

- A clear organisational strategy to embed coaching training aligning with policies and procedures should be offered to staff prior to any implementation of new models of mentorship.

- Ongoing evaluation, support and supervision of coaching models for staff is required.

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