Training and Preparedness of Clinical Coaches for Their Role in Training Student Veterinary Nurses in the United Kingdom: An Exploratory Inquiry

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4 **Title**
5 The training and preparedness of clinical coaches for their role in training student
6 veterinary nurses in the UK: An exploratory enquiry.
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Abstract

The experience student veterinary nurses (SVNs) have in the clinical learning environment (CLE) can be highly influenced by the clinical coach (CC); the supervisory relationship will affect student retention and clinical competency. To support a positive student experience the training and development of CCs must be critically reviewed and regularly updated. The aim of this research was to ascertain the current CC training undertaken and preparedness of CCs for their role in training SVNs. Using a prospective cross-sectional study design, an online survey was distributed over a period of 4 weeks to CCs across the United Kingdom, representing a range of educational institutes, generating 80 responses. The median (±IQR) time that CCs had been qualified practitioners prior to undertaking their initial CC training was 2.20 (±4.16 years). CCs stated they needed more course content during their training regarding student teaching and pastoral support, more support from associated institutes and there was a call for a longer training period leading to a formal qualification. Providing CC training with broader course content and some level of evaluation should be considered to develop and assess the non-clinical skills which are vital to the role.

Introduction

The role of clinical coach (CC) is utilised across a range of health care professions within the clinical learning environment (CLE) to facilitate practical, point of care training, including; nursing, midwifery, physiotherapy, podiatry, radiography and veterinary nursing.[1–7] There are multiple alternate terms for this role including; mentor, clinical supervisor, assessor and preceptor, choice depends on the profession and student level.[8] For the purpose of clarity, this report will use the term "CC" when referring to the role in a CLE for support of pre-registration students in their practical training.

The authors were unable to find any published research on the CC role in veterinary nursing. However, there is research available relating to the CC role in other comparable professions and countries which have examined the ideal qualities for a CC to demonstrate, based on CC and student opinions. Within this research there was a strong agreement amongst CCs and students, identifying clinical competence and reasoning, enthusiasm, positive interpersonal skills and support of the learning environment as key skills and attributes which are vital to the role.[2,7,9–13] It is evident that most of the skills and attributes identified as desirable go beyond the clinical competencies expected of qualified veterinary professionals. When reviewing the opinions of CCs in human nursing, a high level of importance was consistently placed on the need for education and the further development required for an individual to be successful in the role of CC.[3,4,14–16] A large study in Australia called for a national standardised framework to govern CLE education, which was due to poor experiences reported by students relating to the lack of interpersonal skills of CCs across a range of allied health care professions.[13] The implementation of a CC curriculum, which focussed on communication and feedback skills resulted in positive outcomes for the CCs and students studying medicine in USA.[17] This suggests a similar approach in veterinary nursing in the UK may be beneficial.

The Nursing and Midwifery Council (NMC) utilise CCs for student training in point of care delivery in the CLE. It is widely recognised that this role is vital to developing the appropriate practical and professional skills in students.[1–5] Therefore, training for the

CC is provided via a comprehensive set of national guidelines.[18,19] This framework highlights the required outcomes for those involved with student training, which includes the non-clinical aspects such as an understanding of equality, diversity, inclusivity, support and communication, which are tailored to the individual needs of the nursing and midwifery students.

There is currently no national standardised curriculum for CC education and development in the veterinary nursing profession. SVNs can spend 60% of their training time within the CLE under the supervision of a CC. The Royal College of Veterinary Surgeons (RCVS) have outlined preliminary guidance for educational institutes on the requirements for an individual to become a CC.[20] Clinical coaches must be Registered Veterinary Nurses (RVNs) or Veterinary Surgeons, however, each institute designs the training independently, so there can be a large degree of variance in the training provided prior to becoming a CC for these individuals. Educational institutes also act as Primary Centres for SVN training, and oversee the approval of Training Practices and the training and support of clinical coaches. The RCVS guidance within the Primary Centre Handbook, states that the CC must be "*experienced and professionally mature, demonstrate an advanced level of skill and be able to demonstrate best nursing practice to students*." Veterinary nursing students are considered to present similar challenges as those discussed for students in other healthcare disciplines.[8,21,22] This will require the SVN CC to demonstrate the non-clinical skills highlighted by other clinical professions such as excellent communication, enthusiasm, providing clear feedback and building rapport.[8,22–24] It has been assumed that much of the teaching for SVNs in the CLE is performed by staff who have no formal training on the principles of education.[23]

The experience students have in the CLE can be highly influenced by the CC, and the supervisory relationship will also affect student retention and graduate competency.[25,26] Considering the lack of prior research and standardised framework in the veterinary nursing field of CC training, it was considered prudent to quantify current CC training practices and investigate CC opinion regarding this training via an exploratory enquiry, to identify areas which could be improved, developed or researched further.

Method

Participants and sampling
A cross sectional study design via on online survey was utilised to gather data from CCs who were supporting SVNs in the UK. This was considered appropriate as there is no national database of CCs available. Participants were required to have undergone CC training in the UK, regardless of which institute they had attended, (participants were not required to state the name of the institute where they had completed training) and have supported at least one student. Convenience sampling was achieved through social media and websites specific to the veterinary nursing (profession and CC's.

Survey distribution
The survey was generated using the online survey tool onlinesurveys.ac.uk. and was available from 16/11/2019 – 06/01/2020 through social media sites and journal sites specific to the veterinary profession, including the Facebook™ groups; CCs, Vet Nurse

141 Chatter and Vets; Stay, Go, Diversify. The British Veterinary Nursing Association
142 (BVNA) shared the survey on their social site (Twitter™) and website and *Vet Times*
143 and *VN Times* also shared the survey on their Facebook™ sites.
144
145 *Survey Design*
146 A total of 20 questions were utilised across three sections including dichotomous,
147 multiple choice, Likert scale and open questions. Section one related to
148 demographics including profession, age, gender, location and experience level e.g.,
149 "Please indicate your profession". Section two gathered data regarding CC training
150 undertaken, including duration, format and course content, e.g., "Please state the
151 topics covered in your initial CC training". Topic choices were not prescribed to allow
152 open, uncensored responses. Participants also rated their confidence level, when
153 performing CC duties, using a 10-point Likert scale. Section three contained three
154 open questions allowing respondents to provide personal experiences of the training
155 received and describe their personal understanding of the CC role and any
156 recommendations for future training, e.g., "Please describe, in your own opinion how
157 well you feel your Clinical Coach training prepared you for your role as a Clinical
158 Coach".
159
160 *Data Analysis*
161 Frequencies and median (±IQR) identified patterns within demographical data and
162 course design and content responses. Graphics were produced using Microsoft®
163 Excel® (Microsoft 365®, Microsoft®, and Washington, USA). Tests of correlation and
164 difference between self-rated confidence other factors was conducted using IBM®
165 Statistical Package for Social Sciences, Version 26. Data were non-parametric based
166 on the assumptions of nominal and ordinal data. Spearman Rank was utilised to
167 analyse correlation between self-rated confidences; length of years qualified, length
168 of years Clinical Coaching and length of initial CC training. Kruskal-Wallace was
169 utilised to test for difference between self-rated confidence and level of preparedness
170 expressed. Open question responses were analysed using a six step thematic
171 analysis format and frequencies were included.[27] (Table 1)
172
173 *Insert Table 1 here*
174
175 The first and second authors (RVNs) with experience of supporting CCs) conducted
176 the six steps of thematic analysis independently, then completed steps two to six in
177 collaboration to reach agreement. Themes were developed *post priori* due to the novel
178 nature of the study and final themes were compared, critically discussed and agreed.
179
180 *Ethical Considerations*
181 Hartpury University Ethical Research Committee approved this survey for
182 dissemination (REF ETHICS2019-75).
183
184 **Results**
185 *Sample Size*
186 There are currently 5,547 SVNs enrolled with the RCVS in the UK. The population of
187 CCs is difficult to quantify as there is no single database. Considering the results seen
188 here, the mean number of students per Coach is 1.30. Using this, the population of
189 CCs can be estimated at approximately 4,000. These results therefore have an 11%
190 margin of error at 95% confidence interval and normal power assumptions.

191

Demographics

A total of 80 respondents completed the online questionnaire in full. These were all Veterinary Surgeons (VSs) and RVNs who had performed as CCs to SVNs in UK Approved Veterinary Nurse Training Practices, who are approved to undertake SVN clinical training on site. One VS completed the questionnaire, with 79 respondents being RVNs. The majority of respondents were from England (85%;n=68). A total of 79 were female, with one respondent selecting "prefer not to say", 90% (n=72) of respondents were aged between 21-40 years. Respondents stated they had initially qualified as VS or VN between September 1991 and November 2019. There were 66.25% (n=53) respondents with no additional industry relevant qualification, apart from their Member of the Royal College of Veterinary Surgeons (MRCVS) or RVN status, with 31.25% (n=25) citing additional qualifications including Diplomas e.g. National Certificates and BSc (Hons). Most respondents (n=70;87.5%) did not have any formal educational training, aside their CC training, 12.5% (n=10) stated they had formal educational qualifications, two had more than one.

Clinical coach training and development

The median time that CCs had been qualified practitioners prior to undertaking their initial CC training was 2.20 (±4.16 years), (Figure 1). The training was undertaken between January 2010 and October 2019. Most respondents stated they had completed initial CC training and subsequent CC specific continued professional development (CPD) within a duration of 4 hours or less, (Figure 2).

Figure 1: Length of time respondents were qualified prior to becoming a CC

Figure 2: Length of time of initial clinical coach training and subsequent CC CPD

Initial training and subsequent CC specific CPD was delivered most commonly *"In person, informally"*, (Figure 3). During initial training and subsequent CC CPD the completion of the Nursing Progress Log (NPL) and Clinical Skills Log (CSL) were the most common topics undertaken by respondents, (Table 2). There were 18.75% (n=15) respondents that completed their last CC CPD over 12 months ago, of these 33.3% (n=5) were not currently active CCs as stated they had no students attached to them.

Figure 3: Training and CC CPD delivery methods

(Insert table 2 here)

Self-rated confidence in respondents' CC ability options ranged from 1-10 with 1 being least confident and 10 being most confident, (Figure 4). Spearman's Rank order correlation demonstrated a weak positive correlation, with no statistical significance (r_s <+0.20, $p>0.05$) between self-rated confidence; length of time qualified, length of time clinical coaching and length of initial CC training. Kruskal-Wallace demonstrated no statistically significant difference ($p=0.144$) between self-rated confidence and level of preparedness for the role of Clinical Coaching after initial training.

Figure 4: Self-rated confidence scores

239

Clinical coach experiences and perceptions

The majority of respondents were currently coaching one student (Figure 5). Participants were asked three open questions in section three to further understand their personal perceptions of their training and role. The responses were analysed based on the arising themes. Five themes were generated relating to the understanding of the CC role and responsibilities when supporting SVN's.

Figure 5: Number of students currently assigned to each clinical coach

Theme 1: Teaching Clinical Skills in Practice was identified by 87.5% (n=75) of respondents. This was the most commonly cited role amongst respondents. Comments related to demonstrating practical skills to students to aid progression through the online tools NPL and CSL.

> *"Mentor and support with learning new skills progression of NPL."* (Respondent 9)

> "*Help students put their theoretical knowledge into practice and apply it to work. Demonstrate physical tasks and support them whilst they learn them.*" (Respondent 18)

Theme 2: Pastoral support was identified by 37.5% (n=30) of respondents. These comments related to supporting the student beyond just teaching and demonstration of skills and related to support of mental health and well-being in a pastoral sense.

> *"…also being a support for them and understanding and having empathy for what they are going through."* (Respondent 24)

> *"…supporting the students mental well being…"* (Respondent 63)

Theme 3: Assessing Clinical Skills in practice was identified by 21.3% (n=17) respondents. These comments went beyond the initial demonstration and included the need to evaluate the student performance to ascertain if competency had been achieved for NPL/CSL progression.

> "*Assessing to sign off npl.*" (Respondent 5)

> "*We have to ensure they are suitable and competent to do the job.*" (Respondent 67)

Theme 4: Assistance with academic work was identified by 20% (n=16). This involved working alongside the education institute the student was attending and supporting the student to complete academic work that had been set.

> "…*as well as support for in college education*" (Respondent 52)

Theme 5: Role Model was identified by 17.5% (n=14). Comments within this theme included those that discussed demonstrating best practice and following the RCVS Code of Professional Conduct for RVN's. This encompassed the sense of responsibility felt by CC's to be an exemplar RVN for their students.

277

278   *"leading by example"* (Respondent 47)

279   *"CCs are there to inspire…"* (Respondent 64)

280 Three Themes were generated from the responses relating to how well the CC's felt
281 the initial CC training prepared them for their role.

282 Theme 1: Not well prepared was highlighted by 47.5% (n=38)

283   *"Not very well, there are many other aspects of student support not covered"*
284   (Respondent 29)

285 Theme 2: Quite well prepared was highlighted by 35% (n=28)

286   *"Basic introduction to Clinical coaching therefore basic preparation"*
287   (Respondent 47)

288 Theme 3: Really well prepared was highlighted by 17.5% (n=14)

289   *"Well as it outlined what the role of a CC is and pointers to help with*
290   *students."* (Respondent 10)

291 Finally, participants were asked to detail any recommendations they felt would be
292 beneficial to inform future CC training. Three Themes were generated from this data.

293 Theme 1: Course Content was identified by 55% (n=44). This included all comments
294 relating to the CC course curriculum and what participants felt would be useful topics
295 to cover. There was a large call for more content on supporting students learning and
296 how to encourage struggling students.

297   *"Personal support for the students as some need encouragement at different*
298   *times, I don't feel this is prepared for in training…"* (Respondent 29)

299 There was also a call for more about the online logs, NPL and CSL and how these
300 can be completed**.** More guidance on what cases can be used for specific skills was
301 called for.

302   "*More time spent logging on NPL*" (Respondent 37)

303 Theme 2: Course and CPD Design was identified by 23.7% (n=19). Generally, there
304 was a call for longer initial training with support from experienced CCs. Some
305 suggested the training should lead to attaining a formal qualification. Targeted CPD
306 with support and discussions with other CCs was also deemed valuable.

307   *"I find sessions with other clinical coaches so important to speak to others*
308   *CC's who you can pass on your experiences or gain ideas from…"*
309   (Respondent 2).

310   "*I feel there should be a more detailed course to become a clinical coach.*
311   *Perhaps even a certificate.*" (Respondent 33)

312 Theme 3: Institute communication was identified by 13.7% (n=11). Some
313 respondents called for more support from the institute the student was attending.

314   *"Better communication between clinical coach and training centre"*
315   (Respondent 52)

316   *"Have more visible support for coaches especially to those who don't have*
317   *internal support"* (Respondent 23)

Discussion

319   Demographically, the respondents matched the expected for the Veterinary Nursing
320   Profession, which is reported to have an average age of 31 years and are 98% female.
321   [28] The results demonstrate >50% of respondents had been qualified for two years or
322   less prior to undertaking the CC training, with 27.5% having been qualified for less
323   than one year. Over 66% had no additional industry relevant qualifications, which may
324   be considered to be linked to the acquisition of an *"advanced level of skill."* In
325   agreement with the assumption in veterinary nursing literature,[23] the majority of CCs
326   (75%) did not have any formal educational training, other than the CC training they
327   had undertaken. The CC training undertaken was largely delivered in a face to face
328   informal setting of one day or less. This time is minimal and with no form of assessment
329   it is not clear what learning and development has taken place in preparation for the
330   CC role. The topics covered in initial CC training and subsequent CC CPD focussed
331   mainly on using the NPL/CSL and guidance around completing this. Learning styles
332   were also mentioned with high frequencies. The use of learning styles is
333   contraindicated by recent reports, suggesting that "pigeon-holing" students in this way
334   can reduce the benefits of a broader approach to teaching and learning with multiple
335   delivery methods. The literature suggests the use of learning styles is based on
336   anecdotal evidence rather that scientifically sound evidence based practice .[29–31]

338   When considering the ability to "*demonstrate best nursing practice",* this would involve
339   the ability to utilise skills and attributes highlighted in the literature, including
340   enthusiasm, positive interpersonal skills, feedback and support of the learning
341   environment .[2,7,9–13] Respondents did not feel these aspects were commonly covered
342   in the CC training undertaken. Furthermore, pastoral support skills such as building
343   relationships, developing trust, conversational, listening and questioning skills are vital
344   aspects to ensure effective student support,[8,22,32] were also commonly omitted within
345   CC training. The experience students have in the CLE can be highly influenced by the
346   CC; the supervisory relationship will affect student retention and graduate
347   competency.[25] Therefore, these results highlight areas of improvement required in
348   current training practices, particularly in relation to non-clinical skill development in CC
349   training and should be considered by institutes. Those aspects covered within the
350   NMC framework could be considered for inclusion into the course curriculum for
351   veterinary nurse CC training.[18,33]

353   Most CCs are supporting only one or two students which should facilitate a higher level
354   of one to one support, alongside completing daily clinical activities, although this
355   cannot be assumed and would need further investigations regarding the student
356   experience of support in the CLE. Respondents demonstrated an understanding of a
357   wide range of the roles' responsibilities, however some of these aspects had a low
358   representation. Over 78% of respondents did not mention assessing skills as part of
359   their CC role, however, this is vital to ascertain if a student has reached the required
360   competency in each of the RCVS Day One Skills required prior to professional
361   registration. Studies have shown that the CC–student relationship when assessing

362   skills can cause a conflict of interest and lead to failing to fail students when
363   appropriate.[34,35] This would therefore be an important aspect to cover in CC training,
364   to ensure students have appropriate formative assessment in the CLE to prepare for
365   the summative Objective Structured Clinical Exam. Of respondents only 37.5%
366   highlighted pastoral support as a responsibility of the CC role, despite the evidence in
367   the literature discussed that this is a vital part of the role when supporting students in
368   the CLE. The lack of subject matter evident in the topics cited from training may
369   account for the low awareness of this aspect of the CC role. Students can present a
370   range of issues including personal challenges, which can be complex and demanding,
371   requiring an individualised approach.[22] Positive role models are valued by students
372   and will be highly influential on student motivation and development of appropriate
373   professional behaviour.[36,37] However, only 17.5% of respondents cited this as an
374   aspect of their role as a CC.
375   A high level of respondents felt they were not prepared after their training to perform
376   the role of CC, with only 17.5% stating they felt well prepared. Given the concerns
377   raised by students in other disciplines and the positive impact that CC training in
378   communication and feedback has had, this would indicate that further evaluation and
379   development of training is needed for SVN CC's.[13,17] This need for enhanced training
380   regarding teaching skills is also echoed in human nursing.[16] The reported lack of
381   preparedness did not affect the self-rated confidence of respondents, which may
382   indicate they have learnt by experience rather than training, or there may be some
383   disparity between their confidence and competence when performing the role, which
384   would require further evaluation, particularly investigating SVN experiences. One
385   study reported that self-rated confidence in communication skills was not a reliable
386   measure of competence and that more objective assessment was required to
387   ascertain actual competence levels.[38] When considering respondents opinions about
388   training content, there is a clear message that more content is needed around how to
389   support individual students. The results also suggests that longer, formalised training
390   that contains content beyond NPL and CSL functionality to include content relating to
391   student pastoral support would be welcomed. Sharing of practice between institutions
392   would be beneficial to allow standardisation of training. Providing training with broader
393   course content and some level of evaluation for CCs should be considered to develop
394   and assess the non-clinical skills which are vital to the role. Standardising and
395   enhancing CC training and development, in line with the roles' challenges and
396   responsibilities will enhance SVN experiences and improve professional outcomes
397   longer term, including student retention.
398
399   *Limitations*
400   Convenience sampling has inherent limitations such as the influence of human choice
401   (self-selection bias). [39] This may have also limited the access to the population as
402   Facebook™ was the main method of sharing the survey link which will have created
403   response bias. In answering the opening questions another limitation is social
404   desirability bias, however this would have been reduced with anonymity provided by
405   the online tool. Sample size was low at approximately 2% with 11% margin of error.
406   This low sample size is a limitation of this study and larger sample sizes would be
407   required for confidence in generalising and to gain further understanding of CC training
408   in the UK. When interpreting qualitative data the researcher can bias results as the
409   observer, this effect was reduced by the first and second author reviewing the findings,
410   separately, before agreeing the final results.
411

412 *Future research*
413 Further studies should include an evaluation of SVNs experience in the CLE related
414 to the CC they are assigned to specifically, rather than extraneous factors in the CLE.
415 This would provide targeted feedback on the competence of individuals from the
416 student perspective. It would also be valuable to inquire about CCs opinion of
417 performing their role in the CLE and any barriers they face, such as time constraints,
418 to ensure appropriate support is provided for this role. Results could be considered
419 alongside job satisfaction and student retention.
420
421 **Conclusion**
422 The majority of CC's did not have any formal qualifications relating to the delivery of
423 education and some had limited clinical experience prior to undertaking the CC training
424 and role. Most of the training was undertaken in one day or less, with no formal
425 assessment of learning and only 17.5% stated they felt well prepared following the
426 training. Respondents called for more training content relating to supporting individual
427 students, with longer course delivery, which could lead to a formal qualification. There
428 was also a call for associated institutes to provide more targeted support for CCs
429 through CPD which included support and discussion from experienced CCs.
430

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561 **Table 1** Phases of thematic analysis (27)

Phase	Description of the process
1. **Familiarisation of the data**	Reading and re reading the data and noting initial ideas.
2. **Generating initial codes:**	Systematic coding of interesting features across the entire data set, collating data relevant to each code
3. **Searching for themes**	Collating codes into potential themes and gathering all data relevant to each potential theme
4. **Reviewing themes**	Checking if themes work in relation to the coded extracts
5. **Defining and renaming themes**	Ongoing analysis to refine the specifics of each theme and the overall story the analysis is telling, generating clear definitions and names for each theme
6. **Producing the report**	Selection of vivid and compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

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563 **Table 2** Topics covered in CC training events and CPD

Topic area covered	Initial training/Number of respondents	Subsequent CPD/Number of respondents
Nursing Progress Log/Clinical Skills Log	60	39
Learning Styles	23	5
Student Support	15	13
Course format/Deadlines	12	21
Tutorial Planning	11	3
OSCE Support	8	16
Teaching styles/Skills	7	0
Communication Skills	2	0
Mental Health/Wellbeing	2	5
Fitness to practice/Code of Conduct	0	3

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