

Enhancing Mentorship by Coaching

Abstract

Following the findings of the Willis Commission (2012) more robust and detailed mentor and student evaluations were undertaken by the University of East Anglia (UEA). Feedback indicated various themes that were similar to previous parallel research whereby the role of the mentor was seen as influential and positive of student learning, that mentors were seen as role models, valued their role that often inspired students to be the best they can be. However not so positive aspects also manifested such as lack of support and time to undertake the role properly, poor staffing levels and increased workload leading that seem to relate to finding from other studies that indicate although mentors see the benefits to themselves, their employer and learners from being a mentor, they often feel that mentorship is burdensome (Omanskey 2010). With other challenges developing for both university staff, mentors and practice educators such as growing student numbers and organisational change, a new strategy to support student learning has been developed at the (UEA) influenced by a memorandum of understanding with VU University Medical Centre (VUmc) in Amsterdam based on adapting their “Real life Learning Ward” model. This approach to supporting student learning is based on a very student centred, coaching approach.

Introduction

A partnership led by UEA in conjunction with Health Education East of England (HEEoE) and local community and acute Trusts in Norfolk has developed the Collaborative Learning in Practice (CLiP) project. Within the project, the NMC (2008) standards are still implemented but the emphasis is on the students being coached and supported to take on greater responsibility for their learning and the learning environment embraces a culture of valuing student-focussed solutions to care.

A key element of the project is the development of coaching skills within the existing mentors within each ward/department identified to be a CLiP area. The process of developing each area involves

ward staff and students being prepped as coaches and attending coaching skills. A major influence of this preparation was to ensure that mentors did not lose their mentorship skills but learned to enhance them by recognising the similarities and differences between mentorship and coaching and adopt a “coach-oring” approach to supporting students in practice.

Developing coaching in a ward/department

Once wards/departments are identified and approved for coaching development, initial contact is made by the link lecturer (LL) to the area who liaises with the Clinical Educator (CE) who arrange collaboratively introductory coaching sessions for the staff in the chosen area. These sessions endeavour to ensure that all working in the targeted area are aware of the new approach to supporting students and have access to key resources to support coaching. Here the key elements that are included in developing mentors are clearly identifying the differences and similarities between coaching and mentorship, the use of Hershey and Blanchard’s (1977) situational leadership model and understanding of how able the students are in various tasks and skills using Millers pyramid of competency (1990). Other elements covered include having effective powerful questioning skills and completion of relevant daily learning logs (appendix 1). Learning logs are an essential part of the project and help to not only support mentors in achieving what NMC (2008) standards require but also help the students to set clear learning goals that can be linked to learning outcomes within their assessment of practice document and also aid the coach in assessing exactly what the students level of ability is to then ascertain the students level of coaching support as identified in the situational leadership model.

Further training is also offered to ward/department staff, academics at UEA and any other relevant parties. These sessions are more detailed in expanding on the differences between mentoring and coaching yet again enforcing the mantra that coaching is not replacing mentorship and is being developed to add to the “tool kit” a mentor has to support student learning and assessment and

meet NMC requirements (NMC 2008). These advanced sessions also incorporate “role play” whereby a CE goes through a coaching scenario using students who are currently allocated and experiencing the coaching model. This allows excellent discussion to occur allowing staff and students to debate and discuss how they have found the project.

Key fundamentals of developing coaching skills

Throughout all the training sessions and support given to develop staff to incorporate coaching within their mentoring practice, certain key characteristics need to be covered to help existing mentors especially to understand the fundamental similarities and difference between coaching and mentoring and to re enforce that this approach is not new but is something that can reduce the sometimes referred to “burden” of mentorship that is often fed back by existing mentors. Indeed many mentors often do not realise that they are actually already coaching, which can be possibly attributed to the dominant mentoring stance engrained by the NMC (2008) standards and therefore need guidance in how to use coaching to support mentoring to their best advantage (Narayanasamy and Penney 2014). There is also a need to sometimes also address comments from some mentors who refer to this approach as something that was being used in previous forms of nurse training. Whilst this is not necessarily wrong, students at that time were not supernumerary as is the requirement with current students (NMC 2010).

Other key coaching characteristics that are covered as part of developing coaching focus on;

- What makes a good coach
- What are the barriers to coaching
- How to build the coach/coachee relationship
- Questioning and listening skills
- Dealing with negatives (from either the coach/coachee or both)

- Use of mind mapping.

Coaching attributes

When looking at what makes a good coach, many qualities are discussed such as the importance of being a role model, being understating, supportive, giving advice, encouraging the coachee and being a critical friend. Again explanation is given that many of these qualities are what a good mentor needs to have and so then some guidance is given on the differences between coaching and mentoring which is often the main question identified by those attending any coaching training. In essence the focus is on seeing mentoring as a process that sees a more traditional, developmental type model of supporting learning and developing an individual where a more senior, experienced person is approached and advice and guidance short over a longer time frame, whereas coaching as a strategy that tends to focus on skill development, improving skills ability and overall performance and is a short term relationship e.g. a day, a shift (CIPD 2014).

At the same time those factors that cause barrier to being a good coach (and mentor) are also discussed. Particular emphasis is put on where coaches can go wrong for example by dominating and talking too much and not letting the coachee actually identify their learning needs, the danger of assuming that what has worked before will work again and feeling that as the “expert” you have to get things right and as such risk the potential of dominating and controlling the situation (Starr 2002).

Developing trust in the coach/coachee relationship

Another vital aspect of coaching that is taught is the importance of developing a trusting relationship between the coach and coachee. Without this being in place, both the coach and coachee will struggle to achieve anything meaningful learning outcomes. It is however important to recognise that expectations of both parties will always be changing and evolving and as such the relationship will be ever changing during the relationship. Coaches are asked to consider a simple relationship

model as discussed by Levett-Jones *et al* (2009), whereby there is an initiation stage, followed by a working phase and finally a termination phase. At each stage various things need to be planned for to ensure the relationship between coach and coachee is successful, so coaches need to think about introductory tasks such as orientation and introductions to the area, followed by establishing ground rules that set aims and objectives for both parties. The termination of the relationship should end with clarification and feedback (as well as feed forward) between the coach and coachee so both parties can reflect on the experience. By developing trust between both parties, coaches can influence learners to do better, develop skills, increase production and grow higher competence, confidence and effectiveness in their skills and knowledge of what they are training to be (Hesli *et al* 2006, Paglis *et al* 2006, Williams-Nickleson 2009 and Gutierrez 2012).

Effective conversational, questioning and listening skills

Without effective questioning and listening skills, coaches will struggle to effectively support their students and therefore these skills need to be enhanced and developed. The coach needs to identify as to whether they are cosmetic, conversational or active with their listening skills. Again the key factor with communication and coaching is that the bulk of the communication should be undertaken by the coachee and a good guide is the 30:70 rule whereby 30% of the talking is done by the coach and 70% is undertaken by the coachee (CIPD 2008). This empowers the coachee to analyse and develop their learning needs directed and supported by the coach using challenging questions.

Some mentors who have attended training sessions have often expressed wanting simply asked for help with developing their questioning skills, especially when faced with negative attitudes and cognitive distortion. This can often occur when coaches say things such as “I can’t do this”. If this occurs the coach can rely with “what would happen if you did?” and thus allowing the coachee to go from a negative perspective to a more considering other possibilities perspective. Other negative

responses may include students diminishing the positives (“it was just luck!”), overgeneralising (“I didn’t do before so I’ll never be able to do it”) and jumping to conclusions or catastrophising!

If students are sometimes struggling to clearly identify learning outcomes, help can be given by the coach not just by asking powerful questions but also by using strategies such as mind mapping that was first identified by Buzan (2009). This allows the coachee to put their thoughts and views on a topic down on paper and then develop further thinking and ideas around that topic, thus helping to put the basics of the required coaching conversation in place.

Conclusion

Initial evaluations of more coaching from both mentors and student have been highly encouraging. Students across all years of training have indicated they feel more empowered and have developed their confidence and knowledge base. Particularly encouraging is the feedback from 3rd years that indicates that the anxiety related to the transition for student to qualified practitioner, which many studies have identified as being challenging and difficult, has been greatly lessened. Mentors have also found the new coaching approach beneficial and rewarding identifying enhanced satisfaction with supporting students and seeing them develop competence and confidence in their clinical skills and knowledge. Mentors can clearly see the differences between mentorship and coaching and also recognise their individual strengths and weaknesses of both methods, but the utilisation of a more coaching approach can provide immense benefits for all parties involved.

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