How to develop a coaching approach to student nurse clinical leadership development: Reflections from the Greater Manchester (GM) Synergy Team

Abstract

Coaching is as an intervention that facilitates another person's learning, development and performance. Applied to student nurse practice learning, coaching has the potential to promote leadership learning that is student-led, less focused on following the directions of a mentor and more focused on students taking responsibility for identifying their learning goals and objectives. This article provides personal perspectives about how a partnership between four Greater Manchester (GM) universities and its partner practice organisations collaborated to developed, implement and evaluate a coaching approach to student nurse clinical leadership development, peer learning, whilst at the same time increasing practice placement capacity. In this article the GM Synergy Model is introduced. This article focuses on the perspectives of setting up a project team, testing the model prior to its implementation and developing a robust evaluation framework. Coaching as a model for student support and clinical leadership development is transferable to the new NMC Future Nurse: Standards of proficiency for registered nurses with the practice supervisor role complimenting the role of the coach in clinical practice.

Key Words

GM Synergy, coaching, clinical leadership, practice supervisor, NMC Future Nurse: Standards of proficiency for registered nurses

Introduction and Impetus for change- applying evidence based educational improvement techniques

Greater Manchester (GM) has signed a devolution agreement with the Government to take charge of health and social care spending and decisions in the city region. The Greater Manchester Health and Social Care Partnership is overseeing devolution and taking charge of the £6 billion health and social care budget. The rationale for this is to implement its vision to deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester (Greater Manchester Combined Authority (GMCA) (GMCA 2018). This would be achieved through radically transforming and building a clinical and financial sustainable model of health and social care. Since the signing of the agreement in 2015 Greater Manchester has seen changes to the way that care is delivered and this has included the transformation of large hospitals and NHS Trusts into even larger organisations.

Four GM universities (see table 1) provide undergraduate nursing programmes situated within Greater Manchester. Equipping GM nursing students with exemplary clinical leadership skills is reliant on the practical component of their educational programme taking place in a supportive clinical environment in which these new nurse leaders can flourish. Firmly embedding clinical leadership development within undergraduate nursing programmes ensures that our GM nursing workforce have the right leadership knowledge, skills and behaviours required to make sound clinical, non-clinical decisions that will empower nurses and strengthen nursing in decades to come. This in turn provides the optimum condition for delivering exemplary patient care.

Table 1 Four GM Universities

University of Salford (UoS)
University of Manchester (UoM)
University of Bolton (UoB)
Manchester Metropolitan University (MMU)

The GM universities have a strong relationship and history of collaboration. Since 2009, GM hospital trusts, the four universities and Health Education England (HEE) have worked together as the Greater Manchester Practice Education Group (GMPEG). The aim is to operationalise the practice component of the undergraduate nursing programme. The strength of GMPEG lies in the expertise and passion of its members who are all committed to providing the best opportunities for student learning when engaging in clinical practice.

It is from this collaborative perspective that in 2016 members from GMPEG applied storytelling and strengths, weaknesses, opportunities and threats (SWOT) analysis to identify our underlying challenges and subsequent opportunities associated with delivering nurse education that would operationalise the GMCA vision to make Greater Manchester one of the best places in the world to live and work.

From this educational improvement work it emerged that support for nursing students development in clinical practice was variable; a key issue was that the current mentorship model meant that whilst individual support on a one to one basis was highly valued, students were not consistently encouraged to take ownership of their learning needs; congruous with the evidence base, mentors were often overstretched, struggling to fulfil their role for providing student assessment and supervision whilst at the same time caring for patients (Leigh and Roberts 2017). In addition, there was a lack of clear strategy for smooth transition from student to qualified nurse and for providing the stimulus for student nurses to practice within GM hospitals when registered. Other challenges related to delivering on Health Education England Quality Strategy 2016-2020 and Quality Framework for promoting high quality placements and clinical leadership development (HEE, 2016). Moreover, the changing landscape of health care education including the already identified challenges associated with the need to increase the number of registered nurses across GM accelerated the necessity to seek opportunities to change both the current placement and clinical leadership development model.

Influenced by evidence from the 2012 Willis Commission on the future of nursing education that provided evidence of the Collaborative Learning in Practice model (CLiP™) and our own practice, the team also identified coaching as an effective model for student nurse support in practice. In 2016/17 members from the GMPEG attended a study day facilitated by the University of East Anglia who had developed a coaching model (CLiP™) and we visited the Lancashire Teaching Trust who had implemented the model.

Seeing the success of this context-responsive implementation, we realised that we needed to adopt a similarly responsive approach across GM. A GM wide approach to a shared model and governance system was chosen as the practice placement circuit is shared by the four GM HEIs and there is also a strong history of collaborative working between education and placement providers. This includes utilisation of the Pan Manchester electronic practice assessment document, student practice placement evaluation (P@RE), practice placement audit and shared practice policies and procedures. Our vision was clear from the outset in that any new model would continue to standardise GM resources whilst at the same time promote

flexibility and freedom in the diverse clinical contexts and healthcare organisations. In this way, we recognised that we needed to create our own bespoke model that would be responsive to the differing context and needs of each hospital trust and university involved in the project, thus complementing the GMCA transformation agenda.

In this context, a team was formed to develop a new and innovative GMCA model of support for student nurses in clinical practice. Our team comprised of senior leaders operating from within the multiple GM universities and healthcare organisations. Key personnel also played a vital consultancy role, including three student nurses who had experienced coaching in clinical practice. This ensured that the student voice was heard from the very start of the change process.

The constitution of the team (see table 1) capitalised on its members' diverse experiences of practice-based learning, curriculum development, workforce transformation, educational improvement and providing support for colleagues across healthcare and higher education.

Table 1 Team Constitution

Team Constitution	
Director Placements; Practice	Practice Learning Lead
Practice Development Lead	Work Based Learning and Employability Lead
Senior Lecturer, Placement Lead	Lead Clinical Workforce Transformation
Education Development Manager	GM -Synergy Practice Education Facilitator Trust Champion
Team Consultancy	
Three student nurses	Personal and Academic Tutoring Project Lead, UoS
Digital Teaching and Learning Manager	Organisational Development Consultant, •
Academic and Research Developer	

Working together, we developed our bespoke GM Synergy Model for student support in practice placements. GM Synergy (figure 1) is based upon coaching ideologies, placing emphasis on delivering patient-centred care, promoting student nurse clinical leadership development and peer learning.

Figure 1 GM Synergy Model
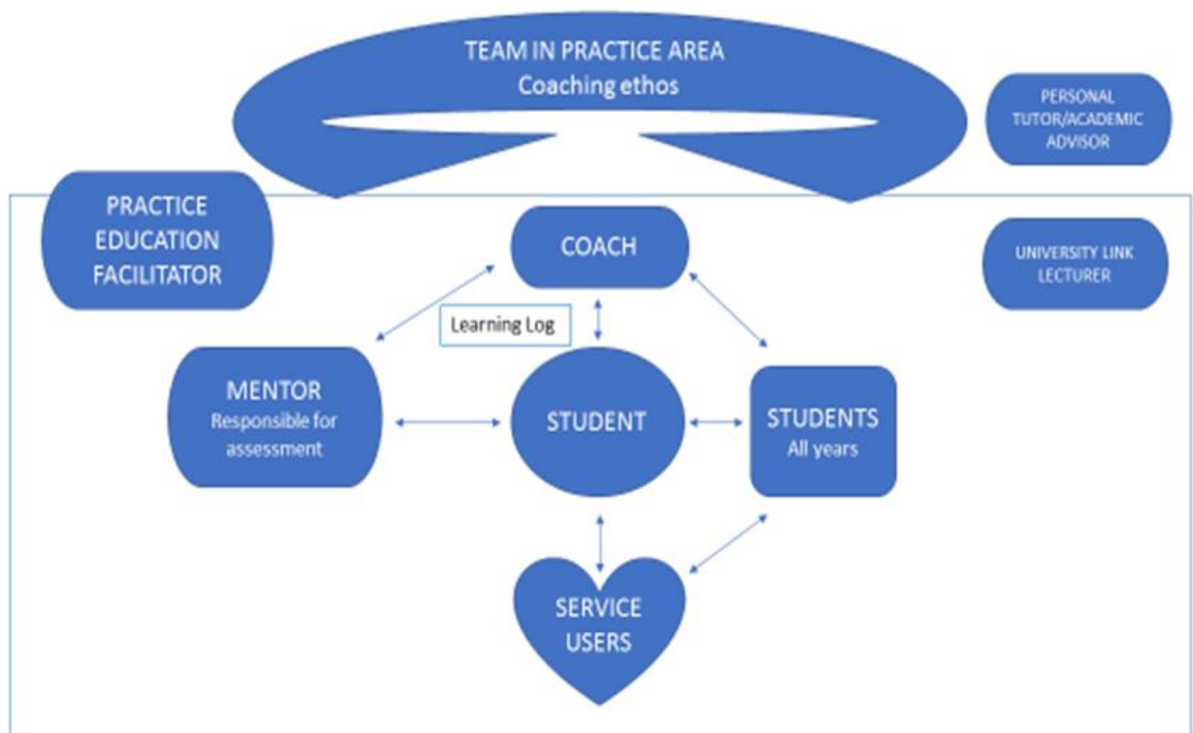
The typical and traditional student support model is mentorship – the process of a qualified nurse transferring their knowledge and skills to a less knowledgeable student. The Nursing and Midwifery Council Future Nurse: Standards of proficiency for registered nurses (NMC 2018a, 2018b) introduces three new practice learning roles: practice supervisor, practice assessor and academic assessor. These practice learning roles will supersede the current mentorship function.

Coaching in the context of GM Synergy and the NMC Future Nurse: Standards of proficiency for registered nurses

Whitmore (2009) suggest coaching as an intervention that facilitates another person's learning, development and performance. The GM Synergy coaching training promotes leadership learning that is student-led, less focused on following the directions of a mentor and more focused on students taking responsibility for identifying their learning goals and objectives. There is a risk to ~~this~~ this approach. For example…….

Ensuring that the student, mentor and the coach are all fully prepared for their role and that effective communication takes place between the coach and mentor evidenced using learning logs which are completed daily by the students and contain feedback from the coach in clinical practice reduces the risked identified.

Leigh and Roberts (2018) suggest that within the context of the new NMC nursing standards (NMC 2018b) the role of the coach will be undertaken by Practice Supervisors thereby providing students with the opportunity to take responsibility for their own knowledge acquisition. This in turn promotes optimal patient care, achieved through improved student

4 J leigh et al. June 2019 with reviewes comments highligted in yellow

performance, motivation and empowerment. Again, there is risk to this approach therefore effective preparation for the role and clear lines of communication with the future practice assessor and academic assessor is key.

Coaches in clinical practice are prepared for the role. Preparation constitutes …..

GM Synergy: A Typical Day

GM Synergy placement areas are allocated up to 20 undergraduate student nurses (combination of 1st, 2nd and 3rd year) though not all will be on duty at the same time. Placements are situated within hospitals (spanning adult and child and intermediate care settings) and attended by adult and children and young people fields of practice. Many practice areas are split into 'bays' and there may be one or more bay that will operate the GM Synergy model at the same time allowing a large volume of students to be accommodated compared to non-Synergy areas where student allocation can be as low as one. This high volume of students is required to provide the peer teaching and learning opportunities. At the start of the shift students meet with their coach for the day (of whom could be the future practice supervisor (NMC 2018b) the ideal ratio being 4 students to 1 coach (Leigh et al 2018), to discuss their learning needs for the day. Students complete their learning log, focusing on specific learning objectives related to their placement learning outcomes. Students provide care to patients with direct support and supervision from the coach. Peer teaching and learning also takes places between the 1st, 2nd and 3rd year students. At set times throughout the shift the coach and students review learning based around the students' learning objectives, critically reflecting on what they have learnt and continuously planning for the next learning opportunity. Other key practice-based education roles that support the student learning and placement governance include the university link lecturer, Practice Education Facilitator (PEF), and mentor. Future roles will include the practice and academic assessor (NMC 2018b).

Here we offer some personal perspectives about how we developed, implemented and evaluated our coaching approach to student nurse clinical leadership development, peer learning and increased practice placement capacity.

Setting up a Steering Group

From the outset of developing, implementing and evaluating our model we created a steering group where key stakeholders were represented. Our steering group therefore comprised of senior leaders operating from within the multiple GM universities and healthcare organisations, with the team leader situated in the University of Salford. The constitution of the team capitalised on its members' diverse experiences of practice-based learning, curriculum development, workforce transformation, educational improvement and providing support for colleagues across health and social care and higher education. Key personnel played a vital consultancy role including three student nurses (adult field, second and third year) who had experienced coaching in clinical practice. This ensured that the student voice was heard from the start of the change process.

Developing the steering groups terms of reference helped drive forward the vision for the new model and keep us on track. From this group the following important systems were created:

- Operational structures that enabled us to inspire a shared vision of the new model and drive the model forward. This included:

- o Creating new roles that had clear responsibilities. For example, the trust specific Practice Education Facilitator (PEF) Champion role cascaded coach training to the coach in clinical practice and resolved challenges faced along the way.
  - o Preparing the practice learning environment; and educating staff for their new roles
  - o GM Synergy Practice Placement Eligibility and Readiness Framework
- Shared online folder containing the crucial and standardised resources available across participating institutions. These resources were used flexibly according to local contexts (see table 2 for example of resources)
- Effective channels of communication between the steering group and various large, complex organisations involved
- Sub-groups to work on specific project areas, drawing on the strengths of team members, for example in the production of standardised resources to support the implementation of GM Synergy including the training to prepare clinical staff to become coaches. Representation on the subgroups from each key stakeholder group was a key strategy – universities and practice, cross-checking with our student consultants (Table 3 and 4).

Meeting monthly to begin with and challenging the process, our team established and maintained harmonious working relationships that facilitated not just the development of GM Synergy, but which also contributed to the development of leadership skills in group members.

Table 2 Online Resources

Student induction resources for universities and healthcare organisations, incorporating an introduction to GM Synergy. The resources provide students with the opportunity to discuss the model, ask questions, myth bust and this, in turn, has increased student engagement and motivation.	Coaching development "train the trainer" pack: External coaches cascaded training via the PEF Champion through "train the trainer" techniques. The PEF Champion would then facilitate the education and training to the coach in clinical practice.
Student learning log	Resource pack for coaches

Table 3 Coaching Sub-Group

This sub group identified the educational needs of all those who contribute to student learning in clinical practice, and subsequently developed the standardised GM Synergy educational coaching packages for students, coach in clinical practice and the multidisciplinary team.

Table 4 Governance Sub-Group

This sub group developed the governance structures for GM Synergy including creating our Synergy pledges that identified the promises to be made by students, universities and trusts

regarding coaching practice. These pledges are visible in all GM Synergy practice placement areas, providing the clear behaviours required of all involved in student learning.

Testing the GM Synergy Model Prior to Implementation

Testing the GM Synergy Model prior to its implementation allowed us to identify and effectively manage any potential issues that would reduce the effectiveness of the model so in July 2017 we collaborated with 19 students from all fields of nursing practice and from across the four participating universities in clinical simulations that took place in the University of Salford Simulation Suite. Steering group members simulated the role of patients and coach in clinical practice, and students engaged in patient care and shift handover.

We disseminated the evidence of our impact through publishing our truly unique teaching and learning educational improvement opportunity (Leigh et al., 2018): Evidence that informed the development and subsequent implementation of the model included:

- The opportunity for us all to experience how simulated coaching positively impacts student clinical leadership development;
- Immediate student feedback through the simulation de-brief helped us to refine the model prior to its implementation;
- The identification of the ratio of students to coaches, informing the number of students placed on each GM Synergy placement area and provided information to Deans in universities regarding future student recruitment;
- Insight into the resources that have subsequently been developed that were identified as aiding smooth implementation and sustainability.

Evaluation of the GM Synergy Model

Applying evaluative approaches that measure the impact of GM Synergy from multiple stakeholder perspectives is imperative. We therefore developed a robust evaluation strategy to measure the impact of the implementation of the model on student clinical leadership development and this evaluation sits within the University of Salford Educational Research and Scholarship Cluster. Health Education England have funded a project evaluation that applies realist evaluation focussing on the on the following key areas:

1. Expected outcomes of an innovation, for example, enhanced clinical leadership development for undergraduate student nurses and preparedness for the coaching role by the range of practice educators

2. Mechanisms and processes by which expected outcomes are achieved and impact is realised, such as modes of student support and models of clinical leadership development, and ongoing models of support post project life cycle (model sustainability)

Evaluation methods include an online questionnaire completed by the multiple stakeholder groups followed up by focus group interviews to explore the emergent key issues in more depth. This evaluation work commenced in 2018 and is ongoing with data feeding forward that is influencing GM approaches to the implementation of the standards for supervision and assessment (NMC 2018b). One of the key findings so far is the need for all stakeholders; students, practice staff and academics, to be fully prepared prior to the placement

commencing. A standardised suite of tools to inform and guide this preparation is currently being prepared.

Implementation of the GM Synergy Model

In September 2017 GM Synergy rolled out across 13 diverse practice areas in the following GM hospital trusts: Bolton NHS Foundation Trust, Northern Care Alliance, (Pennine Acute), Manchester University Foundation Trust (Manchester Royal Infirmary, Wythenshawe Hospital, Royal Manchester Children's Hospital). The range of placement areas spanned adult acute and community settings to children's acute wards.

Working as the GM Synergy team, we have broken down the silos and organisational boundaries that in the past would have prevented the success and sustainability of the project. For example, PEF Champions in each healthcare organisation are utilising our unique Eligibility and Readiness Framework and GM standardised resources to seamlessly convert student practice placements into GM Synergy placement areas, which has significantly increased student nurse placement capacity from 63 to 168 (266% increase). We are contributing towards DH 2017 strategy to place the extra 10,000 student health-professional workforce by 2020. Our evaluation is demonstrating the systems that need to be in place to promote student nurse clinical leadership development and these include effective preparation of all involved and careful rostering of students to manage the increased student numbers on placement at one time.

GM Synergy placement areas continue to open, with our operational structures allowing us to widen reach within the community, midwifery and mental health settings. What we are learning is that in the community setting the emphasis is placed on coaching as opposed to increasing practice placement capacity.

Conclusion

In conclusion, providing clinical leadership development for undergraduate student nurses requires the support from educators drawn from clinical practice (registered nurse), practice educators and academics from universities. Development of the multi-personnel therefore reduces the single point of failure for student support and significantly increases the likelihood that the model produced is sustainable. Key is the partnership working between universities and practice partners. Coaching as a model for student support and clinical leadership development is transferable to the new NMC standards with the practice supervisor role complimenting the role of the coach.

Key Points

- Coaching as a model for student support and clinical leadership development is transferable to the new NMC Future Nurse: Standards of proficiency for registered nurses with the practice supervisor role complimenting the role of the coach
- The role of the practice supervisor working as the coach provides students with the opportunity to take responsibility for their own knowledge acquisition
- Partnership between university and healthcare organisations required to develop and implement a sustainable model

CPD Reflective Questions

1. What is your definition of clinical leadership?
2. Share with your colleagues your vision for student support in the practice setting, taking into consideration the new NMC practice learning roles: practice supervisor, practice assessor and academic assessor
3. Reflect on the skills required of the effective coach in clinical practice
4. Who are your key stakeholders that you would need to engage when creating new models for student nurse assessment and supervision

References

Greater Manchester Combined Authority (GMCA) 2018 https://www.greatermanchester-ca.gov.uk/ (accessed 17th November 2018)

Health Education England (2016) Quality Strategy 2016-2020 and Quality Framework Health Education England

Leigh J A., Roberts D., (2018) Critical exploration of the new NMC standards of proficiency for registered nurses, British Journal Nursing, 4(27):1068-1072

Leigh J A., Littlewood L., (2018) Providing the right environment to develop new clinical nurse leaders, British Journal Nursing 27 (6), 341-343

Leigh J A., Littlewood L., Heggs K., (2018) Using simulation to test use of coaching in clinical placements. Nursing Times 114 (4), 44-46

Leigh J A., Roberts D., (2017) Implications for operationalising the new education standards for nursing, British Journal Nursing, 26 (21):1197–1199

Nursing and Midwifery Council (2018a), Future nurse: standards of proficiency for registered nurses, London

Nursing and Midwifery Council (NMC 2018b) Realising professionalism: standards for education and training. Part 2: standards for student supervision and assessment.

Whitmore D., (2009) Coaching for Performance: Principles and Practices of Coaching and Leadership (People Skills for Professionals 4th Ed. London, Nicholas-Brealey Publishing

Willis P., (2015) Raising the Bar – Shape of Caring: Review of Future Education and Training of Registered Nurses and Care Assistants. London: HEE