HEALTH EDUCATION ENGLAND: WORKFORCE TRANSFORMATION- PROPOSAL FOR FUNDING- GREATER MANCHESTER PLACEMENT PROVIDER AND HEI COLLABORATIVE: IMPLEMENTATION AND EVALUATION OF THE SYNERGY MODEL FOR PROMOTING EFFECTIVENESS IN LEARNING IN PRACTICE THROUGH COACHING

Final Report February 2020

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Executive Summary

Within Greater Manchester a new model of undergraduate student nurse supervision in clinical practice has been implemented within predominantly adult and children and young people fields of practice. The Greater Manchester (GM) Synergy Model applies coaching methodologies with emphasis placed on student nurse's clinical leadership development and collaborative and facilitative learning whilst at the same time increasing practice learning placement capacity in multiple areas. Health Education England (HEE) have commissioned a project with deliverables and outputs, with this being the final document that reports on key project areas:

1) Review of the existing literature that identifies the challenges, value and impact on clinical leadership when adopting models for undergraduate student support (coaching and mentoring) and presents new perspectives to what is already known
2) Development of the robust framework identifying the structures and processes required to implement and sustain GM Synergy both during and post completion of the project
3) Development of the robust eligibility and readiness framework for identifying potential GM Synergy clinical placement areas within healthcare organisations
4) Coaching educators in conjunction with identified organisational GM Synergy Lead to provide structured education and development opportunities
5) Development of the evidenced-informed recommendations for best practice in models of support that develop the undergraduate student's clinical leadership skills, knowledge and behaviours.

Where the model has been implemented, there is evidence of an increased capacity on the GM Synergy placement areas. Across adult and children and young people fields of practice there is an increase of practice learning placement in excess of 250 students.

Structures and processes in place to implement and sustain GM Synergy both during and post completion of the project

GM Synergy Framework and agreed collaborative processes

Agreed are collaborative processes between HEI and healthcare organisations that include roles and responsibilities, resource management, identification of a named individual in each

organisation to take leadership responsibility for implementation. This information is available via the GM Synergy website: http://hub.salford.ac.uk/gmSynergy/

Eligibility Framework

Created is an eligibility and readiness framework for identifying potential GM Synergy clinical placement areas within healthcare organisations that includes provision of information materials for placement areas- multidisciplinary team, patients and students. This information is available via the GM Synergy website.

Coaching Development

GM Synergy coaching programme has been delivered to Practice Education Facilitator (PEF) Champions of whom have the coaching materials that they use to cascade within their own organisation. Often coaching preparation is supplemented with organisational coaching programmes, delivered by internal and external coaches via organisation and development departments. PEF Champion coaching supervision led by the University of Salford, has been implemented and used to provide the ongoing reflection and peer supervision. Coaching conversations included as a component part of GM NMC Practice Supervisor, Practice Assessor and Academic Assessor preparation workshops (NMC 2018a, NMC 2018b) and will be included in ongoing development in the role.

GM Synergy Implementation Phases 1 and 2

In this report, GM Synergy implementation is reported in two phases: Phase 1 commenced September 2018 and consisted of 180-200 first, second and third year nursing students (adult and children and young people (CYP) field) from the four GM Higher Education Institutions (HEIs): University of Salford, University of Manchester, Manchester metropolitan University and University of Bolton. These students experienced coaching from within predominantly acute practice placement setting (adult and CYP) situated across GM NHS Trusts. Please note organisational name change that has subsequently taken place since the start of this project:

MFT- Manchester University NHS Foundation Trust: Royal Manchester Children's Hospital (RMCH) Wythenshawe Hospital, Manchester Royal Infirmary (MRI)

NCA: Northern Care Alliance NHS Group: Salford Royal NHS Foundation Trust (SRFT) and The Pennine Acute Hospitals NHS Trust (PAHT)

Bolton: Bolton NHS Foundation Trust

Phase 2 focused on learning from phase 1, feeding forward when extending the model to mental health, community, private, voluntary and independent sector organisations and

primary care via the North West Enhanced Training Practices. A GM Synergy implementation in midwifery is currently taking place with evaluation data reported separately. The model is currently being applied to a community practice learning environment.

GM Synergy Evaluation Phase 1

An established research team led by Dr Jacqueline Leigh, Professor of Nurse Education Practice, University of Salford has implemented a robust evaluation strategy to provide evidence mapped against project evaluation objectives, methodology and sequence of activities of the GM Synergy Model for promoting effectiveness in learning in practice through coaching.

Evaluation Objectives

The objectives of the evaluation are to:

1) Critically explore the existing literature that identifies the challenges, value and impact on clinical leadership when adopting models for undergraduate student support (coaching and mentoring) and to present new perspectives to what is already known
2) To critically explore the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM-Synergy) from multiple stakeholder perspectives (GM–Synergy Model development team, students, coach, practice education facilitator, university link lecturer, mentor). Method of Measurement: document analysis, non-validated questionnaire, pre and/or post-test, semi structured interview
3) Provide the evidence of what works well or not so well and what can be transferred to enable a consistent approach to GM-Synergy delivery, capability, capacity and sustainability: Method of Measurement: report and clear set of evidence-based guidelines/recommendations.

Evaluation Methodology

This is a mixed method approach, critically exploring the GM-Synergy model in depth and within its context. Realist evaluation allows us to focus and report 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, sense of student-belonging in practice, infrastructure and culture required to positively support GM-Synergy implementation and sustainability

2) Mechanisms and processes by which expected outcomes are achieved and change is realised, such as modes of student support, clinical leadership demonstrated by the multiple personnel and problem solving/adapting on the day to day basis
3) Influence of context, systems and processes in producing those outcomes.

Summary of findings

Online Questionnaire

In total 231 online questionnaires were completed:

- 179 Student Post Placement Questionnaires
- 36 Coach Questionnaires
- 11 Practice Education Facilitator (PEF) Questionnaires
- 5 University Link Lecturer (ULL) Questionnaires

Positive Aspects of Synergy

Clinical Leadership Development:

- Students taking responsibility through managing patients
- Students taking responsibility for identifying their own learning (in conjunction with coach and mentor)
- Students using initiative - positive impact on self and patients/clients
- Students increased confidence in decision making, whilst gaining independence from within the supportive practice placement
- Student led team brief at the end of each shift: what went well and areas that need improving. The coach steps in and explains how improvements could be actioned. Students contributions are treated with respect and valued (approach adopted by some practice placement areas)

Support:

- Coaching and facilitation as an approach to teaching and learning
- Peer group coaching, teaching and learning
- Learning and experiencing students from different year groups
- Shared learning with students from across the multiple GM HEIs
- Teamwork

Effective Preparation for the GM Synergy Placement:

- Timing of student placements from the multiple HEIs impacts on Synergy. For example, students starting on the same day has a positive impact and helps build relationships that enhance peer support
- When the “correct” staff are overseeing the Synergy bay then students help one another, and good patient relationships are built. For example, the coach working consistently and effectively in their role thus promoting the positive learning experience for students leading to an increased confidence in decision making
- Role of the PEF Champion who are involved from the initial set up helps with the timely management of emergent issues
- Resource intensive (in terms of having to co-ordinate the right mix of students), but works well if the ward is well prepared and the placement team are enthusiastic

- There is evidence that familiarity with the model relieved initial anxieties
- Unity in the message and roll out of the Synergy model (project) from practice and HEI
- All ward staff feeling engaged in the learning process with staff in placements 100% signed up to the model and are motivated.

Areas for further Development

Student /Coach/Staff Skill Mix

- Too many students, resulting in student's inability to fulfil their NMC proficiencies and individual learning needs and Synergy not been adopted effectively due to competition for work
- Where there are high volumes of students, Coaches report difficulties in observing all students
- The effective learning environment is dependent on having adequate staff to support students and staff remaining in the placement area
- Explore with placement areas scenario whereby too few students or inappropriate year mix, therefore the perception is how the placement cannot "synergise"

Preparedness for the GM Synergy Placement

- Better preparation of staff and students and this includes induction to the workings of the model - managing student and staff expectations
- PEFs feeling that the project team moved away from the Synergy areas too soon without consolidating the new placement learning approach
- Staff engagement and 100% signed up to the model peer led teaching and learning
- Perceived increased pressure on 3rd year student nurses to facilitate the collaborative and facilitative learning
- Professional responsibility and accountability of the qualified nurse and role of student: working with the NMC Code
- Although qualified member of staff should always oversee Synergy bays and students, this may not always be the case
- Appropriateness of the Synergy placement within a busy acute setting such as medical assessment unit (mixed response)
- Equity of placement experience between students and year groups
- Students providing the correct information to peers

Accessing Mentors

- Timely completion of the student's practice-assessment document
- Working with mentors

Focus Groups with key stakeholders: Summary of findings

Multiple focus groups (see box below) were carried out with nursing students and other key stakeholders: practice education facilitator Champions (PEFs), coaches, staff nurses and university link lecturer/personal tutors. One face to face interview as also carried out with a student nurse. The timeframe for the qualitative data collection analysis was November 2018-December 2019.

Focus Group Participant	Number of Focus Groups Held
Student nurse	4
Practice Education Facilitator (PEF) Champion	4
Coach and PEF	2
Student, coach and PEF	3
Student and PEF	2
Student and coach	1
GM Synergy Steering group	1
University Link Lecturer (ULL)/Personal Tutor	1

Questions asked to nursing students related to their experience of taking part in a Synergy-based placement, including the approach that had been taken (particularly the model of Synergy applied) within placements, the impact that Synergy has had on their nursing practice and clinical leadership development, and the barriers and facilitators of Synergy experienced. Questions asked to PEFs and other stakeholders related to the experience of being involved with Synergy, including delivery approaches, the effectiveness of these approaches, the perceived impact that Synergy has had on nursing student's clinical leadership development and practice, and the barriers and facilitators of Synergy. The qualitative analysis found five key themes and associated subthemes. These themes are similar to the finding generated from the online questionnaire, apart from the novel code identified.

Theme	Subthemes (where applicable)
Preparedness	Induction; ongoing support and guidance; GM Synergy roles; the role of the coach; and role of PEF champion
Clarity of concept	Awareness
Delivery	Delivery models; student numbers and skill mix; and capacity
Peer support and peer learning	Collaborative and facilitative learning; and equity of learning opportunities
Organisational Culture*	

*Novel code

Theme 1: Preparedness

This theme relates to the preparedness of stakeholders for coaching (students, practice staff and academics). There are subthemes allocated here: induction; ongoing support and guidance; GM Synergy roles; the role of the coach; and role of PEF champion. Findings

suggest that whilst the multiple stakeholders (including students and clinical staff) were provided with education and development prior to the model's implementation, there is evidence of feelings of being unprepared. Student positivity for the coaching approach and effectiveness of induction practices varied between HEIs, healthcare organisations and individual placement area. Demonstrated is the complexity of the model in practice such as variations of the delivery model; breaking habits from mentoring to coaching; implementation at a time of changes to NMC standards for education, supervision and assessment; and major healthcare organisation transformation (NMC 2018a, NMC 2018b). All these factors can also be attributed to feeling prepared.

Ongoing staff development is difficult where there is high staff turnover and staff shortages and this impacts on the preparedness of staff for their Synergy role. Everyone understanding Synergy roles and responsibilities is a model enabler. Emerging are the qualities required of the effective coach (knowledge, skills and behaviours) and minimal preparation requirements for the coaching role.

The role of the Synergy champion within the organisation and the champion from within the individual clinical learning environment is seen as crucial to the future expansion and sustainability of the coaching approach.

Theme 2: Clarity of Concept

This theme provides the evidence around the clarity of the GM Synergy model. As the model has been rolled out, the message around the drivers for adopting a coaching model have shifted from solely focusing on increasing student nurse placement capacity to raising awareness about the benefits that a coaching model brings to clinical leadership development and peer learning (collaborative and facilitative). Getting the message right from the outset is an emergent key message.

Theme 3. Peer support and peer learning

This theme has two subthemes: collaborative and facilitative learning; and equity of learning opportunities. There is an emergent and interesting evidence base around equity of learning for all students that could have long-term impact on the preparation for role transition from student to registered nurse. This is due to students having to share and negotiate the learning opportunities available to them. One could argue that this would be the case with the traditional mentorship model. The difference with Synergy is the increased volume of students and the role of the coach to ensure equity of learning opportunities for all. There is evidence of student's feeling confident or underconfident and subsequent impact on the collaborative and facilitative learning relationship. Students through engaging with the GM Synergy model have identified positive student role models. Synergy creates the competitive environment whereby

students seem to be competing for nursing care opportunities leading to a culture of combat or withdrawal. There is evidence of students reporting a preference for working with their mentor/now practice supervisor who uses the coaching approach in support of their learning and development (the one to one coaching relationship).

Theme 4: Delivery

This is an interesting theme that has the following sub themes: delivery models; student numbers and skill mix; and capacity. One perceived benefit of GM Synergy is increasing the number of students engaging with the practice learning over the shift, whilst at the same promoting student nurse clinical leadership development and the collaborative and facilitative learning opportunities. There are multiple example scenarios of Synergy working well, integrating with the role of the mentor (and now practice supervisor).

Found were variations in Synergy delivery models operating in the multiple healthcare organisations. These variations were viewed either positively by stakeholders, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies.

Noted was that not all shifts were Synergy shifts, with students reporting mitigating factors due to not having the right mix of students There is also evidence that Synergy shifts varied from within the same practice learning environment- depending on for example the coach (es) and students on duty. Understanding the right student groups seems to mean different things to different students and stakeholders. There is for example, evidence of students effectively "synergising" despite the absence of the third- year student.

There is no consensus as to the optimal student-coach ratio. The model scenario seems to be dependent on the attitudes and motivations of student and staff on duty as well as optimising student allocation (skill mix and numbers). For example, the confidence of the third-year student impacts on the collaborative and facilitative learning process. The student to coach "best" ratio reported most frequently seemed to be one coach to three students. Noted is that the effectiveness of the model's delivery seems to be influenced by the coach and students on duty as well as coach to student ratio.

GM Synergy in most of the practice learning areas was operated using the model that increased student nurse numbers (increased capacity) with this increased capacity impacting both positively and negatively on both the student and coach:

- Coaches ability to supervise students
- Students gaining clinical experience

- Students sharing and negotiating learning opportunities with other students (reciprocal opportunities)
- Producing the competitive learning environment

Whilst there is evidence of coaches and students applying innovative teaching and learning approaches in practice, many of the students interviewed reported not having enough nursing work to do, attributed to multiple factors: the large volume of students; number of patients allocated to provide care to; and the perceived nursing workload. Furthermore, the skill mix and number of students on placement impacted on the supervision provided by the coach and ability of the learning environment to "synergise".

Students raised concerns that with the smaller number of patients to manage, they were being disadvantaged when gaining clinical experience and they compare this against the traditional mentorship model whereby the student could be working with their mentor managing larger caseloads. Students sometimes felt that they were missing out on care due to sharing patient experiences and some students felt that they developed more under the mentorship model. This is an interesting point considering the literature that reports on the effectiveness of the mentorship model. Capacity and capability of staff was seen to be problematic due to high staff turnover and staff shortages that occurred in certain areas.

Theme 5 Organisational culture

This theme related to the culture of the practice learning environment and the need for buy in from key stakeholders at all levels of the organisation - senior healthcare and HEI managers to grass route practice learning environment. There is buy in from gatekeepers and evidence of strong leadership in those practice learning environments that have successfully implemented and sustained the model in practice. Champions for the model at all levels of the organisation seems important to stakeholders.

Phase 2 Extension GM Synergy to other healthcare professionals and other placements in community and primary care settings

Information contained in this report is informing Phase 2 implementation that includes development of an action plan to proactively manage the emergent issues. The action plan is managed through the GM Synergy Steering Group, providing the assurance to Directors of Nursing and Deans HEIs that the results of the evaluation are feeding forward into the future delivery model. The results from this evaluation are also feeding forward into the GM

successful bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment.

Governance of GM Synergy for Phase 2 onwards has been reorganised with a Steering group overseeing sub- groups which are adapting and implementing the model for specific areas:

- GM Synergy Inpatient Implementation Group
- GM Synergy Midwifery Development & Implementation Group
- GM Synergy Mental Health Development & Implementation Group (currently on hold)
- GM Synergy Community Development & Implementation Group
- GM Synergy PEF Champion Coaching Group
- GM Synergy Evaluation Group

The community projects are in the early stages of planning, with midwifery further advanced. Mental health implementation is currently on hold. There is evidence MFT (south) implementing a coaching approach within the primary care setting, although this is restricted to a small number of placements.

Learning from the Community Focused Workshop

This targeted workshop delivered in 2018 supported the implementation of GM Synergy in community placement areas. The key outputs from the workshop were the identification of subsequent work streams: coaching; models; and governance.

Conclusion

This paper reports on an ambitious project within Greater Manchester to develop and implement a bespoke Greater Manchester Clinical Leadership Coaching Education Model (GM Synergy) that is based upon coaching ideologies. The impetus for the model initially to increase the capacity of student nurses however, there has been a movement across GM to emphasise other aspects of the models influence and impact on delivering personalised care, promoting clinical leadership development and peer, collaborative and facilitative learning. Success of the partnership working between the multiple healthcare organisations and four GM HEIs to create, implement and sustain Synergy has been recognised nationally through being awarded Advance HE Collaborative Award Teaching Excellence (2018) and shortlisted for a Nursing Times Award- Partnership of the Year (2019). GM Synergy has been promoted in nursing journals and at international conferences (publications demonstrated below):

- Leigh JA., Littlewood J., Lyons G. (2019) Reflections on creating a coaching approach to student nurse clinical leadership development, British Journal Nursing, 28 (17): 1124-1128
- Leigh JA., Littlewood L., (2018) providing the right environment to develop new nurse leaders, British Journal of Nursing, 27(6):341-343: https://doi.org/10.12968/bjon.2018.27.6.341
- Leigh JA., Littlewood L., Heggs K., (2018) Use of Simulation to Inform the Implementation of The Greater Manchester (GM) Synergy Project Placement Model, *Nursing Tim*es [online]; 114: 4, 44-46 https://www.nursingtimes.net/roles/nurse-educators/using-simulation-to-test-use-of-coaching-in-clinical-placements/7023621.article

This Health Education England commissioned evaluation provides the evidence of the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM-Synergy) from multiple stakeholder perspectives. The Synergy coaching model fits with the revised NMC Standards for Supervision and Assessment (NMC 2018b) and with HEE requirements for multi-professional education supervision and assessment.

In conclusion, there is a variable response to the implementation of GM Synergy with polarised evidence presented, and this is reported on by the multiple stakeholder groups. There is evidence of student leadership development and collaborative and facilitative learning and this in turn promotes confidence building and decision-making skills. Indeed, a Synergy placement area was shortlisted for the prestigious and national Nursing Times 2019 Placement of the Year category.

Interestingly, there is also emerging evidence of the impact of high volume or too few students allocated to the Synergy practice learning environment, with both impacting on the learning experience for students and ability by the coach to supervise student nurses and maintain the philosophy of the overall coaching model. The preference by students for mentors/practice supervisors to adopt a coaching approach but on the one to one basis is reported. This is an interesting finding as the published evidence points to problems associated with the mentor model (Leigh et al. 2019, Leigh and Roberts 2017). *What did not emerge is the need for more coaches to coach the larger volume of student numbers-the focus from key stakeholders is on too many students as opposed to not enough coaches.*

The role of the coach is crucial in ensuring safe and equitable learning opportunities for all students. Palsson et al. (2017) cite Boud's definition of peer learning as 'students learning from and with each other in both formal and informal ways (Boud 2001:4). Peer learning is

often used as an umbrella concept for a group of approaches that includes group or paired learning (Palsson et al. 2017). For the purpose of this report peer learning is often referred to as collaborative and facilitative learning.

Whilst students report positively on the collaborative and facilitative learning opportunities, there is also evidence that some students find it difficult to achieve their programme practice learning proficiencies and report on a competitive learning environment when there are multiple students on shift at any one time. Without effective coaching and effective implementation of GM Synergy, this could have the long-term impact on promoting effective role transition. More evidence is required around models for collaborative and facilitative learning and this evidence should integrate with the coaching approach, be embedded from within HEI undergraduate nursing curricula and be included as an integral component part of GM practice supervision and assessment preparation and ongoing development workshops.

Future preparation around the implementation of GM Synergy should take into consideration the roles of all staff involved. The fast- moving pace and rotation of staff in teams also impacts on the adequately prepared coach and GM Synergy team. Pedagogical approaches around preparedness of staff for all GM Synergy roles therefore should be flexible, making best use of technology assisted learning as well as face to face opportunities. Without the adequately prepared workforce, Synergy is at risk of becoming unsustainable. There is the real opportunity to use the Greater Manchester successful bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment to secure GM buy-in and to produce the resources required for effective induction, preparation and ongoing continuing professional development. Further explorations to promote the model from a multi-professional learning perspective should be considered. The bid should also be used to further explore the core concepts of collaborative and facilitative learning and how they integrate with a coaching approach to supervision in the practice setting. Indeed, integrating the application of collaborative and facilitative learning models with maximising student nurse capacity should be considered as good practice.

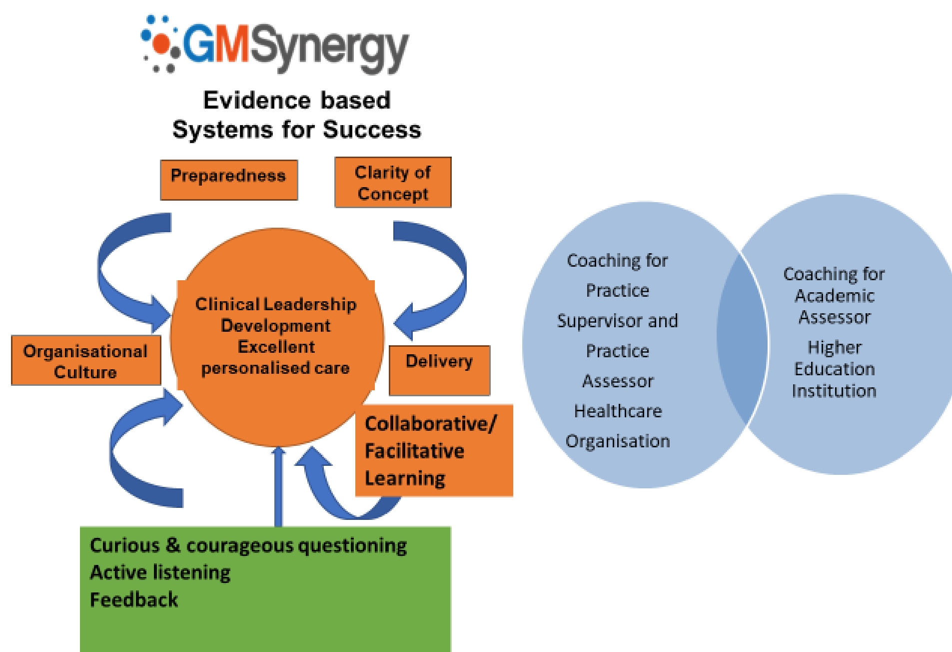
There are variances to how GM Synergy has been implemented from within the multiple healthcare organisations. These variations can be viewed either positively, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies.

The key is understanding model variances and those transferable elements or systems required in all Synergy healthcare organisations and practice learning experiences. Our

findings have identified those key transferable elements that have been collated into a new model (Diagram 1).

For GM Synergy to be implemented successfully, each of these systems need to be considered carefully and collaboratively by the HEI and healthcare organisation. Required is that students and other key stakeholders are **Prepared** and made aware of the **Concept of GM Synergy.** An **Organisational Culture** that supports the **Delivery** of the most effective version of Synergy should promote **Collaborative and Facilitative Learning** opportunities for students that leads to excellent personalised care and promotes student nurse clinical leadership development. To be noted with the model is the need for coaching development for practice assessors and practice supervisors as well as for academic assessors (coaching in the healthcare and HEI environment).

Diagram 1 GM Synergy Coaching Model



Conducting an evaluation that critically explores the GM Synergy model from multiple stakeholder perspectives has provided an opportunity to identify the challenging factors that impact on the success and sustainability of the model. Each is summarised together with a proposed improvement and recommendation, taking into the account the contemporary multi-professional practice learning environment for supervision and assessment. The challenges should be considered against the NMC Future Nurse: Standards of Proficiency for Registered Nurses (NMC 2018a) and wider healthcare professional body requirements for effective practice learning, such as HCPC. Also considered should be those practice learning

opportunities available to students that extend beyond the traditional placement area to include opportunities with local care organisations and voluntary, community and social enterprise sector.

Interestingly, the identified challenges are very similar to the challenges reported on when implementing the model from within undergraduate midwifery curriculum context at the University of Salford and University of Manchester (evaluated and reported separately). Midwifery and nursing challenges are being addressed collaboratively as part of the GM Synergy Steering group.

Challenge 1: To provide Synergy stakeholders with clarity of concept and awareness of GM Synergy- capacity or clinical leadership development or both

Changing practice can be challenging, with this project seeking to transform practice learning across GM at a time of major transformation of its healthcare organisations and implementation of the new NMC Standards for Supervision and Assessment (NMC 2018). Stakeholder focus group interviews, and analysis of the questionnaires suggest that GM Synergy has met some implementation resistance, and this seems to be due to misconceptions and lack of clarity regarding the reason for implementation roll out. Indicated was that the impetus for adopting coaching models in practice was solely to reduce the shortfall in the supply and demand for qualified nurses, achieved through increasing student numbers, thus increasing student nurse practice placement capacity. There is evidence of an increased capacity on the GM Synergy placement areas. For example, across adult and children and young people fields of practice there is an increase of practice learning placement capacity in excess of 250 students. It cannot be assumed that all GM Synergy practice learning areas and placements for students will increase capacity. Adopting coaching principles for students either in collaborative and facilitative learning groups or within the one to one relationship can un-lock the potential for student learning. GM Synergy therefore needs to be promoted differently, focusing on the benefits to personalised/patient/client care, student nurse practice learning opportunities and clinical leadership development. It is evident from the focus group analysis that coaches are adopting coaching techniques when working with the student on the one to one basis as well as from within the collaborative and facilitative learning increased student ratio context. Both coaching scenarios should be viewed as good practice.

Proposed Improvement: Develop a culture whereby all stakeholder groups understand the philosophy of GM Synergy for benefiting client care, student nurse practice learning

opportunities and clinical leadership development. Benefits also come in the form of increasing student capacity in practice learning placement contexts.

Recommendation:

- Whilst there are mixed perceptions around GM Synergy, there is a need to share positive stories and experiences. This information can be used to support implementation and to manage the reactions associated with system change
- At induction and ongoing professional development events, spread the clear message that GM Synergy is a model that adopts collaborative and facilitative learning and a coaching approach- unlocking potential for learning and that the coaching culture can be developed with or without increasing placement capacity

Challenge 2: Preparedness of stakeholders for coaching (students, practice staff and academics)

A repeated comment particularly from students was around their preparedness for their GM Synergy placement. Responding to the interim findings from this study, a GM Synergy training video and multiple resources have been created. Whilst these resources are widely available, the students often still feel unprepared. This demonstrates the complexity of the model in practice such as various delivery models; breaking the habit from mentoring to coaching; and implementing change at a time of healthcare organisation major change and transformation. Student positivity for the coaching approach and effectiveness of induction practices varied between HEIs, healthcare organisations and individual placement areas and these variations need removing.

There were reports, from student questionnaires, of very different levels of understanding from coaches and other qualified stakeholders on different practice placement areas or shifts from within the same healthcare organisation and this was in terms of: understanding the models concepts (discussed in theme 1); understanding the key Synergy roles and how to operationalise the roles on the day to day basis- application of the learning logs; and integrating mentorship into the Synergy model. Whilst these issues seem to revolve around HEI and healthcare organisation strategies for initially preparing all of those involved, there are other mitigating factors. These include high staff turnover in some areas, thus maintaining the knowledgeable Synergy team. Although coaches have undergone training, techniques to shift from mentoring to coaching need re-enforcement and encouragement to permanently embed the habit for coaching practices.

Proposed Improvement: Honest and open examinations of pre-placement induction for students, coaches and the GM Synergy team. Standardisation of training to ensure equal opportunities across HEI and healthcare organisations. Induction to address NMC Part 2

Supervision and Assessment requirements (NMC 2018b) as well as for mentorship (NMC 2008). Crucially, preparation should meet the full range of healthcare professional body requirements for effective supervision and assessment and be provided to the wider clinical and healthcare team such as HCPC registrants. It is also important to consider the genuine and long- standing support network for coaches using mixed media such as online and seminars.

Recommendations:

- HEIs and practice partner organisations engage in a review/audit/evaluation of their multi-professional induction methods and subsequent continuing professional development activities. GM Synergy integral component of practice placement induction. Develop those systems to identify, implement and disseminate good practice principles across GM. Induction should be for nursing students of whom require different NMC requirements for supervision and assessment (NMC 2008 and NMC 2018b). Preparation should also take into consideration the constitution of the practice placement and multidisciplinary team, incorporating other professional body requirements for supervision and assessment
- Recommended is that inductions are standardised across HEIs and healthcare organisations so that the consistent message is relayed to students and other key stakeholders and that all students should attend the compulsory induction in the HEI and healthcare organisation. The timing of induction should be considered and not presumed to be at one single point in time. Furthermore, the scaffolding of ongoing development should take place in the HEI at those times close to when students engage in practice and when they reflect on their practice experiences post placement. This should promote the closed loop for improvement, integrating coaching with practice learning.
- Use the successful GM bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment to secure buy in and to produce the resources required for effective induction, preparation and ongoing continuing professional development
- Recommended is the visible gatekeeper who has a role to promote GM Synergy on the day to day basis. This is expanded on in challenge 4 and 6
- Further recommended is how the context for preparation should take into consideration the fast-moving pace and movement of staff in teams and through the organisation. Pedagogical approaches should therefore be flexible, making best use of technology assisted learning as well as face to face. Without the adequately prepared workforce, GM Synergy is at risk of becoming unsustainable
- Preparation of practitioners for the future NMC supervisor and assessor roles should include the introduction to the concepts of GM Synergy and how the roles are

operationalised on the daily basis, taking into consideration the use of learning logs and PARE online documentation. Indeed, the GM Synergy Steering group should re-assess the use of learning logs, taking into consideration the PARE online documentation and changes to the nursing curriculum

- Offer stakeholder events with key nursing and wider healthcare stakeholders to identify areas of good practice, with this information feeding forward into future inductions and ongoing development, thus creating a closed loop for improvement
- Recommended is that the personal tutor/Academic Assessor adopt coaching approaches, promoting the consistent message to students around support and supervision from both the HEI and healthcare organisation (See GM Synergy Model, Diagram 1).

Emerging are the qualities required of the effective coach (knowledge, skills and behaviours) that should inform minimum preparation and ongoing professional development requirements for the coach:

- Understand coaching within the GM Synergy model
- How to manage the underconfident and over confident student
- How to coach group of students from across years of programme and HEIs
- Coaching techniques that help students feel supported
- Coach to ensure equity of learning opportunities for all students
- Coaching so students do not slip under the radar
- Coaching and mentorship- the ideal student scenario
- The visible and accessible coach
- Collaborative and facilitative learning and coaching
- Continuity of coach and student

Challenge 3: Curricula approach that prepares students for their peer support and learning role, working with the NMC Code

There are clear and positive reports associated with student peer support and learning. This included providing students with opportunities to see first-hand a clear path of progression and to use those more experienced students as role models. Students reported positively on peer support, working with students from the multiple HEIs and different years of their education programme, sharing best practice and experiences that in turn promoted independence and clinical leadership development. Students were able to problem solve together and benefited from a supportive collaborative and facilitative learning team.

However, there were also concerns reported whereby some students did not feel confident in leading their peers, others did not like the attitude adopted by students when given more responsibility. GM Synergy creates the competitive environment whereby students seemed to be competing for things to do, leading to a culture of combat or withdraw.

Proposed Improvement:

The peer learning/support role is new to some students, causing a mix of feelings such as excitement, curiosity, anxiety or concern. Preparation of students for collaborative and facilitative learning should be positioned within the NMC Code (2015) and other health professional body requirements, with clear understanding by the GM Synergy team of the meaning of this term (peer/collaborative and facilitative learning). Develop the learning/coaching culture whereby students are encouraged to undertake professional development and seek answers when needed, recognising their own limitations. Preparation for collaborative and facilitative learning should include understanding the clear reporting and communication between the student, coach and mentor /practice supervisor/assessor. Reinforced is that the registered nurse/coach needs to practice within the NMC Code (2015). Collaborative and facilitative learning should be a key component of coach preparation and should be introduced (scaffolded) into the undergraduate nursing curricula and be considered as good practice when implemented within the wider health professional programmes.

Recommendation:

- Formalise opportunities for student nurses to develop their collaborative and facilitative learning skills
- Create the undergraduate nursing and wider health professional curricula whereby students can develop these skills from within the safe learning environment- considering innovative real -life scaffolded approaches to collaborative and facilitative learning and teaching, such as simulation
- By the end of their programme, consider “coaching recognition” for students
- Create the culture whereby collaborative and facilitative learning is recognised as an educational leadership development activity, practiced within the NMC Code and other healthcare professional body requirements
- Consider the use of peer stories to demonstrate the trajectory and path of growth of student learning year on year
- Incorporate collaborative and facilitative learning as part of practice supervisor and practice assessor workshops. Any opportunities for learning should be mirrored for coaches so that there is congruence between all

- Finally, collaborative and facilitative learning concepts and how to apply them to the GM Synergy Model should be included in all induction and ongoing continuing professional development for all member of the GM Synergy team

Challenge 4: Implementation of strategies that motivate the practice placement team about the model

Implementing change and transformation invokes different behaviours from those involved. Linking back to challenge 1, motivating the placement team partly involves understanding the philosophy behind the model. Evaluation data demonstrates that where all practice staff and academic staff understand and are comfortable with the model, it works better in practice. Implementing change from within the already busy HEI and healthcare environments may meet resistance. PEFs identified that the acceptance of GM Synergy from within the practice placement area was largely attributed to the person overseeing its implementation. Practice placements where GM Synergy were received with enthusiasm seemed more able to cope with the changes that the model brings. Through applying leadership techniques (influencing, co-creating, visioning, be daring), this can provide opportunities for students, registered nurses and the wider GM Synergy team to explore ways to making new ways of working sustainable.

Proposed Improvement: To improve motivation, staff need to be aware of the benefits of the model from the multiple stakeholder perspectives- increasing capacity and unlocking the potential for students learning and patient and personalised care. Induction and ongoing continuing professional development are key to motivating and sustaining the model in practice.

Recommendation:

- Collection and dissemination of positive peer stories, sharing experiences from the multiple perspectives
- Provide the forum for sharing good practice
- Standardise induction and ongoing continuing professional development from within the HEI and healthcare organisation
- Apply tools and techniques that support practice placement to effectively implement and sustain the GM Synergy model
- Optimise gatekeeping roles to enable the model’s implementation and sustainability

Challenge 5: Delivery

There are multiple examples demonstrating GM Synergy working well. However, there are variations in GM Synergy delivery models operating in the healthcare organisations. Examples include:

1. First second- and third-year student nurse is on shift. This seems to be the consensus perception by the multiple stakeholder groups of how GM Synergy is operated
2. Working with the mentor (now practice supervisor) who applies coaching conversations but on the one to one or reduced student ratio. Students often report this as a preferred GM Synergy delivery model
3. Third year have control over more patients (4 patients) second year (three patients), first year (one/two patients). In this scenario the third year, through being provided with more students, is demonstrating leadership skills
4. Task orientation model – first years do the washes, second years do the care plans, and third years do the medicines
5. The one to one model- reported as the "community/primary care" model

These variations are viewed either positively by stakeholders, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies. Not all shifts were Synergy shifts, with students reporting mitigating factors due to not having the right mix of students. Synergy shifts varied from within the same practice learning environment- depending on for example the coach(es) and student on duty.

This evaluation reports on the impact of too few or too many students on placement at the one time and that some students did not experience a Synergy shift. For example, students from the multiple GM HEIs commencing placement at different times posed challenges for the practice team when planning effective implementation. The diversity of individual placement areas poses questions if there is the "optimum or best practice student/coach ratio. There is a misconception, often repeated in questionnaire responses, that Synergy can only take place when there is a mix of first, second and third-year students.

Proposed Improvement: To create multi stakeholder opportunities to participate in activities to draw up the optimum or best practice student/coach ratio, recognising the diversity of practice learning areas. The optimum coach student ratio most frequently reported on is the one coach to three students. This ratio should consider those factors that maximise student learning such as adopting approaches to Synergy that provide students with the wealth of

opportunities that promotes achievement of NMC practice learning programme proficiencies; equity of learning; effective personalised care; and student clinical leadership development.

Implement strategies to address misconceptions and create the clear message around the model and ability to "Synergise" where there is the varying student/ coach range and ratio. Consideration to use the whole placement as a Synergy placement as opposed to certain bays.

There needs to be a campaign to reverse the idea that it is the non-Synergy shifts where students develop their clinical skills. For example, coaching conversations can be used on the non-Synergy days. Use induction and prepare clinical teams and stakeholders using scenarios and other means to demonstrate how nursing care is effectively managed.

Recommendation:

- Taking into consideration the characteristics of the induvial practice placements, stakeholders explore and formalise coach and student numbers and programme year mix.
- Capitalise on the partnership working across GM when managing the 52- week placement capacity. Create the communication systems between HEI Clinical Placement Units that optimises coach, student numbers, programme year mix and start and finish dates
- Consider creating the optimal GM Synergy coach- student skill mix and ratio model that is effectively disseminated across GM and that informs midwifery and multi-professional placements. This may mean containing and identifying key Synergy placements that are consistently allocated optimal student numbers
- Findings from this evaluation should inform the successful GM bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment in terms of: GM approaches to capacity management, development of the GM framework for Practice Supervisors, Practice Assessors and Academic Assessors; and development of the GM framework for the multi-professional practice educator
- Create the clear message that GM Synergy can be implemented despite the diverse combination of students, although a mix of year groups seems to better promote the peer learning
- To be disseminated is that coaching can take place within the one to one student-coach scenario. This message should be clear at induction and at any ongoing development opportunities

Challenge 6: The day to day role of the Synergy Champion and practice learning partnerships

The ongoing support in clinical practice for GM Synergy has been provided by the Practice Education Facilitator or PEF Champion. This person also provides the coach training in clinical practice and supports the ongoing sustainability of the model. Interviews with the PEF Champions indicated that their role consists of multiple functions sometimes resulting in them not being able to visit the GM Synergy placement areas as often as they felt was required. The consequence of this leading to the escalation of problems due to the lack of timely intervention. The PEFs also felt, which was confirmed in the student focus group, that when they were on ward, they were at times being shown a staged version of GM Synergy. There are other roles now in place that have an increasing practice placement capacity focus but also have a Synergy support role element. An example includes the PEP role at Manchester University NHS Foundation Trust. The role of the university link lecturer is also being reviewed, providing the opportunity to re-examine roles that promote successful GM Synergy but from the quality assurance and student support perspective.

Proposed Improvement:

Create a role that has the resource to invest in Synergy/Coaching, primarily being able to interact more with staff and students. The role that also integrates with maximising practice placement capacity seems to work. The dual focused role provides the opportunity to proactively deal with placement and coaching problems/issues before they escalate, ensuring better experiences for all stakeholders. Any new role should be evaluated. Consider the role of the HEI in promoting GM Synergy from within the practice learning environment. The message about GM Synergy needs to be mirrored and re-enforced in the HEI through induction and ongoing student and staff preparation and through the undergraduate curricula.

Recommendation:

- Reconsider/evaluate the current role of the PEF Champion in having the capacity to support GM Synergy on the day to day basis. Create the role and systems that are responsive to staff and student's needs whilst maximising practice placement capacity
- Consider the Synergy role who can support the gatekeeper at the practice learning placement environment and has direct line of sight to PEFs and senior management from within the individual organisation
- Taking those identified elements that make the model work across all diverse practice learning experiences (see diagram 1), consider the practice role required by the HEI

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Introduction and Background

Introduction

Within Greater Manchester a new model of undergraduate student nurse supervision in clinical practice has been implemented. The Greater Manchester Clinical Leadership Coaching Education Model (GM Synergy) applies coaching methodologies with emphasis placed on student nurse's clinical leadership development and peer learning. Health Education England have commissioned a project with deliverable and outputs that report on:

1. Implementing a coaching approach to developing undergraduate students in clinical practice from within healthcare organisations and private voluntary and independent sectors in Greater Manchester from February 2018 and:
2. Understanding the experiences and impact on the clinical leadership development of undergraduate students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM Synergy) from multiple stakeholder perspectives.

Background

The Government's Critical Spending Review of 2015 changed the way health care education is funded and commissioned in England. In withdrawing the NHS bursary and making students liable for their own tuition fees, the cap on recruitment to programmes was lifted (HM Treasury, 2015. Department of Health (DH, 2016). Whilst there are many who criticise this chain of events (Royal College of Midwives, 2015a. Royal College of Nursing, 2015b), employers have welcomed the opportunity to increase the number of nurses across England and to have more local control (Hubble et al., 2017) in this case, across Greater Manchester. Currently, the Department of Health and Social Care (2019) have announced that nursing students will benefit from guaranteed, additional support of at least £5,000 a year to help with living costs. The funding will be given to all new and continuing degree-level nursing, midwifery and many allied health students from September 2020. It is expected to benefit more than 35,000 students every year.

Greater Manchester has a population of 2.7 million and an economy bigger than that of Wales or Northern Ireland (Greater Manchester Combined Authority (GMCA), 2020). Since 2015, the Greater Manchester Combined Authority has held responsibility for the funding and direction of health and social care services following a devolution agreement with central government. The £6 billion health and social care budget is the responsibility of the Greater Manchester Health and Social Care Partnership (2018), who review services to ensure that improvements to the health and wellbeing of the local population are delivered. These will be achieved by

radically transforming and building a clinical and financial sustainable model of health and social care (Leigh & Littlewood, 2018, Leigh, Littlewood and Lyons 2019).

These ambitious plans come at a time of a well-documented staffing crisis in the NHS, and within nursing (Royal College of Nursing, 2018). As one of the strategies to address the number of vacancies for qualified nurses in Greater Manchester hospitals, executive nurses have requested a substantial increase in the number of pre-qualification nursing students in training. This has implications for placement management as the Nursing and Midwifery Council (NMC) (2008) standards require that 50% of the educational programme must be delivered within the clinical environment, where nursing students are supported by increasingly overstretched mentors (Leigh and Roberts, 2017, Leigh and Roberts 2018). In these standards the current practice of one student per Nurse Mentor who meets all the NMC's requirements (NMC, 2008), is unsustainable and awards little potential for any significant expansion of student numbers.

The NMC Future nurse: Standards of proficiency for registered nurses (2018a) introduces a new framework for supervision and assessment, providing opportunity to think differently, change the culture of practice learning and increase placement capacity (NMC 2018b). These new standards introduce three roles that are required to support the 'practice' element of all NMC approved programmes, that of; Practice Supervisor, Practice Assessor and Academic Assessor. All registered professionals can act as Practice Supervisors with suitable preparation, Practice Supervisors will then contribute to practice assessment which will be undertaken by a named Practice Assessor. This model supports the essence of the GM Synergy project where the coach in clinical practice contributes to assessment by mentors thereby future proofing the GM Synergy model. In addition, coaching models that use collaborative and facilitative learning are potentially perfect for the new standards, which require students to take responsibility for their own knowledge acquisition (Leigh and Littlewood, 2018).

Within Greater Manchester, the current partnership model for leading the practice component of the undergraduate pre-registration nursing programme is an overall Pan Manchester team approach through Greater Manchester Practice Education Group (GMPEG). Pan Manchester as an operational structure was implemented in 2009 and consists of 4 Higher Education Institutions (HEI), multiple healthcare organisations working together to standardise policies and procedures and to collaborate on areas of common interest or concern such as clinical leadership development practice learning and mentorship.

The group explored alternative models to support learners in practice and this included the University of East Anglia's Collaborative Learning in Practice (CLiP) placement model recommended by Willis in The Shape of Caring Report (2015).

Following attendance of a study day facilitated by East Anglia and attending site visits to Lancashire Teaching Hospitals NHS Foundation Trust who have successfully implemented the model on a small number of selected clinical placement areas the group reflected that the model whilst providing student support and peer mentoring did not adequately develop their clinical leadership. Importantly, at that point there was no evaluation or evidence base for the CliP model; evidence was anecdotal.

The Pan Manchester group therefore created the Greater Manchester Clinical Leadership Coaching Education Model (GM Synergy) that takes the original CLiP™ model further with emphasis on clinical leadership development and organisational partnerships. Assurances were gained from East Anglia University to adapt the model.

Overview of the Literature

For this report, three themes are presented: theme 1: models of supervision comparable to GM Synergy; theme 2: placement experience; and theme 3: supervision models, focussing in on the sub themes of clinical leadership development and peer learning. Literature review provided by Lisa Littlewood.

Models of Supervision Comparable to GM Synergy

Sweden, it would appear leads the way with student nurse led clinical learning, having implemented a model as far back as 2006 (Staun et al 2010). Staun et al. (2010) themselves undertook an evaluation of the degree of satisfaction of staff and students with a model of clinical supervision of nursing students who were placed on patient centred training in student dedicated treatment rooms. Their sample consisted of 24 students, 31 nursing staff and 9 Lecturer Practitioners across four clinical areas. Students worked alone or in pairs, taking responsibility for all nursing care of the patients in the student dedicated treatment rooms with the support of their supervisors. In a paper by Hellstrom-Hyson et al., (2012), two models of student supervision were compared; the traditional 'mentor' type role and that of student led wards with a variable 'day' supervisor. Whilst a small study with only eight year three students undertaking their final seven- week placement as participants. The students were introduced to the model and study in the first week of placement and then during the seven weeks, two were spent on the 'student ward' and with their personal 'mentor' supervision on the other five.

Also, in Sweden, Sundler at al. (2014) compared student satisfaction with models of supervision, that of personal preceptor (mentor), placement in designated patient rooms with supervision from a day preceptor or a mixture of the two models. This was a mixed methods

study which again used third year final placement students as the sample. Whilst a reasonable number of respondents (185) completed their questionnaire, the sample was spread over a wide range of different placement environments; hospital, community care homes, primary care and psychiatric care, though the student rooms were only in the hospital. Placements were also different lengths at four, five or six weeks and the supervision model of the respondents was split unequally; Personal preceptor (mentor) 54 (29%), Patient rooms with day preceptor 24 (13%), Mixture 107 (58%).

A similar model has been used in Australia as reported on by Grealish et al. (2013), who detail a student nurse led ward project based on theories of communities of practice. The project was funded by a government initiative to increase the knowledge and understanding of students in care of older persons settings. This is the only study with a mixed year groups sample, though the students only attended the placement 2 days per week for 14 weeks.

Both Grealish et al., (2013) and Hellstrom-Hyson et al., (2012) noted that the modes adopted enabled an increase in the number of students that clinical areas were able to train. This was an intended outcome of the project Grealish et al., (2013) reported on and they achieved a significant increase in placement capacity of over 100. The ability to increase students training numbers as described by Hellstrom-Hyson et al., (2012) is due to two students being allocated to one supervisor. However, Grealish et al., (2013) do note the practical implications of resources and physical space when increasing the number of students in a clinical area, having enough computer terminals, break room seats and lockers etc. for the increased numbers must be a key consideration.

Placement Experience (Clinical Leadership)

Clinical leadership, specifically from ward managers, is reported as the key influence on the learning environment pedagogical atmosphere and subsequently student experience (Warne et al., 2010; Papastavrou et al. 2009). Though the managerial nature of the role often means that they are not directly involved with students though their leadership is instrumental in developing a learning culture (Warne et al. 2010), and in the quality of mentorship provided within their domain (MacDonald et al. 2016). A good quality learning environment, according to Warne et al. (2010), often has the added benefit of being an indicator of the high standard of nursing care in the clinical area. In addition, it is recognised that positive experiences whilst on placement influence students' future career choices (Crombie et al., 2013) which may have a distinct impact on placement provider organisations' by increasing the recruitment of newly qualified practitioners (Smith et al 2015).

Student Supervision Models

Mentorship

A key finding from the paper by Warne et al. (2010) that explored clinical placement experiences of 1903 student nurses across Europe, is that individualised mentorship is the key to a successful placement. However, Grealish & Ranse (2009) claim that the role of the mentor not as essential as previously thought. In pressurised health care environments, time becomes a concern to fulfilling an effective mentorship role according to Stayt & Merriman (2013) who help us to understand why by clarifying that busy areas can often result in decreased learning opportunities. A supportive relationship with a mentor is recognised as contributing to learning (Crombie 2013, Hamshire et al., 2017) and in an effort to increase the number of mentors available to train students; the role was in many organisations, made compulsory. This has devalued the role according to Huybrecht et al. (2010) as not all nurses embrace the responsibility of mentorship (Wilson, 2014) leading to wasted time, effort and funding. Mentors should be appropriately recruited (Wilson, 2014), by using self-selection on to preparation courses (Huybrecht et al. 2010). However, the Nursing and Midwifery Council expect all registrants to “support students and colleagues learning and help them to develop their professional competence and confidence” (NMC Code 9.4, 2008b), the current model of mentorship formalises this requirement for some nurses but leaves newly qualified practitioners without the skills to fulfil this requirement (Stayt & Merriman 2013).

Coaching

Smith et al (2015) acknowledge that students have very few opportunities throughout the duration of their course to develop mentorship skills, however, if a collaborative and facilitative learning or coaching model is used, students would have the opportunity to gain these skills prior to becoming registered practitioners. By utilising a coaching style approach or a ‘cognitive apprenticeship’ students can be safely allowed to think for themselves (Wilson, 2014). Jewell (2013) summarises coaching as being useful for a specific intervention or short period whilst mentoring usually includes a longer relationship. Jewell (2013) further explains that the difference between coaching and mentoring is that coaching follows the principles of questioning and reflection as opposed to mentoring’s doctrines of telling and doing. Mentorship is often task orientated according to Ironside (2014), with students being given simple tasks to do leading to complaints of being considered just another pair of hands reports Hamshire et al. (2017). What students really want to learn is skills associated with complex care (Ironside 2014) and to be a “nurse” (Hamshire et al. 2017).

Peer learning

A key element of student life is peer group support according to Crombie et al. (2013), and this can be utilised to enhance the learning experience, claim Ramm et al (2015). Brannagan

et al. (2013) reports positive experiences from students engaged in peer learning, with common language and similar experiences (Nygren & Carlson 2017) students can closely identify with their peers (Ramm et al., 2015). Collaborative and facilitative learning is regarded as a safe, relaxed environment where students feel at ease sharing tips and learning (Ramm et al., 2015), and in which confidence and satisfaction can be increased whilst decreasing anxiety (Nygren and Carlson, 2017). According to Palsson et al. (2017), peer leaning promotes a sense of independence by allowing students' the opportunity to develop their ability to make judgements, and increases problem solving, critical thinking and communication skills (Ramm et al., 2015; Palsson et al., 2017). However, just as coaching models will not be appropriate for every practitioner or clinical area, peer leaning models will not suit all students. Irvine et al. (2016) argue that some students prefer to be taught skills exclusively by an "expert", in this case a mentor, whilst others display some anxiety as they do not want to be seen as lacking in skills by their peers (Brannagan et al., 2013).

Summary

Students learn best in environments where they are made to feel welcome, valued and part of the team (Levett-Jones et al., 2008; Crombie et al., 2013; Papastavrou et al. 2010). The clinical leadership of individual learning environments is the pivotal factor in ensuring that learning is deemed important (Papastavrou et al., 2010; Warne et al., 2010). What is clear from the evidence, is that a mixture of approaches to student supervision and practice learning seems to enhance the student experience whilst also helping to produce practitioners who are better equipped to undertake the role of registered nurse (Hamshire et al., 2017; Stayt & Merriman, 2013; Jewell, 2013; Ramm et al., 2015; Palsson et al., 2017). Introducing a coaching model may mean a culture change of significant proportions for placement and education providers, and for individual students and practitioners. However, the challenges and experience gained through coaching seems to help to build resilience and knowledge in students resulting in well-equipped qualified practitioners who also have the skills to train the next generation of students (Smith et al, 2015; Wilson, 2014).

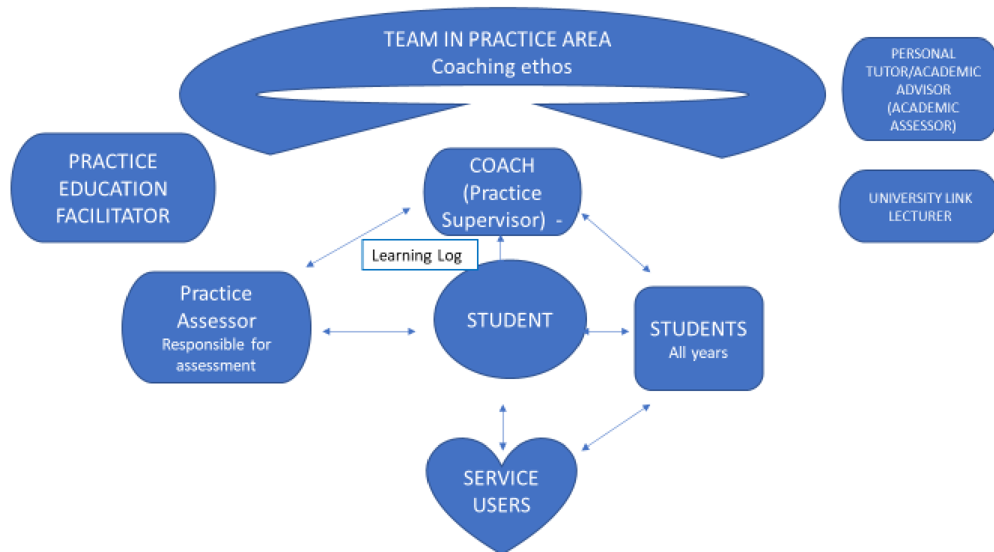
Greater Manchester (GM) Synergy Model

The Greater Manchester Synergy Model (GM Synergy) is based on the concept of coaching compared to mentoring and is applied to enhance the clinical leadership development (confidence, competence and performance of students for the benefit of quality personalised care) through the delivery of hands on nursing care. The coaching approach to practice learning adopts a stronger focus toward self-directed learning and personal responsibility for leadership learning. The leadership learning is student led, less focused on following the direction of the mentor, now practice supervisor and more focused on students taking

responsibility in identifying their goals and objectives and working with the 'coach' offering guidance and critical challenge.

In the coaching model, a student will still be allocated a named practice supervisor and practice assessor (or mentor) but on a day-to-day basis be 'coached' by a suitably experienced practitioner who is not necessarily a practice supervisor/mentor. This means that there are times when the named mentor may be present in the clinical area without acting as the coach (see diagram 2)

Diagram 2 Application NMC Standards for Supervision and Assessment (NMC 2018b)



Since September 2019, GM Synergy has operated, applying the NMC Part 2 Standards for Supervision and Assessment (NMC 2018b). Depending on the student's stage of education and undergraduate nursing programme, supervision and assessment is provided by the practice supervisor/practice assessor/academic assessor or the mentor.

Key Project Objectives

1. Review of the existing literature that identifies the challenges, value and impact on clinical leadership when adopting models for undergraduate student support (coaching and mentoring) and to present new perspectives to what is already known
2. Develop a robust framework identifying the structures and processes required to implement and sustain GM Synergy both during and post completion of the project. Framework will include agreed collaborative processes between HEI and healthcare

organisations: roles and responsibilities, resource management, identification of a named individual in each organisation to take leadership responsibility for implementation and to collaborate with the project research team

3. Develop a robust eligibility and readiness framework for identifying potential GM Synergy clinical placement areas within healthcare organisations. Framework to include provision of information materials for placement areas- multidisciplinary team, patients and students
4. Apply the above framework to Identify clinical placements areas where GM Synergy is to be implemented
5. Coaching educators in conjunction with identified organisational GM Synergy Lead to provide structured education and development opportunities (education development framework) for the multidisciplinary team working within GM Synergy placement areas: coaching skills development for identified coaches; preparation of academic staff and practice educator; inform HEI clinical placement allocation unit, coach train the trainer opportunities
6. Establish a research team who will develop and implement a robust evaluation strategy (Realistic evaluation) to provide the evidence of the impact of the model on undergraduate students' clinical leadership development from the multi-stakeholder perspectives: student, coach, multi-professional team
7. Create and implement a robust dissemination strategy that continuously reports on project progress and highlights
8. Host facilitated workshops to maximise knowledge transfer and dissemination- the first in July 2018 for stakeholders in GM, and the second in December 2018 cancelled due to lack of participants, to share developments and inform wider dissemination across the North West.
9. Develop evidenced-informed recommendations for best practice in models of support that develop the undergraduate student's clinical leadership skills, knowledge and behaviours.

Establish and Maintain a Project Steering Group

Steering group established to provide leadership and oversight, with membership from stakeholder organisations. Inaugural meeting took place in 2018 with terms of reference to oversee and guide the expansion and governance of the model into other disciplines and placement providers. Expansion includes extending the model from within mental health, midwifery, community, private, voluntary and independent sector organisations and primary care via the North West Enhanced Training Practices.

Plan and Implement GM Synergy Phase 1

Structures and processes developed to assist with the phase 1 implementation of GM Synergy and help sustain both during and post completion of the project

GM Synergy Readiness Framework and Toolkit

A GM Readiness Framework and Toolkit have been developed that supports the wider implementation of GM Synergy across Greater Manchester healthcare organisations, community placement, primary care and Enhanced Training Practices. The readiness framework and toolkit consist of information and materials accessible and applicable for the multidisciplinary team, patients and students from within practice placement areas:

1) GM Synergy Pledges
2) GM Synergy Quality Assurance Agreement
3) GM Synergy Implementation Process
4) GM Synergy frequently Asked Questions
5) GM Synergy Coaching Information

The information is accessible via the GM Synergy website:
http://hub.salford.ac.uk/gmSynergy/

The GM Synergy Steering Group and subgroups maintain the overall governance with reporting mechanisms up to Greater Manchester Practice Education Group (GMPEG) and GM Workforce Delivery Groups. Other direct lines of communication and influence include project group members sitting on the GM Supervision and Assessment Group, with project outputs influencing how the coaching approach is being applied to the NMC Standards for Supervision and Assessment (NMC 2018b).

Delivery of train the trainer using coaching methodology and approach

Dr Jacqueline leigh, Professor of Nurse Education Practice, Executive Coach has developed the coaching programme that has subsequently been delivered to Practice Education Facilitator (PEF) Champions of whom have the coaching materials that they use to cascade within their own organisation (8th May 2018). Often coaching preparation has been supplemented by trusts organisation and development departments and trained coaches. PEF Champion coaching supervision has been implemented and used to provide the ongoing reflection and peer supervision for coaches. The coaching materials are freely available via the GM Synergy website: http://hub.salford.ac.uk/gmSynergy/

Develop and use materials for wider dissemination e.g. Blogs, 60 second video clips and implement

An introduction to GM Synergy online resource has been produced that is used by HEIs to introduce the model to new cohorts of student nurses and is available via the GM Synergy website http://hub.salford.ac.uk/gmSynergy/ . The resource has been transcribed for those hard of hearing students. The resource is also available for delivery in healthcare organisations and is accessed by University of Salford students via the Clinical Learning environment (Blackboard site). The following GM Synergy focused publications are available:

- Leigh JA., Littlewood J., Lyons G. (2019) Reflections on creating a coaching approach to student nurse clinical leadership development, British Journal Nursing, 28 (17): 1124-1128
- Leigh JA., Littlewood L., (2018) providing the right environment to develop new nurse leaders, British Journal of Nursing, 27(6):341-343: https://doi.org/10.12968/bjon.2018.27.6.341
- Leigh JA., Littlewood L., Heggs K., (2018) Use of Simulation to Inform the Implementation of The Greater Manchester (GM) Synergy Project Placement Model, Nursing Times [online]; 114: 4, 44-46 https://www.nursingtimes.net/roles/nurse-educators/using-simulation-to-test-use-of-coaching-in-clinical-placements/7023621.article

National Awards:

- Advance HE Collaborative Award Teaching Excellence (2018)
- Nursing Times Awards- shortlisted Partnership of the Year (2019)
- Nursing Times Awards- shortlisted Placement of the Year (2019)

Project Update Reports

Dr Jacqueline Leigh Professor of Nurse Education Practice provides the ongoing evidence to Greater Manchester HEI and healthcare organisations via GMPEG and GM Workforce Group by means of a written or verbal update. This information enables oversight of placement capacity, capability and quality.

Phase 1 Implementation

Phase 1 GM Synergy consisted of 180-200 first, second, and third year nursing students (adult and CYP field) from the four Greater Manchester HEI's experiencing coaching from within

practice placements situated across the Greater Manchester NHS Trusts. Please note organisational name change that has subsequently taken place.

- MFT- Manchester University NHS Foundation Trust: Royal Manchester Children's Hospital (RMCH) Wythenshawe Hospital, Manchester Royal Infirmary (MRI)
- NCA: The Northern Care Alliance: Salford Royal NHS Foundation Trust (SRFT) and The Pennine Acute Hospitals NHS Trust (PAHT)
- Bolton: Bolton NHS Foundation Trust

Healthcare Organisation	Number of GM Synergy Placement areas
Manchester University NHS Foundation	8
The Northern Care Alliance: The Pennine Acute Hospitals NHS Trust (PAHT)	3
Bolton NHS Foundation Trust	3

Further GM-Synergy placement areas:

Healthcare Organisation	Number of GM Synergy Placement areas
Manchester University NHS Foundation	13
The Northern Care Alliance: The Pennine Acute Hospitals NHS Trust (PAHT)	3
Bolton NHS Foundation Trust	3

Phase 1 placement focus was predominantly in acute settings however moving into phase 2 there is a focus on developing placements in community, private, voluntary and independent sector organisations and primary care via the North West Enhanced Training Practices.

Evaluating Phase 1 Implementation

Establish Research Team

Research team established who have developed and implemented a robust evaluation strategy (Realistic evaluation) to provide the evidence of the impact of the model on undergraduate students' clinical leadership development from the multi-stakeholder perspectives. University of Salford provide research ethics and Professor Jacqueline Leigh

has assumed the role of principal Investigator. A multi-stakeholder project/research steering group that includes student nurse invitation has provided the challenge and scrutiny for the evaluation.

Research Evaluation

This section of the report presents evidence from the research evaluation conducted by the evaluation team:

- Professor Jacqueline Leigh (Principal Investigator)
- Lisa Littlewood – conducted the literature review
- Dr Gareth Lyons and Lawrence Houston (Research Assistants)

Evaluation Aims and Objectives

Aim

The aim of the evaluation is to provide evidence mapped against project evaluation objectives, methodology and sequence of activities of the Greater Manchester Placement Provider and HEI Collaborative: Implementation and evaluation of the Greater Manchester (GM) Clinical Leadership Coaching Education Model for promoting effectiveness in learning in practice through coaching (GM Synergy.

This evaluation seeks to understand from multiple perspectives, the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking clinical practice from within a placement that adopts GM-Synergy (students, coach, Practice Education Facilitator, University Link Lecturer, mentor).

Objectives

The objectives of the evaluation are to:

1. Critically explore the existing literature that identifies the challenges, value and impact on clinical leadership when adopting models for undergraduate student support (coaching and mentoring) and to present new perspectives to what is already known
2. To critically explore the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM-Synergy) from multiple stakeholder perspectives (GM–Synergy Model Development team, students, coach, Practice Education Facilitator, University Link Lecturer, mentor, organisational education leaders, users and carers). Method of

Measurement: document analysis, non-validated questionnaire, pre and/or post-test, semi structured interview

3. Provide the evidence of what works well or not so well and what can be transferred to enable a consistent approach to GM-Synergy delivery, capability, capacity and sustainability: Method of Measurement: report and clear set of evidence-based guidelines/recommendations.

Evaluation Methodology

This is an evaluation utilising a mixed method approach that has allowed for the GM Synergy model to be critically explored in depth and within its context. Realist evaluation allows us to focus and report 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, sense of student-belonging in practice, infrastructure and culture required to positively support GM-Synergy implementation and sustainability
2. Mechanisms and processes by which expected outcomes are achieved and change is realised, such as modes of student support, clinical leadership demonstrated by the multiple personnel and problem solving/adapting on the day to day basis
3. Influence of context, systems and processes in producing those outcomes.

Realist evaluation has captured the intended and unintended effects (impacts) of introducing and sustaining coaching for undergraduate student nurses utilising the methods for measurement including: literature review; non-validated questionnaire; focus group and one-to-one interview. Identified are the structures, processes and outcomes that impact on coaching and clinical leadership development and the preparation of the educators when taking on the coaching role. To further strengthen the approach, a component of Phillips and Stone's (2002) evaluation of training interventions framework was used to identify those intangible benefits that add value to a project but in non-monetary terms.

Reported next is the evaluation of the online questionnaires completed by stakeholder groups (students, coaches in clinical practice, Practice Education Facilitators (PEF), and University Link Lecturer (ULL).

In total 231 questionnaires were completed:

- 179 Student Post Placement Questionnaires
- 36 Coach Questionnaires
- 11 PEF Questionnaires
- Five ULL Questionnaires

Individual practice partner organisations have received their organisation specific analysis that was discussed with trust educational and senior leaders and ULL Lead by the project evaluation team. Emerging issues were further explored with stakeholder groups within the content of the NMC Future Nurse: Standards of Proficiency for Registered Nurses (NMC 2018). Appendix 1. Provides the quantitative questionnaire analysis.

Summary of Findings

Positive Aspects of Synergy

Clinical Leadership Development

- Students taking responsibility through managing patients
- Students taking responsibility for identifying their own learning (in conjunction with coach and mentor)
- Students using initiative - positive impact on self and patients/clients
- Students increased confidence in decision making, whilst gaining independence from within the supportive practice placement
- Student led team brief at the end of each shift: what went well and areas that need improving. The coach steps in and explains how improvements could be actioned. Students contributions are treated with respect and valued (approach adopted by some practice placement areas).

Support

- Coaching and facilitation as an approach to teaching and learning
- Peer group coaching, teaching and learning
- Learning and experiencing students from different year groups
- Shared learning with students from across the multiple GM HEIs
- Teamwork

Effective Preparation for the GM Synergy Placement

- Timing of student placements from the multiple HEIs impacts on Synergy. For example, students starting on the same day has a positive impact and helps build relationships that enhance peer support
- When the “correct” staff are overseeing the Synergy bay then students help one-another and good patient relationships are built. For example, the coach working consistently and effectively in their role thus promoting the positive learning experience for students leading to an increased confidence in decision making

- Role of the PEF Champion who are involved from the initial set up helps with the timely management of emergent issues
- Resource intensive (in terms of having to co-ordinate the right mix of students), but works well if the ward is well prepared and the placement team are enthusiastic
- There is evidence that familiarity with the model relieved initial anxieties
- Unity in the message and roll out of the Synergy model (project) from practice and HEI
- All ward staff feeling engaged in the learning process with staff in placements 100% signed up to the model and are motivated.

Areas for further Development

Student /Coach/Staff Skill Mix

- Too many students, resulting in student's inability to fulfil their NMC proficiencies and individual learning needs and Synergy not been adopted effectively due to competition for work
- Where there are high volumes of students, Coaches report difficulties in observing all students
- The effective learning environment is dependent on having adequate staff to support students and staff remaining in the placement area
- Explore with placement areas scenario whereby too few students or inappropriate year mix, therefore the perception is how the placement cannot "synergise"

Preparedness for the GM Synergy Placement

- Better preparation of staff and students and this includes induction to the workings of the model - managing student and staff expectations
- PEFs feeling that the project team moved away from the Synergy areas too soon without consolidating the new placement learning approach
- Staff engagement and 100% signed up to the model

Peer Led Teaching and Learning

- Perceived increased pressure on 3rd year student nurses to facilitate the collaborative and facilitative learning
- Professional responsibility and accountability of the qualified nurse and role of student: working with the NMC Code
- Although qualified member of staff should always oversee Synergy bays and students this may not always be the case
- Appropriateness of the Synergy placement within a busy acute setting such as medical assessment unit (mixed response)

- Equity of placement experience between students and year groups
- Students providing the correct information to peers

Accessing Mentors

- Timely completion of the student's practice-assessment document
- Working with mentors

Summary of Findings Open Questions (drawing on analysis from the closed questions)

Q1: What aspects of your GM Synergy placement did you enjoy most?

Students report positively on peer support, working with students from the multiple HEIs and different years of their education programme, sharing best practice and experiences that in turn promoted independence and leadership development. Confidence in their decision-making abilities was increased and this was due to them thinking for themselves, being involved with patients over the long term, taking on more responsibility and knowing that their coach and mentor was available to facilitate their learning. Third year students also found it helpful to take on a coaching role and having the case load of patients.

The coach generally feels that the GM Synergy placement model facilitates a positive learning experience; reporting how student led learning promoted the culture for sharing knowledge and understanding, taking the lead in the care being delivered and this in turn helped promote self-confidence and the sharing of good practice. This confidence would occur quite quickly whilst at the same time the weaker students were identified and accordingly supported. Coaches enjoyed coaching, watching students teach each other. 3rd year students and coaches report the positive impact of Synergy through students being provided with the opportunity to oversee their juniors partake in patient care under supervision and from within the facilitative practice learning environment:
PEFs particularly enjoy preparing staff for their role and participating in the development of student's skills and confidence.

Five ULLs submitted the questionnaire, three fully. One ULL enjoyed working closely with practice colleagues, strengthening the working relationship.

Q2: What, if any, were your concerns during your GM Synergy placement?

For Synergy to work as effectively as possible, reported is the need for a mix of first, second and third years within a placement area; this enables peer to peer support, enabling students to understand the concepts around the management of people and leadership. Whilst GM Synergy promotes clinical confidence and supports peer learning, all stakeholder groups report impact that includes concern around the volume of student numbers and skill mix of

students on placement at any one time. The main concerns were reports of numbers of students and skill mix. For example, too many students resulting in student's inability to fulfil their NMC proficiencies and individual learning needs.

Where there were too few students, there were reports that the placement area did not "synergise". Students who commented on numbers placed a maximum of five students per Synergy bay. Whatever the solution experiences such as a student's report of one patient's comment likening a ward to *"being in a zoo"* during a handover, due to sheer volume of staff are reported. Other student experiences exemplified this such as *"on 1 shift there were 19 students!"* or *"I felt there were too many students at times. We would find ourselves fighting for things to do"*.

Furthermore, coaches report difficulties in observing all students and being unable to meet student needs when there is a high volume of students. This finding contradicts the earlier finding how coaches can identify the weaker students placed on the Synergy ward. There is evidence that familiarity with the model relieved initial anxieties.

There is evidence from across the stakeholder groups around preparedness for the placement. One PEF for example, acknowledges that Synergy is resource intensive but works well if the ward is well prepared and the placement team are enthusiastic; similarly, the coach acknowledges how the effective learning environment is dependent on having adequate staff to support students.

Peer led learning is a reported positive attribute of the GM Synergy model. However, some of the negative statements were causes for concern, particularly relating to responsibility, accountability, and working with the NMC Code. Specifically, students offering incorrect guidance seems to be an isolated concern. Although qualified member of staff should oversee Synergy bays and students all of the time, this may not always the case. Coaches report the perceived increased pressure on third year student nurses and one further coach reports the impact of the model on their professional responsibility as a registered nurse. Student reports difficulties with the model in having mid and final reports completed by the mentor.

Q3: What worked well?

Emerging are those conditions that impact on the conducive Synergy implementation and on its sustainability:

- Effective organisation and management:
    - correct staff of whom are effectively organised promotes student learning and development with students helping and motivating each other. The coach working consistently and effectively in their role promotes the

    positive learning experience for students that increases confidence in decision making
    - To promote the multidisciplinary working and build good relationships with the patients
    - To support student's, manage their own patients
    - To increase student confidence and decision-making skills
- Coaches use phrases such as all ward staff feeling engaged in the learning process whilst PEFs report on the impact of Synergy when staff are motivated
- Coach working consistently and effectively in their role promotes the positive learning experience for students that in turn increases confidence and self-efficacy in decision making. Specific examples include taking part in handovers, documenting and liaising with the multidisciplinary team, thus preparing the student for role transition to registered nurse.
- Timing of student placements from the multiple HEIs impacts on Synergy. For example, students starting on the same day positively impacts relationship building and peer support
- Student skill mix seems a powerful factor for success:
    - Student's utilising each other's knowledge and developing confidence in asking questions
    - Third-year students developing their teaching and delegation skills
    - First year students had a student role model to work alongside
    - Student-led team briefing at the end of each placement viewed positively by the coach
- The coach stepping in and explaining how things could be done better. Student contributions are treated with respect and valued
- Learning opportunities clearly defined for each student
- PEFs and ULLs report on the positive role of the PEF Champion who are involved from the initial set up helps with the timely management of emergent issues.
- Excellent support from the manager in placement is reviewed positively and helps motivate students

Q4: What, if anything, could be improved?

Preparation of staff and students is seen as something that could improve Synergy implementation and this includes induction to the workings of the model and identification of the best ratio of students to coach.

The role of the mentor especially about completing the students' practice assessment document could be strengthened. Unity in the message and roll out of the Synergy model (project) from practice and HEI perspective is reported as essential by PEFs. Evidence from students suggests that an effective mix of student skills on each shift, enables collaborative and facilitative learning even in areas such as ones with patients with complex needs and acute illness. Indeed, concerns are expressed regarding utilising the acute medical unit as a Synergy placement however there is also evidence that this is a conducive Synergy placement. Coaches suggest that all members of staff should be coaches and not just staff nurses. PEFs report the need for student nurses to be adequately prepared for their peer support and collaborative and facilitative learning role and again emphasise the important of student numbers and skills mix on each shift.

Emerging Factors that impact on the success and sustainability of the GM Synergy Model

Emerging from the questionnaire analysis are those factors that impact on the success and sustainability of the GM Synergy model and these include:

1. Clarity of concept of GM Synergy- capacity or clinical leadership development or both
2. Preparation of staff (students, practice staff and academics)
3. Curricula approach that prepares students for their peer support and collaborative and facilitative learning role
4. Positioning the model within NMC Code - responsibility and accountability
5. Implementation of strategies that motivate the practice placement team about the model
6. Careful planning of student numbers - skill mix, start dates and ratio of student to coach - formulate a model rota with skill mix of students
7. Implementation of strategies that ensure equity and appropriateness of practice learning opportunities for ALL students placed in the Synergy area
8. The role of the PEF Champion on the day to day basis
9. Ongoing coaching support for Coaches and PEF Champions

Qualitative data from focus groups and one to one interview

Multiple focus groups (see table below) were carried out with nursing students and other key stakeholders, providing the opportunity to focus on the key topic areas generated from the online questionnaire analysis. One face to face interview as also carried out with a student

nurse. The timeframe for the qualitative data collection analysis was November 2018-December 2019.

Focus Group Participant	Number of Focus Groups Held
Student nurse	4
Practice Education Facilitator (PEF) Champion	4
Coach and PEF	2
Student, coach and PEF	3
Student and PEF	2
Student and coach	1
GM Synergy Steering group	1
University Link Lecturer (ULL)/Personal Tutor	1

The qualitative data gathered from the focus groups was transcribed and analysed using a thematic content analysis approach. The transcripts were read several times for familiarisation of the data. The data were then coded before being thematically categorised by all members of the research team. As part of the data analysis process, key themes and sub themes were identified. This allowed the data to be summarised, interrogated and interpreted effectively for the write-up of the results. On completion of the thematic content analysis, five key themes were identified (Table 1). These themes are similar to the finding generated from the online questionnaire, apart from the novel code identified and each theme will be discussed in turn.

Theme	Subthemes (where applicable)
Preparedness	Induction; ongoing support and guidance; GM Synergy roles; the role of the coach; and role of PEF champion
Clarity of concept	Awareness
Delivery	Delivery models; student numbers and skill mix; and capacity
Peer support and learning	Collaborative and facilitative learning; and equity of learning opportunities
Organisational culture*	

*novel code

Theme 1: Preparedness

Preparedness was found to be a significant theme impacting on both students and staff involved in GM Synergy. This theme relates to the preparedness of stakeholders for coaching

(students, practice staff and academics). There are subthemes allocated here: induction; ongoing support and guidance; GM Synergy roles; the role of the coach; and role of PEF champion

Induction

There was a mixture of responses from students in relation to the induction they had received around Synergy. Effective induction includes the multidisciplinary team (including students) attending ward specific training days, access to training folder with materials Students who reported positively about their Synergy induction said:

> *"At my uni we had a whole lecture before and then a few weeks later all the students that actually were on a Synergy placement were called into uni to speak to one of the lecturers and he just went through again what sort of things we can expect from it. And we also have things online we can look through like the PowerPoint slides again and some videos." (Student).*

PEFs provide the evidence for training staff for Synergy and this included providing bespoke training sessions at the practice learning interface. It was found that where staff had embraced the coaching model, the effectiveness of Synergy appeared to improve in practice:

> *"You need that training of the staff and you need the buy in from them." (PEF).*

The coach also provides the evidence of being provided with information and setting up the systems for success:

> *"Making sure that all the staff were aware of this new system that we were going to use, aware of what it entailed, the coaching and then making sure that we put the students in there to experience." (Coach).*

Findings suggest that whilst the multiple stakeholders (including students and clinical staff) were provided with education and development prior to the model's implementation, there is evidence of feelings of being unprepared. HEIs provide the evidence of its induction for student nurses and this is often supplemented with non-compulsory drop in sessions. Demonstrated is the complexity of the model in practice such as variations of the delivery model; breaking habits from mentoring to coaching; implementation at a time of changes to NMC standards for education, supervision and assessment (NMC 2018b), and major healthcare organisation transformation. All these factors can also be attributed to feeling prepared.

The coach uses the student's prior knowledge of Synergy to manage the induction process. PEF also noted that despite the creation of the podcast, pledges and student created booklets, students still feel unprepared and this needs reviewing.

Ongoing Support and Guidance

Ongoing staff development is difficult where there is high staff turnover and staff shortages and this impacts on the preparedness of staff for their Synergy role:

> *"We'd done all that training and then god knows what the staff turnover was in that time before they actually came to do it again" (Coach).*

Coordinating student allocations across the four HEIs impacts on students and staff feeling prepared for Synergy when students finally arrive:

> *"We can't get the timing right to do the training. You get them trained, enthusiastic, and then allocations can't meet demand and you don't get the students and then they have to wait until next time. They might get them, they might not, you don't know. But then you're training's gone by the by* (PEF Champion).

Ongoing development also includes getting the message right around what is peer/collaborative and facilitative learning:

> *"Support and peer, not teaching and that keeps cropping up…people substituting the word learning for teaching, cos we've never used the word teaching within the peer learning element. But somehow or other that seems to have crept in, in people's assumption. Either the students have assumed that they are to teach or the staff that they're working with assume that they are to teach"* (PEF Champion).

GM Synergy Roles

Being clear of the different GM Synergy roles and responsibilities provide students and other key stakeholders with a sense of certainty around Synergy and this clarity is emerging as a model enabler. Feedback from some staff members involved in the delivery of Synergy, such as PEFs, indicated their preparedness around delivering Synergy as high. This subsequently resulted in a more positive outlook from staff about the process of Synergy as a whole:

> *"We did some bespoke sessions as well, and some scenarios to work through the people working, what kind of challenges we might face and how to overcome them and how to instigate the coaching conversation with them" (PEF).*

Role of the Coach

The coach articulates their role, and this includes providing that self-directed student support and guidance. Summarized is the difference between coaching and mentoring:

> "*Coaches promote the students to owning their own learning and identifying their own learning for that particular shift and identifying what they already know and what they need to progress….With mentoring, it was a lot of shadowing and the students asking us questions and we were providing them with loads of answers they might not*

necessarily retain….it is about empowering the students to progress and learn in their environment" (coach)

Students explain their feelings of what makes a good coach (qualities and attributes):

> *"The coach is always there…They'll be there watching you. It might seem that they're not quite sure, but they will be watching you...helping you feel part of the team"* (student)

Further qualities and attributes include the coach understanding the needs of the students and the student feeling part of the team; with coaches demonstrating effective leadership and management when faced with the challenge of managing/coaching the increased number of students.

There are examples of how the coach can manage multiple students. Strategies include: effectively managing the student- patient allocation of nursing care; recognizing and supporting the anxious student; encouraging the two-way interaction; and appropriately stepping in and stepping back

Feedback from coaches demonstrate that increased number and narrow range of students (all first years) could be problematic to student support and supervision in several ways and this includes managing student expectations; finding enough work and learning opportunities for all; and managing the step change from one to one or team mentorship by keeping up with what students have achieved and what clinical work still needs to be done. Indeed, through knowing the students and using questioning techniques, the coach works out the motivations and capabilities of the individual and this helps the coach to take the step back. Perspectives from one coach recognises that all students are individuals and that their coaching approach may need to differ with the need to respectfully challenge:

> "If *they [student] sit in the comfort zone too long, you really need to step out of that a little bit….when you've got students that are very interactive and want to get involved, especially with students who are taking a step back, they are actually observing that and thinking well, actually, I need to take a bigger step forward and get involved in that. So they see that as almost like that coaching, oh, well that's where I want to be so what do I need to do to get to that level*" (Coach)

Similarly, the personal tutor/ULL recognise that the role of the coach is to ensure that students know their limitations but how there is a collective responsibility:

> "*For those students who don't know where the line is, there is that freedom to make a lot more mistakes than they might have made with the traditional mentoring because they are not supervised in the same way"* (Personal tutor/ULL).

The role of the PEF Champion

The PEF Champion view their role as crucial to the successful roll out of Synergy:

> "*There's only ourselves who bring it to the forefront for managers and embed it within the Trust. Without us there would be no Synergy voice at all" (*PEF Champion)

The role of the PEF champion in part is to deliver the training session for the healthcare support worker and wider healthcare team. They also liaise with the four HEI Clinical Placement Units to ensure the right skill mix of students were allocated to the phase 1 implementation practice learning areas. The PEF equivalent at the Lancashire Teaching Trust was highlighted as the ideal role model. One PEF lamented that they were unable to do their PEF role fully, which caused issues as they were not able to spend enough time in the role. Another PEF reported on capacity, saying that:

> *"We've all had to absorb this* [additional PEF duties] *on top of our existing work streams because we believe in it and we want to try it out to see what good comes of it and what we can learn and develop" (PEF).*

There is recognition by the PEF of the benefits of a GM Synergy focused role:

> "*The more time you put into it and the more focus you give it, the better the outcome. And yes, you can do it as a pump primer like what my role was, but the effect will eventually dwindle off so, it needs to be something on a more continuous basis*" (PEF Champion)

Theme 2: Clarity of concept

This theme provides the evidence around the clarity of the GM Synergy model. As the model has been rolled out, the message around the drivers for adopting a coaching model have shifted from solely focusing on increasing student nurse placement capacity to raising awareness about the benefits that a coaching model brings to clinical leadership development and peer learning. Getting the message right from the outset is an emergent key message.

Awareness

The level of awareness relating to *'what Synergy is'* and *'how Synergy works* was varied. The coaching model was described by staff as an approach used within GM Synergy that had a lot of potential in helping to create a 'well-rounded' nurse workforce for the future:

> *"I'm hoping that the coaching approach is the solution to getting rid of the spoon feeding, to getting rid of people not making decisions, leaning on each other, relying on each other. Students and staff having difficulties with anxiety and loss of*

confidence. I'm really hoping that this investment in two, three years' time will really help pull up." (PEF).

The PEFs interviewed, were quite clear in their belief that coaching was initially capacity driven. The number of students being trained did not meet the demand needed on the ward. Implementation of Synergy brought further benefits, recognised by the healthcare organisation.

"When they saw the model in action it was more the benefits came afterwards but it was the capacity that was the first" (PEF).

The goal of coaching models (including Synergy) could be one of the main reasons behind some of the negative opinions of the model. In some cases, this was seen as sending the message that coaching was not about quality but capacity, which some PEFs feel still prevails:

"If you're looking at capacity and it's seen about getting numbers in, it then seen as bums on seats and whenever that dialogue happens, people assume that there's no quality initiative behind it" (PEF).

The consensus from students was that the context of Synergy could be made clearer. An increased awareness of what is expected of students as part of Synergy, as well as ensuring the fully informed GM Synergy team would maximise the student experience and ultimately impact patient care is a key stakeholder message:

"*It's making sure that the staff utilize it as well, and the students. Sometimes the students don't want to utilize it*" (Coach)

"It's collaborative learning environment, in which you're enhancing principals around peer learning, where the coaching is enhanced and promoting. The word that I tend to use at the centre is collaborative learning and all the principals attached to it, and then have further discussion on that" (PEF).

Theme 3: Delivery of Synergy

This is an interesting theme that has the following sub themes: delivery models; student numbers and skill mix; and capacity. One perceived benefit of GM Synergy is increasing the number of students engaging with the practice learning over the shift, whilst at the same promoting student nurse clinical leadership development and the collaborative and facilitative learning opportunities. There are multiple example scenarios of Synergy working well, integrating with the role of the mentor (and now practice supervisor).

Delivery models

Found were variations in GM Synergy delivery models. These variations were viewed either positively by stakeholders, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies. For students these variances were sometimes reported on as a barrier for continuity of learning and for gaining the most out of their practice learning experience. Variances include no set standards across placement areas resulting in students being provided with different practice learning experiences; Synergising from within a bay or across the whole placement area (ward). Important to note is that where the model of Synergy being delivered is reported as positive, the overall experience of Synergy is also reported as positive. One such model is when the first, second and third year student are on shift:

> *"When I did my first Synergy placement on XX, I found that really good, because the way that they did it was that we'd have all the patients that the nurse would have but we'd separate them up, so the third year would have four patients, the second year would have three and the first year would have one or two… I found it really good, because we would just stick to those patients and we'd do everything for those patients."* (Student).
>
> "*It's quite fulfilling seeing a third- year student teaching a first-year student what they do and the first year will say thanks for today, I've learned lots…it's nice that they are not just learning off us, they are learning off other students* (Staff Nurse).

The staff nurse experienced Synergy as a student nurse and acknowledged how rewarding it can be when realising and reflecting on how much they know in terms of the *confidence boost.*

A different model is being applied to the non-ward clinical learning environment:

> "*Use it more for the goal setting, of what the student wants to achieve on that day and then how they've achieved it, and the feedback, which then they can feedback to their mentor, who is potentially working in a different area of the [placement]. And that, from my experience, seems to work really, really well because the students have got a little bit more of a focus of what they need to achieve. And then, if there's say three or four students in the area, they then start to help each other and tell me where the information is*" (Coach).

There is the scenario of the first and third years on duty whereby the third year was allocated four patients with the first year working with the third year. There is no consensus as to the optimal student-coach ratio.

Where the model of Synergy being delivered was reported negatively, the overall experience of Synergy was also reported as a negative. An example is the task orientated approach to care delivery. The model scenario seems to be dependent on the attitudes and motivations of student and staff on duty as well as optimising student allocation (skill mix and numbers). For example, the confidence of the third-year students impacts on the collaborative and facilitative learning process.

Student numbers and skill mix

Highlighted is the need for both staff and students to be fully informed and aware of how Synergy can be implemented within different settings and with the range of students and skill mix. Feedback from staff stated the need for a model of Synergy that is twofold; 1). adaptable to meet the specific needs of wards/other healthcare settings, 2). able to maintain the fundamental aims and objectives of Synergy. For example, *'Synergising'* with a varied number of students (low or high), students from different cohorts or from the same cohort (1st, 2nd and 3rd year), whilst sharing knowledge and skills. However, there were positive student responses where Synergy was said to be implemented well and in a consistent way.

GM Synergy is not being implemented on the shift if there is a perceived "incorrect" mix of first, second and third-year students:

> *"It seems like some shifts I will turn up and we're doing Synergy and sometimes I will turn up and we're not doing it. Sometimes I will turn up and we'll have a third year, a second year and a first year, but they'll send the third year down to a different bay, which isn't helpful because then I'm running up and down the hospital asking what we're doing."* (Student).

Differences were also found in the model of Synergy being delivered due to placement type. For example, differences between a ward placement and a more surgical/clinical placement, such as theatre or intensive care unit were found in how Synergy could practically be delivered. Therefore, it was said that GM Synergy needed to be delivered in a suitable and pragmatic way that would fit the placement environment accordingly. An example is limiting student numbers in theatre recovery and the oncology ward.

Interesting, coaching is being adopted but not used within the GM Synergy model framework:

> *"I think that's where the difficulty falls and some areas, like Intensive care unit, heart care unit, they're doing the coaching approach rather than the Synergy approach, because of the type of areas they are. So, I think it's very dependent on whichever area you're in across the Trust."* (Student).

This point also raises another question of Synergy which relates to the previous themes identified of preparedness and clarity of concept, which is to *what extent do people know what the GM Synergy model is and how it works?* A belief by some participants is that Synergy can only work with at least three students, made up of all year groups. As exemplified by a PEFs response to introducing Synergy in a community placement:

> *"It's difficult increasing capacity in community isn't it because if you're going out in somebody's car, they can't be taking a car load of students all into one person's house" (PEF).*

Capacity

The early implementation phases of Synergy provide the evidence of the increased student numbers in terms of facilities to accommodate such as chairs, toilets and the impact on their learning. There are opportunities and challenges associated with four GM HEIs, of whom operate its individual curricula. Capacity issues, such as enough placements being made available to meet the required student numbers was something reported by staff that needed to be resolved for Synergy to work effectively:

> *"One thing we found with our placements at the moment is that capacity keeps going up and down and areas struggle because one minute they've got lots of students and their running Synergy, and the next thing all the allocations go down." (PEF).*

Furthermore, it was said that capacity of staff was problematic due to high staff turnover and staff shortages that occurs in certain areas:

> *"I think as well you've got such a high turnover of staff in acute areas at the moment, not just this Trust, generically, and the staff that you're getting in are newly qualified. Their so junior they're not actually that competent in their own skills to be coaching somebody else. So, it probably is the more experienced older generation of nurses that are more competent." (Coach).*

The complexity of four HEIs coordinating the practice placement experiences for the students is presented below:

> *"I think allocations really need looking at to support this. The universities really need to come together somehow. They're all invested, and they all want it to be successful…they need to look at their timetables and allocations. Cos it's so difficult to get it functioning" (PEF).*

Theme 4: Peer support and peer learning

This theme has two subthemes: collaborative and facilitative learning; and equity of learning opportunities.

Collaborative and facilitative learning

Students through engaging with the GM Synergy model have identified positive student role models. The PEF sums up collaborative and facilitative learning within GM Synergy identifying key concepts: first year observing the third year with the drug administration; student power to lead their own learning; developing those leadership and management skills, being able to manage their own patients; immersed into the role of a nurse as they learn; reflecting with the student, finding out what that student knows and supporting their knowledge as you go along.

Many student participants reported positively in respect of their Synergy learning and development experience. This included: sharing knowledge; peer support; confidence building; and an increased awareness of the importance of delegation skills as part of the nursing role. Student report a sense of pride through Synergy in being able to support and share information with their fellow peers These examples were all found to be important Synergy enablers, enabling students to maintain the ethos of Synergy throughout their nursing practises:

> *"It gives you confidence and independence. And it helps you learn about your patient. To be able to explain to somebody else what is wrong with that patient and why. And what's wrong with the patient" (Student).*

> *"I realised that, as an adult student, there are some young [junior] students who feel like they're not sure. Because placement is very stressful, but when you have your fellow students there and you support each other, that's really helpful." (Student).*

There are some positive comments made by the coach about how the implementation of Synergy had helped students to feel as though they now had more time to spend with their coach to go through required paperwork and to ask questions and to think out of the box.

> *"I think the students enjoy the daily feedback as well. Because I think they feel more valued and like we're more interested (Coach).*

The PEF provides the benefits for students involved with the collaborative and facilitative learning experience, increasing their ability to take responsibility of their own workload and use their initiative more while on placement:

> *"They get so enthusiastic about completing something that they never thought – not that they never thought they could do but was really worried about doing and then*

they've actually done it and you can't beat personal achievement can you, really, for feeling good about yourselves." (PEF).

Personal tutor/ULL recognise the need for the different curriculum:

> *"The third years panic, because they are almost peer mentoring the second years and the first years…we need a coaching, critical thinking curriculum…there's no students teaching students in the curriculum"* (Personal Tutor/ULL).

For some students they view supporting other students to the detriment of focusing on their own learning and this is despite seeing the benefits of Synergy. For one student it is the matter of timing (the final sign-off placement).

Equity of learning experiences

There is an emergent and interesting evidence base around equity of learning for all students. These findings could have long-term impact on the preparation for role transition from student to registered nurse. This is due to students having to share and negotiate the learning opportunities available to them. One could argue that this is not a new phenomenon, evident from within the traditional mentorship model. The difference with Synergy is the increased volume of students and the requirements for the coach to ensure equity of learning opportunities for all.

One perceived benefit of the GM Synergy model is increasing the number of students engaging with the practice learning over the shift, whilst at the same promoting the collaborative and facilitative learning opportunities, however there is the differing perspective, reported on from the multiple stakeholder groups:

> *"But if you're just like on a normal ward where you just got one nurse to yourself, in some ways you get more of a beneficial learning experience cos they can go through things slowly with you and explain everything. You don't really get that with Synergy*" (Student).

> *"Sometimes there might be that many of them [student nurses] and it is literally trying to find something for them to do, so they're not just standing around kind of doing nothing or not having any direction."* (Staff Nurse).

Some students reported that having an increased number of students working together, 'Synergising' often posed challenges, such as competing for duties, and this impacted on equity of learning. Synergy creates the competitive environment, potentially leading to a culture of combat or withdraw:

> *"We were always fighting for jobs, that was the trouble, there were just not enough things to do with the students." (*Student).

“Yeah, there was definitely competition 100%.” (Student).

Where there is the perceived shortage of learning opportunities, students are self -facilitating alternative learning experiences through peer learning activities. An example is quizzing students about the different types of drug.

There is evidence of student’s feeling confident or underconfident and subsequent impact on the collaborative and facilitative learning relationship. Others did not like the attitude that other students adopted when given more responsibility and delegating tasks. There is evidence on the impact on delegating and increasing confidence:

> *“At the beginning because it wasn’t something that they were used to, they were a bit like scared to ask us to do things I guess but as time went on, they really enjoyed it and they said it really helped their confidence. Cos I think two of them were qualifying in six months so really helped them*” (student).

A coach who experienced Synergy as a third -year student provides the positive evidence around the confidence boost that the model provides through providing the peer support to students. On the other hand, students feeling under-confident with their own abilities, of whom are then required to engage with the collaborative and facilitative learning experience found this experience daunting:

> *“To thrust this [peer learning relationship] …it can make them feel worse…because they’re already sort of feeling totally inexperienced in this area...I qualify in a matter of weeks but now they want me to set a good example to these first years”* (Student).

The PEF champion also recognises the impact that a GM Synergy placement may have on the confident and under confident student:

> *“On an AMU (acute assessment unit)…when you’re on that, they’ll either be out of their depth or there’ll be that nurse who is ‘this is great being given these opportunities’. And for that one who doesn’t know what they’re doing, not having that level of support, that mentor, to hang on to, it can put them off nursing for life”* (PEF).

A lack of access to the coach due to high numbers of students *‘Synergising’* was a concern for some students, especially not being able to get competencies/proficiencies observed and signed off in a timely manner by the mentor/coach. There is evidence of students reporting a preference for working with their mentor/now practice supervisor who uses the coaching approach in support of their learning and development (the one to one coaching relationship):

> *“When you’re with your mentor they involve you so much because you’re their only priority”* (Student).

> *"The mentors in here are amazing, they're really good, I've learned so much and I do feel ready to take that step into being a Registrant, but I think that's because I've worked with them directly, they've let me take eight patients… we've sort of role switched so I've been the staff nurse and they've been the student"* (Student).

Theme 5: Organisational culture

Recognised is that GM Synergy cannot be a name and a brand without being embedded into the culture of the practice learning environment. For people to change their communication and supervision style, this takes time and requires long term investment.

It was said that for coaches to fully embrace their role of supervising an increased number of students, strong leadership and positivity surrounding Synergy was needed from a ward manager level. This approach highlights the need for support and buy in for GM Synergy on the day to day basis. PEFs spoke of the need for everyone involved in the model to be positive, exemplifying a correlation between positivity towards Synergy of the ward managers on successful wards to those wards which were not:

> *"I had a very lovely Ward Manager, she was brilliant, so she made it easy. She was positive minded, a positive minded person whereby even if the nurses were doubting how they were going to handle the students, she would say, 'No, we can do it, we're doing it brilliantly.' So, she had that kind of vibe, which made it a bit easier." (Student).*

> *"Usually if you've got a good ward manager, they've nominated a really good practice education Lead and they support one another" (PEF).*

There was also a concern highlighted by PEFs that some University Link Lecturers, who have negative opinions of coaching, are negatively influencing students and that this is impacting upon student's perceptions of the model before they even start on placement:

> *"We've had this conversation with academics and members of staff, cos I've heard it across. If you have that view that's fine, just keep it to yourself. But in front of the student and in front of the educator you are supporting this model." (PEF).*

Positive cultural outlook is a key facilitator in ensuring Synergy is implemented well throughout the healthcare system and reaches its full potential. The benefit of having a positive sense of staff morale is paramount to the effectiveness of Synergy. Staff involved in the delivery of GM Synergy described how its introduction could help bring about change to the current culture of practice; one which allows for a more equal distribution of power and responsibility amongst qualified staff and students. In addition, a member of staff also commented on the positive

way in which newly qualified staff and more experienced staff had come together which had helped in implementing Synergy:

> *"I think because it's a very well-rounded team, a lot of experienced staff and some of the newer staff who sort of blend."* (Coach).

This could help drive forward the necessary changes in culture needed within the healthcare sector. It was also said that the change in culture needed for Synergy to work well would take time and needs an adjustment phase for both staff and students to adapt accordingly and to maintain the habit for coaching.

A potential barrier to Synergy working effectively was found to be the culture within the NHS. Potential tensions between staff positions; the perceived hierarchy that exists within the NHS, could be a potential challenge in the effectiveness of Synergy. For example, issues surrounding delegation of duties between staff was often reported as problematic due to *'power'* or *'control'* barriers:

> *"Yeah, it's the uniform, because they don't like listening to someone who's below them on the pay grade." (Student).*

A different perspective around the successful implementation of Synergy is impacted by the rate of change from within the NHS. It is not because the model is difficult to implement, it is due to the nature of change management within the NHS:

"The number of things that people have been asked to do daily is just a bucket full, and Synergy's just been dropped in that bucket and it's a matter of, what are you going to prioritise. So the ward manager's really interested in another initiative, it's that initiative they're going to push and not so much give the resources or the time that's needed initially to set up and to sustain that" (PEF).

There is evidence that introducing Synergy part way through the student's education programme impacts on their perception and overall experience and willingness to change.

Summary

The qualitative findings demonstrate a clear link between all five key themes identified and how they are interdependent of each other. For GM Synergy to be implemented successfully, each of these themes need to be considered carefully and collaboratively by the university and healthcare organisation.

Phase 2 Extension GM Synergy to other healthcare professionals and other placements in community and primary care settings

Information contained in this report is informing Phase 2 implementation that includes development of an action plan to proactively manage the emergent issues. The action plan is managed through the GM Synergy Steering Group, providing the assurance to Directors of Nursing and Deans HEIs that the results of the evaluation are feeding forward into the future delivery of GM Synergy. The results from this evaluation are also feeding forward into the GM successful bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment.

Governance of GM Synergy for Phase 2 onwards has been reorganised with a Steering group overseeing sub- groups which are adapting and implementing the model for specific areas:

- GM Synergy Inpatient Implementation Group
- GM Synergy Midwifery Development & Implementation Group
- GM Synergy Mental Health Development & Implementation Group (currently on hold)
- GM Synergy Community Development & Implementation Group
- GM Synergy PEF Champion Coaching Group
- GM Synergy Evaluation Group

The community projects are in the early stages of planning, with midwifery further advanced. Mental health implementation is currently on hold. There is evidence MFT (south) implementing a coaching approach within the primary care setting, although this is restricted to a small number of placements.

Learning from the Community Focused Workshop

This targeted workshop delivered in 2018 supported the implementation of GM Synergy in community placement areas. The key outputs from the workshop were the identification of subsequent work streams: coaching; models; and governance.

Conclusion

This paper reports on an ambitious project within Greater Manchester to develop and implement a bespoke Greater Manchester Clinical Leadership Coaching Education Model (GM Synergy) that is based upon coaching ideologies. The impetus for the model initially to increase the capacity of student nurses however, there has been a movement across GM to

emphasise other aspects of the models influence and impact on delivering personalised care, promoting clinical leadership development and peer, collaborative and facilitative learning. Success of the partnership working between the multiple healthcare organisations and 4 GM HEIs to create, implement and sustain Synergy has been recognised nationally through being awarded Advance HE Collaborative Award Teaching Excellence (2018) and shortlisted for a Nursing Times Award- Partnership of the Year (2019). GM Synergy has been promoted in nursing journals and at international conferences.

This Health Education England commissioned evaluation provides the evidence of the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM-Synergy) from multiple stakeholder perspectives. The Synergy coaching model fits with the revised NMC Standards for Supervision and Assessment (NMC 2018b) and with HEE requirements for multi-professional education supervision and assessment.

In conclusion, there is a variable response to the implementation of GM Synergy with polarised evidence presented, and this is reported on by the multiple stakeholder groups. There is evidence of student leadership development and collaborative and facilitative learning and this in turn promotes confidence building and decision-making skills. Indeed, a Synergy placement area was shortlisted for the prestigious and national Nursing Times 2019 Placement of the year category.

Interestingly, there is also emerging evidence of the impact of high volume or too few students allocated to the Synergy practice learning environment, with both impacting on the learning experience for students and ability by the coach to supervise student nurses and maintain the philosophy of the overall coaching model. The preference by students for mentors/practice supervisors to adopt a coaching approach but on the one to one basis is reported. This is an interesting finding as the published evidence points to problems associated with the mentor model (Leigh et al. 2019, Leigh and Roberts 2017). *What did not emerge is the need for more coaches to coach the larger volume of student numbers-the focus from key stakeholders is on too many students as opposed to not enough coaches.*

The role of the coach is crucial in ensuring safe and equitable learning opportunities for all students. Palsson et al. (2017) cite Boud's definition of peer learning as 'students learning from and with each other in both formal and informal ways (Boud 2001:4). Peer learning is often used as an umbrella concept for a group of approaches that includes group or paired

learning (Palsson et al. 2017). For the purpose of this report peer learning is often referred to as collaborative and facilitative learning.

Whilst students report positively on the collaborative and facilitative learning opportunities, there is also evidence that some students find it difficult to achieve their programme practice learning proficiencies and report on a competitive learning environment when there are multiple students on shift at any one time. Without effective coaching and effective implementation of GM Synergy, this could have the long-term impact on promoting effective role transition. More evidence is required around models for collaborative and facilitative learning and this evidence should integrate with the coaching approach, be embedded from within HEI undergraduate nursing curricula and be included as an integral component part of GM practice supervision and assessment preparation and ongoing development workshops.

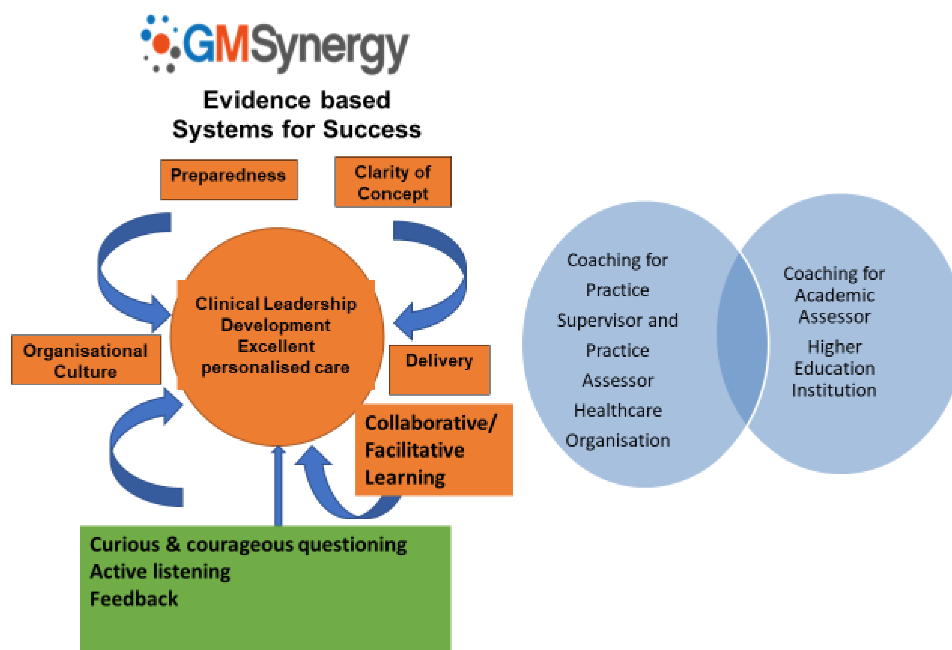
Future preparation around the implementation of GM Synergy should take into consideration the roles of all staff involved. The fast- moving pace and rotation of staff in teams also impacts on the adequately prepared coach and GM Synergy team. Pedagogical approaches around preparedness of staff for all GM Synergy roles therefore should be flexible, making best use of technology assisted learning as well as face to face opportunities. Without the adequately prepared workforce, Synergy is at risk of becoming unsustainable. There is the real opportunity to use the Greater Manchester successful bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment to secure GM buy-in and to produce the resources required for effective induction, preparation and ongoing continuing professional development. Further explorations to promote the model from a multi-professional learning perspective should be considered. The bid should also be used to further explore the core concepts of collaborative and facilitative learning and how they integrate with a coaching approach to supervision in the practice setting. Indeed, integrating the application of collaborative and facilitative learning models with maximising student nurse capacity should be considered as good practice.

There are variances to how GM Synergy has been implemented from within the multiple healthcare organisations. These variations can be viewed either positively, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies.

The key is understanding model variances and those transferable elements or systems required in all Synergy healthcare organisations and practice learning experiences. Our findings have identified those key transferable elements that have been collated into a new model (Diagram 1).

For GM Synergy to be implemented successfully, each of these systems need to be considered carefully and collaboratively by the HEI and healthcare organisation. Required is that students and other key stakeholders are **Prepared** and made aware of the **Concept of GM Synergy.** An **Organisational Culture** that supports the **Delivery** of the most effective version of Synergy should promote **Collaborative and Facilitative Learning** opportunities for students that leads to excellent personalised care and promotes student nurse clinical leadership development. To be noted with the model is the need for coaching development for practice assessors and practice supervisors as well as for academic assessors (coaching in the healthcare and HEI environment).

Diagram 1 GM Synergy Coaching Model



Conducting an evaluation that critically explores the GM Synergy model from multiple stakeholder perspectives has provided an opportunity to identify the challenging factors that impact on the success and sustainability of the model. Each is summarised together with a proposed improvement and recommendation, taking into the account the contemporary multi-professional practice learning environment for supervision and assessment. The challenges should be considered against the NMC Future Nurse: Standards of Proficiency for Registered Nurses (NMC 2018a) and wider healthcare professional body requirements for effective practice learning, such as HCPC. Also considered should be those practice learning opportunities available to students that extend beyond the traditional placement area to include opportunities with local care organisations and voluntary, community and social enterprise sector.

Interestingly, the identified challenges are very similar to the challenges reported on when implementing the model from within undergraduate midwifery curriculum context at the University of Salford and University of Manchester (evaluated and reported separately). Midwifery and nursing challenges are being addressed collaboratively as part of the GM Synergy Steering group.

Challenge 1: To provide Synergy stakeholders with clarity of concept and awareness of GM Synergy- capacity or clinical leadership development or both

Changing practice can be challenging, with this project seeking to transform practice learning across GM at a time of major transformation of its healthcare organisations and implementation of the new NMC Standards for Supervision and Assessment (NMC 2018). Stakeholder focus group interviews, and analysis of the questionnaires suggest that GM Synergy has met some implementation resistance, and this seems to be due to misconceptions and lack of clarity regarding the reason for implementation roll out. Indicated was that the impetus for adopting coaching models in practice was solely to reduce the shortfall in the supply and demand for qualified nurses, achieved through increasing student numbers, thus increasing student nurse practice placement capacity. There is evidence of an increased capacity on the GM Synergy placement areas. For example, across adult and children and young people fields of practice there is an increase of practice learning placement capacity in excess of 250 students. It cannot be assumed that all GM Synergy practice learning areas and placements for students will increase capacity. Adopting coaching principles for students either in collaborative and facilitative learning groups or within the one to one relationship can un-lock the potential for student learning. GM Synergy therefore needs to be promoted differently, focusing on the benefits to personalised/patient/client care, student nurse practice learning opportunities and clinical leadership development. It is evident from the focus group analysis that coaches are adopting coaching techniques when working with the student on the one to one basis as well as from within the collaborative and facilitative learning increased student ratio context. Both coaching scenarios should be viewed as good practice.

Proposed Improvement: Develop a culture whereby all stakeholder groups understand the philosophy of GM Synergy for benefiting client care, student nurse practice learning opportunities and clinical leadership development. Benefits also come in the form of increasing student capacity in practice learning placement contexts.

Recommendation:

- Whilst there are mixed perceptions around GM Synergy, there is a need to share positive stories and experiences. This information can be used to support implementation and to manage the reactions associated with system change
- At induction and ongoing professional development events, spread the clear message that GM Synergy is a model that adopts collaborative and facilitative learning and a coaching approach- unlocking potential for learning and that the coaching culture can be developed with or without increasing placement capacity

Challenge 2: Preparedness of stakeholders for coaching (students, practice staff and academics)

A repeated comment particularly from students was around their preparedness for their GM Synergy placement. Responding to the interim findings from this study, a GM Synergy training video and multiple resources have been created. Whilst these resources are widely available, the students often still feel unprepared. This demonstrates the complexity of the model in practice such as various delivery models; breaking the habit from mentoring to coaching; and implementing change at a time of healthcare organisation major change and transformation. Student positivity for the coaching approach and effectiveness of induction practices varied between HEIs, healthcare organisations and individual placement areas and these variations need removing.

There were reports, from student questionnaires, of very different levels of understanding from coaches and other qualified stakeholders on different practice placement areas or shifts from within the same healthcare organisation and this was in terms of: understanding the models concepts (discussed in theme 1); understanding the key Synergy roles and how to operationalise the roles on the day to day basis- application of the learning logs; and integrating mentorship into the Synergy model. Whilst these issues seem to revolve around HEI and healthcare organisation strategies for initially preparing all of those involved, there are other mitigating factors. These include high staff turnover in some areas, thus maintaining the knowledgeable Synergy team. Although coaches have undergone training, techniques to shift from mentoring to coaching need re-enforcement and encouragement to permanently embed the habit for coaching practices.

Proposed Improvement: Honest and open examinations of pre-placement induction for students, coaches and the GM Synergy team. Standardisation of training to ensure equal opportunities across HEI and healthcare organisations. Induction to address NMC Part 2 Supervision and Assessment requirements (NMC 2018b) as well as for mentorship (NMC 2008). Crucially, preparation should meet the full range of healthcare professional body

requirements for effective supervision and assessment and be provided to the wider clinical and healthcare team such as HCPC registrants. It is also important to consider the genuine and long- standing support network for coaches using mixed media such as online and seminars.

Recommendations:

- HEIs and practice partner organisations engage in a review/audit/evaluation of their multi-professional induction methods and subsequent continuing professional development activities. GM Synergy integral component of practice placement induction. Develop those systems to identify, implement and disseminate good practice principles across GM. Induction should be for nursing students of whom require different NMC requirements for supervision and assessment (NMC 2008 and NMC 2018b). Preparation should also take into consideration the constitution of the practice placement and multidisciplinary team, incorporating other professional body requirements for supervision and assessment
- Recommended is that inductions are standardised across HEIs and healthcare organisations so that the consistent message is relayed to students and other key stakeholders and that all students should attend the compulsory induction in the HEI and healthcare organisation. The timing of induction should be considered and not presumed to be at one single point in time. Furthermore, the scaffolding of ongoing development should take place in the HEI at those times close to when students engage in practice and when they reflect on their practice experiences post placement. This should promote the closed loop for improvement, integrating coaching with practice learning.
- Use the successful GM bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment to secure buy in and to produce the resources required for effective induction, preparation and ongoing continuing professional development
- Recommended is the visible gatekeeper who has a role to promote GM Synergy on the day to day basis. This is expanded on in challenge 4 and 6
- Further recommended is how the context for preparation should take into consideration the fast-moving pace and movement of staff in teams and through the organisation. Pedagogical approaches should therefore be flexible, making best use of technology assisted learning as well as face to face. Without the adequately prepared workforce, GM Synergy is at risk of becoming unsustainable
- Preparation of practitioners for the future NMC supervisor and assessor roles should include the introduction to the concepts of GM Synergy and how the roles are operationalised on the daily basis, taking into consideration the use of learning logs and PARE online documentation. Indeed, the GM Synergy Steering group should re-assess

the use of learning logs, taking into consideration the PARE online documentation and changes to the nursing curriculum

- Offer stakeholder events with key nursing and wider healthcare stakeholders to identify areas of good practice, with this information feeding forward into future inductions and ongoing development, thus creating a closed loop for improvement
- Recommended is that the personal tutor/Academic Assessor adopt coaching approaches, promoting the consistent message to students around support and supervision from both the HEI and healthcare organisation (See GM Synergy Model, Diagram 1).

Emerging are the qualities required of the effective coach (knowledge, skills and behaviours) that should inform minimum preparation and ongoing professional development requirements for the coach:

- Understand coaching within the GM Synergy model
- How to manage the underconfident and over confident student
- How to coach group of students from across years of programme and HEIs
- Coaching techniques that help students feel supported
- Coach to ensure equity of learning opportunities for all students
- Coaching so students do not slip under the radar
- Coaching and mentorship- the ideal student scenario
- The visible and accessible coach
- Collaborative and facilitative learning and coaching
- Continuity of coach and student

Challenge 3: Curricula approach that prepares students for their peer support and learning role, working with the NMC Code

There are clear and positive reports associated with student peer support and learning. This included providing students with opportunities to see first-hand a clear path of progression and to use those more experienced students as role models. Students reported positively on peer support, working with students from the multiple HEIs and different years of their education programme, sharing best practice and experiences that in turn promoted independence and clinical leadership development. Students were able to problem solve together and benefited from a supportive collaborative and facilitative learning team.

However, there were also concerns reported whereby some students did not feel confident in leading their peers, others did not like the attitude adopted by students when given more

responsibility. GM Synergy creates the competitive environment whereby students seemed to be competing for things to do, leading to a culture of combat or withdraw.

Proposed Improvement:

The peer learning/support role is new to some students, causing a mix of feelings such as excitement, curiosity, anxiety or concern. Preparation of students for collaborative and facilitative learning should be positioned within the NMC Code (2015) and other health professional body requirements, with clear understanding by the GM Synergy team of the meaning of this term (peer/collaborative and facilitative learning). Develop the learning/coaching culture whereby students are encouraged to undertake professional development and seek answers when needed, recognising their own limitations. Preparation for collaborative and facilitative learning should include understanding the clear reporting and communication between the student, coach and mentor /practice supervisor/assessor. Reinforced is that the registered nurse/coach needs to practice within the NMC Code (2015). Collaborative and facilitative learning should be a key component of coach preparation and should be introduced (scaffolded) into the undergraduate nursing curricula and be considered as good practice when implemented within the wider health professional programmes.

Recommendation:

- Formalise opportunities for student nurses to develop their collaborative and facilitative learning skills
- Create the undergraduate nursing and wider health professional curricula whereby students can develop these skills from within the safe learning environment- considering innovative real -life scaffolded approaches to collaborative and facilitative learning and teaching, such as simulation
- By the end of their programme, consider “coaching recognition” for students
- Create the culture whereby collaborative and facilitative learning is recognised as an educational leadership development activity, practiced within the NMC Code and other healthcare professional body requirements
- Consider the use of peer stories to demonstrate the trajectory and path of growth of student learning year on year
- Incorporate collaborative and facilitative learning as part of practice supervisor and practice assessor workshops. Any opportunities for learning should be mirrored for coaches so that there is congruence between all
- Finally, collaborative and facilitative learning concepts and how to apply them to the GM Synergy Model should be included in all induction and ongoing continuing professional development for all member of the GM Synergy team

Challenge 4: Implementation of strategies that motivate the practice placement team about the model

Implementing change and transformation invokes different behaviours from those involved. Linking back to challenge 1, motivating the placement team partly involves understanding the philosophy behind the model. Evaluation data demonstrates that where all practice staff and academic staff understand and are comfortable with the model, it works better in practice. Implementing change from within the already busy HEI and healthcare environments may meet resistance. PEFs identified that the acceptance of GM Synergy from within the practice placement area was largely attributed to the person overseeing its implementation. Practice placements where GM Synergy were received with enthusiasm seemed more able to cope with the changes that the model brings. Through applying leadership techniques (influencing, co-creating, visioning, be daring), this can provide opportunities for students, registered nurses and the wider GM Synergy team to explore ways to making new ways of working sustainable.

Proposed Improvement: To improve motivation, staff need to be aware of the benefits of the model from the multiple stakeholder perspectives- increasing capacity and unlocking the potential for students learning and patient and personalised care. Induction and ongoing continuing professional development are key to motivating and sustaining the model in practice.

Recommendation:

- Collection and dissemination of positive peer stories, sharing experiences from the multiple perspectives
- Provide the forum for sharing good practice
- Standardise induction and ongoing continuing professional development from within the HEI and healthcare organisation
- Apply tools and techniques that support practice placement to effectively implement and sustain the GM Synergy model
- Optimise gatekeeping roles to enable the model's implementation and sustainability

Challenge 5: Delivery

There are multiple examples demonstrating GM Synergy working well. However, there are variations in GM Synergy delivery models operating in the healthcare organisations. Examples include:

6. First second- and third-year student nurse is on shift. This seems to be the consensus perception by the multiple stakeholder groups of how GM Synergy is operated
7. Working with the mentor (now practice supervisor) who applies coaching conversations but on the one to one or reduced student ratio. Students often report this as a preferred GM Synergy delivery model
8. Third year have control over more patients (4 patients) second year (three patients), first year (one/two patients). In this scenario the third year, through being provided with more students, is demonstrating leadership skills
9. Task orientation model – first years do the washes, second years do the care plans, and third years do the medicines
10. The one to one model- reported as the "community/primary care" model

These variations are viewed either positively by stakeholders, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies. Not all shifts were Synergy shifts, with students reporting mitigating factors due to not having the right mix of students. Synergy shifts varied from within the same practice learning environment- depending on for example the coach(es) and student on duty.

This evaluation reports on the impact of too few or too many students on placement at the one time and that some students did not experience a Synergy shift. For example, students from the multiple GM HEIs commencing placement at different times posed challenges for the practice team when planning effective implementation. The diversity of individual placement areas poses questions if there is the "optimum or best practice student/coach ratio. There is a misconception, often repeated in questionnaire responses, that Synergy can only take place when there is a mix of first, second and third-year students.

Proposed Improvement: To create multi stakeholder opportunities to participate in activities to draw up the optimum or best practice student/coach ratio, recognising the diversity of practice learning areas. The optimum coach student ratio most frequently reported on is the one coach to three students. This ratio should consider those factors that maximise student learning such as adopting approaches to Synergy that provide students with the wealth of opportunities that promotes achievement of NMC practice learning programme proficiencies; equity of learning; effective personalised care; and student clinical leadership development.

Implement strategies to address misconceptions and create the clear message around the model and ability to "Synergise" where there is the varying student/ coach range and ratio.

Consideration to use the whole placement as a Synergy placement as opposed to certain bays.

There needs to be a campaign to reverse the idea that it is the non-Synergy shifts where students develop their clinical skills. For example, coaching conversations can be used on the non-Synergy days. Use induction and prepare clinical teams and stakeholders using scenarios and other means to demonstrate how nursing care is effectively managed.

Recommendation:

- Taking into consideration the characteristics of the induvial practice placements, stakeholders explore and formalise coach and student numbers and programme year mix.
- Capitalise on the partnership working across GM when managing the 52- week placement capacity. Create the communication systems between HEI Clinical Placement Units that optimises coach, student numbers, programme year mix and start and finish dates
- Consider creating the optimal GM Synergy coach- student skill mix and ratio model that is effectively disseminated across GM and that informs midwifery and multi-professional placements. This may mean containing and identifying key Synergy placements that are consistently allocated optimal student numbers
- Findings from this evaluation should inform the successful GM bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment in terms of: GM approaches to capacity management, development of the GM framework for Practice Supervisors, Practice Assessors and Academic Assessors; and development of the GM framework for the multi-professional practice educator
- Create the clear message that GM Synergy can be implemented despite the diverse combination of students, although a mix of year groups seems to better promote the peer learning
- To be disseminated is that coaching can take place within the one to one student-coach scenario. This message should be clear at induction and at any ongoing development opportunities

Challenge 6: The day to day role of the Synergy Champion and practice learning partnerships

The ongoing support in clinical practice for GM Synergy has been provided by the Practice Education Facilitator or PEF Champion. This person also provides the coach training in clinical practice and supports the ongoing sustainability of the model. Interviews with the PEF Champions indicated that their role consists of multiple functions sometimes resulting in them not being able to visit the GM Synergy placement areas as often as they felt was required. The consequence of this leading to the escalation of problems due to the lack of timely

intervention. The PEFs also felt, which was confirmed in the student focus group, that when they were on ward, they were at times being shown a staged version of GM Synergy. There are other roles now in place that have an increasing practice placement capacity focus but also have a Synergy support role element. An example includes the PEP role at Manchester University NHS Foundation Trust. The role of the university link lecturer is also being reviewed, providing the opportunity to re-examine roles that promote successful GM Synergy but from the quality assurance and student support perspective.

Proposed Improvement:

Create a role that has the resource to invest in Synergy/Coaching, primarily being able to interact more with staff and students. The role that also integrates with maximising practice placement capacity seems to work. The dual focused role provides the opportunity to proactively deal with placement and coaching problems/issues before they escalate, ensuring better experiences for all stakeholders. Any new role should be evaluated. Consider the role of the HEI in promoting GM Synergy from within the practice learning environment. The message about GM Synergy needs to be mirrored and re-enforced in the HEI through induction and ongoing student and staff preparation and through the undergraduate curricula.

Recommendation:

- Reconsider/evaluate the current role of the PEF Champion in having the capacity to support GM Synergy on the day to day basis. Create the role and systems that are responsive to staff and student's needs whilst maximising practice placement capacity
- Consider the Synergy role who can support the gatekeeper at the practice learning placement environment and has direct line of sight to PEFs and senior management from within the individual organisation
- Taking those identified elements that make the model work across all diverse practice learning experiences (see diagram 1), consider the practice role required by the HEI

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Appendices

Appendix 1 Results of the Online Questionnaire to Stakeholder Groups

Whilst the student pre-placement questionnaire is not presented in this report summary findings include preparation for the placement from both the HEI and practice setting. This would increase student knowledge in the differences between mentoring and coaching and the differences in assessment role responsibilities between the coach and mentor

Question: I felt adequately prepared for this GM Synergy project placement

Figure 1-Question: I felt adequately prepared for this GM Synergy project placement - Responses by Coaches (N=36)

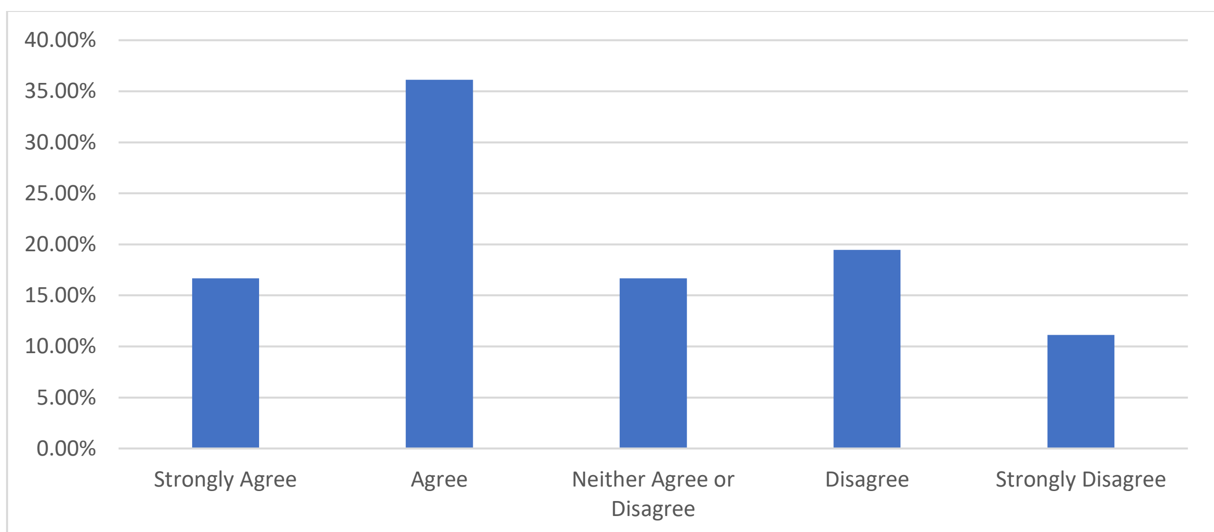


Figure 2- Question: I felt adequately prepared for this GM Synergy project placement - Responses by ULLs (N=5)

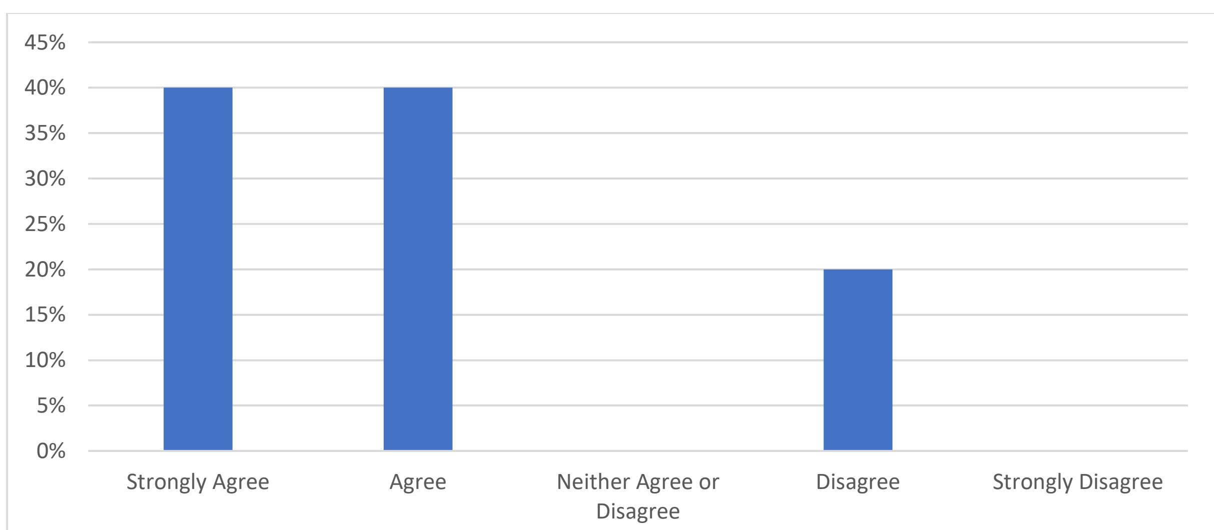


Figure 3 - Question: I felt adequately prepared for this GM Synergy project placement - Responses by PEFs (N=11)

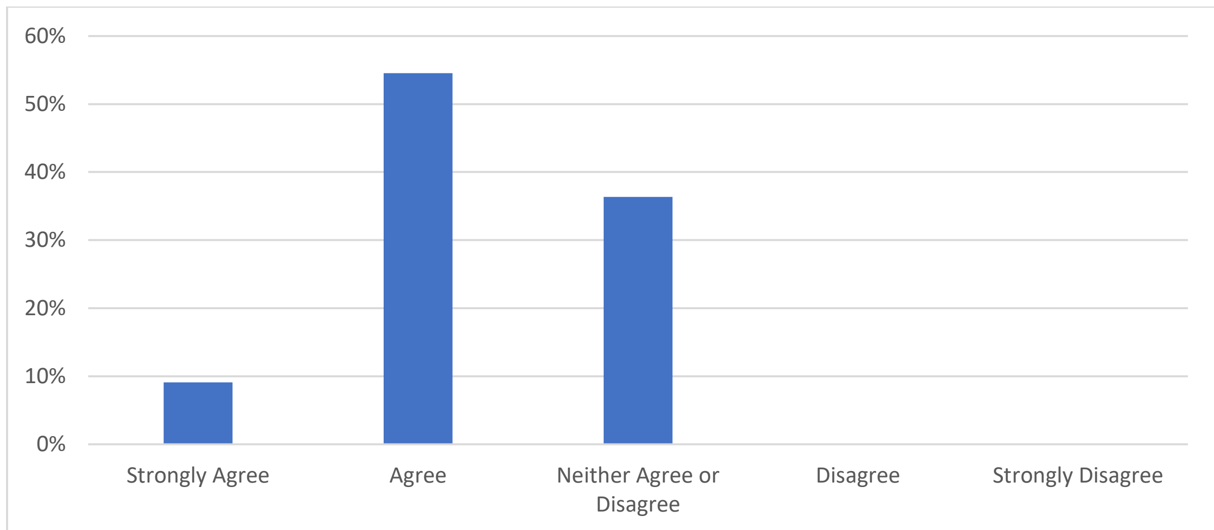
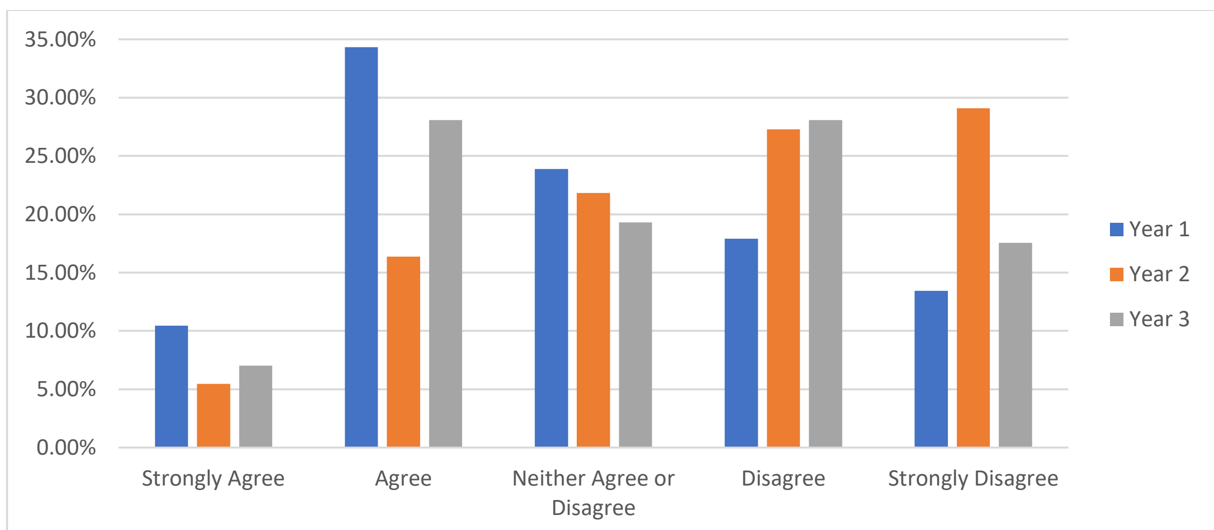
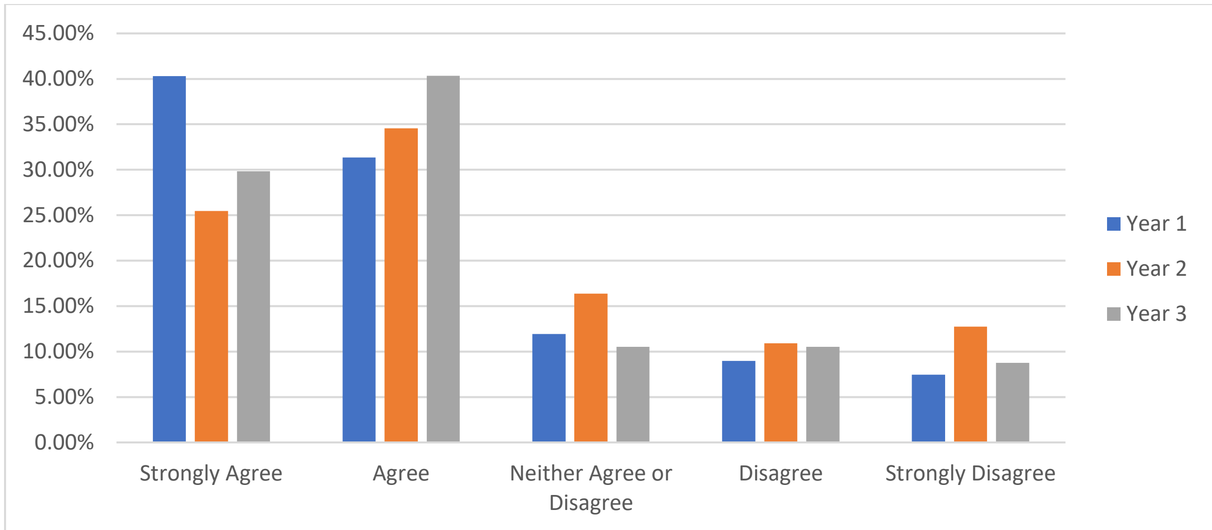


Figure 4 - Question: I felt adequately prepared for this GM Synergy project placement - Responses by Students (N=179)



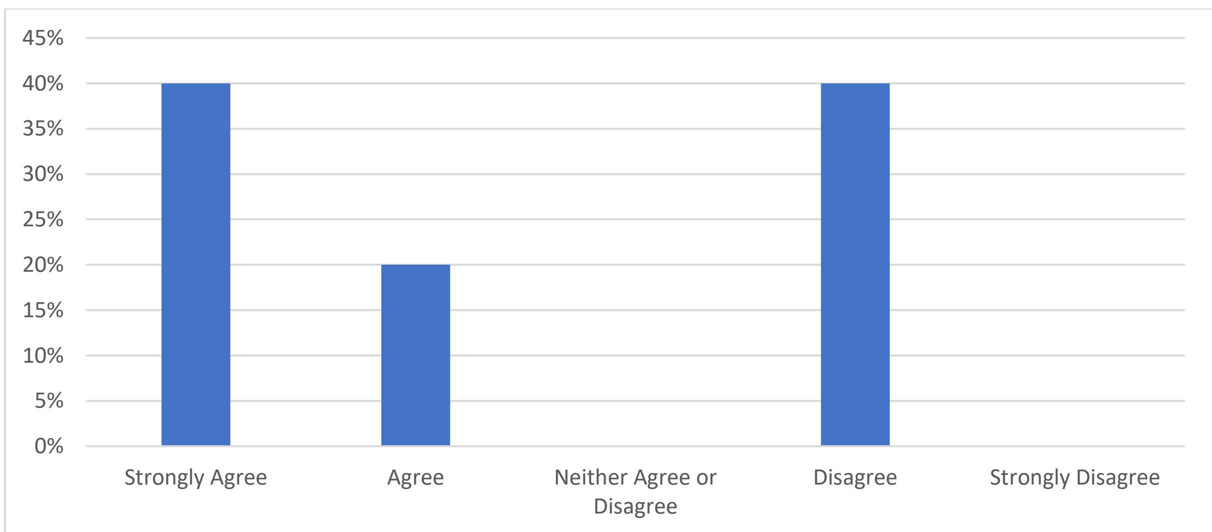
Question: I enjoyed my placement

Figure 5 - Question: I enjoyed my placement - Responses by Students (N=179)



Question: I understood my role in the context of GM Synergy Project

Figure 6 - Question: I understood my role in the context of GM Synergy Project - Responses by ULLs (N=5)



Question: I understand what is meant by the term coaching

Figure 7 - Question: I understand what is meant by the term coaching - Responses by Coaches (N=36)

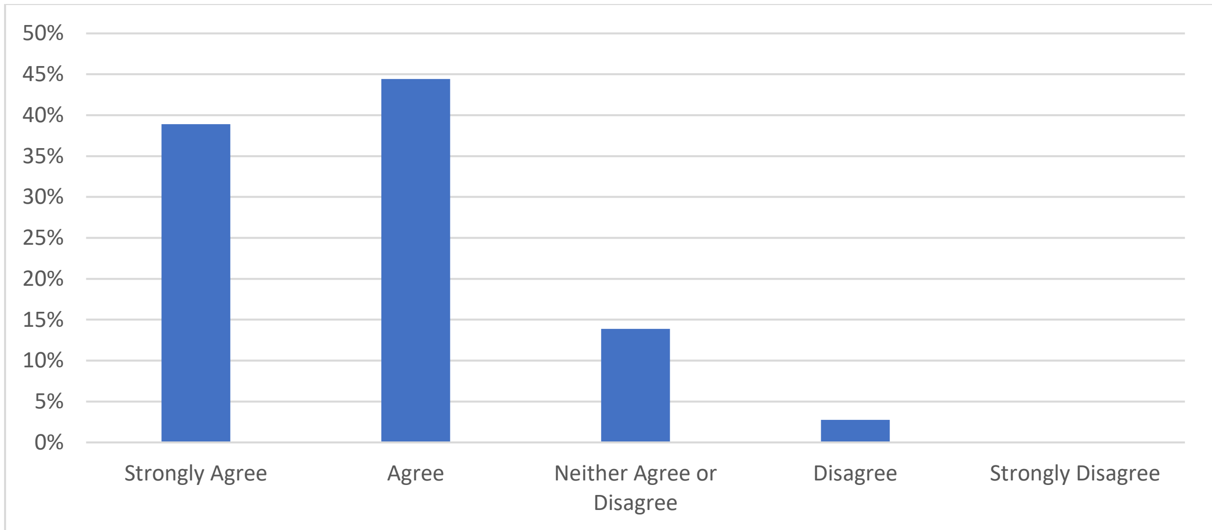


Figure 8- Question: I understand what is meant by the term coaching - Responses by ULLs (N=5)

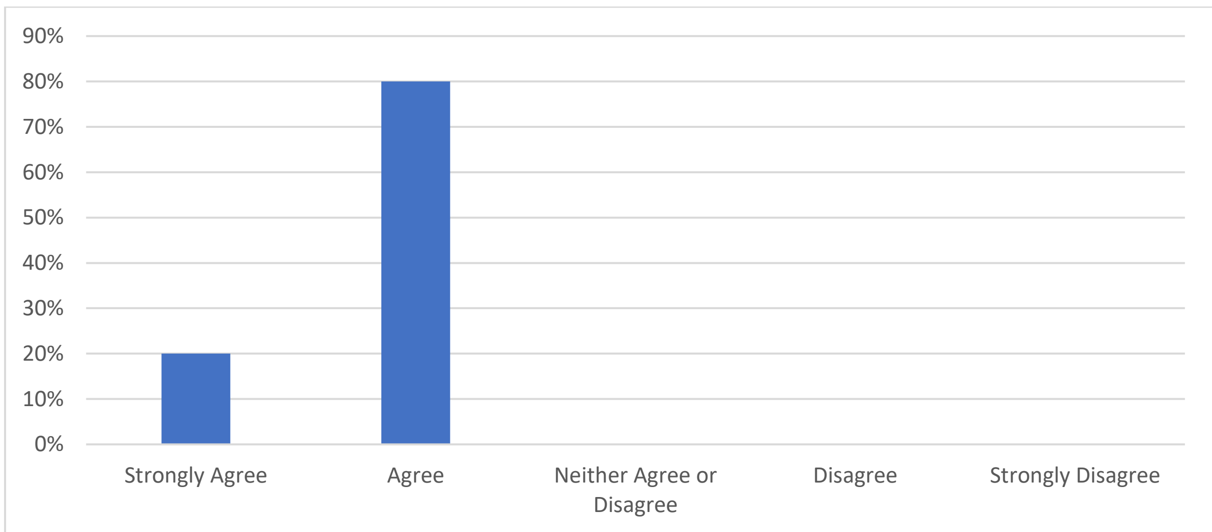


Figure 9 - Question: I understand what is meant by the term coaching - Responses by PEFs (N=11)

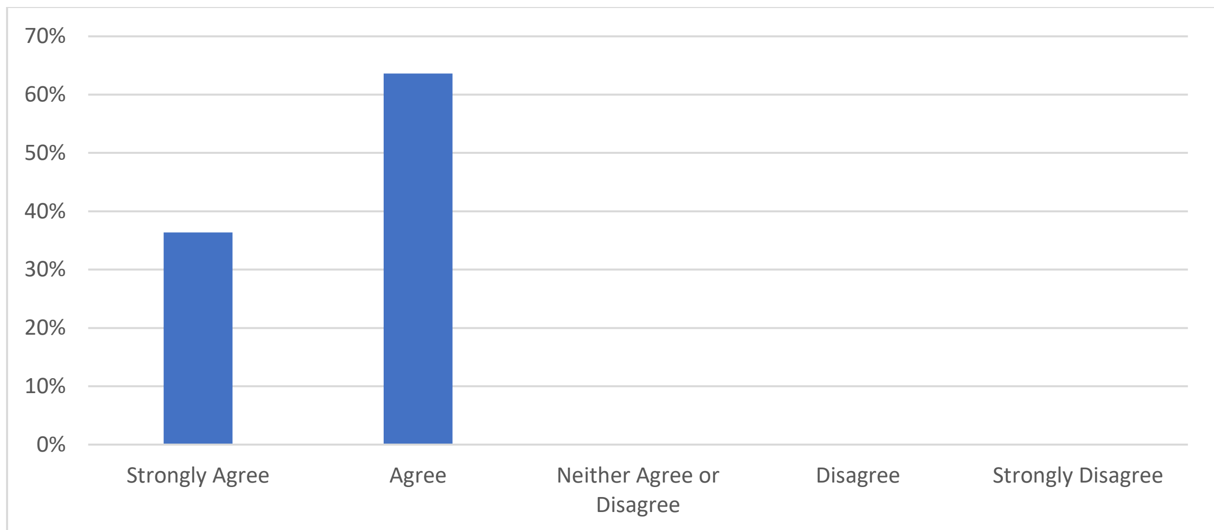
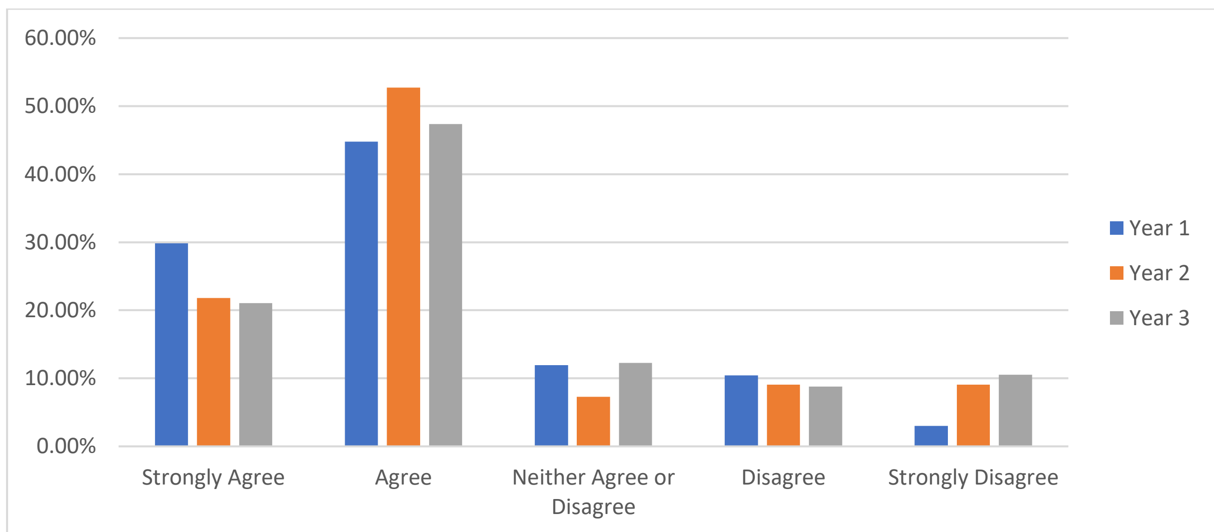


Figure10 - Question: I understand what is meant by the term coaching - Responses by Students (N=179)



Question: I am aware of the difference between coaching and mentoring

Figure 11- Question: I am aware of the difference between coaching and mentoring - Responses by Coaches (N=36)

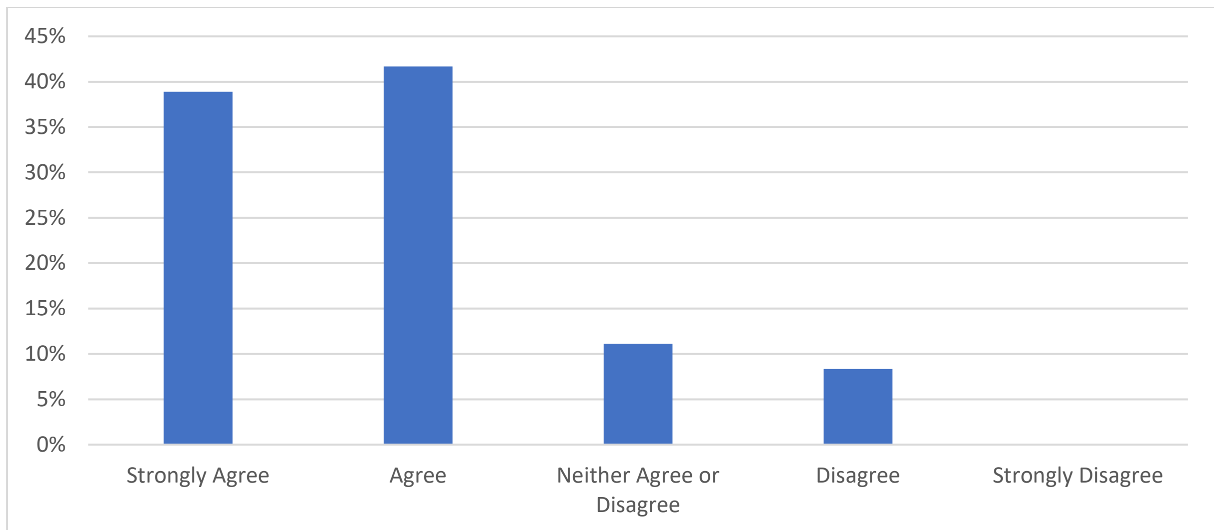


Figure 12- Question: I am aware of the difference between coaching and mentoring - Responses by ULLs (N=5)

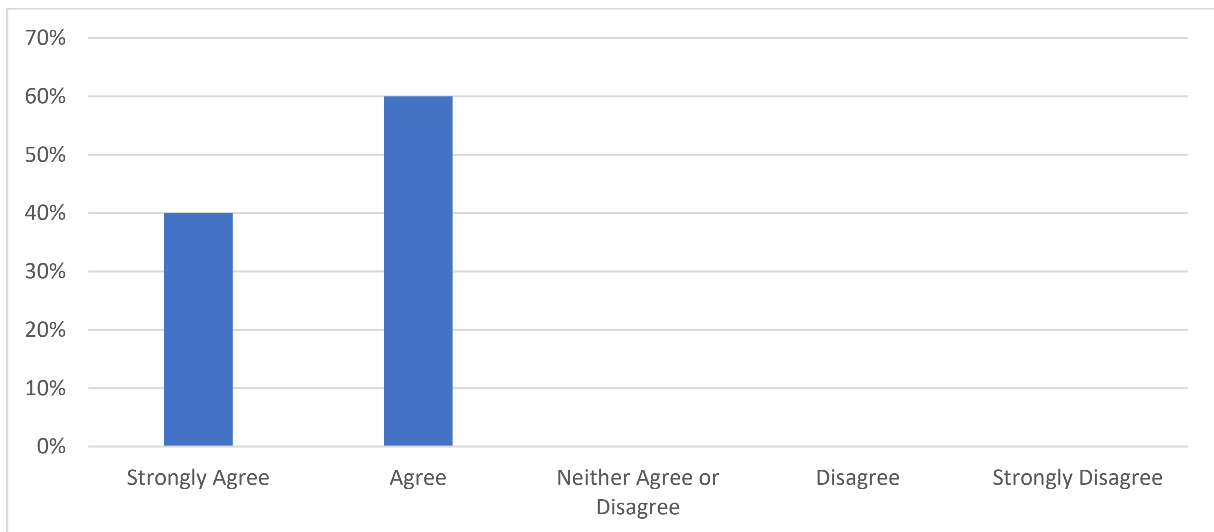


Figure 13 - Question: I am aware of the difference between coaching and mentoring - Responses by PEFs (N=11)

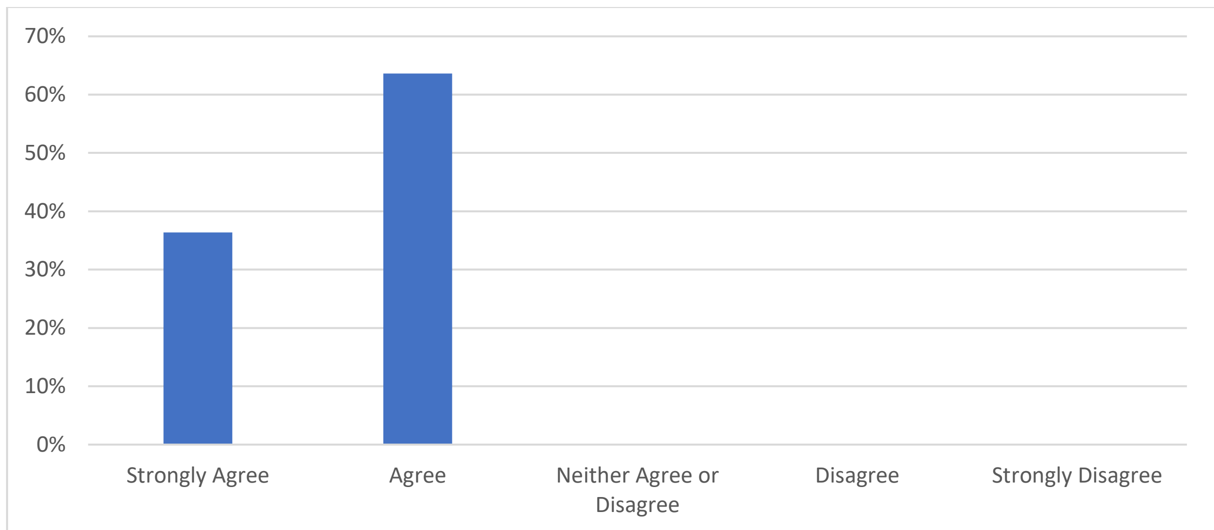
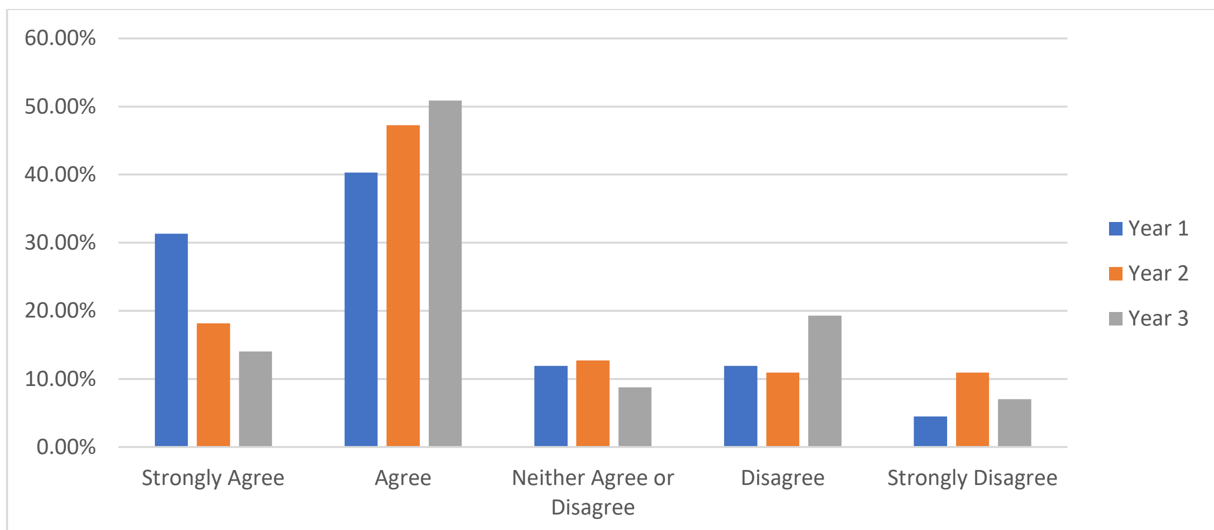


Figure 14 - Question: I am aware of the difference between coaching and mentoring - Responses by Students (N=179)



Question: I am clear of the differences in assessment role responsibilities between the coach and mentor

Figure 15 - Question: I am clear of the differences in assessment role responsibilities between the coach and mentor - Responses by Coaches (N=36)

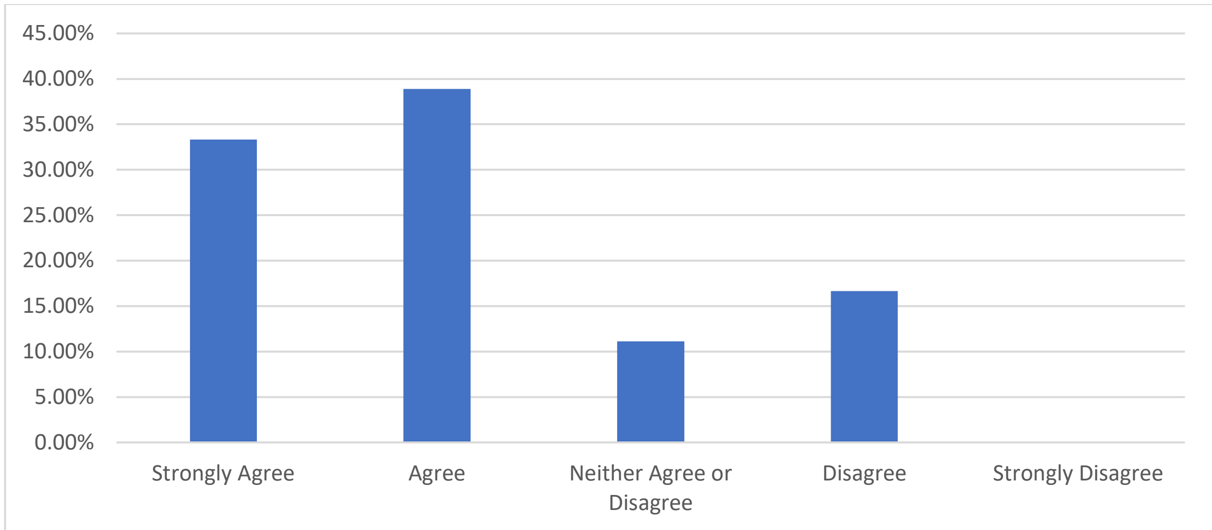


Figure 16 - Question: I am clear of the differences in assessment role responsibilities between the coach and mentor - Responses by ULLs (N=5)

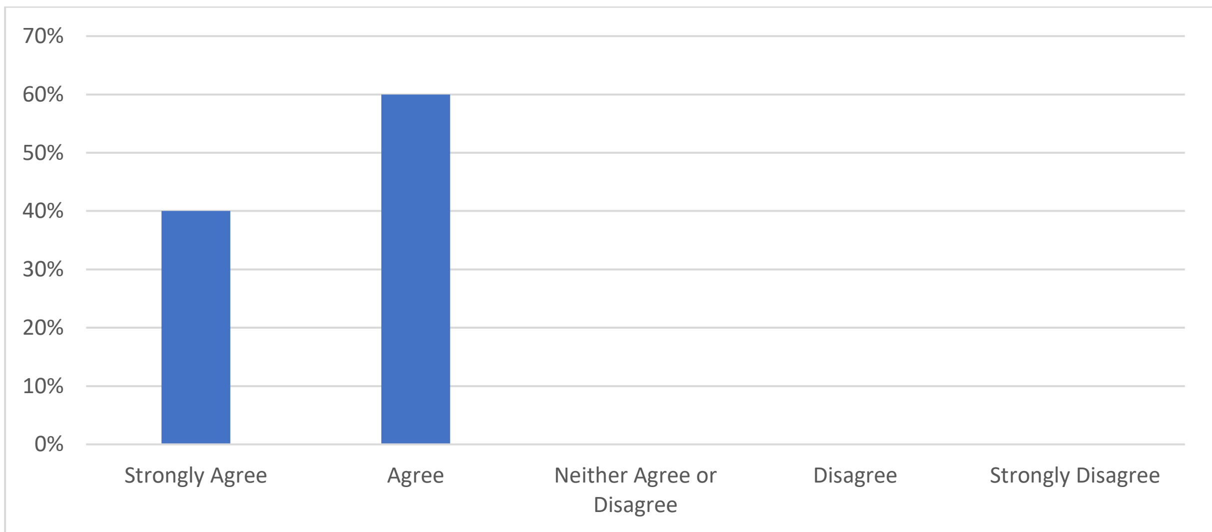


Figure 17 - Question: I am clear of the differences in assessment role responsibilities between the coach and mentor - Responses by PEFs (N=11)

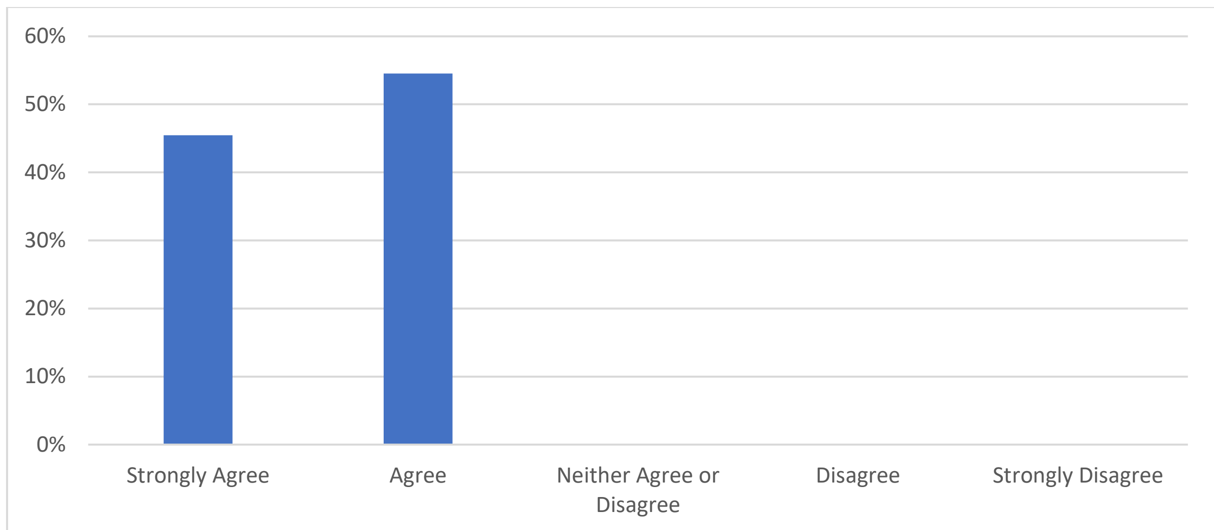
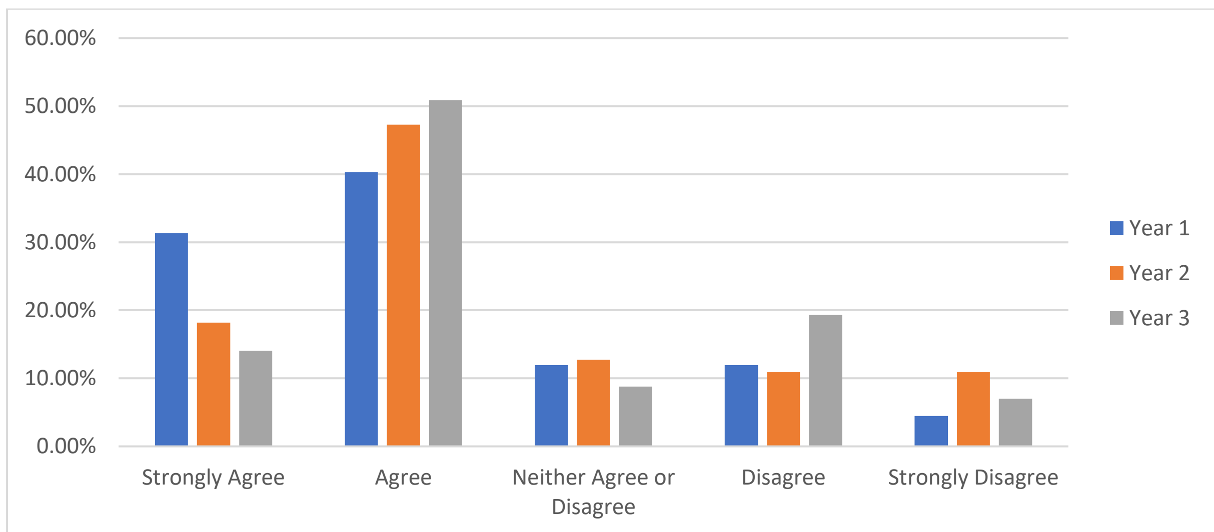


Figure 18 - Question: I am clear of the differences in assessment role responsibilities between the coach and mentor - Responses by Students (N=179)



Question: I felt supported by the placement team (Educational lead for PEFs)

Figure 19 - Question: I felt supported by the placement team (Educational lead for PEFs) – Responses by Coaches (N=36)

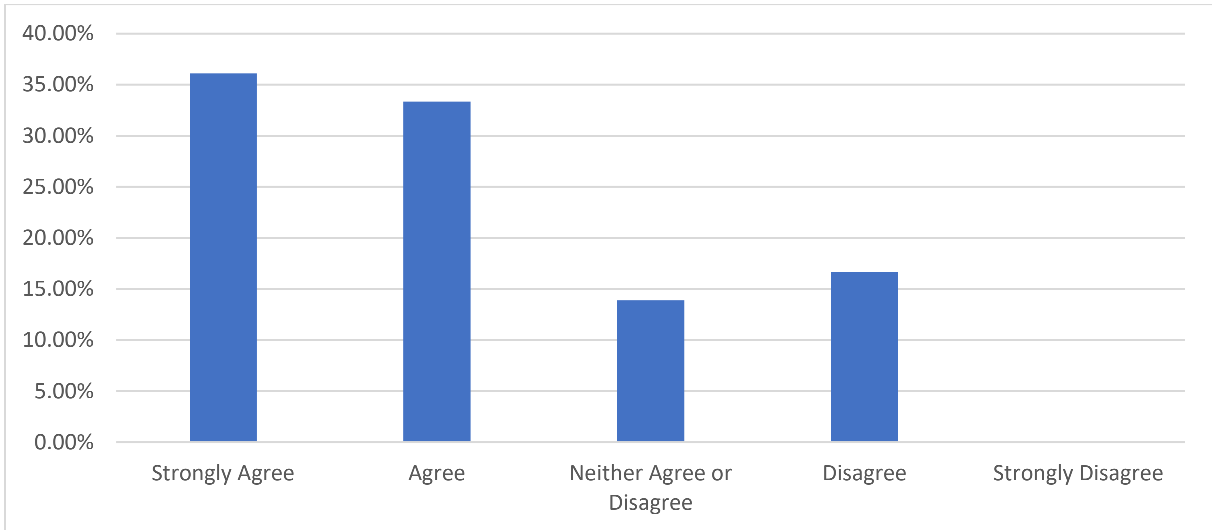
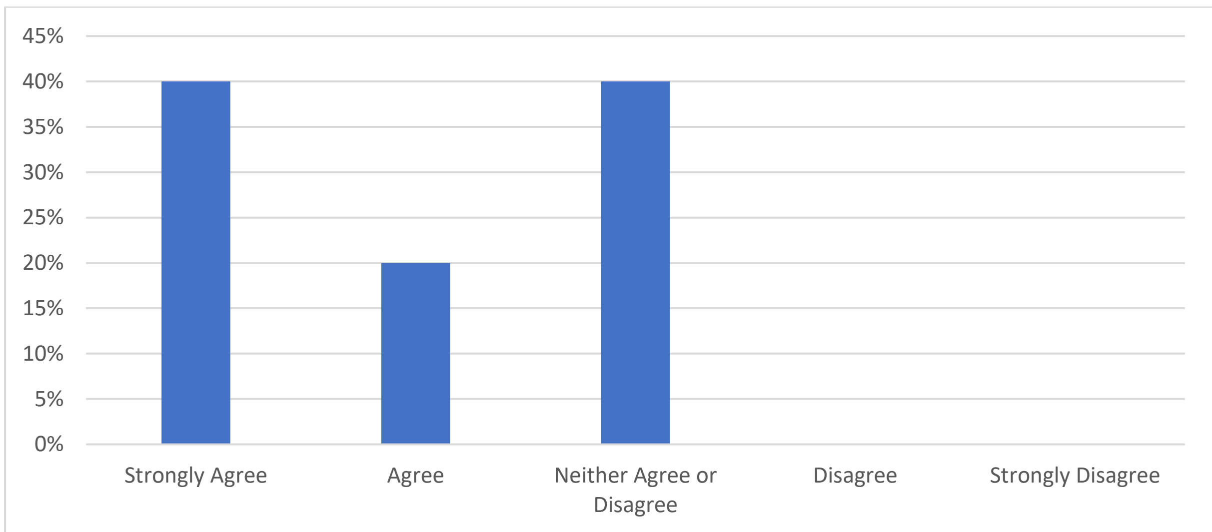


Figure 20 - Question: I felt supported by the placement team (Educational lead for PEFs) - Responses by ULLs (N=5)



PEF (N=11)

Figure 21 - Question: I felt supported by the placement team (Educational lead for PEFs) - Responses by PEFs (N=11)

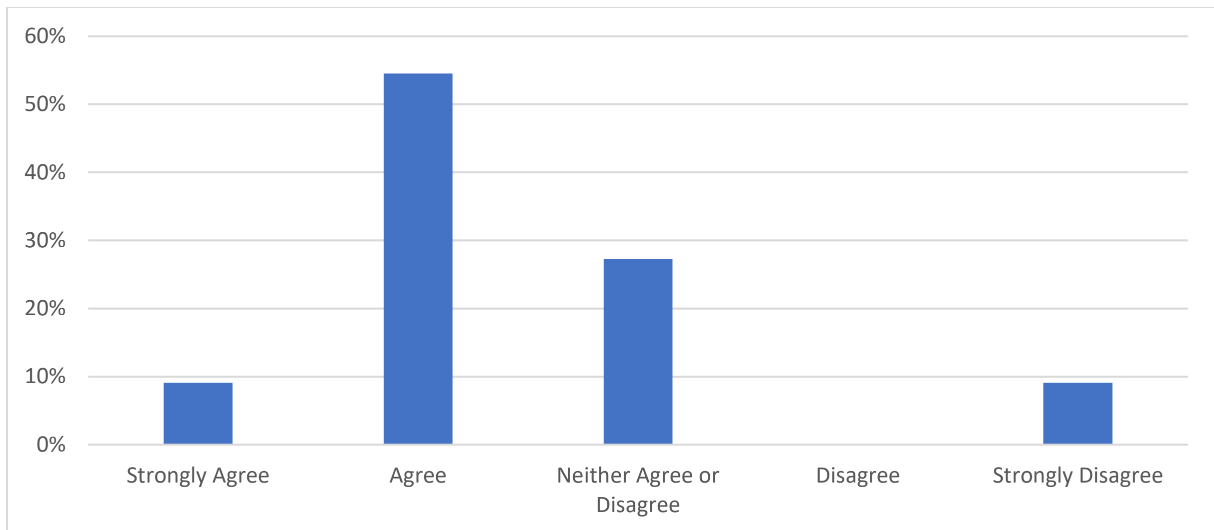
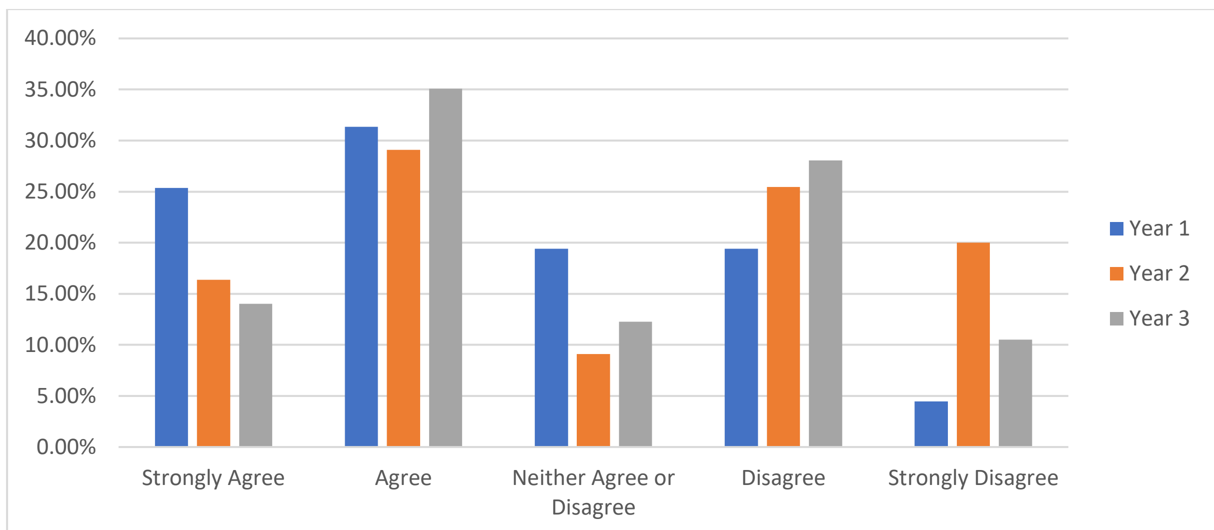
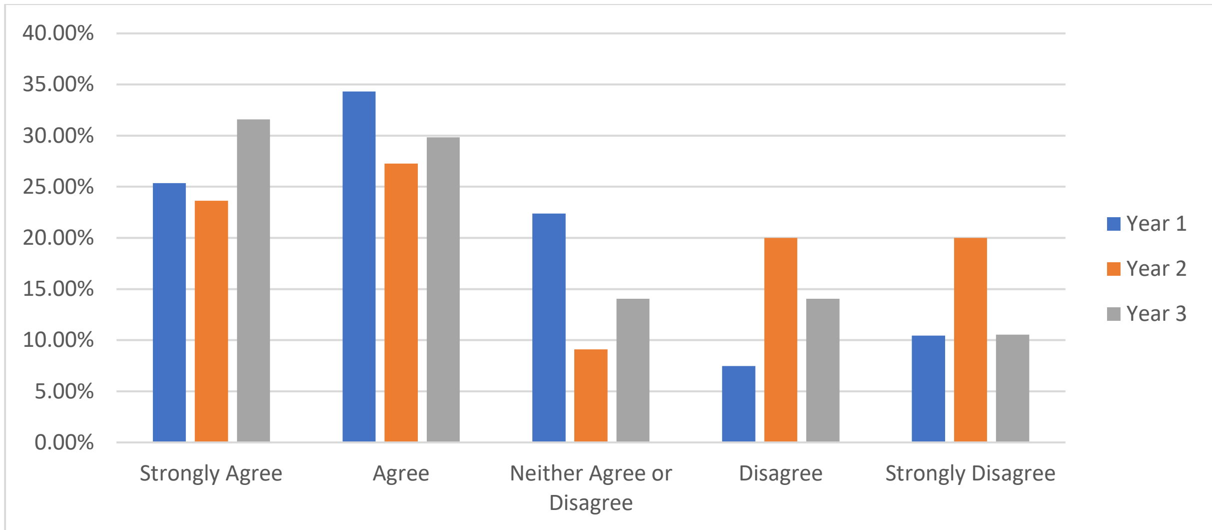


Figure 22 - Question: I felt supported by the placement team (Educational lead for PEFs) - Responses by Students (N=179)



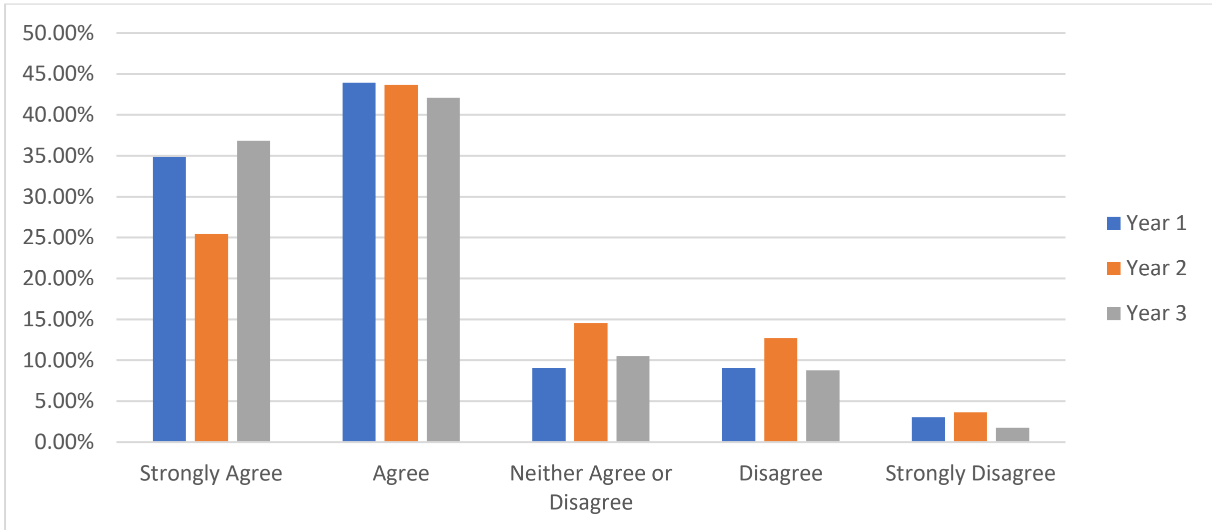
Question: I feel that I have developed the skills to support and collaborate with other student nurses (peer support)

Figure 23- Question: I feel that I have developed the skills to support and collaborate with other student nurses (peer support) - Responses by Students (N=179)



Question: I feel adequately prepared to take on a peer support role

Figure 24- Question: I feel adequately prepared to take on a peer support role - Responses by Students (N=179)



Question - I feel that I have the skills and knowledge to fulfil my role

Figure 25 - Question - I feel that I have the skills and knowledge to fulfil my role - Responses by Coaches (N=36)

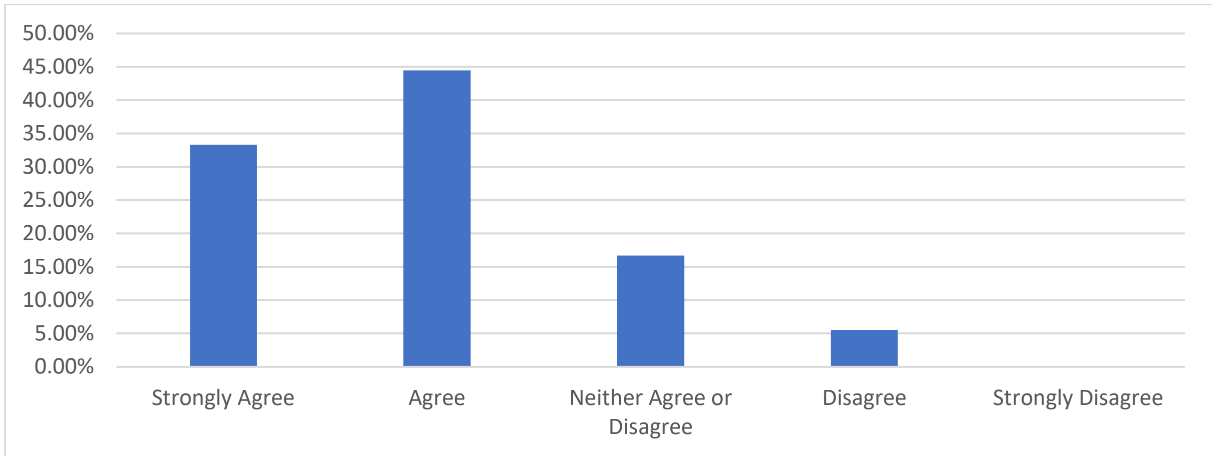


Figure 26 - Question - I feel that I have the skills and knowledge to fulfil my role - Responses by ULLs (N=5)

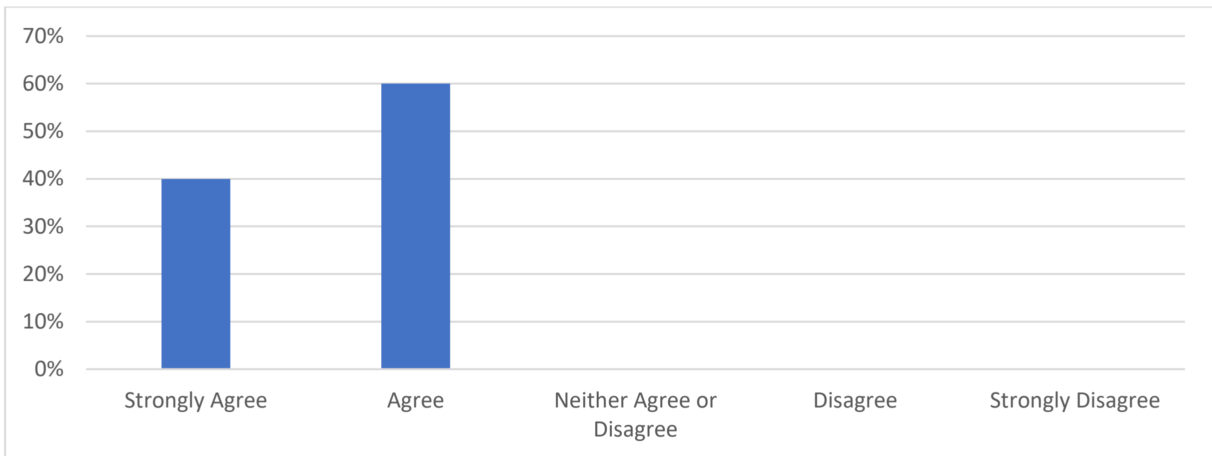
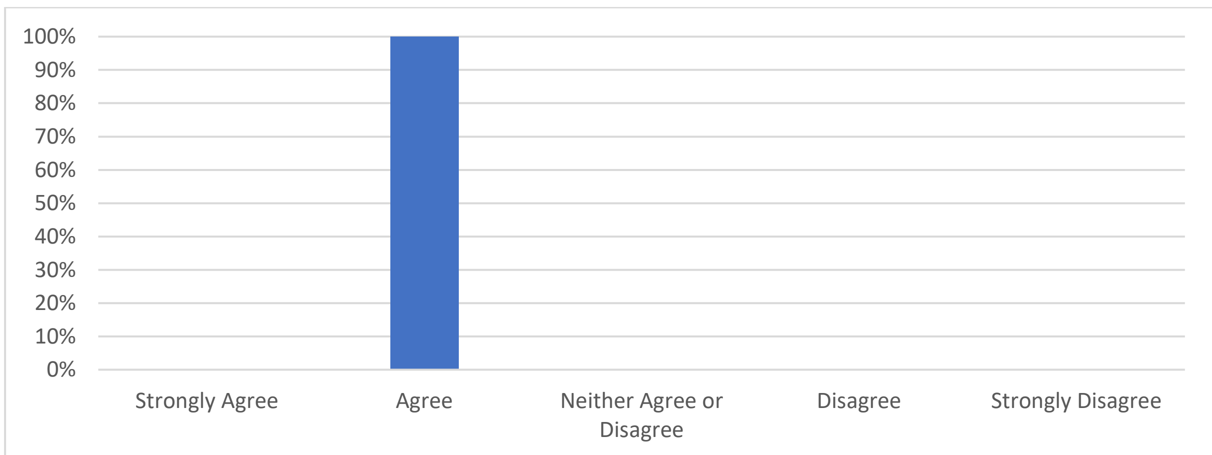


Figure 27 - Question - I feel that I have the skills and knowledge to fulfil my role - Responses by PEFs (N=11)



Question: I feel confident in supporting students to develop their skills and knowledge in making clinical decisions

Figure 28 - Question: I feel confident in supporting students to develop their skills and knowledge in making clinical decisions - Reponses by Coaches (N=36)

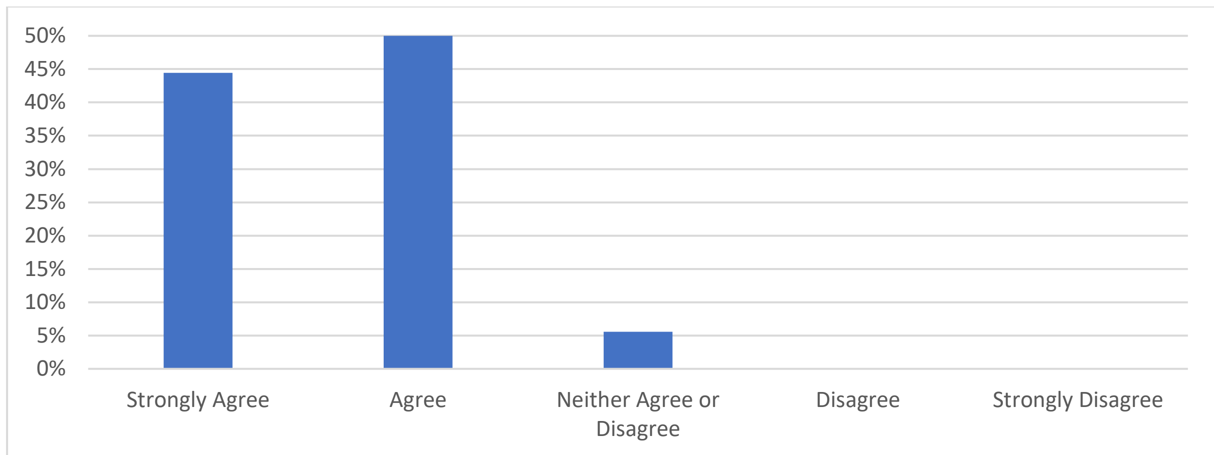


Figure 29 - Question: I feel confident in supporting students to develop their skills and knowledge in making clinical decisions - Reponses by ULLs (N=5)

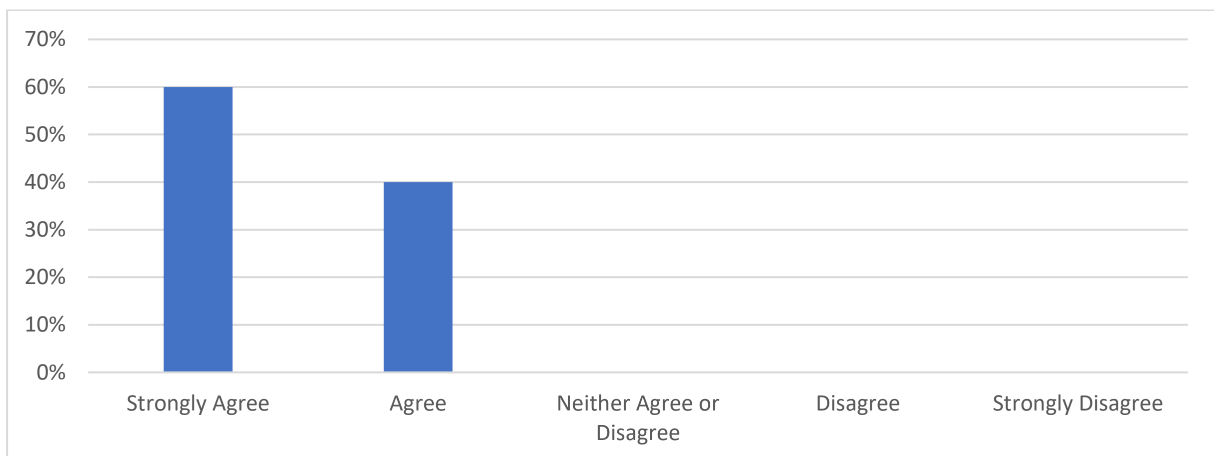
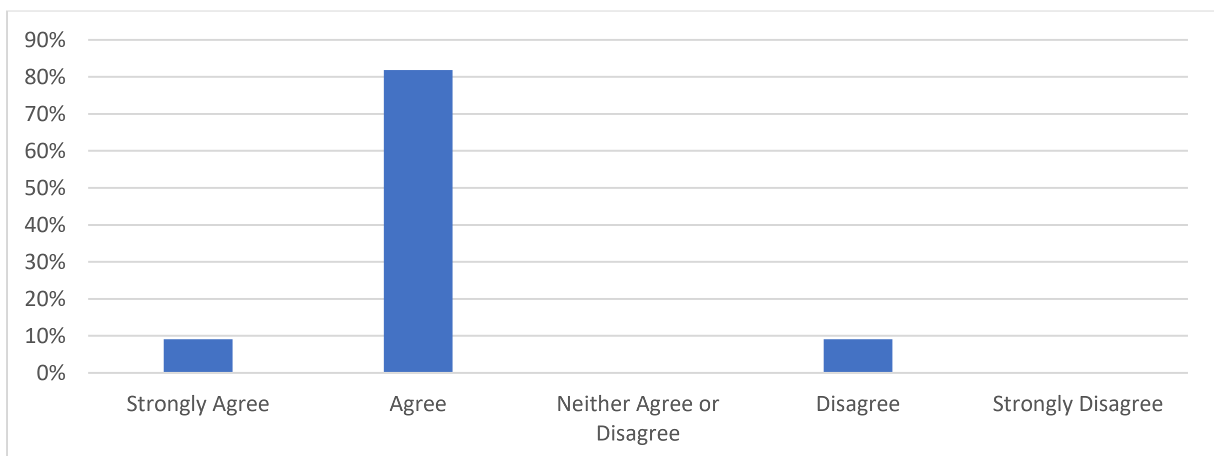


Figure 30 - Question: I feel confident in supporting students to develop their skills and knowledge in making clinical decisions - Reponses by PEFs (N=11)



Question: I feel confident in supporting students to develop their skills and knowledge in the delivery of patient care

Figure 31 - Question: I feel confident in supporting students to develop their skills and knowledge in the delivery of patient care - Responses by Coaches (N=36)

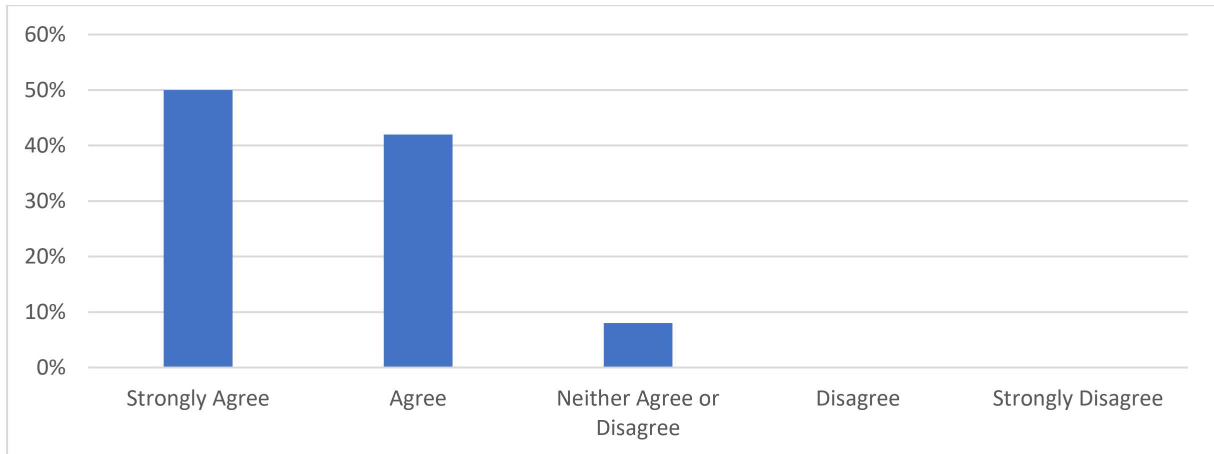


Figure 32- Question: I feel confident in supporting students to develop their skills and knowledge in the delivery of patient care - Responses by ULLs (N=5)

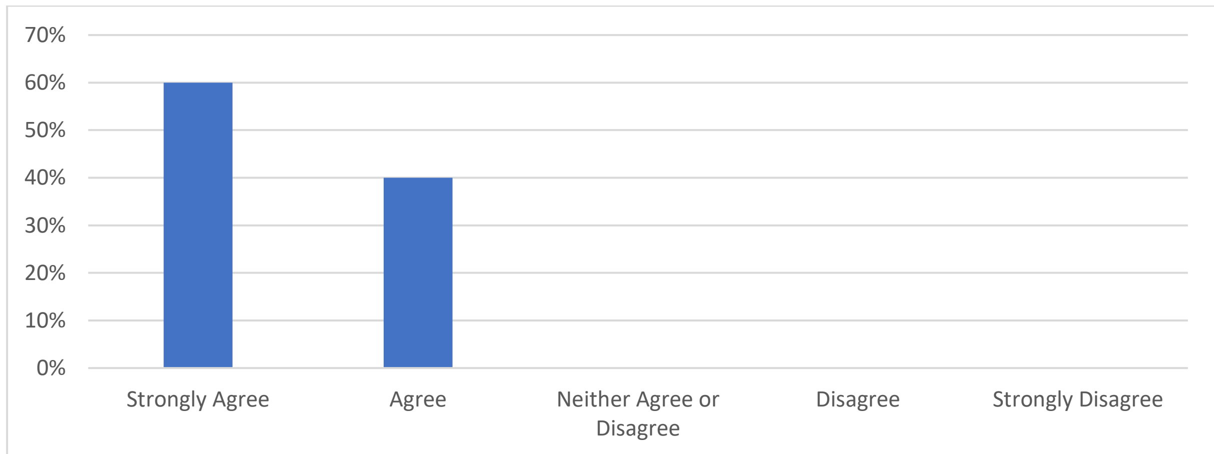
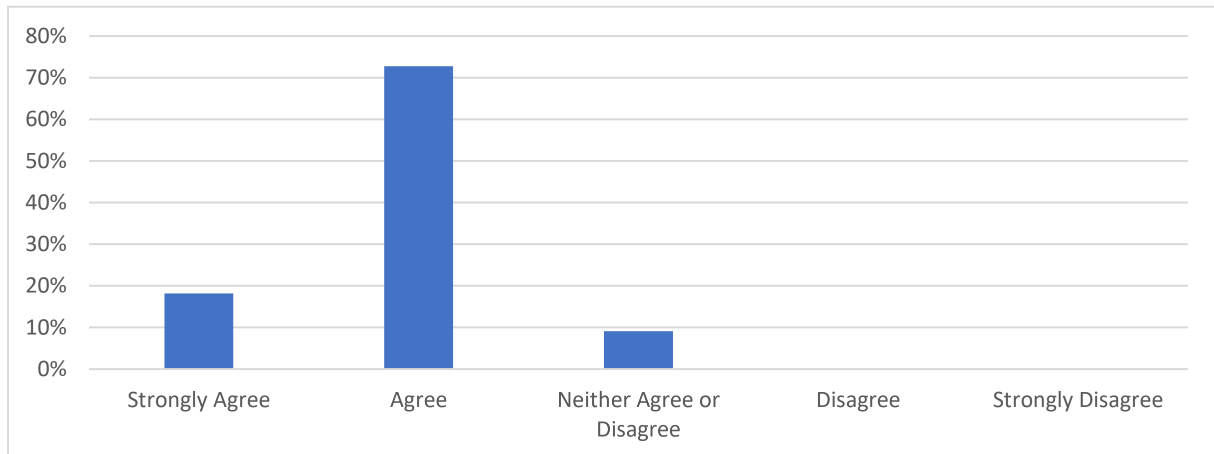
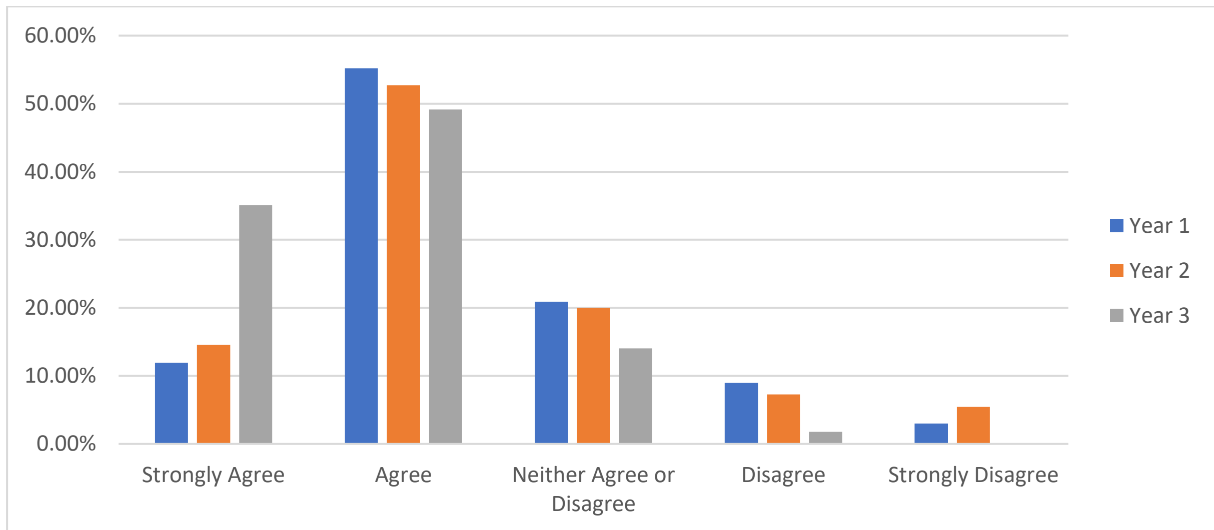


Figure 33 - Question: I feel confident in supporting students to develop their skills and knowledge in the delivery of patient care - Responses by PEFs (N=11)



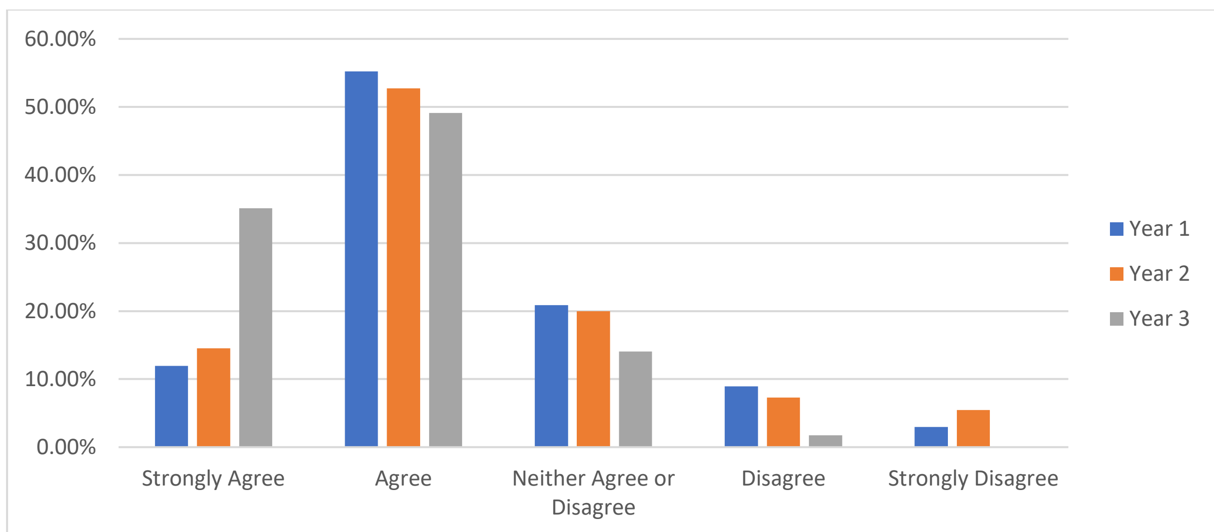
Question: I feel confident in my approach to delivering patient care

Figure 34 - Question: I feel confident in my approach to delivering patient care - Responses by Students (N=179)



Question: I feel confident in making clinical decisions

Figure 32 - Question: I feel confident in making clinical decisions - Responses by Students (N=179)



Question: I feel confident in supporting students to seek support

Figure 36 - Question: I feel confident in supporting students to seek support - Responses by Coaches (N=36)

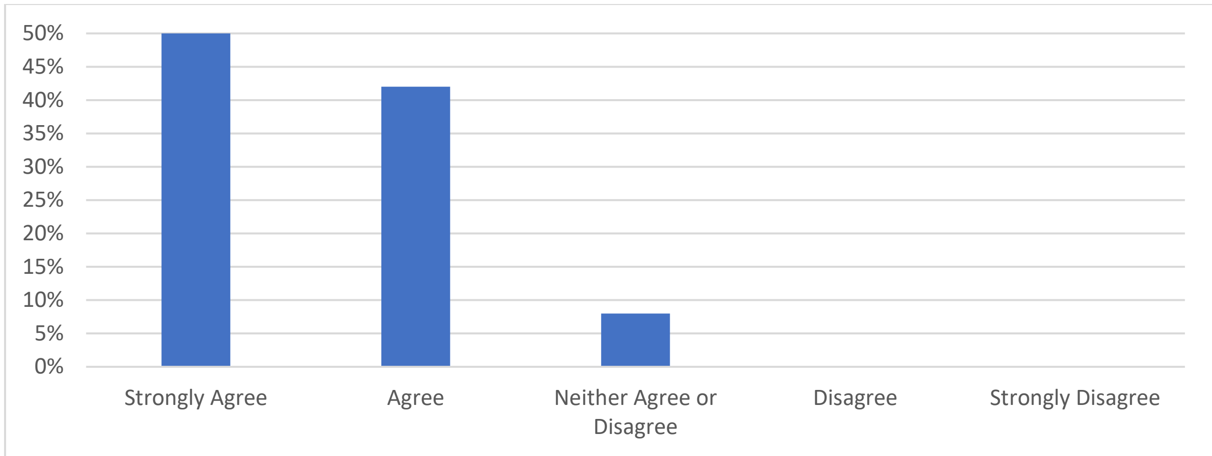


Figure 37 - Question: I feel confident in supporting students to seek support - Responses by ULLs (N=5)

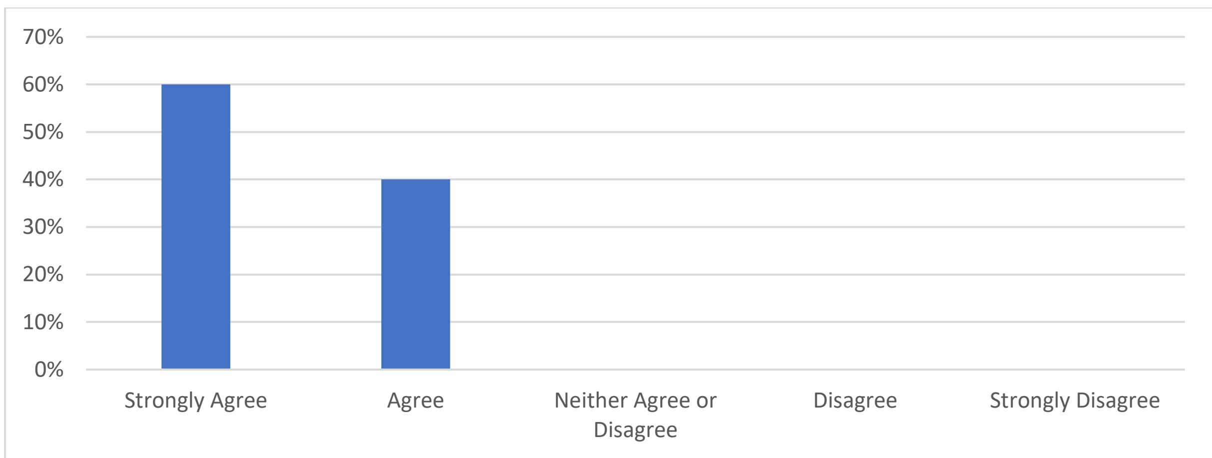
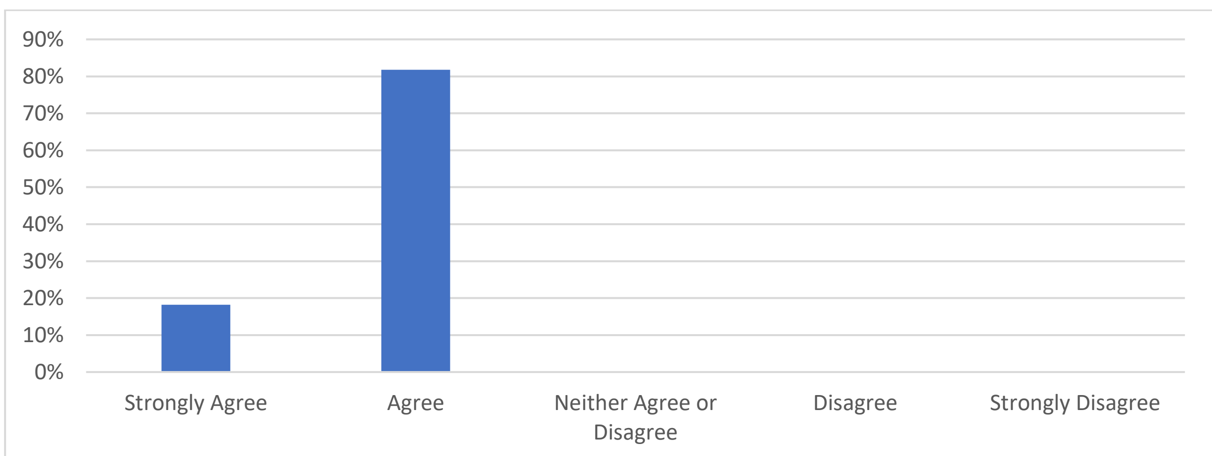


Figure 38 - Question: I feel confident in supporting students to seek support - Responses by PEFs (N=11)



Question: I feel confident in supporting students to develop their leadership skills and knowledge

Figure 39 - Question: I feel confident in supporting students to develop their leadership skills and knowledge - Responses by Coaches (N=36)

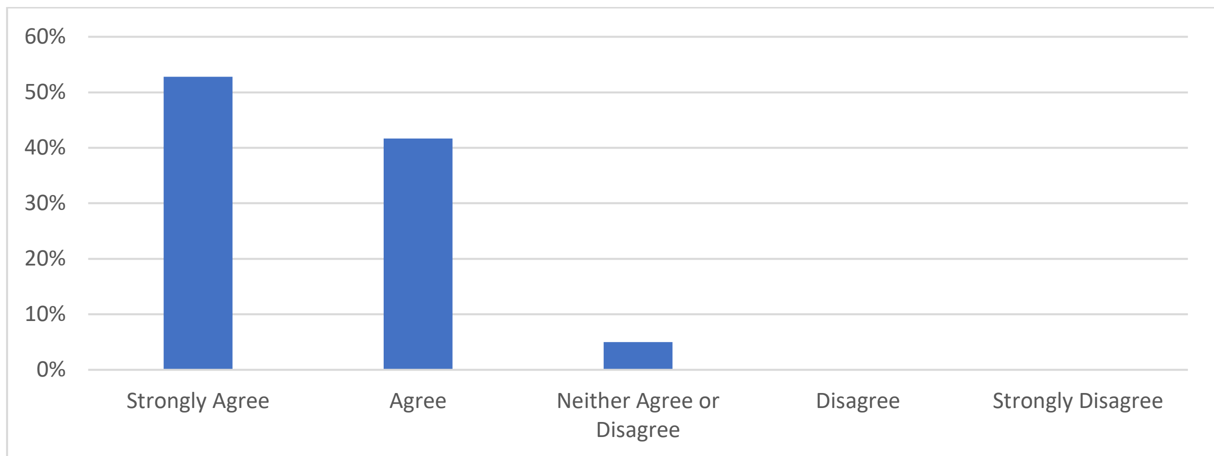


Figure 40 - Question: I feel confident in supporting students to develop their leadership skills and knowledge - Responses by ULLs (N=11)

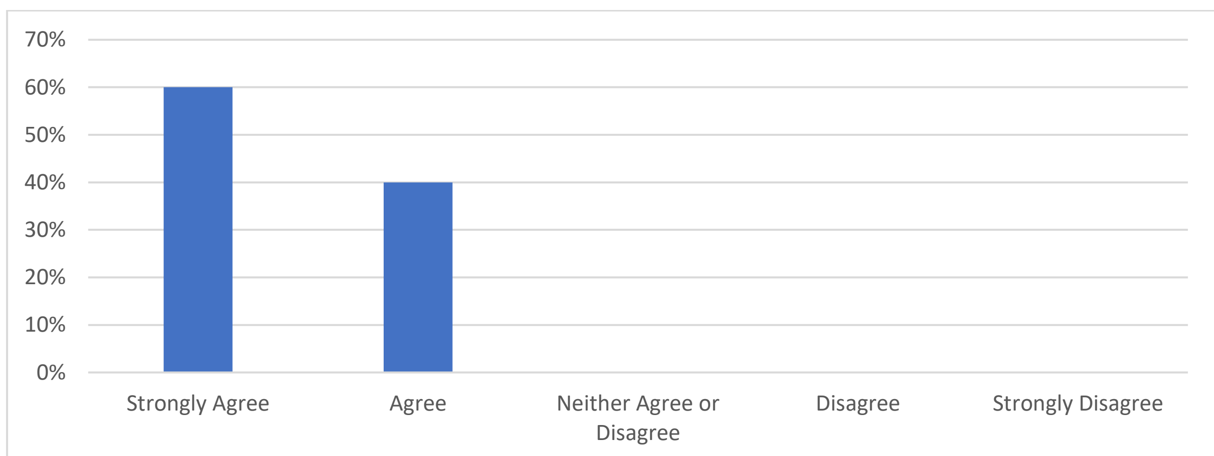
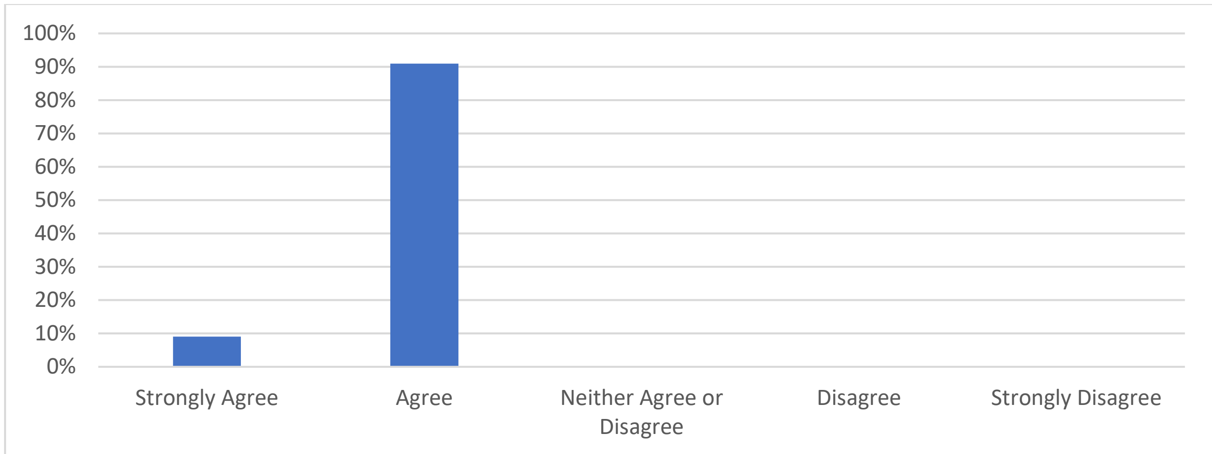
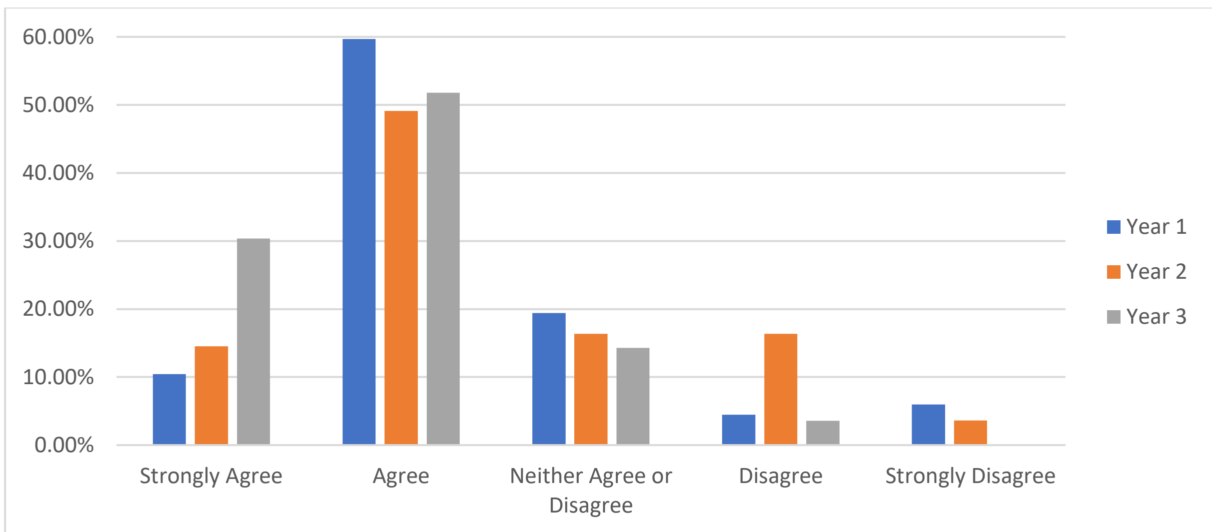


Figure 41 - Question: I feel confident in supporting students to develop their leadership skills and knowledge - Responses by PEFs (N=11)



Question: I feel confident in my leadership skills

Figure 42 - Question: I feel confident in my leadership skills - Responses by Students (N=179)



Question:I felt that the GM Synergy placement model did facilitate a positive learning experience

Figure 43- Question: I felt that the GM Synergy placement model did facilitate a positive learning experience - Responses by Coaches (N=36)

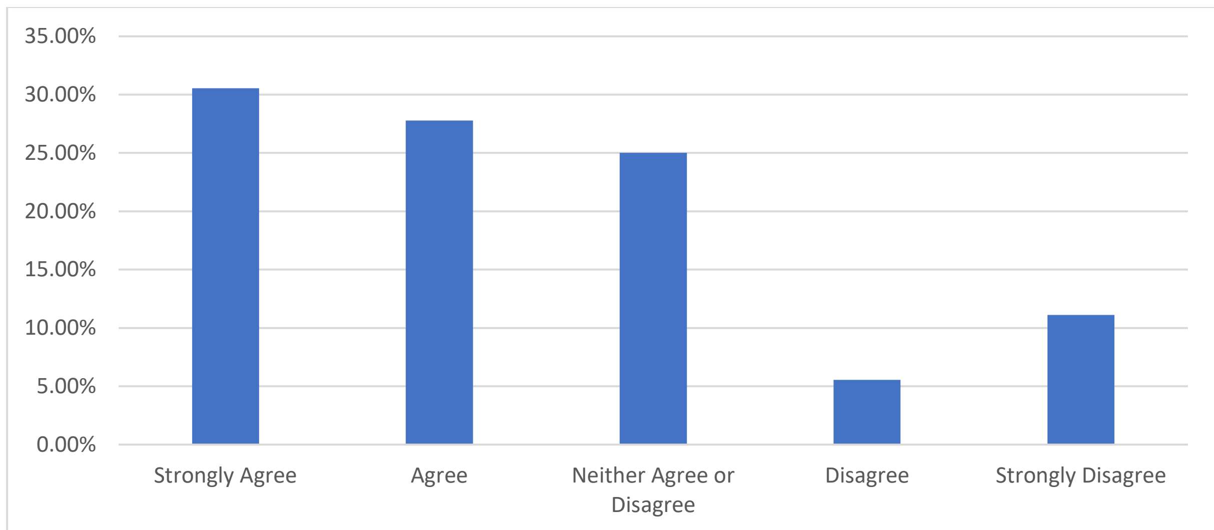


Figure 44 - Question: I felt that the GM Synergy placement model did facilitate a positive learning experience - Responses by ULLSs (N=5)

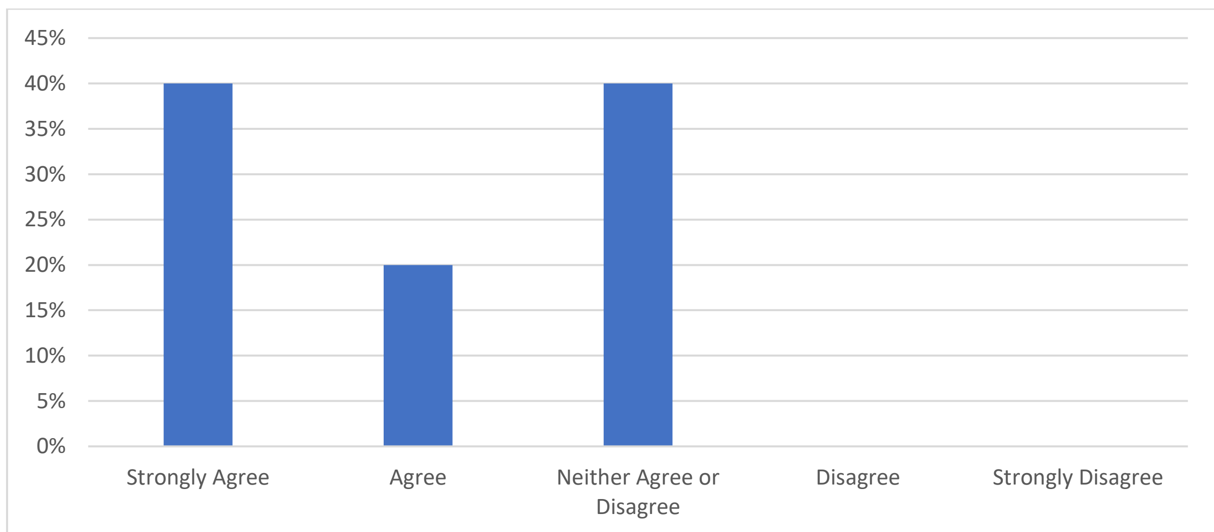


Figure 45 - Question: I felt that the GM Synergy placement model did facilitate a positive learning experience - Responses by PEFs (N=11)

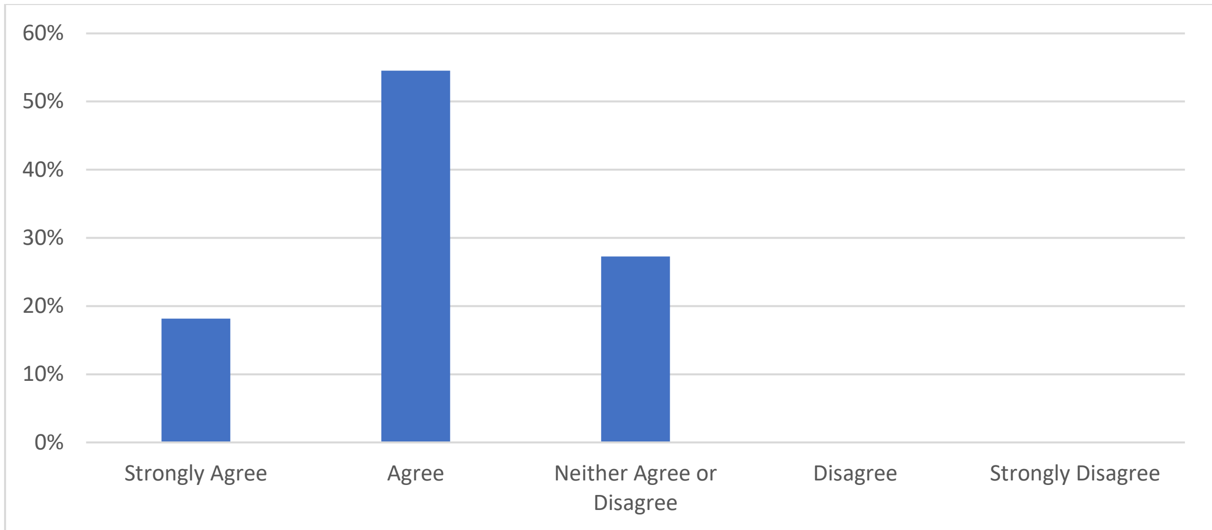


Figure 46 - Question: I felt that the GM Synergy placement model did facilitate a positive learning experience - Responses by Students (N=179)