Supervising and Assessing Student Nurses and Midwives in Clinical Practice

A practical guide

Edited by
Jacqueline Leigh & Debbie Roberts

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Joanna Barlow is a clinical specialist radiographer based at the Clatterbridge Cancer Centre, Wirral, UK. Joanna qualified as a diagnostic radiographer in 2005 with the University of Wales, Bangor, and undertook formal postgraduate education in nuclear medicine and hybrid imaging in 2009 through Salford University. In 2018, she took up a university lectureship at the School of Health Sciences, Bangor University, where she joined the lecturing and clinical tutor team to support students on the highest-ranking diagnostic radiography degree programme in the UK, and where she gained her postgraduate certificate in higher education. Joanna is a highly experienced radiographer having gained a wealth of experience working across the UK and across a broad spectrum of medical imaging modalities. Joanna has a strong background within all general X-ray areas and has specialist training and expertise in areas such as trauma, forensic radiography, theatre radiography, CT scanning, interventional and cardiac imaging as well as nuclear imaging including PETCT. In addition to her clinical and teaching expertise, Joanna is also an experienced researcher engaged with primary clinical research and clinical trials.

Dr Elaine Beaumont is a psychotherapist who specialises in cognitive behavioural therapy (CBT), compassion focused therapy (CFT) and eye movement desensitisation and reprocessing (EMDR). Elaine works with a range of organisations and charities primarily working with people who have experienced either primary or secondary trauma. Elaine is also a part-time lecturer at the University of Salford. Her academic interests focus on therapeutic interventions for trauma, compassion in healthcare and the importance of practitioner self-care. Elaine is passionate about helping people in the healthcare professions (emergency service personnel, midwives, nurses and therapists) cultivate compassion for their own suffering. Elaine's work with midwives suggests that bearing witness to the suffering of others can take its toll. Self-critical judgement, low levels of self-compassion, symptoms of stress, compassion fatigue, trauma and burnout can all have a negative impact on individuals who bear witness to trauma. Elaine's research explores the impact compassionate mind training (CMT) has on people working in the helping professions and on people who have experienced trauma. Elaine provides workshops regarding mental health, compassion and wellbeing for the NHS and a variety of organisations, and her research has been presented worldwide. Elaine co-authored *The Compassionate Mind Workbook: A step-by-step guide to developing your compassionate self* in 2017, *The Kindness Workbook: Creative and compassionate ways to boost your wellbeing* in 2020, and *The Compassionate Mind* app.

Dr Leigh Campbell qualified as a physiotherapist 20 years ago and has since worked within a range of settings and service user groups within neurological physiotherapy to develop into advanced practitioner roles in both Salford and North Wales. Leigh completed various clinical MSc modules at the University of Nottingham before completing a professional doctorate exploring the experiences of physiotherapy for people with multiple sclerosis last year at the University of Wales. She currently works as an assistant professor and lecturer in neurological physiotherapy at the University of Nottingham. Multidisciplinary and integrated team working have always been pivotal to her practice, learning and teaching, and she holds the view that this optimises best practice being delivered both to individuals and within wider healthcare. Leigh feels lucky to have worked with many people who have been willing to share their knowledge and experience and strives to continually learn from this and always do the same for others.

Hannah Dixon is a registered nurse qualifying with a first class BN (Hons) in Adult Nursing from the University of Chester. While at

university Hannah undertook the role of peer mentor and peer trainer, also having involvement in the co-design and implementation of the new induction programme for nursing students. Hannah was an active member of the Student Empowerment Group and alongside this Hannah has also presented her work as an undergraduate at both national and international conferences. Since qualifying Hannah has worked in the clinical speciality of digestive diseases as a surgical nurse and in 2020 was part of the COVID palliative support team at Warrington and Halton teaching hospitals.

Leah Greene (MRes, BSc (Hons), PGCert HEPR, FHEA) is a senior lecturer in simulation-based education, Department of Nursing and Department of Health Professions, Manchester Metropolitan University, Manchester, England. She has a vast amount of experience of providing accessible, supportive simulation experiences to enhance skills and develop confident, competent healthcare personnel. She is particularly interested in using technology, simulation and mixed realities to enhance teaching and learning. She works closely with service users and carers to integrate their experiences of healthcare into realistic simulation scenarios. Leah is the Programme Lead for the Level 7 Simulation and Technology Enhanced Learning (STEL) in Healthcare PGCert programme. She has experience of project management and simulation strategy development. She was co-project lead and principal investigator for the previous Simulated Patient Train-The-Trainer (3TSP) and Train-The-Simulated Patient (2TSP) projects, funded by NHS Health Education England (HEE). Leah now runs the Simulated Patient Project for the North West Simulation Education Network (NWSEN) on behalf of HEE, training simulated patient trainers (SPTs) to deploy and integrate the Simulated Patient Common Framework and Checklist into their own organisations, enabling them to train their own cohorts of SPTs. She is currently co-investigator for the M-Care project, also funded by HEE, which is investigating the use of simulation and mixed realities to inspire young people to consider health and social care careers in the future.

Professor Caroline J. Hollins Martin (PhD, MPhil, BSc, RM, RGN, MBPsS, senior fellow HEA) has had a long career working in the area of women's health, with a specific focus upon psychological issues surrounding pregnancy and childbirth. Caroline's background has encompassed a career in women's reproductive health that spans 35 years. The first 11 years of her career were spent working as a full-time clinical midwife in Ayrshire Central Hospital (Irvine), which is now known as the Ayrshire Maternity Unit (Kilmarnock), and is based in the west of Scotland (UK). The other 24 years of Caroline's working life have been spent teaching and

researching women's reproductive health within universities. To date, she has worked for the University of the West of Scotland (UWS), University of York, University of Manchester, Glasgow Caledonian University, University of Salford and Edinburgh Napier University (5 years). Caroline is a Nursing and Midwifery Council (NMC) registered midwife and lecturer/practice educator, and also a graduate and postgraduate in psychology and Member of the British Psychological Society (MBPsS). Caroline's research interests lie in social psychology that relates to women's reproductive health, with earlier work relating to hierarchies within organisations and their effects upon decision-making and providing choice and control to childbearing women. More recently focus has shifted to developing useful tools for maternal health practitioners to use in clinical practice, such as the Birth Satisfaction Scale-Revised (BSS-R), which has been validated to assess mothers' perceptions of their birth experience. Other research interests lie in perinatal bereavement, compassionate mindfulness therapy (CMT) and PTSD.

Professor Jacqueline Leigh is a Professor of Nurse Education Practice at the University of Salford and is a registered nurse. Her contributions to learning and teaching positively influence the University of Salford activities and have had national and international reach. An advocate for interprofessional, evidence-based education, teaching and learning, Jacqueline has significant experience in developing and evaluating innovative curricula that meet workforce needs in health and social care. She leads the Educational Research and Scholarship Cluster at the University of Salford and works across the North West of England creating opportunities for the development of the healthcare workforce around interprofessional supervision and assessment in clinical practice. Jacqueline's expertise in nurse education practice is recognised at the highest level, receiving multiple learning and teaching awards including UK/International Advance HE Principal Fellow, National Teaching Fellow, Collaborative Award for Teaching Excellence, and multiple University of Salford Vice Chancellor Distinguished Teaching Awards. As an experienced NHS Leadership Academy Healthcare Leadership 360 Feedback Facilitator, Jacqueline coaches and mentors senior healthcare leaders as part of the North West Leadership Academy mentoring scheme. She is on the editorial board of the *British Journal of Nursing* and deputy chair of Healthwatch Salford.

Anne Medcalf (RN, PGCE and practice educator/lecturer, BSc Nursing Practice, MSc Professional Practice Development) qualified as a registered adult nurse in 1998 and her clinical background is in theatre and critical care nursing. Moving into education as a clinical facilitator for nursing

students and then her current multiprofessional role as a practice education facilitator at the Northern Care Alliance (NCA), Anne is passionate about learning in practice, and quality clinical placements being available for all healthcare students. Anne is the synergy lead for three of the care organisations in the National Care Agency working to set up the placement model and implement a coaching approach in practice areas. Training all members of staff on 11 varied ward areas to use a different approach to supporting and assessing students in practice by developing the use of coaching conversations has had a positive impact on both student learning and recruitment of newly qualified nurses.

Peggy Murphy is a senior lecturer in adult nursing at the University of Chester. She has nursing experience in acute medicine and also cardiothoracic intensive care and has worked as a registered nurse in both the UK and Australia. She became a nurse lecturer in 2003 and developed an interest in working with students as partners to enhance inclusive practice in nurse education. She has also co-edited and published books on study skills. Peggy was awarded a National Teaching Fellowship by the Higher Education Academy in 2014 for her collaborative work on assessment and feedback. Peggy has published and co-presented her work with students nationally and internationally. She currently acts as a co-convenor for the RAISE SIG on partnerships.

Dr Gail Norris (RM, RGN, PhD, MSc, BSc, PG Cert Teaching and Learning Higher Education, senior teaching fellow) is a registered midwife who has spent over 10 years working with pregnant women and their families, and latterly as a team midwife in Forth Valley. Gail began her career in higher education in 2003 at Edinburgh Napier University, and she is now the Lead Midwife for Education. Gail is part of the School's senior leadership team and holds the position of Senior Academic Lead for Student Experience. Gail is a senior teaching fellow and currently teaches both pre-registration and post-registration midwifery students. Her research interests include obesity, particularly during childbirth, completing in 2019 her PhD study *Exploring perception of risk during childbirth in women with a BMI >35kg/m*^{2}.

Jo Pierce qualified as a physiotherapist in 1998 and since this time has worked in numerous acute and primary healthcare settings, specialising in neurological conditions. Her last clinical role was clinical specialist physiotherapist at the Oxford Centre for Enablement (OCE), a tertiary, level 1 centre for the treatment and management of neurological disability. From there she moved into the role of lecturer in physiotherapy and rehabilitation, at Oxford Brookes University, where she is clinical placement

lead for the Pre-registration MSc Physiotherapy programme and module lead for the 1st-year neurology content for BSc and Pre-reg MSc. Jo has also taught on the Masters in Rehabilitation course, specifically focusing on the importance of interprofessional working.

Professor Debbie Roberts is Director of the School of Nursing and Allied Health, Liverpool John Moores University. She has deep expertise in nursing, with over 30 years of experience as a qualified nurse, and 20 years as a nurse academic for universities in Wales and England. Debbie's areas of teaching and research expertise include practice and immersive learning, as well as clinical simulation. She has a particular interest in linking research, teaching and innovation; ensuring that evidence-based teaching is used within nurse education and relevant research is embedded into the curriculum. Widely published in the field of nurse education, Prof Roberts has edited a text book (currently being revised as 2nd edition) and contributed to two others used as core texts in nurse education programmes in several countries. She also has published 30 peer-reviewed articles for international journals with her work often cited by others, indicating the impact of her ideas on teaching and learning internationally. Prof Roberts has established a wide range of national and international links through her work as an external examiner and on the editorial board of *Nurse Education in Practice*, and as scientific co-chair of the 2016 NETNEP Global Nurse Education Conference. In 2019, she was nominated as one of the top 100 women in Wales in the inaugural Welsh Women's Awards, which celebrate those women who continue to thrive and excel at the forefront of their professions and make meaningful contributions to the country.

Andrea Surtees (RN, DipHE, BSc Hons, PGCE, MSc) is currently a practice education facilitator (PEF) at Salford Royal Hospital (Salford Care Organisation), which is part of the Northern Care Alliance. She is a nurse by background with 31 years of experience since commencing her training at the Salford School of Nursing in 1989. With the exception of a year living and working as a nurse in Australia she has worked for the same organisation since qualifying in 1992. Her post-registration experiences have taken her across various fields of practice from medicine in the earlier years to surgery later on. During her career she has worked closely with students supporting them initially at ward level both as a mentor and a placement educational lead, then for the past 6 years as a PEF. Andrea is currently the lead for synergy across her care organisation; she has an MSc in Leading Education for Health and Social Care Reform and a keen interest in supporting and developing quality practice learning

environments looking at innovative ways to support those who are involved in teaching students in clinical placement, thus helping to cultivate the future workforce of the NHS.

Wendy Sutton works as a matron for paediatrics and neonatal at Mid Cheshire Hospital NHS Foundation Trust. Wendy has over 15 years of experience as a registered paediatric nurse, qualifying from the University of Hertfordshire in 2003 with a Diploma of Higher Education in Child Nursing. Since qualifying, she has undertaken a number of roles within the profession and has successfully completed a BSc (Hons) Enhancing Healthcare Practice and is working towards an MSc Leading Education for Health and Social Care Reform. Wendy began her career at Booth Hall Children's Hospital and has since built a portfolio of experience within children's nursing including specialised surgical care, special education needs, hospice care and nursing education. She has a genuine passion for ensuring all nurses, pre and post registration, receive high-quality learning and she champions high-quality learning environments. Wendy actively supported the development of GM Synergy, a coaching model adopted across Greater Manchester; in 2018, GM Synergy received a Higher Education Academy Collaborative Award for Teaching Excellence and was a finalist in the Student Nursing Times Awards 2019. In her current role she utilises coaching with staff and advocates this approach when supporting others in their practice development.

Zoe Tilley works in physiotherapy education at the University of Nottingham. Her role involves supporting and mentoring students and clinical educators within practice-based learning to ensure quality learning experiences. Previous roles working within clinical practice as a physiotherapist in the fields of trauma, elective orthopaedics and musculoskeletal settings have provided valuable experience of multidisciplinary and interprofessional working. A keen interest in interprofessional working and collaboration has resulted in the development of an online interprofessional programme for healthcare educators and a teaching role on the Foundation to Health Sciences programme within the university. Both programmes have been developed and delivered by a range of healthcare professionals, embedding the philosophy of interprofessional working into the current and future workforce.

FOREWORD

Nursing and midwifery practice along with the provision of nurse and midwife education are in a constant state of flux. The practice of these two professions and the provision of nurse and midwife education are and should always be dynamic entities that adapt and flex to the needs of individuals, families, communities and nations. The Nursing and Midwifery Council has introduced a number of new standards that detail the skills and knowledge that will be required of the next generation of nurses and midwives to enable them to deliver care that is patient focused, safe and effective. *Supervising and Assessing Student Nurses and Midwives in Clinical Practice: a practical guide* is timely; this is the go-to book to help practitioners and students get the most out of practice learning, aligned to the professional regulator's standards.

With change there is often a sense of uncertainty, a raft of questions and queries that need answers. Roberts and Leigh's *Supervising and Assessing Student Nurses and Midwives in Clinical Practice* provides the answers that will enable all of those nurses and midwives who have or will have an active role in supervising and assessing student nurses and midwives in the practice setting to understand and apply the principles of practice learning, wherever this may occur.

Supervising and Assessing Student Nurses and Midwives in Clinical Practice has been written by professionals in the field who are well versed in teaching and learning from a wide range of perspectives. This is a contemporary text that is truly a practical guide that steers and supports. It is written in an accessible and user-friendly way, helping the reader see through the complexities that are inherently associated with practice assessment.

I was delighted to have been asked to write this foreword; teaching and learning in practice are activities that are very close to my heart and I know close to the hearts of other nurses and midwives. I sincerely recommend this book to students and practitioners who learn and practise together with the overall goal of offering high-quality care that is safe and effective.

Professor Ian Peate
OBE FRCN

ABBREVIATIONS

AHP	Allied health professional
ANTT	Aseptic non-touch technique
CAIPE	Centre for the Advancement of Interprofessional Education
CFT	Compassion-focused therapy
CMT	Compassionate mind training
CPR	Cardiopulmonary resuscitation
DNAR	Do not attempt resuscitation
GMC	General Medical Council
GP	General practitioner
HCPC	Health and Care Professions Council
HEI	Higher education institution
ICU	Intensive care unit
IDT/MDT	Interdisciplinary / multidisciplinary team: these terms have been used to describe the wider team involved in patient care to include health care workers, therapy assistants, family members and volunteers as examples
IP	Interprofessional
IPE	Interprofessional education
IPL	Interprofessional learning
ISTEL	Integrated simulation and technology enhanced learning
LO	Learning outcome
NMC	Nursing and Midwifery Council
OSCE	Objective structured clinical examination
OT	Occupational therapy / therapist
PDA	Pre, during and after
RCOG	Royal College of Obstetricians and Gynaecologists

SBE	Simulation-based education
SLT	Speech and language therapy / therapist
SNT	Staff nurse toolkit
SP	Simulated patient
SRB	Soothing rhythm breathing
SWOT	Strengths, weaknesses, opportunities, threats
VCSE	Voluntary, community and social enterprise
VR	Virtual reality
WHO	World Health Organization

INTRODUCTION

This book is written at an important time in nurse education in the UK. The professional nursing and midwifery body in the UK (Nursing and Midwifery Council, NMC) undertook a 2-year consultation with a range of key stakeholder groups such as students, educators, healthcare professionals, charities and patient groups from across the UK. *Future nurse: Standards of proficiency for registered nurses* was published in 2018 (NMC, 2018a). The NMC refers to the standards as:

> "*ambitious new standards that set out the skills and knowledge the next generation of nurses will learn to enable them to deliver world class care*". (NMC, 2018b)

At the same time, the NMC published *Realising Professionalism: Standards for education and training* (NMC, 2018c), which are set out in three parts:

Part 1 *Standards framework for nursing and midwifery education*. This document provides a framework of five headings that underpin nurse education and training:

1. Learning culture
2. Educational governance and quality
3. Student learning and empowerment
4. Educators and assessors
5. Curricula and assessment.

Part 2 *Standards for student supervision and assessment*. This document sets out the expectations for the learning, support, supervision and assessment (of theory and practice) of students in the practice environment. It includes two important annexe sections outlining specific proficiencies which must be achieved by the end of the programme.

Part 3 *Programme standards, the standards specific for each pre-registration or post-registration programme*. This document sets out the legal requirements for all pre-registration nursing education programmes.

Collectively the four documents contain proficiencies that specify the knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings, reflecting what the public can expect nurses to know and be able to do in order to deliver safe, compassionate and effective nursing care (Leigh and Roberts, 2018). The new NMC *Future nurse: Standards of proficiency for registered nurses* can be accessed here: www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf

PRACTICE SUPERVISORS AND PRACTICE ASSESSORS

The NMC (2018c) standards *Part 2: Standards for student supervision and assessment* outline new roles to support learning and assessment in clinical practice. These new standards include a shift away from the role of mentor (who previously undertook both teaching and assessor roles), to two new separate roles of **practice supervisor** and **practice assessor** and a new role of **academic assessor**. Part two of the NMC standards can be accessed here: www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf

Leigh and Roberts (2018) provide an outline of the roles and responsibilities in *Boxes 1–3*:

Box 1: *Summary of role and responsibilities for the practice supervisor*

Serve as role models for safe and effective practice in line with their code of conduct
Support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes
Support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills
Receive ongoing support to participate in the practice learning of students

Box 2: *Summary of role and responsibilities for the practice assessor*

Conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning
Make assessment decisions that are informed by feedback sought and received from practice supervisors

***Box 2:** (cont'd)*

Make and record objective, evidence-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection and other resources
Work in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies
Provide sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression

***Box 3:** Summary of role and responsibilities for the academic assessor*

Collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme; making and recording objective, evidence-based decisions and recommendations for progression, drawing on student records and other resources
Have an understanding of the student's learning and achievement in practice
Work in partnership with a nominated practice assessor to evaluate and recommend the student for progression for each part of the programme
Communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

It should be remembered that each higher education institution (HEI) in partnership with placement providers may have different arrangements for operationalising these roles; so how each role appears where you are based may be slightly different, although the principles are all the same.

WHO IS THIS BOOK FOR?

The book is aimed at all those nurses and midwives who have or will have an active role in supervising and assessing student nurses and midwives in the practice setting. In addition, for the first time individuals from disciplines other than nursing and midwifery are also now able to supervise learning, and therefore allied health professional (AHP) colleagues might also want to refer to the book for hints and tips on supporting student learning. The new NMC educational standards also require all new registrants to be 'supervisor ready' and therefore the book might also be useful for final-year students who are aspiring to take on the supervisor role at the point of qualification.

Outcome 5.8 (NMC, 2018a) states the requirement to support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance.

The role of the practice assessor is also new (and has been separated from that of the supervisor), indicating the importance of objective and thorough assessment of learning in clinical practice. Different health boards and NHS Trusts (together with HEIs) will make potentially different decisions about who undertakes the practice assessor role, but the principles of assessment will remain constant, and it is those principles that this book will focus on.

This book seeks to help those supporting students to learn in clinical practice to understand and apply the principles of practice learning. Nurse education programmes tend to introduce information and gradually build on concepts and ideas as the student progresses through the programme (Pront and McNeill, 2019). Although lessons learned in the classroom are important, it is in the clinical practice arena where students learn to recognise and apply theoretical knowledge in the real world. The book has been designed to be a practical resource; a straightforward 'how to' guide for anyone supporting or assessing learning in clinical practice. Each chapter is underpinned by contemporary evidence related to clinical learning and assessment. Each author or group of authors draws on a wide range of contemporary global evidence and applies this to a UK context. There are exercises for the reader to complete to promote thinking and consideration of how to bring the ideas to life across a range of clinical settings.

STRUCTURE OF THE BOOK

The book is laid out in a series of chapters that each addresses a different aspect of supervision and assessment in and through clinical practice. The book is designed to be used as a practical guide, and as such you may wish to read it from beginning to end, or dip in and out of various chapters as they become useful to you. There are activities to do in each chapter which will help you to frame the issues in relation to yourself and/or your team where you work. Some chapters also include scenarios based on typical real-life situations which you can use to apply the principles outlined in the book, or which will help you to see how the standards and the learning associated with the standards can be used in supervision and assessment. Each clinical area is different and so the book aims to help you to consider areas outside your own sphere of practice in order to prepare for supervision and assessment in your particular context. The authors of this book understand that in the real world of clinical practice, learning opportunities can present themselves at any time in an *ad hoc*

and disorganised fashion. This book is designed to help you to plan for the learning opportunities that it is possible to plan for, to consider what is possible for learning and assessment in your area, and to get ready for and deliver the best learning experiences that you can for the learners in order to prepare them for their role as future nurses.

Chapter 1 focuses on the clinical learning environment and the context of learning and assessment. The activities in this chapter are important because you will be asked to return to your responses to these activities elsewhere in the book.

Chapter 2 explores the culture for practice learning through developing the education team. Concepts of leadership are explored and used to set the scene for effective approaches to supervision and assessment. The education team will of course include the three new roles outlined by the NMC: supervisor, assessor and academic assessor, but it has long been recognised that students learn from everyone that they come into contact with in the clinical learning environment. This chapter therefore discusses the importance of building a culture where learning and practice development is everyone's business.

Chapter 3 will introduce the reader to coaching models such as Clinical Learning in Practice (CLiP) and GM Synergy with their embedded core coaching concepts. These include use of effective listening and questioning skills to facilitate learning. The focus here is on developing the skills to engage in coaching conversations, developing the coach–student expectations and promoting wellbeing.

Chapter 4 covers interprofessional supervision of student learning and provides an overview of the approaches to learning that are common across disciplines and discusses the opportunities for interprofessional learning in practice. While students have always learned from a range of individuals within the clinical learning area, the new NMC educational standards have formalised the role of interprofessional supervision of student learning, enabling all those who are active on a professional register to support student nurses and midwives with their learning. Through interactions with a variety of providers, students learn about the roles of other disciplines and how to collaborate in a team. Although it is acknowledged that each profession will have a distinct and unique skills set, individuals can still teach students from other professions.

Chapter 5 provides practical guidance on providing students with feedback on their clinical practice. The chapter outlines a range of strategies to ensure that feedback is provided in an honest, open and positive manner using feedforward techniques that enable and support

student development. The chapter also includes ideas about how to manage difficult conversations to support students who may be struggling with a range of elements associated with clinical learning such as practical skills development, psychomotor skills, communication and assertiveness and/or linking theory to practice.

Chapter 6 looks at challenging situations and principled decision-making in the supervisory and assessment relationship through a midwifery lens. This chapter explores strategies for building resilience in the workforce through empowering assessors, supervisors and students to develop their own leadership skills and through introducing restorative practices. You will be introduced to self-soothing exercises creating affiliative feelings for our own struggles which can help when making the difficult assessment and supervisory decisions. The chapter will also outline a range of approaches to enable difficult and challenging conversations to take place. The chapter can be used by both midwives and nurses in clinical supervision and assessor roles.

Chapter 7 provides an overview of the nature of clinical assessment and what it means to be proficient. The skills of assessment are outlined together with some exercises to encourage readers to develop their questioning and assessment skills. The chapter discusses how practice assessors will cope with students on different programmes at varying academic levels; for example: students that already have a degree in and may be undertaking a master's level pre-registration nursing programme. A range of approaches to assessment are discussed in relation to the NMC requirement for practice assessors to link with academic assessors. The role of patients or service users in assessment will also be discussed.

Chapter 8 covers the use of simulation-based education for supervision and assessment of student learning. This chapter will provide an overview of the range of healthcare simulation and discuss the benefits of enabling students to learn in safe, supportive, simulated environments. The chapter outlines how simulation-based education (SBE) can be integrated into nursing and midwifery education as a useful adjunct to the real world of clinical practice to support student learning. The chapter will encourage readers to think about how they might use various SBE approaches and techniques in order to achieve the NMC proficiencies, while also refining holistic or person-centred nursing or midwifery skills. The new NMC standards ask new registrants to be 'supervisor' ready. The role of SBE to support learners to fulfil the requirements of practice supervisors at the point of registration will also be discussed.

Chapter 9 explores the future of practice learning, applying the core concepts of a learning organisation to promote excellence (quality and governance); it therefore looks at the whole picture, considering strategies that enable creative thinking around innovative student learning experiences. Explored is the application of leadership knowledge and skills that when used effectively create the right environment whereby practice learning can flourish. Activities in this chapter include being introduced to a scenario about setting up a community of practice, providing opportunities to reflect, plan and develop strategies to sustain clinical practice as an effective and key environment where student learning can take place.

We hope that you will use the book regularly, engaging with the range of activities and scenarios presented to you that will help you to support students in achieving proficiency against the new NMC (2018a) standards. The activities are designed to be practical in nature and will help you to apply the principles described in each chapter to your own work context. The scenarios outline real-life examples that demonstrate the principles in action and again can be adapted to where you work. If you are a student nurse, this book might help you to think about your role as a Future Practice supervisor, and Future Nurse.

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CHAPTER 3

USING COACHING CONVERSATIONS AND COACHING MODELS TO PROMOTE EFFECTIVE SUPERVISION AND ASSESSMENT

Jacqueline Leigh, Kisma Anderson, Anne Medcalf, Andrea Surtees and Wendy Sutton

3.1 INTRODUCTION

According to the Nursing and Midwifery Council (NMC) standards for education and training *Part 2: Standards for student supervision and assessment*:

> "*Students in practice or work-placed learning must be supported to learn. This may include being supernumerary, meaning that they are not counted as part of the staffing required for safe and effective care in that setting. The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence. Students must be provided with adjustments in accordance with relevant equalities and human rights legislation in all learning environments and for supervision and assessment*". (NMC, 2018b, p. 4)

Part 2 of the NMC standards can be accessed here: www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf

This chapter focuses on mechanisms that can be used in clinical practice by supervisors and assessors to support student learning through coaching. The new standards emphasise the need for students to be supported towards independent learning. The use of coaching as a mechanism to support learning can help practice supervisors from a range of disciplines and professions to fulfil the requirements of the role in terms of support and feedback.

Coaching is an intervention that facilitates another person's learning, development and performance. Applied to student learning in practice,

coaching has the potential to promote effective supervision and assessment and to support clinical leadership development. Coaching is student led, less focused on following the directions of a clinical supervisor and more focused on students taking responsibility for identifying their learning goals and objectives: hence working towards becoming independent learners and eventually independent nurses (Leigh *et al.*, 2019).

This chapter defines and explores the nature of coaching as applied to supporting learning in practice. By the end of the chapter you will have a better practical understanding of the differences between coaching and mentoring. Through engaging in a series of activities, you will examine the core concepts of coaching conversations that when applied to supervision and assessment of students, effectively facilitate student learning. The qualities of the effective coach in clinical practice are explored and, through the use of a case study, you will apply a coaching model in clinical practice that sets out coach–student expectations and promotes student wellbeing.

After reading this chapter you will be able to:

- Define coaching
- Explore the similarities and differences between coaching and mentoring
- Explore how coaching conversations can facilitate effective supervision and assessment in clinical practice and clinical leadership development
- Understand the qualities of the effective coach in clinical practice
- Using the Greater Manchester (GM) Synergy model as an example, apply a coaching model in clinical practice that sets out coach–student expectations and facilitates student learning, clinical leadership development and promotes wellbeing.

3.2 COACHING AND MENTORING

Coaching can be defined in many ways that includes unlocking a person's potential to maximise their performance (Whitmore, 2017). The *Cambridge Dictionary* defines coaching as "the act of giving special classes in sports, a school subject, or a work-related activity, especially to one person or a small group" (*Cambridge Dictionary*, https://dictionary.cambridge.org/).

In relation to students, unlocking a student's potential suggests that coaching is an action or change-orientated process that requires someone to work in partnership with the student to help them make the change and help with setting the direction that they choose to take. For the purpose of this chapter, coaching is defined as an approach adopted by supervisors and assessors that facilitates the students learning and development, and

this is achieved through unlocking the student's own potential. As such, it is a strengths-based approach and this is reflected in the skills required by the proficiencies outlined in Annexe A of *Future nurse: Standards of proficiency for registered nurses* (NMC, 2018a).

Mentoring on the other hand is traditionally more concerned with providing advice, guidance and opinion and is based on a relationship whereby the mentor uses their knowledge and wisdom to provide advice that is based on what experience has taught them. The Royal College of Nursing (RCN) in their *Guidance for mentors of nursing and midwifery students* (RCN, 2017) clearly identifies that as well as providing support and guidance to students in the practice area, mentors have the unique opportunity to role model the professional values and behaviours and to instil professional integrity. This includes professional socialisation and the promotion of positive values, attitudes, behaviours, cultural variances and inclusivity.

In reality there is an overlap of features between coaching and mentoring and it is useful to think about the words of John Whitmore (2017) who states that whether we coach, advise, counsel, facilitate or mentor, the effectiveness of what we do depends in large measure on our beliefs about human potential and that the person has the capability to make any changes that can positively affect what they do.

For Whitmore therefore, coaching delivers in large measure because of the supportive relationship between the coach and the coachee, and means and style of communication used. In relation to the role of the practice supervisor, practice assessor and academic assessor, taking on a coaching approach requires the building of a relationship that is underpinned by effective communication. It could be argued that the principles of coaching or mentoring will be evident within all three of the new roles outlined by the NMC (2018b) to some extent, although they may manifest in different ways. For example, as you work through this chapter you will see that the practice assessor when assessing student proficiency can use the core concepts of coaching conversations such as active listening, effective questioning and feedback.

ACTIVITY 3.1

Based on your values and beliefs, construct your own definition of coaching or add to the above definition. Write your definition down as you will refer to it throughout this chapter.

This is a personal reflective activity, so no answer guide is provided.

3.3 PROMOTING EFFECTIVE SUPERVISION, ASSESSMENT AND CLINICAL LEADERSHIP DEVELOPMENT THROUGH COACHING IN CLINICAL PRACTICE

Adopting a coaching style in supervision and assessment provides students with the opportunity to take responsibility for their own knowledge acquisition. For example, the role of the practice supervisor as set out in the Part 2 NMC (2018b) standards is to:

- role model and facilitate learning of students through independent participation
- raise and respond to competency and conduct concerns
- supervise, support and provide feedback to students
- contribute to assessment and progress decisions made by assessors.

This in turn promotes optimal patient care, achieved through improved student performance, motivation and empowerment. There is also a positive impact on developing the student's clinical leadership skills.

Table 3.1 summarises the differences between coaching and mentoring in the context of supervision and assessment.

***Table 3.1:** Differences between coaching and mentoring in the context of supervision and assessment*

Mentoring	Coaching
Answers questions	Asks questions
Steps in and provides care	Steps back and allows the student to learn by providing care
Is watched by the student	Watches the student
Directs the student's learning	The student demonstrates what they have learnt (usually self-directed) to the coach
Allocates work to the student	Is allocated work by the student
Talks	Listens
Does the same work as before	Works differently, while coaching the student
Identifies individual learning opportunities in the whole practice learning environment	Uses the whole practice learning area as a complete learning environment

Student nurses often experience pressures outside of their academic/placement life. Nursing students are said to have increased stress due to competing demands and challenges of nurse education (Watson *et al.*, 2017). Indeed, McCarthy *et al.* (2018, p. 197) go so far as to say that "stress is pervasive in all aspects of undergraduate nursing and midwifery education".

There is a requirement therefore for supervisors and assessors to be proficient in the skills of coaching conversations so that they can effectively identify and manage the student's learning and pastoral needs, and this is achieved through unlocking the student's potential for learning and development. Through coaching, supervisors and assessors can get the best out of their students through balancing the following three needs:

1. The needs of the student (learning/pastoral)
2. The needs of the university (delivering on the high-quality student experience), and
3. The needs of the practice placement areas (to deliver high-quality patient care).

ACTIVITY 3.2

Write down the benefits and risks of adopting a coaching approach to student supervision and assessment. Once you have done this, consider strategies to reduce the identified risks.

An answer guide is provided at the end of the chapter.

You may have identified a benefit that focuses on how coaching can promote leadership learning that is student led, less focused on following the directions of a practice supervisor and more focused on students taking responsibility for identifying their learning goals and objectives.

Risks may include, for example, a student's readiness for their increased responsibility and the coach in clinical practice feeling prepared and adequately supported in their role to enable the student to fulfil those increased responsibilities. Effective communication across the entire team is crucial in ensuring that everyone is aware of their role in student learning. This awareness is one way of reducing risk.

Next, through engaging in a series of activities, you will examine the core concepts of coaching conversations that, when applied to supervision and assessment of students, effectively facilitate student learning.

3.4 EXPLORING THE CORE CONCEPTS OF COACHING CONVERSATIONS

Coaching conversations are the lynchpin to effective communication with students in clinical practice by helping students to focus their thinking about their learning. This can be achieved through effective questioning, active listening and by providing feedback (feedback is explored further in

Chapter 5 of this book). The first core concept to be explored is effective questioning.

3.4.1 Effective questioning

During clinical placement students will have NMC proficiencies they need to develop, skills they need to cultivate and goals they want to achieve. While they may be clear about what they need, the reality of how to go about achieving them in the context of a specific learning environment may be more challenging. Effective questioning skills on the part of the supervisor can empower the student to generate more relevant thinking around such challenges and develop their problem-solving skills. It should be remembered, however, that enabling the student to do this requires great skill. Questioning at:

> "*too low or high a level will not increase learning; too low: nothing new will be learned, and too high: will go over the student's head. Those teaching students in practice settings must understand this concept; the real skill is to outline new information in such a way that allows the student's existing understanding to assimilate the new knowledge into their cognitive structures*". (Andrews and Roberts, 2003, p. 477)

Socratic questioning, for example, is the disciplined practice of thoughtful questioning which enables the student to examine ideas logically to determine the validity of those ideas and to explore ideas in depth. According to Straker (2010), the overall purpose of Socratic questioning is to challenge accuracy and completeness of thinking in a way that acts to move people towards their ultimate goal. Practice supervisors using Socratic questioning promote person-centred learning, enhance problem-solving capabilities in the student and help the student construct their knowledge base.

Examples of Socratic questions used by practice supervisors are offered in *Table 3.2*.

Table 3.2: *Socratic questions used by practice supervisors*

Type of question	Example of use
Questions for clarification	What is your rationale for choosing that dressing? How does this relate to our discussion about achieving your proficiencies?
Questions that probe assumptions	What could we assume about the client's choice of dress instead? How can you verify or refute that assumption? Why are we not challenging the multidisciplinary team over Mr Ahmed's package of care?

Table 3.2: *(cont'd)*

Type of question	Example of use
Questions that probe reasons and evidence	What do you think caused Mrs Jones's blood pressure to drop? Do you think that having the sink positioned in the corner of the ward has increased handwashing and decreased infection rates, therefore worth the cost to install?
Questions about viewpoints and perspectives	Are there alternative pressure-relieving devices that could be used by Mr Read in this situation? What is another viewpoint about person-centred care?
Questions that probe implications and consequences	What are the consequences of that assumption made about Isabelle's nutrition plan? What are you implying?

Practice assessors can also apply Socratic questioning to inform the robust and objective assessment decision-making process, with *Table 3.3* providing examples that could be applied.

Table 3.3: *Socratic questions used by the practice assessor*

Type of question	Example of use
Questions for clarification	What is your rationale for choosing that dressing?
Questions that probe assumptions	Tell me about the client's choice of dress? Tell me why you have not challenged the multidisciplinary team over Mr Ahmed's package of care?
Questions that probe reasons and evidence	What do you think caused Mrs Jones's blood pressure to drop? Can you explain how you will apply the sepsis protocol with Mrs Jones?
Questions about viewpoints and perspectives	What alternative pressure-relieving devices did you consider for Mr Read? Tell me about your definition of person-centred care and how you have applied it to managing patient care on the surgical ward?
Questions that probe implications and consequences	What is the impact of your decision-making on Isabelle's nutrition plan?

For further information about the background to Socratic questioning you might want to access Dinkins and Cangelosi (2019) from *Recommended further reading.*

ACTIVITY 3.3

Consider the following two statements offered by John Whitmore (2017, p. 81) who explores the use of different questioning approaches when holding coaching conversations. Decide if you agree or disagree with the statements.

1. Telling or asking closed questions saves people from having to think.
2. Asking open questions causes individuals to think for themselves (Whitmore, 2017).

Based on your definition of coaching, which type of questioning would best unlock the student's potential for learning?

The answer to this activity is outlined as you progress through this section of the chapter.

Drawing on your response to *Activity 3.3*, you may have considered that the practice supervisor, through asking open questions (questions that cannot be answered with a yes or no response) generates thinking in the student and invites them to give more in-depth responses. This in turn enables the practice supervisor to review the student's knowledge and understanding around a skill or task. It also provides insight to the practice supervisor about the student's thinking around their goals or challenges and their readiness for formal assessment. In other words, and according to Kline (2015), incisive questions can challenge assumptions in the coachee's (student's) thinking process and lead to 'light bulb' moments.

Open questions generally start with a who, what, when, where or how? They are used to elicit information about thoughts, knowledge, feelings and opinions. These may be used for example at the start of a discussion with a student about a skill they wish to develop, for example in *Scenario 3.1*.

SCENARIO 3.1

Practice supervisor: "Good morning Lucy, following handover this morning you identified that you would like to undertake some of the wound care procedures today. What other practice learning experiences have you had with wound care?"

Holding the conversation with the coach using closed questions generates a very different response, for example:

Practice supervisor: "Good morning Lucy, following handover this morning you identified that you would like to undertake some of the wound care procedures today. Have you done wound care before?"

As the open question discussion proceeds, the student may tell you about caring for a person with a wound that they have experienced before.

SCENARIO 3.1 *(cont'd)*

Combining a probing question with the open question not only enables the practice supervisor to find out more detail about the student's experiences but also demonstrates their interest in what the student has to say. Indeed, demonstrating interest is critical in developing the coaching relationship.

Practice supervisor: "That's interesting; tell me more about how you dealt with this kind of wound?"

The practice supervisor, using the combination of coaching questions, provides the student with the opportunity to elaborate on their experiences by providing more detail during which they may tell you about a specific wound dressing used and some of the challenges experienced during a dressing change. Again, to elicit more detail the coach would follow up with a focused question.

Practice supervisor: "That must have been a difficult situation Lucy, what actions did you take?"

By applying the range of questioning techniques such as open, focused and probing questions and avoiding closed questions, the practice supervisor has enabled the student to reflect on their own experiences and demonstrate their knowledge and understanding. The practice supervisor at the same time has been able to make judgements about the student's skills and abilities, thus determining the level of supervision required, i.e. either direct or indirect supervision or delegation.

The types of questions that promote effective coaching conversations are summarised in *Table 3.4*.

Table 3.4: *Types of questions that promote effective coaching conversations*

Type of question	Example of use
Open: to promote the discussion (What, Where, When, How, Why need to be used carefully to avoid appearing judgemental)	Tell me about your experiences with ….
Probing: to follow up on what has been said	What were your feelings at the time? What action will you take?
Focused: to establish the real situation and real actions to be taken	What were your feelings at the time? What actions will you take?

Types of questions to be avoided are leading questions. This is because this type of questioning would subtly prompt the student to answer in a certain way. An example of a leading question is: "You do not always choose the same type of dressing for Mr Lee's leg ulcer, do you?".

An alternative question using the open question would be: "Tell me about the range of dressings that could be used on Mr Lee's leg ulcer?".

Types of questions to be used selectively are closed questions. This is because this type of question produces the single word or short phrase response, and thus does not encourage open discussion. For example: "Do you know what time Mrs Brown takes her insulin?".

ACTIVITY 3.4

It would be useful to reflect on a situation where you have held a conversation with a student about progress in meeting their NMC programme proficiencies. Write down the types of questions that you used and consider their effectiveness. Consider a different questioning technique and write down the benefits that this could have when making decisions about a student's progress and building the coaching relationship and in determining the level of supervision required.

This is a personal reflective activity, so no answer guide is provided.

The second coaching concept to be explored is active listening.

3.4.2 Active listening

It may be useful to consider that there are different levels of active listening. For the purpose of this chapter, *Figure 3.1* identifies three levels and as you progress through this section of the chapter, consider what are your personal actions to advance towards demonstrating Level 3 Global listening skills.

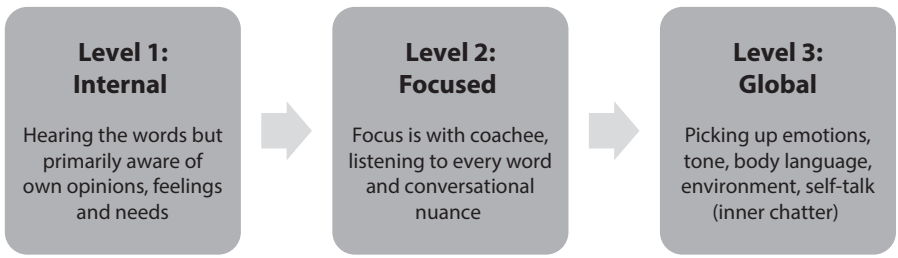

Figure 3.1: *Levels of listening (adapted from Kimsey-House* et al., *2011).*

A crucial element of coaching conversations is active listening. Coaching conversations should be led by the student, and what they are saying should be the focal point. Allowing students time to think and respond to questions during the conversation enables them to really consider their goals or challenges. Actively listening and paying attention to someone when they

are talking has a powerful effect. The speaker feels like they matter, that their words have value, that their contribution is important, that perhaps they can speak freely and openly. Actively listening (listening without judging or interrupting) improves the individual's thinking (Kline, 2015).

ACTIVITY 3.5

Think about the last time someone listened to you in this way (actively listened). How did it make you feel?

Now think about the last time you tried to speak to someone who did not provide their undivided attention; perhaps they were called away mid-sentence or they stopped to take a call. How did that make you feel?

This is a personal reflective activity, so no answer guide is provided.

Active listening, as its name suggests, is not a passive activity and indeed takes practice to perfect. When developing our active listening skills, we need to consider our own internal chatter. Internal chatter is an introspective monitoring or self-governing of our feelings which provides the checks and balances on our actions throughout the day. It is this dialogue that can drive self-reflection and motivation but also self-criticism and thus self-doubt (and often keeps us awake at night). Active listening requires the listener to 'quiet' this chatter and focus on the speaker and what they are saying. This is different to not simply thinking of your next coaching question or inserting yourself into their dialogue, providing examples of what you would do in a certain situation or instructing them on what they should do with your own 'expert advice'. That is not to say that we are not experienced professionals in our own right or that at times the student may simply need advice or instruction, rather that coaching conversations are about truly listening to what the speaker (student) has to say, and through incisive questioning on the part of the coach unlocking the student's potential and having belief in their ability to problem solve and find solutions to their own challenges and goals.

> "*It is questions rather than instructions or advice that best generate awareness and responsibility.*" (Whitmore, 2017, p. 81)

ACTIVITY 3.6

How do you demonstrate that you are listening and have heard what has been said?

An answer guide is provided at the end of the chapter.

For the practice supervisor, active listening will be a crucial skill to develop. This is because the practice supervisor is the healthcare professional who will spend most of the time on placement with the student, assisting them to meet their NMC proficiencies and individual practice learning goals. The practice supervisor role is discussed in detail in *Chapter 1*. The first opportunity to truly practise active listening will be during the initial meeting when the student commences their practice placement where the student will talk about their self-assessment and identify what they want to achieve. Practice learning goals should be set by the student themselves, with the supervisor actively listening as they talk about how they will go about formulating and achieving these. Through open questioning and active listening the practice supervisor can facilitate the student in developing a meaningful action plan for their clinical placement.

3.4.3 Giving feedback

Giving feedback is the third and final core concept to be explored in this chapter. This is expanded on more fully in *Chapter 5*.

Giving constructive feedback is a critical component in teaching, assessing and supervising students. It can range from something as simple as an encouraging observation to a more structured written statement in the student's practise assessment document (usually following verbal discussion). It is such a powerful tool that has potential to accelerate a student's learning but if done poorly or without due care and attention can be destructive to the student–supervisor relationship, to the student's confidence and, if not done at all, can result in unchecked poor and even unsafe practice potentially putting patients at risk.

Sadly, feedback can often be associated with criticism both by the person providing the feedback, hence their reluctance to give it, and by the person receiving it which can result in angry retaliations or tears, particularly if feedback is in relation to 'failing' or poor performance (Duffy, 2013). This has led to a shift away from the term constructive criticism due to the negative connotations of the word 'criticism' to terms such as constructive feedback.

Feedback which is not targeted, planned or personalised can fall short of its intended purpose and is ineffective in terms of helping the student to have insights about their behaviour or thinking/problem-solving processes (Clynes and Raftery, 2008; Starr, 2016). Constructive feedback on the other hand is honest and sincere and when given with positive intention

based on facts and not assumptions, can inspire and motivate students, helping them to feel valued. To do this effectively requires trust between practice supervisor and student in the supervisory relationship.

In her work '*Radical candor*' Kim Scott (2017) identifies four management style categories: obnoxious aggression, ruinous empathy, manipulative insincerity and radical candour (see *Table 3.5*) and considers how these styles impact on team building and team cohesion. In short, radical candour (the goal) as applied to student supervision and assessment requires the supervisor/assessor to set the right tone by offering direct and honest (constructive) criticism, being genuine when offering praise and being kind and respectful when delivering and receiving criticism (feedback), while remaining open to change. When applied to coaching conversations, candid feedback is more likely to have the intended impact on students in terms of their personal development than vague or superficial feedback or outright destructive criticism (Cantillon and Sargeant, 2008; Glover, 2000).

Table 3.5: *Management styles (adapted from Scott, 2017)*

Obnoxious aggression Known as brutal honesty (front stabbing) and includes direct challenges while failing to show you care about them personally, insincere praise and unkind criticism	**Ruinous empathy** Wanting to spare someone's feelings so failing to tell them something they need to know; you care personally but fail to challenge directly; includes non-specific praise so the person is unclear about what went well, vague or sugar-coated criticism or saying nothing at all: 'if nothing good to say, say nothing at all'
Manipulative insincerity Known as 'backstabbing' and includes insincere praise, being complimentary face-to-face but criticising behind the person's back; you neither care personally nor challenge directly and can be passive aggressive	**Radical candour** You care personally and challenge directly while being sincere, kind, specific and clear

ACTIVITY 3.7

Structured feedback models can be useful tools to use when starting a feedback conversation with your student. What feedback models have you used or are you aware of?

There is an outline answer at the end of the chapter. More examples are also offered in *Chapter 5*.

3.5 COACHING SPECTRUM

TOP TIP

It is useful at this point to introduce the coaching spectrum, a tool that can be applied by supervisors and assessors to truly listen to what the student is saying and to engage with meaningful coaching conversations and giving feedback. Applying the coaching spectrum allows you to draw together and practice all of the coaching skills introduced to you so far.

Coaching approaches range from directive to non-directive, as can be seen in the coaching spectrum (*Figure 3.2*).

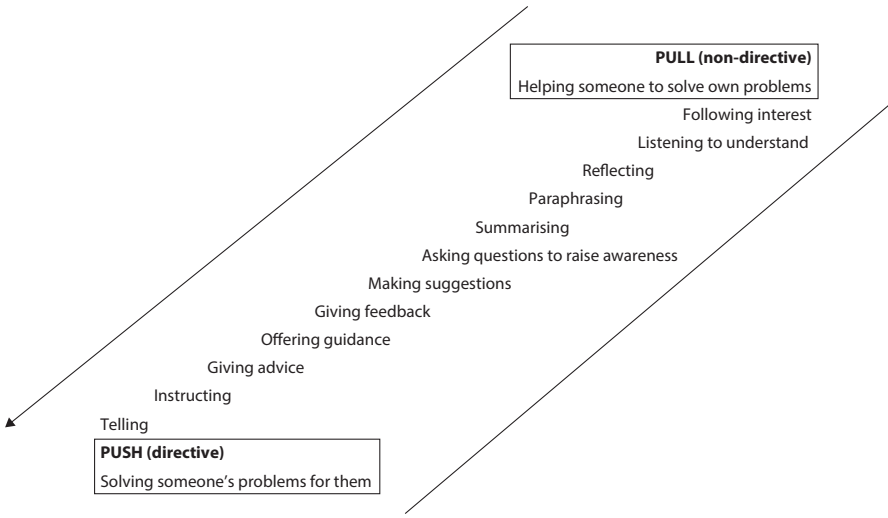

Figure 3.2: *Coaching spectrum (adapted from Downey, 2014).*

Traditionally the push or directive approaches are those employed by mentors, and non-directive or pull styles are those used by coaches. Both ends of the scale are equally important and practice supervisors should remain flexible in the style used. This will be determined through coaching conversations where the level of knowledge and skills of the student are established. This in turn will help to clarify the level of support that students require at any given time throughout their placement or indeed their programme. That is to say, a student who is new to placement and has never experienced a particular field of practice or performed a specific skill before will likely require a more directive approach where they are given instruction, advice or told how to do something. For more experienced students, non-directive styles can be used where questioning and listening techniques as discussed earlier in this section can be implemented.

ACTIVITY 3.8

Reflect on your last supervision interaction with a student. Where were you on the spectrum of coaching? Facing the same situation again, what other part of the spectrum might you use and why?

This is a personal reflective activity, so no answer guide is provided.

Next, we explore the qualities of the supervisor who effectively applies coaching conversations.

3.6 EXPLORING THE QUALITIES OF THE SUPERVISOR WHO EFFECTIVELY APPLIES COACHING CONVERSATIONS

Holding coaching conversations is a skill that can be taught, and people can be educated to effectively engage with coaching conversations. However, there are qualities that people possess that allow them to deepen the effectiveness of the coaching conversations that they offer. These qualities are intrinsic and not so easy to instil as the knowledge and skill, but can develop over time and can be dependent on the experiences of individuals.

ACTIVITY 3.9

Refer to *Activity 3.2* and your definition of coaching. Reflect on your definition together with what you have learned about effective questioning, listening and providing feedback. Apply your knowledge by listing the qualities that you feel that an effective practice supervisor or assessor should demonstrate when using coaching conversations.

This is a personal reflective activity, so no answer guide is provided.

3.6.1 Coaching qualities

Provided below are coaching qualities that when applied by the practice supervisor and assessor can help unlock student's potential for learning and achieving NMC programme outcomes and proficiencies:

A desire to help others and ability to motivate It goes without saying that to get the best out of a student you must be willing to invest in that person and demonstrate the skills to motivate them in their progress. To be effective in holding coaching conversations there is a need to recognise the achievement of others and to celebrate this to further encourage them.

Coachable To be coachable yourself indicates an openness to self-development, and an understanding of the processes and traits that act as a role model to others.

Respected/lead by example It is essential that as a supervisor or assessor you lead by example. Would you use a fitness coach who was unfit themselves? As an effective person who holds coaching conversations, you need to excel in your field of expertise and utilise this to your advantage and to motivate others; for example, making clear to students how you work within *The Code* (NMC, 2018c), promoting person-centred care.

Non-judgemental Being non-judgemental is one of the fundamental skills of being a nurse and indeed is a transferable quality to that of somebody who can use coaching conversations. As a supervisor or assessor, you are allowing students to express their thoughts, ideas and feelings openly and encouraging them to make decisions/actions for themselves. To be judgemental may result in a 'closed' student who is unwilling to engage in deeper exploration of concepts. It is a fact of life that you will hold your own opinions but for coaching conversations to be successful these must be put aside and the interests of your student must be the priority.

Honesty To develop good relationships honestly is invaluable. However, radical candour as previously explored in this chapter should be considered when giving feedback. Feedback should be specific and sincere while being kind. It is important that feedback is clear but still does not demotivate the recipient or cross boundaries by becoming personal.

ACTIVITY 3.10

Building from *Activity 3.9*, reflect on the following key areas:

1. What qualities do you think you have that will help you to hold effective coaching conversations?
2. Are these innate qualities or have you developed them over time?
3. Could you develop any other qualities required?

This is a personal reflective activity, so no answer guide is provided.

3.7 CLINICAL LEADERSHIP DEVELOPMENT THROUGH ENGAGING IN COACHING CONVERSATIONS

One of the many benefits of adopting a coaching approach to supervision and assessment is promoting clinical leadership development.

Clinical leadership can be defined as: "providing excellent patient and client care through undertaking service improvement" (Chadwick and

Leigh, 2018, p. 120) and is a key component part of the role of every nurse or midwife who contributes to excellent patient and/or client care.

Developing students' clinical leadership relies on appropriate support offered from within the clinical environment and that students as learners are allowed to practise autonomously but in a safe and supported manner. West *et al.* (2015) concluded that preparation of healthcare staff in effective leadership skills is fundamental to improvements in health outcomes. The WHO (2020) also sees the value of nursing leadership when it is used to influence health policy formulation and decision-making.

Supervisors and assessors using coaching conversations can promote clinical leadership development through providing a conducive environment for students to gain independence and demonstrate leadership abilities when working within the multidisciplinary team and, as they progress through their programme of study, leading the team. This approach to leadership development supports students to become more confident in their own decision-making abilities.

When developing the student's clinical leadership, the supervisor as coach must ensure that patient safety is paramount. Use of a situational leadership model such as Hersey and Blanchard (1982) can assist the coach in knowing what level of support or delegation is suitable for each learner. Situational leadership can be used as a tool by the coach to apply the core concepts of coaching such as questioning, active listening and providing feedback to adapt the amount of autonomy given to the student that is dependent upon their current level of skills and knowledge alongside their willingness and motivation (see *Table 3.6*).

Table 3.6: *Application of the Hersey and Blanchard (1982) situational leadership model*

Student level of competence and motivation	Leadership style suggested
Learner has little ability or experience and lacks willingness or confidence	**Directive/Telling** Coach gives instruction and guidance to student and closely observes progress
Learner lacks ability but is keen to learn and practise	**Coaching/Selling** Coach explains procedures and rationales and is available to offer support to the learner
Learner is able and experienced but may lack motivation or confidence	**Supporting/Participating** Coach encourages learner to be involved by increasing confidence or enthusiasm
Learner is capable, confident and keen	**Delegating** Coach gives responsibility to the learner who will plan own goals and practise independently

Use of the effective questioning techniques discussed earlier will give the clinical coach the confidence in understanding the student learner's level of knowledge, ability and motivation. Coaching approaches may encourage supervisors to give students more independence when delivering and managing care, which in turn will allow the learner to feel more competent and ready to transition to a qualified professional more smoothly.

Thomson *et al.* (2017) discussed that some final placement students can feel ill-prepared for registration, which can be due to the lack of opportunity to develop their leadership and management skills. When supervisors use coaching conversations, students are engaged in their own learning and are given a suitable level of responsibility with their own patient allocation while reassured that there is an experienced supervisor monitoring their care. This enables the student to practise independently while feeling secure in the knowledge that there is a registrant available for them to discuss any concerns. The level of responsibility and leadership can be increased during the placement so that they feel included as a valuable team member, offering support to other learners and clearly demonstrating that they are achieving their NMC programme learning outcomes and proficiencies.

The next part of this chapter situates the core concepts of coaching conversations within a clinical coaching model. Using the GM Synergy model as an example, you will next apply a coaching model in clinical practice that sets out coach–student expectations and facilitates student learning, clinical leadership development and promotes wellbeing. The example provided is for nursing students but the model can be adapted to all undergraduate programmes that lead to NMC registration.

3.8 THE GM SYNERGY COACHING MODEL

Four Greater Manchester universities (see *Box 3.1*) provide undergraduate nursing programmes situated within Greater Manchester. Equipping Greater Manchester nursing students with exemplary clinical leadership skills is reliant on the practical component of their educational programme taking place in a supportive clinical environment. Aspiring nurse leaders should be supported to flourish in order that the future nursing workforce has the right leadership knowledge, skills and behaviours required to make sound clinical and non-clinical decisions that will empower nurses and strengthen nursing in decades to come. This in turn provides the optimum condition for delivering exemplary patient care.

***Box 3.1:** Four Greater Manchester universities*

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

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

Influenced by evidence from the Willis Commission (Willis, 2015) on the future of nursing education that provided evidence of the Collaborative Learning in Practice model (CLiP) and our own practice, the team also identified coaching as an effective model for student nurse support in practice. In 2016/17 members from the Greater Manchester Practice Education Group attended a study day facilitated by the University of East Anglia who had developed the coaching model (CLiP) and visited the Lancashire Teaching Trust who had implemented the model.

The vision was clear from the outset that any new model would continue to standardise Greater Manchester resources while at the same time promote flexibility and freedom in the diverse clinical contexts and healthcare organisations. In this way, it was recognised that there was a need to create a bespoke model that would be responsive to the differing context and needs of each hospital Trust and university involved, thus complementing the Greater Manchester transformation agenda.

The GM Synergy coaching model is summarised in *Figure 3.3*.

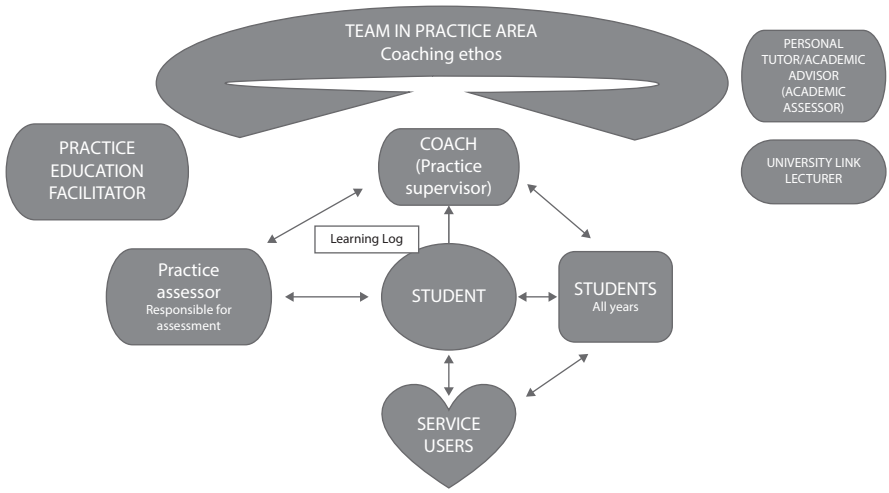

Figure 3.3: *The GM Synergy coaching model.*

3.8.1 Setting up the GM Synergy coaching model

The four universities and healthcare organisations worked in partnership to identify GM Synergy placement areas and agreed coach–student expectations and what effective supervision and assessment would look like. Under the supervision of a practice supervisor who uses a coaching approach, the student would be expected to become actively involved in all aspects of nursing care. Students, taking into account previous learning experiences and learning needs, develop their ability to reflect on their advancing knowledge, skills and behaviours (Leigh *et al.*, 2019).

ACTIVITY 3.11

Place yourself in the situation where you are thinking about introducing a coaching model in one clinical placement area. What educational support would be required?

An answer guide has been developed by an experienced practice education facilitator who reflects on their experiences of providing support in preparation for opening a GM Synergy coaching placement in a large NHS Foundation Trust.

A typical GM Synergy day is described below.

3.8.2 GM Synergy: a typical day

GM Synergy placement areas are allocated undergraduate student nurses (often, but not always, a combination of first-, second- and third-year) though not all will be on duty at the same time. Placements are situated within hospitals (spanning adult and child and intermediate care settings) and attended by adult and children and young people fields of practice. Many practice areas are split into 'bays' and there may be one or more bays that will operate the GM Synergy model at the same time, allowing a large volume of students to be accommodated. This contrasts with non-Synergy areas where student allocation can be as low as one. This high volume of students is required to provide the peer teaching and learning opportunities. At the start of the shift, students meet with their coach for the day (who is predominantly the practice supervisor), the ideal ratio being four students to one coach (Leigh *et al.*, 2019), to discuss their learning needs for the day. Students complete their learning log, focusing on specific learning objectives related to their placement learning objectives. Students provide care to patients with direct support and supervision from the coach. The practice assessor will observe the student and conduct the summative assessments.

Peer teaching and learning also takes place between the first-, second- and third-year students. At set times throughout the shift the coach and students review learning based around the students' learning objectives, critically reflecting on what they have learnt and continuously planning for the next learning opportunity. Other key practice-based education roles that support effective GM Synergy delivery include the practice education facilitator and academic assessor. These roles have been explored in *Chapter 2*.

The GM Synergy Model is continuing to evolve, providing the multi-professional coaching experiences for all learners that take place from within the range of health and social care settings. Key to the emergent model is the learning with and from each other.

Provided next are *Top Tips* when planning supervision and assessment for student nurses who for the shift are engaging with the GM Synergy model.

TOP TIP

Supervision and assessment with the coach at the start of the shift:

- Coach meets with the students to discuss the plan for the day and patient allocation; this is dependent on the students' prior knowledge, experience and learning needs as discussed with the practice supervisor
- Negotiate frequency of reviews/how often you will catch up
- Explore learning opportunities – following the patient journey
- Consider any proficiencies and professional values to be assessed by the practice assessor
- Consider if the academic assessor is to be involved (this role is discussed in detail in *Chapter 2*)

TOP TIP

Supervision and assessment with the coach at the mid-point of the shift:

- Coach and student review progress and implement changes if required
- Practice supervisor and other personnel will be available to support the coach and teach/guide as required
- Feedback from coach, discuss evidence gathered and skills being developed, adapt or build on original plan if necessary
- Confirm actions for the remainder of the shift
- Practice supervisor, student and practice assessor discuss summative assessment (if appropriate)

TOP TIP

Student supervision and assessment with the coach at the end of the shift:

Coach:

- Reviews the day with student and provides feedback
- Completes the learning log and reflects on the day, discussing outcomes with practice supervisor and/or practice assessor

Student:

- Evaluates own progress and provides feedback to the coach
- Reflects on the day with practice supervisor/practice assessor and plans for the next learning opportunity
- Practice supervisor, student and practice assessor discuss summative assessment (if appropriate)

3.9 SUMMARY

This chapter has defined coaching and has provided you with the opportunity to understand the differences between coaching and mentoring. Through engaging in a series of activities, you have examined the core concepts of coaching conversations that, when applied to supervision and assessment of students, effectively facilitate student learning. The qualities of the effective coach in clinical practice have been explored. Using the GM Synergy model as a case study example, you have knowledge of a coaching model in clinical practice that clearly applies the supervisor and assessor roles set out in the NMC (2018b) *Part 2: Standards for student supervision and assessment*. The model, however, is transferable to all undergraduate NMC programmes that lead to registration. Through clearly identifying the coach–student expectations, there is the opportunity to promote students' clinical leadership development, achievement of NMC programme proficiencies and student wellbeing.

RECOMMENDED FURTHER READING

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Access the following link to find out more about the NHS Leadership Academy Healthcare Leadership Model: www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/

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ACTIVITY ANSWER GUIDES

ACTIVITY 3.2

Provided in the table are benefits and risks that you may have identified:

Benefits of adopting a coaching approach	Risks of adopting a coaching approach
Students: improved performance, motivation, commitment, personal growth, quality of life, work–life balance, sense of purpose, satisfaction, communication, relationships **Practice supervisor as coach:** improved self-awareness, listening, satisfaction (due to making a difference), intellectual challenge, skills (e.g. questioning), issue awareness, management of people and teams	**Students:** may not feel ready for their increased responsibility **Practice supervisor as coach:** may not feel adequately prepared and supported in their role

Strategies to address the associated risks include ensuring that the student and practice supervisor as coach are all fully prepared for their roles and that effective communication takes place between the coach, supervisor and assessor.

ACTIVITY 3.6

Techniques to demonstrate you have both listened and heard what has been said:

Paraphrasing	Using your own words to express what was said (or written) by another person
Summarising	Giving a brief overview of whole conversation/discussion
Reflecting back	Repeating words back in exactly the same way as the other person said them; can be done not just by reflecting back the word(s) and how they were spoken but also the body language used by the person speaking Reflecting back is like holding up a mirror to that person, so if they fold their arms when using a particular word or phrase you would do the same This raises awareness in the speaker as they may not be aware of their body language or the tone they use with certain words
Mirroring	When done with intent, rather like reflecting back body language, it can demonstrate you are listening – not just the words spoken but to the non-verbal language Unintentional mirroring often occurs when someone (the listener) is engrossed in what is being said and subconsciously they begin to mirror the body language of the person speaking
Leaning in	Research shows that leaning forward when listening tends to increase the verbal output of the person speaking

ACTIVITY 3.7

There are a number of feedback models that can be used; two which are commonly used in practice are summarised here.

Pendleton's rules

	What went well	Improvement areas	Action plan	Summary
Coachee	Explains what went well	Explains what could be done better	Explains action plan	Summarises key points
Coach	Comments on what went well	Comments on what could be done better	Approves action plan with modifications if required	Comments as appropriate

Pendleton et al. *(2003)*

Situation, behaviour, impact model

Situation	Be clear and define the when and where of the situation to which you are referring; this provides context to the person you are giving feedback to
Behaviour	Describe specific behaviours (actions) you want to address; comment only on what you directly observed, stating facts and avoiding assumptions
Impact	Use 'I' statements to describe what impact these behaviours/actions had on you and/or others
Once feedback is delivered, encourage the person to reflect on the situation in order to understand and learn.	

Center for Creative Leadership (2019)

ACTIVITY 3.11

A clinically based lead person was identified to work with the pilot areas assisting them with training staff around the GM Synergy coaching model – providing information, advice, guidance and resources on an ongoing basis to assist the placements to establish and implement the model during its initial introduction.

During the initial introduction of the model to the placement area, sufficient learners were allocated to each placement after being prepared by the four universities. The GM Synergy lead visited the placement areas to support inductions and then regularly to support staff and learners with queries and reinforce the use of coaching by identifying coaching opportunities, offering advice around allocation of learners to placement tasks and responsibilities to support their learning and peer support,

and ensure effective supervision of learners involved in a hands-on approach to learning was maintained. The Synergy lead worked with placement staff to organise off duties ensuring learner skill mix allocated to off duty were being coordinated effectively to enhance the opportunities for peer support and leadership development.