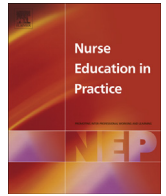




Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nejpr

Learning and teaching in clinical practice

Clinical Coaching – An innovative role to improve marginal nursing students' clinical practice

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ARTICLE INFO

Article history:

Accepted 11 June 2014

Keywords:

Coaching
Clinical placement
Skills development
Nursing students

ABSTRACT

In order for undergraduate nursing students to demonstrate their ability to achieve the required level of competency with practice they must be able to integrate both the clinical skills and knowledge that are pivotal to safe and competent nursing practice. In response to ongoing concerns about students' level of competency expressed by the supervising clinical staff, one School of Nursing and Midwifery created a Clinical Coach (CC) role. The purpose of this paper is to present the data collected including outcomes achieved and the coaching strategies used when a CC role was implemented to support and develop nursing practice for the marginal performer or 'at risk' student. A literature review of the application of coaching to nursing, a detailed analysis and discussion of the outcomes identified from auditing of collected data and the specific coaching strategies that resulted in successful outcomes for students is presented. This model of Clinical Coaching for nursing students could readily be adopted by other Schools of Nursing and Midwifery. This account of the regime of coaching practices may also offer a transferable, adaptable and flexible approach for other health professions who require their undergraduate students to complete clinical placements in preparation for professional practice.

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Introduction

Clinical placement experience is an integral aspect of practice development for undergraduate nursing students undertaking a Bachelor of Nursing degree in Australia. Students undertake multiple placements across various health agencies. Development of nursing practice requires the synchronicity of both knowledge application and clinical skills and students must demonstrate ability to integrate these professional requirements of the Registered Nurse (RN) for which they are being prepared. In Australia, this requires students to demonstrate the ability to meet the Nursing and Midwifery Board (NMBA) competencies (Australian Nursing & Midwifery Council, 2006) to that of a beginning level RN standard by completion of their degree. The majority of nursing students is able to develop and to meet these expectations and successfully integrate increasingly complex skills with practice knowledge as they progress throughout the year levels. Some students, however, fail to meet the expected levels of competency when undertaking nursing practice in the clinical setting. In response to an increasing number of students who had practice deficits identified when they were in the clinical setting, one School

of Nursing and Midwifery implemented a series of practice development strategies. The appointment of an academic in a Clinical Coach (CC) role the subject of this paper was one of these strategies.

The purpose of this paper is to present the data collected including outcomes achieved and the coaching strategies used when the CC role was implemented to support and develop nursing practice for the marginal performer or 'at risk' student. The CC provided opportunity for early intervention and guidance to students identified and referred who required additional support to build confidence, to develop understanding and to increase ability to demonstrate the core attributes of practice and so improve their clinical practice skills. The term skills throughout this paper will refer to the collective practices of nurses that require them to perform psychomotor technical clinical skills, demonstrate effective communication skills, show ability to time manage and be able to plan and prioritise nursing care for their patients.

'Coaching' is a term borrowed from sporting philosophy. Sporting philosophy is underpinned by cognitive psychology, which seeks to understand the nature of human intelligence and how this works (Anderson, 1985). In more recent times the term 'coach' has emerged as a contemporary term used by 'executive or life coaches' who are often engaged by business management to improve productivity or equip individuals with the skills that result in success (Savage, 2001). Coaches follow established codes of behaviour that include having realistic and attainable expectations,

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ensuring all players know the rules, earning players' respect, and giving praise as well as being personally committed (Pyke, 1991). The term 'coach' as it relates to the CC role discussed throughout this paper, is synonymous with its accepted meaning within the sporting world as one who trains through the processes of instruction and of giving advice (Pyke, 1991). Coaching in relation to clinical education involves 'the interactive, interpersonal processes through the acquisition of appropriate skills, actions and abilities that form the basis of professional practice' (Morton-Cooper and Palmer, 1993, p 47, cited in Grealish, 2000 p. 231).

The CC role involved adaptation of sporting tenets or principles to the clinical practice milieu and was underpinned by six coaching principles. These principles were to show each student respect; seek to develop their potential; communicate effectively; provide specific feedback; use goal setting to motivate and provide appropriate challenges (Martens, 1997; Crisfield et al., 1996). Coaching sessions were focused on development of student's nursing practice skills affording them opportunity to improve their practice and meet the standards of clinical competency of safe practice. The CC provided support and advice to students and encouraged students to access wider support services provided by the University if necessary. In addition, the CC role included responsibility for contributing to the planning and evaluation of undergraduate course work through direct involvement with curriculum development.

The CC tracked all coaching referrals and student progress. The coaching data-base provided the means by which to track the outcomes of the Clinical Coach role over the initial 9 semesters it was implemented. An audit of this data together with a review of literature around coaching for nursing practice development will be presented, analysed and discussed in this paper. Lessons learnt to date about development of clinical practice and the specific coaching strategies that resulted in successful outcomes for referred students will be presented. Patterns and trends that emerged have enabled the CC to make recommendations to the wider School community and of implementing a range of strategies to further support the marginal or 'at risk' undergraduate nursing student.

Literature review

There is extensive literature available in relation to nursing education of students in the clinical environment. Much of this literature relates to aspects of clinical education including the supervision of students, the role of clinical educators and facilitators, university and hospital collaboration, the evaluation of students' clinical competence and the theory–practice gap. A data-base search was undertaken across several data-bases including CINAHL; Medline and Proquest data-bases using the key words *coaching*; *clinical placement*, *skills development* and *nursing students*. The literature presented here will only address the nursing literature around coaching when undertaken as a strategic approach for development of nursing practice. Few primary research studies were uncovered and much of the literature around coaching in nursing was simply a descriptive or opinion-based paper. Most literature around the issue of coaching in nursing relates to the staff development and not the students. Research papers that looked at post graduate and/or master's programme students or peer teaching models that called it coaching have not been included as the CC role presented in this paper was only for undergraduate nursing students.

Several articles reviewed, discuss the merits of coaching as an effective strategy for nurse managers to adapt in order to promote learning and to develop self-awareness amongst nursing staff. As far back as the 1990s Pethigal (1991), Haas (1992), Cole (1994) and Whyte (1997) all determined that coaching principles could be

used to support staff development. Haas (1992) provided a coaching framework and presented the techniques and central principles essential to coaching that involved six phases including observing and auditing, analysis, discussion, channelling, delegating and feedback (Haas, 1992, p 56). According to Cole (1994), coaches needed to possess certain skills that included being credible, patient, supportive, flexible and respectful of the learner. Cole (1994) concluded that the coach required keen observation and a high level of interpersonal skills, an understanding of the principles that feedback should be descriptive and not judgemental and knowledge of the principles of adult learning and ability to apply them. Whyte (1997) concluded coaching methods could be used to help individuals to develop the ability to learn, as opposed to having to teach them, in a way that fostered their ability to maximise their own performance.

Hallett's (1997) phenomenological interpretive study examined the relevance of Schon's (1987) theories of coaching to nursing education in the UK. Hallett's study focussed on aspects of Schon's theories that could be utilised by community based nurses who undertook the supervision of college based nursing students. Schon's (1987) theories consist of the application of three types of coaching within the student–coach relationship. These included "Joint Experimentation" in which the student and coach work, discuss and debate together, "Follow Me" a process by which the student learns to imitate the coach and "Hall of Mirrors" in which insight of practice facilitates learning (Schon, 1987).

Hallett (1997) presented learning as a sequence of events composed of seven stages and concluded that knowledge and understanding grew out of practice for both students and supervisors. These seven stages included encountering reality, having a go, gaining confidence, thinking through and understanding, developing ideas, being independent and being assessed (Hallett, 1997, p106). Hallett's (1997) work was an exceptional study that provided an educational pedagogy that enhanced outcomes for nursing students undertaking placement using a coaching philosophy developed by Schon (1987) that she showed had real relevance in the clinical education of nursing students.

Kowalski and Casper (2007) set out to gain a better understanding of the potential of coaching in nursing by drawing on the extensive study of clinical nursing practice in the clinical environment undertaken by Benner. Benner's work, published in 1984, was the culmination of descriptive research of nursing practice that applied the Dreyfus model of five distinctive levels of skill acquisition to unpack the notion of expertise in nursing practice. Benner (1984) was instrumental in highlighting how nurses develop in their nursing practice and how that development is paralleled with their gaining of ongoing experience. Such a framework provides a sound pedagogical base for understanding how skills acquisition, the primary aim of coaching, develops. Kowalski and Casper (2007) concluded that in order to be effective, the coach must have the experience of practice, that is be advanced or expert in their own practice, so as to best provide opportunity to others and assist staff in developing ability to integrate theoretical knowledge and so enhance and develop their clinical practice.

Nursing literature uses several terms to describe specific support that can be afforded students including coaching, mentoring and facilitation to name a few. Sherman (2006) examined the impact of coaching across generations as in an unprecedented situation, four generations now make up the current nursing workforce. Sherman (2006) evaluated how the generations differ in their attitudes and behaviours towards coaching and mentoring, terms incorrectly used interchangeably throughout nursing literature, and showed that these terms mean different things to the different generations. In making a distinction for this paper, between coaching and mentoring, coaching is task oriented with a focus on

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