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Clinical coaches in nursing and midwifery practice: Facilitating point of care workplace learning and development

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ABSTRACT

Contemporary demands for workplace learning and development in real time have guided one health service to create a new role, that of the clinical coach. Clinical coaches provide point of care educational interventions to achieve clinical skill and practice development for nurses and midwives and to stimulate a culture of learning and development within the organisation. Clinical coaches use coaching processes and mantras, facilitation skills, practice development principles, adult learning strategies, supported practice and clinical assessment tools to achieve these goals within a person-centred philosophy. Specific point of care accountabilities of the coaches related to staff development include supporting clinical induction requirements, supporting preceptor and learner practices, supporting evidence-based clinical development, ensuring that mandatory training requirements are met, and coaching for the maintenance of safe and competent practice. The clinical coach role has evolved throughout the health service over a number of years. Organisational data reveal the acceptability of the coaching role in the organisation along with successful outcomes. Based on this case experience, it is recommended that other health services consider clinical coaching as a relevant mechanism for advancing point of care workplace integrated learning and development.

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1. Introduction

The innovative use of coaches in clinical settings can make a difference to how nurses and midwives engage in workplace learning and development. This paper reports on the progress of a clinical coach role that has been developed and implemented across a health service in Queensland, Australia.

Specifically, this new education role is an innovative response designed to advance the learning of clinical teams at the point of care. Using concepts of coaching, which originated from sport, clinical coaches have been used as a vehicle for supporting staff to progress their learning journeys. The focus of coaching is on both the personal and professional development of the clinical team, with the overall goal of improved patient care. Fostering productive and positive relationships within clinical teams, working with person-centredness, and using concepts of practice development are all ways in which clinical coaches help teams to achieve their clinical development goals.

In this paper, the authors identify the theoretical and conceptual background to model of coaching that has been developed. They share the context in which the innovative role was developed, and explain the conceptual model of coaching that is used across the health service.

1.1. Theoretical and conceptual background

In Australia, there has been significant investment in education of health professionals at the bedside where the focus of learning has been on the needs of individual learners (Maxwell, Black, & Baillie, 2015; Santos, 2012). Clinical educators teaching in these clinical settings serve post-registration professionals and undergraduate students (Conway & Elwin, 2007; Govranos & Newton, 2014; Maxwell et al., 2015; McKenna & Newton, 2008). Internationally, clinical nurse educators have been associated with quality and

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safety advancement in health services (Bargagliotti & Lancaster, 2007; Cronenwett et al., 2007; Day & Smith, 2007; Sherwood & Drenkard, 2007; Singer, Benzer, & Hamdan, 2015). Clinical educators work with professional development frameworks and strategies to promote and achieve a highly skilled professional workforce that can function in specific clinical environments and achieve wider functionality within the health services context (Considine & Hood, 2000; Gaberson, Shellenbarger, & Oermann, 2015; Kelly & Simpson, 2001). They promote nurses and midwives performance and work attitudes (Gaskell & Beaton, 2015; Johnson, Hong, Groth, & Parker, 2011) assess and monitor clinical learning environments (Chan, 2001, 2002; Faithfull-Byrne, 2011b; Santos, 2012), and assist achievement of health service modernisation (Page, 2002; Thorpe, Moorhouse, & Antonello, 2009). Attention has been paid to assisting registered nurses and midwives in their transition from clinical roles to education work (Duffy, 2013; Grassley & Lambe, 2015; Weidman, 2013). Over the past decade the roles of nurse educators have needed to evolve and expand. In particular, educators are now highly involved in strategic and team development in response to organisational and industry changes, and quality management requirements (Adelman-Mullally et al., 2013; Haines & Coad, 2001; Sayers & DiGiacomo, 2010). Clinical point of care is when clinicians deliver healthcare products and services to patients at the time of care (Ebell, 1999). While the term point of care is commonly associated with clinical documentation and information technology needs at the bedside, in this paper we use the term in the context of providing educational services to patients and health professionals at the time of care. National and international reports on the requirements for the nursing and midwifery clinical workforce identify the need for new point of care educational strategies and for the technological training and development of the registered health professional workforce (Curran, Sheets, Kirkpatrick, & Bauldoff, 2007; Health Workforce Australia, 2011; Werrett, Helm, & Carnwell, 2001).

In addition, there is greater demand for bedside training and support of unregulated health care workers (Duffield et al., 2014; Health Workforce Australia, 2013a, 2013b). Modern health professionals require professional development plans, the need to achieve set hours of continuing education, and assume responsibility as adults for their ongoing learning and skill development (Clinical Education & Training Queensland, 2011; Eraut, 2000). These activities generate the need for new models of learning and development to be implemented within clinical contexts at the point of care (McCormack & Slater, 2006). Point of care learning concerns time and place of learning interventions, is orientated to clinical situations and occurs as the need arises within the circumstances of care. Point of care learning is about learning in real time, compared to classroom learning and other forms of education that often involve preparatory work, reflective and retrospective actions. Prioritisation of point of care learning is a crucial impetus behind the development of the role and function of the clinical coach in nursing and midwifery services.

1.2. Contextual background

In response to contemporary needs for point of care education the Sunshine Coast Hospital and Health Service (SCHHS) has innovated a clinical coach role in nursing and midwifery education services (Faithfull-Byrne, 2011a, 2011b, 2015). Precipitating forces within SCHHS determined that the organisation provide quality and safe clinical practices, and ensure these by responding to the learning needs of nurses and midwives. The organisation identified the need for clinical coaches, and this generated clarity regarding the intentions and purpose of the role that would be needed for organisational functionality.

2. The need for clinical coaches: precipitating forces

Analysis of nursing and midwifery education roles in the SCHHS revealed several important issues. Nurses and midwives in clinical educator roles experienced significant competing priorities for their time. Their roles in leading workplace clinical education had expanded massively. While maintaining staff development responsibilities, clinical educators were also heavily enmeshed in service development. Joint participation in strategic organisational and change management activities, leadership and practice development projects were essential in their clinical worksites. Clinical educators' time was at a premium and many reported that time spent educating at the bedside was being compromised. Similar challenges were reported in nursing and midwifery education throughout Australia over an extended period of time (Haines & Coad, 2001; Heath, 2002; Ministerial Taskforce on Clinical Education and Training, 2007; National Nursing & Nursing Education Taskforce, 2006; Sayers & DiGiacomo, 2010).

Compounding this situation, clinical educators were relatively isolated as the organisational structure meant that they worked independently of each other in specific areas and facilities. Group fragmentation was exacerbated by the educators' experiences of multiple reporting lines and differing service models. In addition, the overall demand for point of care learning and clinical educator interventions in clinical areas meant that there were insufficient people and resources available to attend to all the required and expected work. Due to diffused workplace structures, varying degrees of financial commitment to education, and geographical challenges there was inconsistent staffing and utilisation of the clinical education team. A review recommended an alternative structure and intervention for clinical education at the bedside or point of care. The vision for the clinical coach framework was produced.

In addition to the need to develop a new role to support clinical educators, there was also a need to support the transition of clinical nurses to educational positions. The vision for clinical coaches who would work in partnership with clinical educators throughout the organisation, carried possibilities for 'point of care' education focused work, enhanced functionality of educational teams, and skill transitions for nurses and midwives who were wanting to provide 'on the ground' education.

The analysis provided opportunities for the SCHHS to examine the model of point of care education and the contemporary educational philosophy to be implemented, to achieve a modern and adult professional nursing and midwifery workforce. It was recognised that clinical coaches using practice development methodologies, facilitation skills and person-centred approaches to learning and development could complement clinical educators. This was seen as a vehicle to shift the clinical environments towards attaining an organisational culture of learning.

3. The clinical coach framework: a new model of education

The intent, educational strategies and some of the theoretical bases that embedded the clinical coach model at the SCHHS are identified below (Faithfull-Byrne, 2011b).

3.1. The clinical coach conceptual model

The clinical coach role was designed to provide a new real time, in-situ model of education to support clinical staff in their workplaces and to achieve advancement in practice and organisational learning cultures (Faithfull-Byrne, Thompson, Cross, & Moss, 2015). The clinical coach role was designed to complement and provide additional infrastructure to clinical educators by ensuring that clin-

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