The announcement by the Department of Health in October 2017 of funding for an extra 10,000 student nurses, midwives and allied health professionals by 2020 (DH, 2017) is welcome. However, our current system of clinical placements is struggling to cope with student numbers, so we have to rethink it. This article describes how an innovative model of clinical placements based on coaching methods is being developed in Greater Manchester, and how a simulation of the model has informed the next steps of the project.

Birth of the Synergy Project

The Collaborative Learning in Practice (CLiP) mentoring model developed by the University of East Anglia uses coaching methods rather than traditional mentoring to challenge students' knowledge in clinical practice, thereby promoting critical thinking and skills acquisition (eWin Workforce Information Network, 2015). The model has been cited in the Shape of Caring review (Willis, 2015) as potential good practice. At a conference in September 2016, Lancashire Teaching Hospitals Foundation Trust demonstrated how it had implemented the CLiP model, which stimulated an appetite for developing a similar model in Greater Manchester. Clinical placement providers and higher education institutions (HEIs) in Greater Manchester have a strong relationship and history of collaboration. Eleven trusts, four HEIs (the University of Salford, the University of Manchester, the University of Bolton and Manchester Metropolitan University) and Health Education England North West work together within the Greater Manchester Practice Education group (GMPEG). The idea was to use the CLiP model to develop a new shared clinical placement model, which has since been named the Synergy Project model. Before the model was implemented, a simulation involving students, academics and health professionals explored how it would work in practice. This article describes the background of, and rationale for, the new model and reflects on the outcomes of the simulation.

Key points

Clinical placement providers need to increase their training capacity to meet the demand for nurses

Coaching differs from mentoring in that it encourages people to use their inner resources and take responsibility for themselves

A placement model based on coaching can unlock students’ potential for clinical leadership

Simulation can be useful to assess the benefits and challenges of a new model

In Greater Manchester, a new placement model using coaching is being piloted after a fruitful simulation

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Abstract

Clinical placement providers and higher education institutions in Greater Manchester are working on a new model of clinical placements, based on the University of East Anglia’s Collaborative Learning in Practice model. The GM Synergy Project placement model uses coaching methods to equip students with high-quality clinical and leadership skills. Before the model was implemented, a simulation involving students, academics and health professionals explored how it would work in practice. This article describes the background of, and rationale for, the new model and reflects on the outcomes of the simulation.

Citation


In this article...

● Differences between coaching and mentoring
● A simulation scenario involving student nurses, academics and health professionals
● Example of change management ensuring effectiveness and sustainability

Using simulation to test use of coaching in clinical placements
Clinical Practice

Innovation

from all participating institutions was created and ambitious goals were set (Box 1).

More practice placements
The Synergy Project placement model is based on coaching methods; it emphasises clinical leadership development, patient-centred care and peer learning, seeking to equip students with high-quality clinical and leadership skills acquired in a safe learning environment. It will substantially increase the number of practice placements available in Greater Manchester, enabling the number of student nurses to grow according to local workforce needs.

There are currently 13 practice placement areas (in adult acute and community settings and a paediatric acute ward) spread across three trusts: Bolton Foundation Trust, The Northern Care Alliance Group (newly created to bring together Pennine Acute Hospitals Trust and Salford Royal Foundation Trust) and Manchester University Foundation Trust (created in October 2017 by the merger of Central Manchester University Hospitals Trust and University of South Manchester Foundation Trust).

Capacity in the 13 areas has risen from 63 placements to 168, an increase of 105 (266%). We hope that, after the implementation of the new model across all Greater Manchester trusts, the number of placement areas will further increase.

Coaching versus mentoring
According to Clutterbuck et al (2006), Clutterbuck defines coaching as “a short-term intervention aimed at performance improvement or developing a particular competence”. It is an ongoing process that consists of facilitating another person’s learning, development and performance. A coach enables coachees to achieve their goals by using their inner resources. In an organisation, coaching can help employees gain greater competence and overcome barriers to improving their work performance.

In contrast, mentors provide advice and guidance, and act as a sounding board. The Nursing and Midwifery Council defines a mentor as a person who “facilitates learning, and supervises and assesses students in a practice setting” (NMC, 2008). Mentoring is used as a form of long-term tailored development for people to help them improve their skills and manage their careers, bringing benefits to the organisations they work in.

Coaching involves a change of behaviour and incites people to find their own solutions to their development issues. While mentors provide advice, guidance and support to help people develop to their full potential, coaches encourage them to take responsibility for themselves; this in turn helps them manage specific issues in their organisation, thereby enhancing performance. Coaching can help people achieve an organisational goal.

Leadership learning
The Synergy Project placement model is based on coaching rather than mentoring. The coaching approach has a stronger focus on self-directed learning and on personal responsibility for leadership learning. The aim is to enhance students’ clinical leadership development so that they become confident and competent in delivering high-quality nursing care.

Student nurses and qualified staff are more likely to provide optimum care to their patients if they feel empowered to do so. In the Synergy Project model, leadership learning is student-led, less focused on following the directions of a mentor and more focused on students taking responsibility for identifying their objectives and working with their coach, who will offer guidance and critical challenge.

Students will still be allocated a named mentor, but on a day-to-day basis they will be coached by suitably experienced practitioners who will not necessarily be their mentor. This means that, at times, the named mentor may be present in the clinical area without acting as the coach.

Simulating the new model
Members of the Synergy Project team had visited colleagues at Lancashire Teaching Hospitals Foundation Trust and had a broad understanding of the CLiP model. However, we felt that we would gain valuable knowledge by simulating the new model in practice. The simulation suite at the University of Salford provided an appropriate setting for a collaborative exercise involving students and staff from the four HEIs and three trusts. The simulation took place in July 2017.

Scenario
At the start of the day, students and staff were given an overview of the project, as well as an introduction to coaching and its role in facilitating learning in practice. A ward area with a three-bed bay and two side rooms had been set up. The simulation started with a brief handover and continued with the allocation of work, followed by 10 minutes of care provision. The scenario was run three times. Lessons were learned from each simulation so that the next one could be adapted to improve the learning experience (Table 1).

Participants
In total, 20 students from all four Greater Manchester HEIs took part through direct participation or observation via a video link; the 15 who participated directly were mixed to ensure that each simulation involved students from a range of HEIs and year groups.

Members of the Synergy Project team took on the roles of service users and staff members, which allowed them not only to test the model directly, but also to experience it from a different perspective. The project team members directly involved in the simulation were registered nurses, now working in education both in the HEIs and in practice settings.

Five project team members, having been provided with information on which to build their roles beforehand, took on the role of patients. A further six took on key clinical roles: two acted as staff nurses (one of which was also acting as a coach), two acted as healthcare assistants, one as ward manager and one as a junior doctor.

Debriefing
The debriefing, which used the ‘reflective observer’ technique (Bonnel and Hober, 2016), was a rich learning opportunity for all. Separate debriefing sessions took

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Box 1. Goals of the Synergy Project

- All Greater Manchester trusts to implement the Synergy Project placement model
- 100% identification of healthcare organisations placement eligibility and readiness for recognition as a Synergy placement area
- 80% of Greater Manchester trusts to offer a minimum of 10 placements each to year 1, 2 and 3 students in adult nursing and children’s and young people’s nursing
- Training capacity of Synergy wards to at least double the number of placements
- Enhanced students’ clinical leadership behaviours, skills and confidence
- Improved student confidence in their clinical decision-making
- Increased empowerment of students to transform patient care
Outcomes
The simulation exercise has provided an evidence base that will inform the pilot phase of the Synergy Project model implementation and allowed the project team to identify the systems and processes that need to be in place.

During the simulation, work allocation between students was approached in various ways. There were discussions about whether it would be better for the coach to attribute work according to students’ prior knowledge and skills, which could be achieved by reading learning logs and talking to mentor and students. It was agreed that the coach should support students in that way, gradually fostering greater autonomy, until students knew each other and were better equipped to allocate work among themselves.

The simulation also spurred discussions on the ideal student-to-coach ratio: three students felt like an appropriate number to facilitate an effective coaching relationship, while the simulation involving five students felt overwhelming for the coach. The group also explored the role of coach. For this new role, empowering students felt incredibly rewarding, but having to stand back was a challenge. During the simulation, students had time to share experiences and learn from each other, so the model has been shown to provide opportunities for peer support and collaborative learning.

Written reflection from the simulation has been used in the student training package developed by the project team. We intend to build video footage from the simulation into the training package, and potentially use it online for information and education purposes.

Change management
From past experiences of change management, we are acutely aware that the way change is implemented affects its effectiveness and sustainability. We need to retain both the human qualities needed for effective change management and the intrinsic qualities of caring and compassionate nurses.

A shift in mindset is needed from the traditional mentorship model to a model that can unlock students’ potential for clinical leadership. Winning the hearts and minds of all those affected by that change can be achieved through exemplary leadership (Leigh et al, 2017), which the project team has demonstrated. Communicating with, consulting, engaging with and challenging the right people (those who will help transform students’ clinical learning experience) creates, from the outset, a culture that welcomes challenge and a sense of ownership for all involved.

Next steps
Implementation in the 13 areas (phase 1) began in September 2017 and phase 2 is due to begin in April 2018. The impact of the new model on undergraduate student nurses’ clinical leadership development, and on the quality of clinical placements and learning, will be evaluated throughout the pilot and subsequently during implementation (Box 1).

Healthcare organisations and HEIs will need to work together to provide an environment conducive to clinical learning. Providing leadership learning for undergraduate student nurses will require support from educators drawn from clinical practice (qualified nurses), practice educators and academics from the HEIs.

The fact that there will be a number of practitioners acting as coaches, rather than a single mentor, should reduce the risk of failing to support students and, in turn, increase the likelihood of the new model being sustainable beyond the implementation phase. NT

References