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# An alternative model for practice learning based on coaching

## Key points

Practice learning for students is often hampered by a lack of placements and mentors

Mentor fatigue can be avoided by using the whole team to support student learning

Getting students to work together on placements increases their confidence

Using coaches allows students to step forward and learn from delivering care

The Practice Learning at Northampton (PL@N) model enhances students' learning experience

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**Abstract** Practice Learning at Northampton (known as PL@N) is an innovative method of managing student nurses' practice placements and learning experience. Designed and implemented at Northampton General Hospital Trust, it uses a coaching model rather than the traditional mentoring model. After being piloted in 2016-17, the model was rolled out and there are currently 21 PL@N wards or areas across the trust. This article describes how the model works and its outcomes so far.

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Practice Learning at Northampton – locally known as PL@N – is a new model of learning for all ward-based student nurses on placement at Northampton General Hospital. It uses a coaching model, rather than the traditional mentoring model, and involves all students in adult nursing including trainee nursing associates, return-to-practice students and adaptation students.

PL@N was introduced because the trust wanted students to:

- Feel better prepared for professional registration (in the past students often told us they did not feel sufficiently prepared;
- Have more opportunities to develop their skills in managing a ward shift.

Furthermore, the trust also wanted to reduce mentor fatigue and encourage the whole nursing team to actively participate in student learning.

## How PL@N evolved

In recent years there has been growing concern regarding clinical placement and mentoring capacity. The national shortage of mentors is being addressed by the

Nursing and Midwifery Council in its revised nursing education standards: in the *Standards for Student Supervision and Assessment* (NMC, 2018) from 28 January 2019 the roles of 'assessor' and 'supervisor' will replace mentors and sign-off mentors, and all registered nurses will be required to supervise or assess students in practice.

PL@N is delivered by registered nurses who have completed coaching training provided by the trust. It uses the whole ward as a learning environment and aims to enhance the quality of the learning experience by enabling:

- Third-year students to lead the bay to which they are allocated;
- Second-year students to initiate care and support;
- First-year students to participate in care delivery with support from second- and third-year students.

Practice-based learning models have proven successful in countries such as the US, the Netherlands and Australia (Royal College of Nursing, 2015). In the UK, several trusts have adopted similar models, such as the Collaborative Learning in Practice (CLiP) model (Lobo et al, 2014). James Paget Hospital in Norfolk is one

# Clinical Practice Innovation

## Box 1. OSCAR coaching model

- O Outcome** – what would you like to achieve today?
- S Situation** – what is happening currently?
- C Choices and consequences** – what can you do and what could happen?
- A Actions** – how will you do it? Who will support you?
- R Review** – when will we evaluate your progress?

such organisation and its team helped us set up our pilot. The coaching model we use is OSCAR (Gilbert and Whittleworth, 2009) (Box 1), as it best lends itself to practice.

According to Starr (2011), coaching builds students' confidence in their clinical skills and develops their self-awareness by encouraging reflection and enhancing relationships. Through our evaluation, coaching has also been shown to reduce pressure on mentors. It allows students to 'step forward and out' to deliver care, thereby allowing coaches to 'take a step back' and observe.

Table 1 outlines the differences between mentoring and coaching.

### How does PL@N work?

The PL@N model encourages students to support each other and shares the responsibility of student practice learning. It can be adapted to suit most specialty learning environments and is based on the following principles:

- Two bays (or a group of up to 16 beds) within a ward are used for practice learning; once assigned to this purpose, these areas remain 'PL@N bays';
- Three students – ideally one first-, one second- and one third-year student – work together in one bay (or are allocated a certain number of beds);
- The three students are supported by a named coach for the duration of the shift;
- One coach can supervise up to three students at any one time;
- The shift coach is chosen by the ward manager or coordinator;
- One month before PL@N is implemented on a ward, staff members receive group training sessions on coaching;
- Any registered nurse who has received coaching training can be a coach (a mentor qualification is not required)

but the ward manager or coordinator should not take on the role of coach.

### Students

Students are allocated patients and tasks that require skills that are in line with their required level of learning. The need to provide holistic patient care is kept in mind:

- The first-year student will care for two less-dependent patients who do not have complex needs with support from a healthcare assistant (HCA);
- The second-year student will care for four patients, with support from the first-year student and taking directions from the third-year student;
- The third-year student will manage the first- and second-year students, and care for two patients who have more complex needs, with support from both the shift coach and the multidisciplinary team.

Students follow a static off-duty rota of long shifts, whereby they are in practice Mondays, Tuesdays and Fridays; the NMC requirements for nights and weekends are factored into the rota. This enables forward planning for all.

### Mentors

For the duration of their placement, students are supported by one identified mentor (allocated by the ward manager), who is expected to work as the shift coach at the beginning, in the middle and at the end of the placement. All students in one bay have the same mentor. Mentors liaise with the shift coaches, ensuring that all

learning outcomes are met and they gain a fair and objective view of the students' needs and progression.

*“PL@N has increased student placement capacity within the trust”*

### Educators

The PL@N educator role was created in the practice development team to:

- Implement and maintain the PL@N model;
- Provide coaching training to new or returning members of staff;
- Resolve potential problems.

The PL@N educator visits students, mentors and coaches once during each shift to address any issues or queries as early as possible.

As students are funding their own education, we felt that quality needed to be at the heart of their experience so that, upon registration, they would feel equipped to be confident and competent practitioners. The role of the educator is proving pivotal to this.

### 'Hour of power'

The 'hour of power' is one hour per day shift that is reserved for studying; on night shifts, it is at the discretion of the coach. It is negotiated with the shift coach in advance on a daily basis. The hour of power can be used to explore any relevant subject, whether in medicines management, disease pathology, patient management or other topics. Ideally, the students

Table 1. Differences between the roles of a mentor and a coach

Mentor/teacher	Coach
Answers questions	Asks questions
Steps in and provides care	Steps out and allows the student to learn by providing care
Is observed by the student	Observes the student
Instructs the student's learning	The student displays what they have learned (usually self-directed) to the coach
Shows the student how	Is shown how by the student
Allocates work to the student	Is allocated work by the student
Does the same work as before but with a student	Works differently while coaching the student
Identifies individual learning opportunities in the ward environment	Uses the whole ward as a learning environment

Source: Reproduced with permission of Karen Thom, clinical educator at James Paget Hospital, Norfolk

### Box 2. Feedback from students (n = 26)

- 100% found the hour of power useful
- 100% believed that contact with the educator was sufficient for their needs
- 96% had a positive learning experience
- 92% thought that the static work rota and allocated mentor were adequate to meet their learning objectives
- 88% stated that worries and concerns were addressed during the placement
- 84% felt more confident with practice as a result of the model
- 76% used the support of other students in the bay to develop their skills and knowledge

take this hour alone, but there may be situations conducive to shared learning – for example, if an event such as a peri-arrest occurs on the ward.

The hour of power cannot be taken as an extended break or to start or finish a shift early. Students must remain on the premises and can access the library and/or the placement area laptop.

After completing their hour of power students are required to feed back their findings to the shift coach. Any evidence gathered needs to be uploaded to their electronic portfolio and recorded in their folder held on the ward. Students are also expected to present their most remarkable hour of power to the university and placement team.

When mentors act as the shift coach, they also take an hour of power during the shift; they are expected to use it to complete students' practice portfolios.

#### Pilot, evaluation and roll out

PL@N was piloted from May 2016 on two wards for a year, after which we conducted an evaluation using anonymous questionnaires exploring students' and mentors' experiences. Twenty-six out of 92 students (28%) and 23 mentors out of 68 (34%) completed the questionnaires.

The outcomes were overwhelmingly positive: 95% of mentors and 96% of students who responded had had a positive experience. Students felt supported and armed with greater confidence.

Less-positive feedback from students related to the fixed off-duty rota, not working alongside their allocated mentor as much as they would have liked, and not fully understanding the role of the shift coach. Boxes 2 and 3 show further responses from students and mentors.

We addressed the issues raised and, after the success of the pilot, it was decided to roll out PL@N to additional wards or areas. Currently, there are 23 PL@N wards or areas across the trust and the roll-out is continuing.

#### Lessons learned

Designing and implementing PL@N was a learning experience for all. Some of the lessons learned are described below.

- Preparation – plan well, especially the staff coaching sessions, and use the best available methods to deliver coaching to clinical areas; only convert those areas that want to be converted;
- Communication – good engagement with all stakeholders, including the senior nursing team, practice development staff and universities, is key; you also need to engage with HCAs, who may feel under threat, and make it clear how valuable they are in the learning process;
- Education – both staff and students will have questions and concerns; you need to keep explaining the principles of PL@N at every opportunity;
- Adaptation – the perfect mix of

- students from different years is not always possible, so you need to use PL@N flexibly and adapt it as needed;
- Data – gather baseline data before you start so you can make meaningful comparisons when you evaluate the model. For example, we noticed a reduction in falls and pressure ulcers during implementation but we could not separate this from several other initiatives that could have had an impact on that reduction;
- Recognition – a certificate of attendance for coaching will make staff feel appreciated; make sure you include all staff from the ward or area.

#### Conclusion

PL@N is clearly easing mentor fatigue, as the whole team is involved in mentoring and coaching. It also allows students to guide their own learning and develop their confidence. The PL@N model has increased student placement capacity within the trust by creating 42 extra placements without burdening registered staff with additional work. It has also enhanced the quality of students' experiences, making them feel more valued and part of the ward team. As one third-year student explained: "PL@N has given me great confidence and progressed me in a professional way more than in any other placement." **NT**

- For a discussion of the Nursing and Midwifery Council's new standards for student supervision go to: [Bit.ly/NTStudentSupervision](http://Bit.ly/NTStudentSupervision)

#### References

- Gilbert A, Whittleworth K (2009) *The OSCAR Coaching Model: Simplifying Workplace Coaching*. Monmouth: Worth Consulting.
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- Royal College of Nursing (2015) *RCN Mentorship Project 2015: From Today's Support in Practice to Tomorrow's Vision for Excellence*. [Bit.ly/RCN Mentorship2015](http://Bit.ly/RCN Mentorship2015)
- Starr J (2011) *The Coaching Manual: The Definitive Guide to the Process, Principles and Skills of Personal Coaching*. London: Prentice Hall Business.

### Box 3. Feedback from mentors (n = 23)

- 100% of mentors surveyed found that students complied with the static work rota
- 100% of shifts had coaches allocated at the start
- 100% of mentors surveyed said students were involved in handovers
- 100% of coaches supported students to deliver care to the patients
- 82% of surveyed mentors received student feedback about the hour of power
- 82% of the mentors surveyed felt that issues and concerns were being addressed
- 82% of surveyed mentors thought students were more confident than those who had not been through PL@N placements
- 65% of mentors used the 'hour of power' to complete practice portfolios



#### For more on this topic online

- Increasing confidence of first-year student nurses with peer mentoring [Bit.ly/NTpeermentoring](http://Bit.ly/NTpeermentoring)