



Ms Barbara Foggo (UK), Mrs Emma Shepherd (UK), and Mr James Wade (UK)

Can a coaching model of learning in practice impact on patient experience?



5th Commonwealth Nurses and Midwives Conference 2020

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Barbara Foggo
Emma Shepherd
James Wade



Since 2008, nursing and midwifery have relied upon a system of 1:1 mentorship in practice (NMC 2008). Since the Willis (2015) review, concerns have been raised about the mentorship model in terms of:

1. Reliability of assessment
2. Ability of all nurses to both facilitate and assess learning
3. Cap on the number of practitioners who may be supported with a 1:1 model.

- The Nursing and Midwifery Council (NMC) released new standards of supervision and assessment in practice
- Allowing HEI's and Organisations to develop alternative models of mentorship (NMC 2018).



Objectives of the Pilot

- To measure the impact of the introduction of a coaching model on patient safety
- To pilot a model of practice learning based on coaching which reflects the new NMC standards for student supervision and assessment (2018)
- To increase student placement capacity inline with the People Plan (2019) and monitor the impact of student placement evaluations
- To explore the educator experience of the introduction of a coaching model.

The Coaching Approach.....

- Based upon the principles of the CLIP® model (Collaborative Learning in Practice)
- Students work together in groups and are supervised and supported by a registered nurse (RN)
- Placement capacity increased to a maximum of 12 interprofessional learners
- The RN uses coaching techniques to facilitate learning and development
- Each student is still allocated a mentor (NMC Standards 2008) but not constant 1:1
- The supervisor will feedback to the mentor to provide a basis for assessment
- The learners will use peer support, sharing experiences and knowledge with each other.



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 STUDENTS LEARNING	THE STUDENT DEMONSTRATES WHAT THEY'VE LEARNT (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
TALKS	LISTENS
DOES THE SAME WORK AS BEFORE, BUT WITH A STUDENT	WORKS DIFFERENTLY, WHILE COACHING THE STUDENT
IDENTIFIES INDIVIDUAL LEARNING OPPORTUNITES IN THE WARD ENVIRONMENT	USES THE WHOLE WARD AS A COMPLETE LEARNING ENVIRONMENT

University of East Anglia, 2014



March 2019 - Adult Pilot

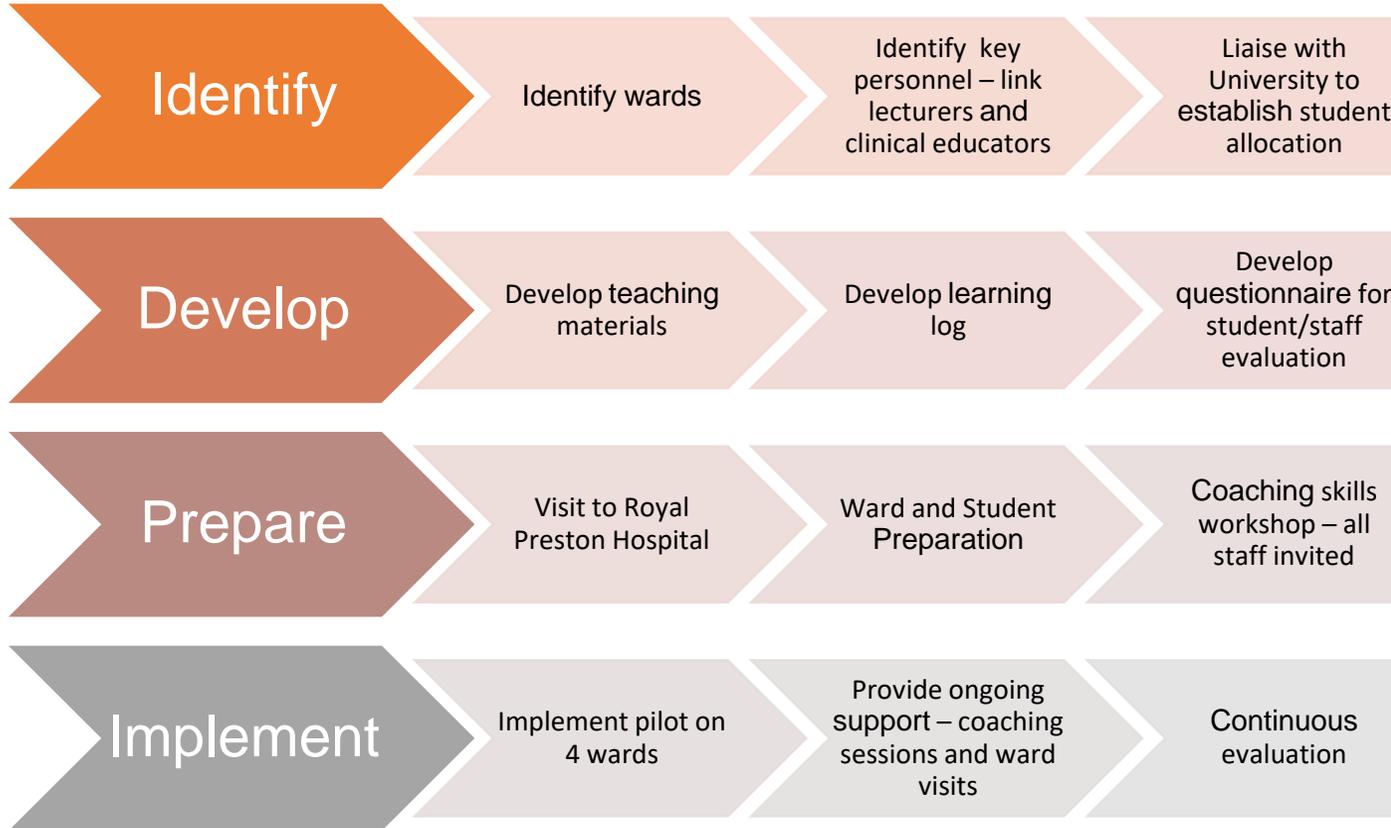


4 Pilot Wards Identified:

- Ward management keen to embrace
- Mixture of medical and surgical wards
- Educationally driven
- Recruitment and retention issues



Pilot Preparation



Challenges



A Typical Day

Identify Nurse Supervisor and Learning Bay for the shift

Allocate students to learning bay

Students and Supervisor to have a 'Coaching Conversation' to identify the priorities for patient care and for student learning

Students should complete a daily learning log

Students to work together to plan, prioritise, delegate and deliver all patient care under the careful supervision of a registered nurse. The supervisor will use a coaching approach

Each student can have up to an hour of learning time each shift to link theory to practice.



Barbara Foggo – Trust Lead Practice Education
Emma Shepherd – Assistant Practice Placement Facilitator
James Wade – Senior Lecturer

The Newcastle upon Tyne Hospitals NHS Foundation Trust

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Why Change?
In preparation for changes to the NMC standards for Nurse and Midwifery Education, and due to ever increasing numbers of learners within the trust, Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) needed to consider alternative methods of supporting our learners in practice. It was imperative that the new approach would NOT compromise the quality of learning or patient safety, and would indeed enhance both the student and patient experience.

What did we do?
In March 2019, NUTH in collaboration with the University Of Northumbria at Newcastle (UNN), piloted an interprofessional coaching approach to learning on four adult wards. This approach was based on the principles of the CLIP model (Collaborative Learning in Practice). Placement capacity increased to a maximum of 12 learners. In a move away from the traditional 1:1 mentor and student relationship, groups of students work together to plan, prioritise, delegate and deliver total patient care to an allocated set of patients under the careful supervision of a registered nurse.

Evaluation process
The Trust recognised the importance of capturing the patient experience as part of the evaluation process of the coaching pilot. A short questionnaire was developed and patients were asked to complete the survey. 102 surveys were completed, 72 from patients where students were present, 30 from patients in areas without students. Falls, Pressure Ulcer and Infection data reports were compiled. Student experience was explored through focus group discussion and feedback.

Key Findings

- Falls decreased in all areas
- There was no significant change in rates of infection despite more people working in one area
- Most aspects of the patient experience were enhanced
- Students reported feelings of increased confidence, competence and being more prepared for qualification.
- The data stated that there was no improvement in pressure ulcer rates during the pilot.

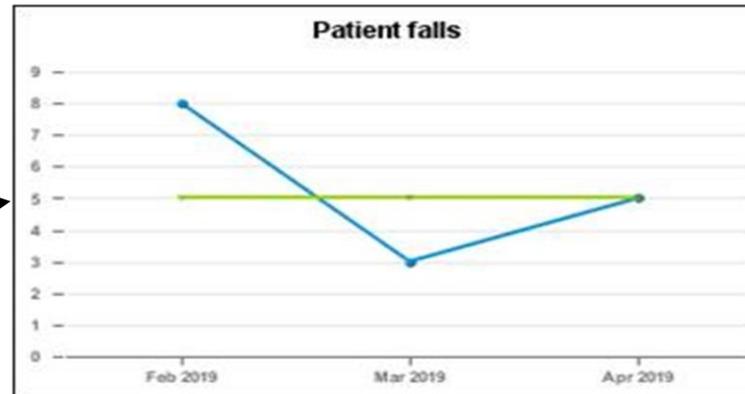
Student nurses are fabulous
I felt safe
Above and beyond

Summary & Next steps:
An interprofessional coaching approach to learning can improve patient safety, patient experience and the learners experience. This approach is now being rolled out across NUTH in both adult and paediatric areas. Further work is planned to explore the impact on patient safety over a longer period. Findings from this project will be disseminated via publications. NUTH and UNN plan further research into preparation for practice.

Patient experience ratings (either excellent or good) as a percentage

	Students present	Students not present
Privacy on the Ward	81.4%	83.3%
Privacy at bed space	90.1%	80.0%
Noise during day	65.7%	50.0%
Noise during night	58.8%	40.0%
Safety on the ward	94.3%	89.3%
Time taken to answer call bell	81.4%	70.0%
Time taken to attend to needs	85.7%	70.0%

94.3%
81.4%
85.7%





hello my name is...




Theme 1 - Support from supervisors key to success



“It’s like them having the confidence in us, with what we can do. They were there all the time for us”

“There was one specific nurse who I thought was just fantastic – she was always available”

“She was like, You can sort out when we’re going for our breaks and...” You know, let you literally just control everything. But she was there if ever you needed anything”

“And the communication was, like, fantastic. All the time. It was huddles and it was catch ups” ...



“I don’t know whether, possibly, the nurses took too much of a step back. Those are the bays, and they were being run by students – third years, second years, first years. All nursing students.”



Theme 2 - Induction and orientation of students to the ward emerges as a key factor to the student experience



“But I think it does just take time anywhere to settle in”

“..because it felt like we just started straight off. And that was tough. And I think we all, sort of felt like is it going to be like this for four weeks, because it’s going to be really tough. But then it did get easier”.

“Another student came two weeks in and they weren’t even shown around the ward. Like, they literally just said, “There you go. Like, over to you.”

“I think because you’re thrown in the deep end, it does force you to, like, swim faster almost.”

“I suppose initially, on the first day, you were like, ‘Oh...’ But then you think, well, if this coaching wasn’t... That’s kind of what it would be like when you qualify.”



Theme 3 - The positive impact on students



“This was an amazing experience I wish the whole three years had been like this

“I’m so much more confident in talking to other professionals, other nurses... Like, doctors... Like, everyone and having the responsibility of having your own bay and having to delegate to other student nurses was... Like, I benefitted loads from it.

“It’s really, positively influenced my practice, for sure”... That role of leading the care, really built confidence. Made a really big difference for me. Confidence wise. And with things like delegation. Which is, I think, one thing that a lot of people find, sort of, difficult.



Theme 4 – No desire to return to one to one mentorship



“from the coaching compared to now being back on a normal one-to-one mentoring... I find it is a lot harder to use those same skills in my day, in my management, with my one-to-one mentor, it just seems so much more disjointed”

“But, like, then, when I go on my management... Even yesterday – I was running a clinic myself. , I did have nurses there, but I was delegating, I was running it, so... Although they are not doing the coaching model, they’ve sort of accepted that this is how I like to learn”...

“Then going from that to straightaway starting (normal mentorship after pilot ended) , like, three days later in a new place – it was horrendous. I hated it”...



“The coaching project has been a great success, the students have really got involved and lead the bay organising admissions, discharges and patient care”

“For the first time in a long time I feel my newly qualified staff nurses will come to the ward fully prepared and ready to practice....”

“I need to eat my words, this is one of the best things the ward has done!”



https://youtu.be/_RcUZy7e4_A



Next Steps

- Roll out across the organisation – currently used in 12 adult wards and 6 paediatric wards, including day services and high dependency areas
- Coaching principles introduced into theatres and the community setting
- Inter-professional working – OT, Physio, Medical students, pre registration pharmacists
- Further research ‘preparation for practice’
- Disseminate findings

