A plethora of government and regulatory requirements are currently influencing the ever-changing healthcare landscape. To ensure delivery of world-class patient care, the Nursing and Midwifery Council (2018a) introduced innovative ways of educating, supervising and assessing student nurses to develop practitioners for the 21st century.

The eradication of student bursaries and the 25% increase in student nurse places since 2016 (Health Education England, 2019) have had an impact on recruitment and practice placement capacity. The availability of mentors to support student learning on placement has been under scrutiny, both as a result of this and following the Willis report (HEE, 2015), with evidence suggesting an increase in mentor burnout and fatigue (Huggins, 2016). Findings from the Willis report revealed that traditional one-to-one mentoring was no longer the most effective strategy for the robust assessment of nursing students in practice. As a result, a number of new mentoring models to support student practice learning have been piloted. Two such models are:

- Collaborative Learning in Practice (CLiP) (Lobo et al, 2014);
- Practice education-based learning.

A pivotal theme underpinning these and other approaches is the philosophy, principles and skills of coaching. Coaching is defined by Whitmore (2009) as “unlocking people’s potential to maximise their own performance. It is helping them to learn rather than teaching them”. It adopts a facilitative rather than a directive approach to learning, prompting benefits for students such as resilience, autonomy, increased confidence and leadership skills (Hellstrom-Hyson et al, 2012). These are fundamental skills required by the future nursing workforce and promoted by the NMC’s (2018b) modernisation strategy.

**In this article...**
- Benefits of coaching and how it differs from mentoring
- How coaching training was delivered to 148 qualified staff
- Staff feedback about the advantages and challenges of implementing coaching

**Key points**

- An increase in student nurse places has led to burnout in the mentors supporting their practice modules
- To address this, coaching models are being piloted that build students’ skills and autonomy
- A workshop was delivered to qualified healthcare staff on the difference between coaching and mentoring
- Attendees reported that coaching would benefit students, staff and patients
- Challenges to implementation were identified as time constraints, resistance to change and the preparedness of staff and students

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**Abstract** In response to the increase in student nurse places and its impact on the mentors supporting their practice modules, a number of coaching-based mentoring models have been piloted. These are facilitative rather than directive, encouraging self-awareness, responsibility and problem-solving skills. A one-day coaching course, run by educators from a higher education institute, was delivered to qualified healthcare staff in 12 NHS trusts. Evaluation forms revealed that attendees’ key learnings were the coaching models themselves and how these differ from mentoring. They considered the benefits of coaching to be increased student confidence and autonomy, decreased mentor fatigue and higher standards of patient care, while the challenges to implementing the model were preparing staff and students, time constraints and resistance to change. Following the workshops, the higher education institute has embedded the coaching model into its nursing curriculum.

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Students’ experiences of receiving coaching, rather than mentoring, in the learning environment have been reported by Lobo et al (2014), but information preparing staff for the role of coach is limited. This article discusses a one-day coaching training course that was delivered to 148 qualified healthcare professionals across 12 different NHS trusts. It aimed to introduce the skills and principles of coaching that can help student learning in practice.

Preparation for the training course

Due to the limited information and materials on coaching training that are specific to nursing, several non-nursing resources were reviewed and relevant aspects used to underpin the teaching delivered. This included using Whitmore’s (2009) goal, reality, options, will (GROW) model as a coaching framework and applying to clinical practice the principles from the CLiP coaching model. The models were adapted to nursing using clinical scenarios and used through discussion and group work.

The content of the training course focused on seven key areas:

- Understanding one’s own personal style;
- Explaining the difference between coaching and mentoring, and how both have a role in the learning and development process;
- Describing the GROW coaching model;
- Recognising the communication skills essential to effective coaching;
- Explaining how coaching techniques can help maximise learner performance by encouraging self-awareness and responsibility;
- Discussing how coaching principles can be applied to the clinical learning environment;
- Practising how to use coaching skills with other staff.

The pilot workshops took place from October 2017 until March 2018 and were run by practice educators from a higher education institute (HEI), who demonstrated skills such as questioning, reflective listening and summarising to aid the coaching conversation. The educators’ personal experiences of being coached were invaluable, as were their roles in clinical practice learning, running groups and delivering mentorship courses.

Training evaluation

Evaluation forms were distributed at the beginning of the training day; they were used to ascertain attendees’ pre-existing coaching knowledge and skills before the session, and their key learnings at the end.

The pre-training questions focused on professional background, mentoring qualifications and experience, knowledge and experience of coaching, and role in supporting learners. The forms showed that the majority of staff were from a nursing background, including adult, mental health and learning disability nursing. All staff had some kind of role in supporting learners, and 68% had a validated mentor qualification while 94% had some mentoring experience. However, over half had no theoretical knowledge or experience of coaching; this suggested that the correct staff had been selected for the training.

Post-training questions asked what attendees considered to be key learnings, the benefits of implementing a coaching model and the key challenges to implementation; Figs 1a-1c represent the most common free-text answers.

Key learnings

Attendees reported welcoming the opportunity and dedicated time to practise coaching skills in simulated clinical scenarios while being supported and guided by people who understand coaching philosophy and its practical application. One said that “practising basic coaching skills that [I] had no prior knowledge of” and “understanding that coaching isn’t a scary new concept [but realising] we have the skills to implement [it]” were reassuring.

Attendees reported that they recognised that using coaching to help learning could be very productive and positive for the student, mentor and coach. Of particular benefit were practising asking open questions and using the GROW model:

“Learning to ask open questions enables the coachee’s learning.”

“The GROW questions are a useful starting point to move from mentoring to coaching.”

“The GROW model will definitely be incorporated into my practice.”

Exploring the similarities and differences between mentoring and coaching during training was important to attendees: one fed back that:

“A better understanding has been gained regarding the benefits of coaching rather than mentoring.”
Other attendees reported that: “There is a subtle difference between mentoring and coaching, but this can make a big difference.”

“Moving to a coaching style with students [allows] them to take ownership.”

Leigh et al (2018) suggested that a coaching approach can encourage students to find their own solutions to problems. This was reflected in attendees’ feedback:

“Understanding how to elicit the answer from a student, rather than telling them, will make them feel more accomplished.”

When asked to reflect on their understanding of the links between coaching and other previously trialled models (such as CLiP), and whether these models could be adapted to suit their own organisations, attendees’ responded that they would “be cascading the information to all my team”, “ensure coaching is implemented” and “plan regular CLiP meetings”.

**Benefits**

The NMC (2018a) highlighted the need to separate mentorship roles into that of a practice supervisor and a practice assessor. This ensures a variety of supervisors’ voices are heard, contributing to a more robust, effective assessment, while decreasing individual burden (Huggins, 2016). Attendees highlighted that using the knowledge and experience of two mentors, rather than restricting it to one, was a clear benefit. One suggested that, by sharing responsibility across the team, coaching would be an “effective way of decreasing mentor fatigue and [increasing] communication and morale” within practice areas.

When asked about the impact of coaching on the student experience and learning environment, attendees suggested it would create more learning opportunities, enable them to feel more part of the team, and that “the experience would be enhanced by prompting more critical and independent learners”. As a result, they felt students would be more confident, empowered and prepared for their nursing role:

“The coaching approach will produce more confident nursing students who will understand the role they need to fulfil on qualification better.”

This idea was supported by Walker-Reed (2016) who suggested coaching can enable individuals to experience challenges and discover how to address them.

Attendees also said coaching would promote better patient experience and higher standards of care. In line with this, Crowle (2016), reported reduced falls, pressure ulcers and length of hospital stay at James Paget University Hospitals NHS Foundation Trust due to the coaching approach.

**Key challenges**

Preparation of staff and students was a prevalent theme in terms of key challenges. Attendees expressed apprehension about managing staff’s potential resistance to change in engaging with coaching and the current models of practice learning – for example changing staff attitudes and having enough staff to implement the model effectively. Similarities were highlighted by Leigh et al (2018) when implementing the synergy project model; they found that a “shift in mindset” was required but also that the success, sustainability and effectiveness of a change depended on how it was implemented. This idea was echoed by several of the attendees:

“I think some staff will be resistant, like when any change is implemented, but I feel it will be beneficial to both students and mentors.”

Some suggested a whole change in culture and working practice was needed, from executive level through to clinical staff.

The time involved in disseminating the coaching philosophy, preparing staff and students, and embedding the approach into practice was also a concern:

“A positive manager and clear outcome will be key, and ensuring all current mentors have coaching training is imperative.”

Also highlighted was the need for students to be prepared by the academic and practice environments to understand the new way learning would be supported in clinical practice. This included ensuring that they understood their roles and responsibilities, and realised that, “to ensure patient safety, their work would be monitored”.

Overall, attendees recognised some key challenges but were motivated to implement new strategies, engage others to share the vision and to take the next step. The aim is “to improve the learning culture and develop a skilled workforce,” they concluded.

**Conclusion**

Evaluations suggested attendees valued the workshops. They increased their coaching knowledge and practical skills, and heightened their understanding of how learner support can be delivered via different mentorship models underpinned by a coaching philosophy. Feedback showed the chance to reflect on implementation in attendees’ own clinical areas was of great benefit.

The training’s impact on attendees reinforced the value of ensuring coaching is at the forefront of new developments in nurse training. After the workshops, the HEI included the coaching philosophy in its training for all third-year student nurses: it is now embedded in its practice supervision and the coaching for the registered nurse role. It has also been recognised that using the coaching model as an underlying theme for our local practice assessors’ conference would enable a timely exploration of its many facets.

It is hoped the findings discussed in this article will be used as a foundation for other providers in reviewing their training in line with the NMC’s (2018a) student supervision and assessment standards.

**References**


