



COLLABORATIVE LEARNING IN PRACTICE

COACHING TO SUPPORT STUDENT LEARNERS IN HEALTHCARE

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WILEY Blackwell

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This book is dedicated to all mentors, supervisors, practice educators, and coaches supporting the future workforce. We hope this book will make practice learning a really positive experience and inspire you to be even more powerful practice educators. Students past and present owe you a debt of gratitude which they can pay forward to the next generation.

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Collaborator Biographies

Tony Arthur

Tony Arthur is Professor of Nursing Science at the University of East Anglia. He is also a nurse at the Norfolk and Norwich University Hospitals Foundation NHS Trust where he works on an acute older people's medical ward. He has led and collaborated on a range of research studies, where his interests lie in the evaluation of nursing interventions for older people and the epidemiology of ageing. He has degrees in Sociology, Medical Statistics, and Epidemiology.

Dr Helen Bell, PhD, MSc, PGCEA, RNT, BSc (Hons), RN, PMRAFNS

Dr Helen Bell is an Associate Professor in Adult Nursing, Practice Education Lead for Adult Nursing, and Academic Lead for Equality, Diversity, and Inclusion at University of East Anglia. She has been involved in nurse education for 27 years, specialising in aeromedical nursing in the RAF and critical care nursing. She supports a diverse range of learners in clinical practice including direct entry nursing students, accelerated pre-registration master's students, and nursing degree/nursing associate apprentices, their practice supervisors/assessors, and clinical educators, across a broad spectrum of regional healthcare placements, many of whom have adopted the CLiP™ model or adaptations thereof. Her research interests focus on the factors that contribute to success in pre-registration nurse education.

Jane Bunce

Jane Bunce has worked in medical education since 2005 and currently works for Health Education England (HEE) as Quality Lead in the South

West. Jane's own educational achievements include a First Class Degree in Business Studies and an MSc in Healthcare Leadership. Following her Masters, Jane undertook a HEE Fellowship to extend her interest in research and this led to her collaboration with the University of Plymouth on several research projects related to the development of Collaborative Learning in Practice in the South West. Jane successfully project managed the HEE SW CLiP Community Cluster Project in 2018/2019, which piloted the approach in GP, care home, and hospice settings. Most recently, she is leading the HEE CLiP PCN project in the South West which aims to explore how the benefits of the model across primary care networks.

Professor Kenda Crozier, PhD, MSc, PGDip, BSc, RM, RN

Kenda Crozier is Professor of Midwifery at the University of East Anglia. She has been involved in nursing and midwifery education for 20 years, with experience in developing curricula in nursing and midwifery that include interprofessional practice, enquiry based learning at undergraduate level, advanced practice programmes for health professions at Masters level, and postgraduate research training programmes for doctoral students. Her interest in CLiP began with a University of East Anglia visit to VU Amsterdam where she experienced it in action. Recently, she has run workshops with Health Education England to promote collaborative learning in practice for midwifery education. Her current educational research is exploring the current development of advanced practice in midwifery.

Rebekah Hill

Rebekah Hill works as an Associate Professor within the School of Health Sciences, University of East Anglia. Her role involves teaching and assessing both undergraduate and postgraduate healthcare practitioners across a range of professions. Rebekah now works as the Director of Education in the school and has a special interest in assessment of learning. Rebekah works clinically as an advanced life support instructor and within gastroenterology nursing, maintaining her special interest in hepatitis C.

Mr David Huggins

Senior Lecturer/Course Director Operating Department Practice

After training in the National Health Service (NHS) in 1984 as an operating department assistant (ODA) at the James Paget University Hospital in Gorleston on Sea, Norfolk, I worked in many other areas including London, Manchester, and Norwich as well as a period overseas as a cardiac technician in St Vincent's Hospital Sydney, New South Wales.

I became training lead for ODAs in Harrogate in the early 1990s and gained various teaching and assessing qualification during this time. In 1995, I moved to the Norfolk and Norwich University Hospital where I was employed as a Senior Operating Department Practitioner (SODP) and was responsible for not only training of ODPs but staff development too. In 2003, ODP training entered Higher Education (HE) and I was the first lecturer in operating department practice at the University of East Anglia.

As course director, I am actively involved with promoting the operating department practitioner (ODP) role and influencing practice. I have over 30 years' experience of working in a variety of operating theatre settings locally, nationally, and internationally and have a keen interest in all educational matters, especially the vital role that educators and coaches play in supporting and developing learners. I also enjoy delivering post-reg modules and am leadership pathway lead in the School of Health Sciences.

Adele Kane, MSc Health and Social Care Education, RN, RNT, HEA Fellow

Adele Kane is an Associate Head of School Practice Learning with Plymouth University, Programme Lead and Subject Specialist for Return to Practice & Health Education England Peninsular SW Fellow Practice Learning.

She has been programme Lead and Subject Specialist in Mentorship and lead projects in E-Learning development. Through her role with the University and Health Education England she has actively supported the implementation of Collaborative Learning in Practice (CLiP) Projects within the majority of Acute and Community Hospital care settings for Adult, Mental Health and Midwifery students in the southwest. More recently, leading a project within the private sector with GP Practices, Hospices and Care Homes. Currently a consultant advisor for Health Education England in a joint project with Southwest HEI's to introduce CLIP within Primary care networks as a next step forward.

Jonty Kenward

Jonty has been a qualified nurse for 25 years, her clinical background was in community practice, and as an anaesthetic nurse. For the past seven years, she has worked in a number of roles in practice education including, clinical tutor, practice education facilitator (PEF), and CLiP lead where she introduced and developed CLiP within the hospital Trust. Currently, she holds the position of Head of Student Trainee Placement Support, Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) which involves leading all undergraduate and postgraduate education teams within the organisation. Jonty is passionate about the Collaborative Learning in Practice model for student support and learning; she implemented the CLiP model at LTHTR in 2015, working with her teams to develop this within nursing and midwifery across all acute clinical areas. She has spent the last five years promoting the model nationally and sharing best practice with other higher education institutions and NHS Trusts.

Charlene Lobo, MA Healthcare Education, BSc (Hons.), RN, RHV

Charlene Lobo works as an educational consultant, having spent most of her employed life as a nurse, health visitor, and Senior Lecturer in Public Health and Primary Care at the University of East Anglia. As senior lecturer, she also held the practice education lead in the School of Health Sciences, very much focusing on the quality of the learning environment and how to improve the experiences for both students and mentors. The notion of 'the burden of mentorship' arose from an extensive study over one year collating the feedback from mentors of their experiences of supporting students in practice, and it is from this position that she sought to make a difference and developed the Collaborative Learning in Practice (CLiP™) model of practice learning. This book has brought together her long-time desire to share her insights of the CLiP model from both theoretical and practical perspectives.

Rachel Paul, MA in Professional Development and Education BA (Hons) Business Studies

Rachel worked in the City of London for a pioneering (pre internet) online Information Retrieval company before making a bold decision to leave a secure career and volunteer for VSO in a refugee settlement in Zambia. On her return to the UK Rachel worked helping people to set up co-operative businesses before moving to Lowestoft College delivering business and management training. At Lowestoft College

Rachel undertook her Certificate in Education and then completed a Masters at UEA. In 1999, Rachel moved to the School of Education at Norwich City College, delivering vocational and postgraduate education qualifications. Since 2004, Rachel has run ConsultEast specialising in helping people and teams work better and has built a strong reputation for coaching others in challenging, long-standing and intractable issues. ConsultEast also developed and delivered Institute of Leadership and Management Coaching qualifications at level five and seven. Rachel is qualified as a Cognitive Behaviour Coach and Coaching Supervisor with the Association of Coaching.

Ronald Simpson

Ronnie Simpson was a practice educator for a mental health trust. As part of his role as a Registered Mental Health Nurse he had responsibility for students in the clinical area where CLiP was implemented into Mental Health Practice. He recognised the need and implemented a position to ensure there was a nominated person outside the immediate clinical environment but inside both the education and clinical areas to be an intermediary for learners. He used his experiences to shape and tailor a CLiP programme/package to ensure students experienced a holistic and positive placement.

Kirsty Tweedie

Kirsty is a registered midwife and neonatal examiner with a background as a delivery suite lead both internationally and locally. She has been involved in midwifery education for eight years. She teaches both pre-registration midwifery and paramedic science and is the lead for the provision of the Neonatal and Infant Physical Examination module which is delivered at MSc level. She had been involved in writing the curricula for the incoming MSci Midwifery programme for which she is the course director. Her interest in CLiP began when she and a practice-based colleague agreed to pilot CLiP as a new way of teaching and learning in practice to bring about a more equitable and student-led learning environment.

Theresa Walker, RN, DN

Theresa Walker worked for nearly 40 years in the NHS as a Registered General Nurse; ten years in an acute hospital setting, twenty years in community nursing and the last decade as a Team Leader in a range of roles, both in inpatient and home care settings. She is completely

committed to developing future nurses for working in the community and believes they require a different managerial, organisational and interpersonal skill set than hospital nursing. Theresa feels the community offers great opportunity for novice practitioners and strongly believes that the CLiP model has the ability to give student nurses the opportunity to understand the difference in skill set needed in the community and the opportunity to develop them.

Graham R. Williamson

Dr. Graham R Williamson is an Associate Professor of Adult Nursing at the University of Plymouth School of Nursing and Midwifery, Exeter School of Nursing. He has had a 25-year career in research related to student placement learning and has recently been principal investigator leading a research team investigating CLIP in the South West region, in collaboration with Health Education England. Dr Williamson is currently Editor-in-Chief of the *Open Nursing Journal* (<https://opennursingjournal.com>). Graham's publications can be accessed via this link <https://orcid.org/0000-0002-5715-8621>.

Jodie Yerrell, DipHE Midwifery (with Advanced Studies) RM

Jodie Yerrell is a Better Births Lead Midwife, across Norfolk and Waveney Local Maternity and Neonatal System (LMNS), essentially focusing on implementing continuity of carer as a large-scale change. Her other current interests include the Saving Babies' Lives Care Bundle, leading a system-wide safety work stream, and she is a member of the East of England regional work stream. She is currently the LMNS lead for perinatal mental health and is looking forward to the transformation work around maternity and mental health services.

Coaching in midwifery became a real interest for Jodie during her role of midwifery clinical educator at the James Paget University Hospital where she worked closely with University of East Anglia colleagues to successfully lead the implementation of CLiP on the antenatal and postnatal ward. Being the first maternity unit nationally to adopt an alternative to traditional mentorship she was keen to share the success of CLiP and contributed to the planning and delivery of a conference with Health Education England. Jodie also enjoyed working as a practice development midwife in the same Trust.

Jodie is currently a MSc student on the Advanced Midwifery Practice programme at Anglia Ruskin University.

Foreword

There is no greater time to celebrate new learning techniques and bring them to the fore as right now. With the impact of COVID 19 still playing out in our lives, communities, and workplaces we are seeing more innovation, flexibility, and complementary learning opportunities than ever before. From 2020 onwards, we will see the greatest number of generations in the workforce at the same time, greater diversity than seen before, with an increasing mix of skills, experiences, values, and motivations. It is important to understand, cultivate, and make the very best of this opportunity to develop the skills of our workforce now and into the future.

The National People Plan: 'WE ARE THE NHS: People Plan 2020/21 – action for us all' (NHSE/I 2020) launched in July 2020 raises the profile of the importance of learning, support and maximising skills for the workforce right through from apprenticeships, undergraduates, to postgraduate learners, and those wishing to retire who still have an important role to play in supporting skill acquisition in the workforce. It is a relief that this national policy highlights the vital importance of lifelong learning, embraces different approaches, and signposts the increased investment that will be needed to provide the learning and support our workforce needs and deserves.

I have been working in healthcare for 37 years, with 5 years in the independent sector and 32 years in the NHS. If I reflect on my own challenging experiences as a pupil nurse, I am delighted with the learning styles available to all our learners in health and social care today. When I trained as an enrolled nurse in 1983, I spent 12 weeks in the school of nursing learning how to make beds with hospital corners, how to move patients

around using a plastic mannequin, and how to carry out an aseptic technique, all in a classroom setting. We had no easy access to literature, no support from an educator outside of the classroom, clinical supervision was not yet developed as a concept, and during clinical placements there was very little in the way of structured learning support.

Once in the ‘real environment’ it was very much a baptism of fire. New procedures such as catheterisations were very much ‘see one, do one’. I can remember how scary it felt to be practising on a patient without really having the full understanding of the ‘what, how, and why’ certain procedures were being carried out. The professional structures were very hierarchical, and it was not the norm to be able to ask too many questions as a subordinate. Thankfully, apart from my lack of confidence, my nerves, and embarrassment, no patients were harmed in the process, more through luck than judgement. However, this way of working did take its toll on me, the lack of supervision support left me carrying many unanswered questions and trauma from some clinical settings. Not long after qualifying, I took a couple of years out to recover. Once I returned to care of the elderly, I felt more able to start to learn and really develop as a nurse. I undertook my conversion to first level registered general nurse in 1996, and with the introduction of more modern technology and better support, it was thankfully quite a different experience. I am also happy to say that I am continuing to learn, develop, and grow in skills and confidence in healthcare every day since.

The requirement for our staff now is also to learn and re-learn continuously; this means having a ‘growth mindset’ influenced by technology advances and replacing routine interventions and tasks with new ways of working and delivering services. For example, virtual consultations, and supporting patients to self-care, all requiring different skill sets, multiple generations working together, and learning from one another to support this. Re-igniting ‘supervision’ models in practice is vital in providing guidance and feedback through structured and ad hoc opportunities in the workplace. It can help staff to maintain a sense of positivity and to gain the proper perspective on a situation; ultimately it helps to build personal resilience. Supervision is about sharing, showing, and giving support to help another person make progress and feel comfortable in their work. It involves making time and developing a practical structure to provide this support.

The benefits of supervision include enhanced accountability, increased feeling of support, development of professional skills, and improved efficiency. Supervision is also associated with decreased feelings of isolation and role ambiguity. Supervision is an accountable, two-way process, which supports, motivates, and enables the development of good practice for individual staff.

Collaborative Learning in Practice (CLiP™) was first introduced to me in 2014 in my role as director of nursing in a community trust. The CLiP opportunity was made possible with the positive relationships between the University of East Anglia and Health Education England and provider organisations across Norfolk and Waveney. There was great excitement and enthusiasm for the CLiP model between the university, deputy directors of nursing, and directors of nursing and a keenness to try it out – it was seen as a real opportunity to use supervision in action with a coaching approach. The whole concept particularly excited me as it is based on an empowering coaching model, where learners are encouraged to take the lead in their practice, caring for their own patient group with identified daily learning outcomes to achieve. It relies on a mixture of learners at different stages in their learning, working together, supporting, and learning from one and other in real time, with supervision by members of the clinical team and coached by any registered professional during the shift.

This way of working means that the learner is able to develop their own thinking, they are able to ask questions and problem solve with positive encouragement and support. Enabling learners to experience care in a psychologically safe way and think for themselves creates the opportunity for the most powerful growth in knowledge and confidence. As this model was embedded in my Trust as a fundamental way of learning, gaining momentum with educators and clinical environments, the quality of care and patient safety indicators demonstrably improved. I was delighted to bring students to tell their story to the board and at learning sessions so that wider staff from ward to board could hear first-hand the difference that the CLiP™ model was making on the learner experience, staff experience, and ultimately the positive impact on patient care. I often think about my own experience as a learner and how much I would have benefitted from this approach in helping me to build my confidence and resilience earlier on.

I believe that CLiP is a modern, relevant, and fundamental way of learning, most of all it is empowering and has immediate benefits to learners, staff, and patients. I have no hesitation in commending this book to you.

Anna Morgan MBE, RGN, BSc, MA
Director of Workforce for the Norfolk and
Waveney Health & Care Partnership

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Abbreviations

AP	Assistant Practitioner
CALM	Collaborative Assessment and Learning Model
CCC	CLiP Community Cluster project
CCEM	Clinical Clusters Education Model
CLIC	Collaborative Learning in Clusters
CLiP	Collaborative Learning in Practice
C-PAL	Coaching and Peer Assisted Learning
DH	Department of Health
DN	District Nurse
GP	General Practitioner
GROW	Goal, Reality, Options, Will do
HCA	Health Care Assistant
HDU	High Dependency Unit
HEE	Health Education England
HEENW	Health Education England – North West
HEI	Higher Education Institution
ICU	Intensive Care Unit
LL	Link Lecturer
LTHTr	Lancashire Teaching Hospitals NHS Foundation Trust
NDA	Nursing Degree Apprentice
NICE	National Institute of Health and Care Excellence
NLP	Neuro-Linguistic Programming
NMC	Nursing and Midwifery Council
OSCAR	Outcome, Situation, Choices and Consequences, Action, Review
PA	Practice Assessor

RCN	Royal College of Nursing
RePAIR	Reducing Pre-registration attrition and Improving Retention study
RN	Registered Nurse
SEN	State Enrolled Nurse
SN	Staff Nurse
SPACE model	Situation, Physiology, Action, Cognitions, and Emotions
SSSA	Standards for Student Supervision and Assessment
TA	Transactional Analysis
TFA	Thoughts Feelings Actions
TNA	Trainee Nursing Associate
TL	Team Leader
UCLAN	University of Central Lancashire
UEA	University of East Anglia
UKCC	United Kingdom Central Council for nursing and midwifery and health visiting
WHO	World Health Organisation