Evaluation study to ascertain the impact of the clinical academic coaching role for enhancing student learning experience within a clinical masters education programme

Steve R. Tee\textsuperscript{a,\textdagger}, Rosalynd M. Jowett\textsuperscript{b,\textdagger}, Caroline Bechelet-Carter\textsuperscript{c}

\textsuperscript{a}School of Nursing and Midwifery, University of Southampton, Building 67, University Road, Highfield, Southampton, Hampshire SO17 1BJ, UK
\textsuperscript{b}Faculty of Medicine, Health and Life Sciences and University Director of Education, University of Southampton, Highfield, Southampton, Hampshire SO17 1BJ, UK
\textsuperscript{c}School of Nursing and Midwifery, University of Southampton, UK

\textbf{Abstract}

Aim: To explore the appropriateness of clinical academic coaching role as a tool for enhancing student learning and the development of advanced academic and clinical practice skills for nurses.

Background: Coaching involves a relationship between individuals characterised by analyzing and communicating mutually understood objectives and motivating others. Coaching is beneficial for developing those entering new positions with higher level responsibilities.

Method: A two stage evaluation involved analysis of structured questionnaires distributed to students registered for a postgraduate advanced clinical practice programme and ten interviews with students and coaches. Data was analysed to develop understanding of how coaches were experienced by students as an aid to learning.

Findings: Data indicates the role supported students through transition and provided learning support at crucial times in the academic journey. Specific skills and behaviours enhanced the coach-student relationship. The coach’s understanding of the clinical context was pivotal, as was effective preparation to undertake the coaching role.

Conclusion: Supporting students to make the transition into advanced practice roles is a prominent issue within current healthcare literature. Clinical coaching enhances learning through a strong and coherent partnership between the student, their practice context and the academic journey.

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\textbf{Introduction}

This paper presents finding from an evaluation of a new clinical academic coaching role introduced within a UK Higher Education Institution’s School of Nursing and Midwifery, to support students registered on a modular advanced clinical masters’ programme. The drivers arose from UK higher education and healthcare policy highlighting the need for flexible education to meet the diverse needs of students (Department for Education and Skills, 2003). Higher level skills attainment in the work environment requires new ways of learning and innovative education methods to unfreeze individuals’ talent and potential. Individuals choosing to study health programmes are often first generation higher education students, whose preparation can be ‘non-traditional’ requiring more student-centred approaches to enabling realisation of their potential (Department for Innovation, Universities and Skills, 2008).

The study involved an evaluation of the impact of the clinical academic coach, whose purpose was to support post-qualified nursing and midwifery students undertaking a clinical masters’ award. The award consists of a range of clinical specialist pathways leading to a MSc. Advanced Clinical Practice. Students choose from a range of modules, which have combined clinical and academic assessment strategies, and must demonstrate a high degree of autonomy in clinical decision-making and the ability to use and apply evidence at the forefront of practice. The coach is an individual with both clinical and academic credibility, often working at consultant practitioner level, who focuses on goals which optimize the student’s clinical role and professional and personal development. The coach supports the student throughout their learning journey, evaluating progress against agreed goals. Through regular meetings, of up to 10 h per academic year, the coach aims to facilitate synthesis and application of theoretical knowledge into the clinical setting and to offer a safe platform on which to critically explore and debate their experience.

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\textbf{Keywords:}

Coaching
Advanced practice
Clinical
Postgraduate
Evidence for the benefits of coaching in postgraduate healthcare programmes is limited and we believe the findings from this evaluation will be useful to higher education institution’s seeking innovative strategies for integrating theory and practice and supporting students working at advanced practice levels.

**Literature review**

According to the *International Coach Federation (2008)* coaching involves a partnership within which a process involving creative thought and debate enables development of the individual. Similarly clinical academic coaching, as conceived for this study, involves a relationship between individuals where mutually understood goals and objectives, focused on personal and professional development, are determined which motivate the student toward higher level practice. The literature highlighting the benefits of coaching has grown considerably in recent years. But whilst coaching is not new within management and professional development it has not, until more recently, become so widely used across the health professions (*Brosious and Saunders, 2001; Blow, 2005; Driscoll and Cooper, 2005; McElrath et al., 2005; Browne, 2006*).

The literature indicates that process of coaching is beneficial in developing those entering new roles with higher level responsibilities. Recent regulatory pronouncements in the UK (*Nursing and Midwifery Council, 2006*) have emphasised the importance of a strong and coherent relationship between the student, their practice learning environment and the university in supporting learning in practice. A study by *Makenzie (2007)* highlights the usefulness of the coach in enabling the coachee to transfer learning back into practice a core requirement for those taking on advanced practice roles.

The use of coaching to support learning in advanced practice provides an opportunity to influence workforce development. Coaching places the student at the centre of learning by focusing on the student’s specific developmental needs and encouraging them to take responsibility for their own learning. *Jarvis et al. (2006)* suggest that coaching is beneficial because it provides support that can be aligned to the organizations goals and strategies. By being student-centred the student can be assisted to explore opportunities for development of intellectual and practice skills as well as subject specific skills through research-led learning. Coaching is becoming more embedded across the health professions (*Brosious and Saunders, 2001; Blow, 2005; Driscoll and Cooper, 2005; McElrath et al., 2005; Browne, 2006*).

The importance of advanced nurse practitioners possessing coaching skills is being advocated by *Erwin (2005)* and *Graham (2003)* who believe these are essential skills required to support and empower others to achieve excellence in practice.

Determining the coaching role in this study involved using academic time more creatively and linking with similar developments using Roberts funding (*Roberts, 2003*) to support transferable skills. Coaching is increasingly seen as an ideal method for the exploration and transmission of expertise. Studies demonstrate that coaching can help ‘experts’ in their field share their expertise (*Claridge and Lewis, 2005; Mulec and Roth, 2005*). Prior to undertaking their role, the coaches attended preparatory workshops consisting of pre-reading, presentations, role play and discussion of the literature. It was important for the rigour of the study that a baseline of coaching skills and behaviours was agreed and understood. This is supported by *Jarvis et al. (2006)* who emphasise the importance of training and support for coaches and believe for coaching to be effective there must be agreed objectives.

As is common across the higher education sector, postgraduate healthcare awards are designed to enable development of practitioners into distinctive clinical leaders who can translate research ‘from bench-to-bedside’ (*UKCRC, 2006*). This project postulates that this process of transition could be greatly enhanced through access to coaching at key points in the academic journey. The project was established from the outset with the purpose of undertaking an early evaluation.

**Method**

A case study research design was chosen for this study, as it aims to explain phenomena through the process of reviewing current literature and collecting and analysing data in order to answer specific research questions (*Pegram, 2000; Bryar, 2000; Vallis and Tierney, 2000; Yin, 2003a*). Consideration was given to a number of research designs but the desire to know ‘how’ the role of coach had impacted on the student and ‘why’ the coach had been of value, or not, led us toward a case study design. As *Yin (2003a)* points out, case studies can contribute to our knowledge of phenomena which occur as a consequence of organisational changes. Introducing the new coaching role thus led us to ask two research questions:

1. “How has the role of clinical academic coach impacted on the student’s learning?”
2. “Why did the coaching role enhance or inhibit the student’s learning?”

By answering these specific questions the aim was to address the broader organisational concerns as to the degree benefit of the clinical academic coaching role and the argument for continued investment. Consequently our desire was to know the background of the students receiving coaching and then to explore more deeply the impact of coaching in order identify operational links between coaching skills, student support and the transition to advanced practice.

To achieve this, the evaluation was structured in two phases. Phase one involved a questionnaire which sought to obtain:

- Data related to the student’s background and chosen programme pathway.
- The reasons for accessing their coach
- What aspects of the coaching they had found most or least helpful
- Whether overall coaching had been useful or not

An initial questionnaire was designed, tested and re-tested on a group of peers to determine the validity of the tool. The second phase involved in depth interviews drawn from a sample of the questionnaire respondents and from a sample of coaches. The interview schedule was derived from the responses to the questionnaires.

As this was a qualitative study with the aim of studying the issues in depth, sampling decisions were consistent with this aim. The total student population (number of students who had registered for the MSc award in 2007 = 35) and the coach population (number of coaches who had undertaken coach preparation = 15) were both relatively small. The decision was taken to issue the questionnaire to all students (*n* = 35) and then to purposefully sample five students from the questionnaire respondents and five coaches from those who had completed the coach preparation programme. To ensure information rich cases were chosen the student interviewees were a mixture of full and part-time students undertaking different clinical pathways. The sample of coaches also reflected the range of clinical pathways.
Ethical issues

The project was subject to rigorous ethical review by the higher education institution’s ethics committee. An issue raised by the committee was that student participation could have been seen as an increased burden to students, over and above that resulting from their studies. The decision to provide short questionnaires, offer a range of response routes and to interview only a small sample of the students were aimed at managing the research burden whilst not reducing the overall quality of the study.

Consent was sought from all participants. The students were self-selecting, basing their decision to participate on the information distributed at the students’ induction event or by post to those students unable to attend induction. The coaches were also self-selecting basing their decision on the information distributed at the programme of preparation.

Data analysis

Analysis of questionnaire data was managed within an SPSS database and analysed using descriptive statistics through a system of code numbers assigned to each answer. Themes identified were used to develop the interview schedule in order to explore issues in more depth. Data derived from the interviews were subject to further thematic analysis to develop understanding of the specific helpful components which would inform future development of the role.

Results

The study generated a significant amount of data and so for presentation purposes Section A is the summarised data generated from the 35 questionnaire responses and Section B is data drawn from the ten interviews.

Section A – Questionnaire responses

Table 1 illustrates that by far the largest number of students were on a full-time neonatal pathway, whilst Table 2 lists the eight most common reasons for accessing their coach:

<table>
<thead>
<tr>
<th>Clinical pathways</th>
<th>Student numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term conditions</td>
<td>2</td>
</tr>
<tr>
<td>Neonatal (full-time)</td>
<td>15</td>
</tr>
<tr>
<td>Critical care</td>
<td>1</td>
</tr>
<tr>
<td>Child and adolescent mental health</td>
<td>1</td>
</tr>
<tr>
<td>Urgent care</td>
<td>3</td>
</tr>
<tr>
<td>Midwifery</td>
<td>1</td>
</tr>
<tr>
<td>Cancer care</td>
<td>2</td>
</tr>
<tr>
<td>Palliative care</td>
<td>1</td>
</tr>
<tr>
<td>Community nursing</td>
<td>2</td>
</tr>
<tr>
<td>Standard (non specific)</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 2

Reasons for accessing the coach.

<table>
<thead>
<tr>
<th>Coaching toward your goals</th>
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</thead>
<tbody>
<tr>
<td>Setting objectives</td>
</tr>
<tr>
<td>Support with advanced skill</td>
</tr>
<tr>
<td>development</td>
</tr>
<tr>
<td>Choosing modules of learning</td>
</tr>
<tr>
<td>Support with academic work</td>
</tr>
<tr>
<td>Promoting independent learning</td>
</tr>
<tr>
<td>Time spent talking about personal</td>
</tr>
<tr>
<td>circumstances</td>
</tr>
<tr>
<td>Developing personal development</td>
</tr>
</tbody>
</table>

Table 3

Aspects of the coaching relationship the students found most useful.

<table>
<thead>
<tr>
<th>Aspect</th>
</tr>
</thead>
<tbody>
<tr>
<td>A non-judgemental style of questioning that facilitated reflection</td>
</tr>
<tr>
<td>A more generalised, rather than strictly academic, approach</td>
</tr>
<tr>
<td>The coaches awareness of the clinical specialty</td>
</tr>
<tr>
<td>Linking diverse modular learning to the broader clinical context</td>
</tr>
<tr>
<td>Understanding my world</td>
</tr>
<tr>
<td>Continuity of support across a modular programme</td>
</tr>
<tr>
<td>A focus on meaningful goals</td>
</tr>
<tr>
<td>Understanding the challenges of moving into a new role</td>
</tr>
</tbody>
</table>

Fig. 1. Aspects of clinical academic coach – ‘useful’.

Fig. 2. Aspects of clinical academic coach – ‘understanding of clinical environment’.

Table 3 lists the responses to a question asking what aspects of the coaching role was most helpful and not typically found within other academic role relationships. Fig. 1 reveals over 60% of students found the role to be useful or very useful.

An important dimension as to the ‘usefulness’ of the role was the need for the coach to appreciate the student’s clinical context to support their transition into advanced practice roles. Fig. 2 illustrates that almost all thought it was an important aspect of the relationship.

Section B – Student and coach interview data

As indicated the questionnaire responses were used to construct the semi-structured interview schedule to enable deeper analysis of the data. The key emerging issues for follow-up were the role of the coach in supporting transition into advanced practice roles, the characteristics of ‘support’ and how this differed from normal academic support, how expectations of the role were understood by both parties and how preparation for the role could be improved (see Table 4).
When asked to summarise the most helpful aspects derived from contact with the coach the items listed in Table 5 were typical responses.

Whilst the skills used were easily identifiable it was evident that there was some confusion about the role and in terms of expectations and the relationship to other academic roles.

The general confusion around expectation, accessibility and role was evident from comments determining expectations:

"...because we have got targets at work and then she (the coach) is not always at the university so it was just getting the time when we were both available really..." (S)

Linked to this was role expectation. There was some confusion as to how it overlapped with other academic roles. This was reflected in responses to questions determining expectations:

"...because it is a new role it is very much about finding your feet and seeing how things develop." (C)

However some students had a very clearer perspective of the role:

"from what I understand from the original discussion...it is that the coach is supposed to help you interpret your learning through university into everyday practice..." (S)

Others saw the function as more akin to the academic tutor role and had expectations that the coach was there to offer support with academic writing:

"what I was expecting the role to be was to get me through the nitty gritty of academic work..." (S)

In response to a similar line of enquiry it was clear that some coaches had found the move toward student-centred approaches a challenge:

"...I think I have struggled with this, but I really do see it as facilitative..." (C)

This was also picked up by students:

"...in fact I think she was a bit confused as to what her role was in this new way of working." (S)

However there had been important learning through the experience of being a coach:

"my first impressions ...I thought it would span clinical practice and academic. I guess I have come to understand what the role is...I think I understand more than when I started..." (C)

The general confusion around expectation, accessibility and role boundaries have implications for how individuals were prepared.

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Table 4

<table>
<thead>
<tr>
<th>Issues forming the basis of the interview schedule.</th>
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<tbody>
<tr>
<td>1. Transition into advanced practice</td>
</tr>
<tr>
<td>2. Support in achieving learning needs of students</td>
</tr>
<tr>
<td>3. Expectations of role/understanding of role of coach</td>
</tr>
<tr>
<td>4. Preparation for the role and support</td>
</tr>
</tbody>
</table>

Table 5

<table>
<thead>
<tr>
<th>Skills used by coaches.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customised approach: eg. picking up on individual needs</td>
</tr>
<tr>
<td>Student-centred: eg. determining whether students were visual or kinaesthetic</td>
</tr>
<tr>
<td>Non-judgmental: eg. using an open communication style</td>
</tr>
<tr>
<td>Self-aware: eg. being aware of own communication behaviours</td>
</tr>
<tr>
<td>Active listening: eg. being there for me</td>
</tr>
<tr>
<td>Partnership: challenging in a supportive way (use of socratic questioning to elicit solutions)</td>
</tr>
<tr>
<td>Future focused: eg. using GAP analysis to define the current situation, the target 'state' and the gap between them</td>
</tr>
</tbody>
</table>

NB: Responses within each category are indicated by an S for students and C for Coaches.

1. Transition into advanced practice

When asked whether coaching had helped the student make the transition into advanced practice roles there was an unequivocal "yes". Students commented that the coach helped them look at clinical issues from new perspectives:

"...I think it has definitely helped me to sort of look at a whole wider picture." (S)

This 'wider' comment implies expansive thinking a point reinforced by another who reported a change in their beliefs as a direct result of the coach's use of a socratic style of questioning:

"...yes by helping me to think differently and throw new ideas together..." (S)

The suggestion of a journey was evident from comments about role development and transition:

"... help me to sort of focus on where I could take these roles in practice and how to expand on them..." (S)

Knowing that attrition rates on these clinical masters programmes can be high, support at such a stressful time can be crucial:

" I knew I was undertaking an MSc in Advanced practice but didn't expect it to be so difficult....she (the coach) supported my development and transition..." (S)

The value of the coach role appears therefore to be a combination of professional support, acceptance and facilitating a shared journey with the student:

"The coach supports students to professionally accept their roles during the transition...it is extremely valuable..." (S)

Leading on from transition was the coach's role in supporting learning.

2. Support in achieving learning needs of students

It was evident that students valued an individualised approach:

"my coach was able to assist me through discussion around the various aspects of my personal needs ..." (S)

They found it useful to have someone who appeared to be independent, able to take an overall view of their learning needs and help them set goals in relation to this.

"I think it (the coach) is a very good role because sometimes when you are doing different modules...it is useful to have someone who will see you through the programme and is independent of the pathway..." (S)

Most students found their coach was approachable and it was very important for them to have an appreciation of their context or what Schon (1987) would have referred to as the ‘swampy lowlands’ of clinical practice:

"because my coach works in a similar environment that was really useful because she has that inner knowledge of the specialty..." (S)
4. Preparation for the role and support
The developmental programme for coaches attempted to achieve a baseline of skill and ensure a shared understanding of the role. Whilst there were many positive comments as to the value of the programme, there was consensus that the role play around coaching skills was the most useful as it revealed key elements of the process:

“...the role play we did in groups...I found that very useful...and gave us the idea of how coaching should be...and how we are not judging and telling...we are facilitating and enabling...” (C)

Clarity in relation to other academic roles was also important:

“the bit about talking about the role and what it was and how it integrated into the student support system...” (C)

In fact some commented they would have liked more opportunity to practice specific coaching skills. A day on advanced communication skills using Neuro-Linguistic programming techniques was particularly well received although there remained some anxiety about using the skills in their coaching behaviours.

“...the NLP day was revision and perhaps just brings it forward to your mind but I think it wasn’t enough for me to use it accurately within my coaching, I don’t know enough about it...” (C)

Those with a more theoretical orientation expressed a preference for a broader appreciation of different coaching models:

“...I tend to be more of a theorist, I would have liked more theory about the different approaches coaches can take...” (C)

Perhaps most importantly was the coaches interviewed said they utilized the coaching tools they had been introduced to and found them extremely useful although they would have appreciated more ongoing support and the opportunity to meet with other coaches to discuss common issues.

Discussion
The research questions that this study sought to answer were:

1. “How has the role of clinical academic coach impacted on the student’s learning?”
2. “Why did the coaching role enhance or inhibit the student’s learning?”

The results appear to suggest that coaching had a positive impact on the students learning experience and was instrumental for some in helping them make the transition into advanced practice roles. What emerges is a developing confidence in their new practice roles, key to which is the coach, who are themselves experts, understanding the practice context of the student and assisting them, not only in setting goals, but in enabling them to think creatively about their practice. Flaherty (1999) emphasises the importance of the coach enabling the client to see things in a different way whilst Egan (1990) suggests that the purpose of helping relationships is to enable the client to overcome blind spots that inhibit transformation.

Whilst the skills and behaviours identified as helpful, such as active listening, open communication and supportive challenging, may be found in many helping relationships, it was the underpinning use of appreciative inquiry (affirming and supportive) and the values of a shared and enabling contract between the two parties, which appeared to bring most benefit. This is perhaps where coaching can more uniquely assist the student, through techniques such as Socratic questioning, by requiring those in the role of coach to give up positional power and adopt a mindset of shared discv-
individuals’ talent and potential and prepare the next generation of advanced healthcare practitioners.

References


