



# Thank you for joining the Ask Don't Tell Webinar. Welcome!

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# Speakers

Timings	Item	Facilitator
9.30 - 9.35	Welcome and housekeeping	<b>Camille Devaux</b> , Surrey Heartlands ICS Head of Clinical Placements <b>Juliet Borwell</b> , Practice Learning Programme Lead South-East Region, HEE. <a href="mailto:juliet.borwell@hee.nhs.uk">juliet.borwell@hee.nhs.uk</a>
9.35 - 9.50	What is Coaching in practice-based learning	
9.50 -10.05	Evidence base for Coaching Models in practice-based learning	<b>Channine Clarke</b> , Head of Practice Learning & Development, University of Brighton. <a href="mailto:C.Clarke@brighton.ac.uk">C.Clarke@brighton.ac.uk</a>
10.05 -10.20	Collaborative Learning in Practice Approach AHP Student placements for Nurse, Occupational Therapy and Physiotherapy Students	<b>Lisa Smith</b> , Physiotherapy and Occupational Therapy Link Tutor. Walsall Healthcare NHS Trust, Walsall Manor Hospital. <a href="mailto:lisa.smith254@nhs.net">lisa.smith254@nhs.net</a>
10.20 - 10.35	CLiP model to coach 3:1 physio students within Trauma & Orthopaedics	<b>Zoe Oram</b> , AHP Workforce Development Lead, AHP Education Lead. Hampshire & IoW. <a href="mailto:Zoe.Oram@uhs.nhs.uk">Zoe.Oram@uhs.nhs.uk</a>
10.35 – 10.40	Break	
10. 40 -10.55	From small seeds GROW big ideas - The Journey of coaching bays at ASPH	<b>Sam Knipe</b> , Learning Environment Lead, <a href="mailto:samantha.knipe@nhs.net">samantha.knipe@nhs.net</a> & <b>Becky Buchan</b> , Safety, Quality & Education Matron Emergency Department, Ashford & St Peters Hospital NHS Foundation Trust <a href="mailto:rebecca.buchan@nhs.net">rebecca.buchan@nhs.net</a>
10.55 – 11.10	Collaborative Learning in Practice in Midwifery	<b>Charlotte Costello</b> , Collaborative Learning in Practice Midwife & L4 Student Champion, Royal Berkshire NHS Foundation Trust. <a href="mailto:Charlotte.costello@royalberkshire.nhs.uk">Charlotte.costello@royalberkshire.nhs.uk</a>
11.10 - 11.25	Q&A's & evaluation survey	<b>Camille Devaux</b> , Surrey Heartlands ICS Head of Clinical Placements. <a href="mailto:camille.devaux2@nhs.net">camille.devaux2@nhs.net</a>
11.25 -11.30	Close	<b>Juliet Borwell</b> , Practice Learning Programme Lead South-East Region, HEE

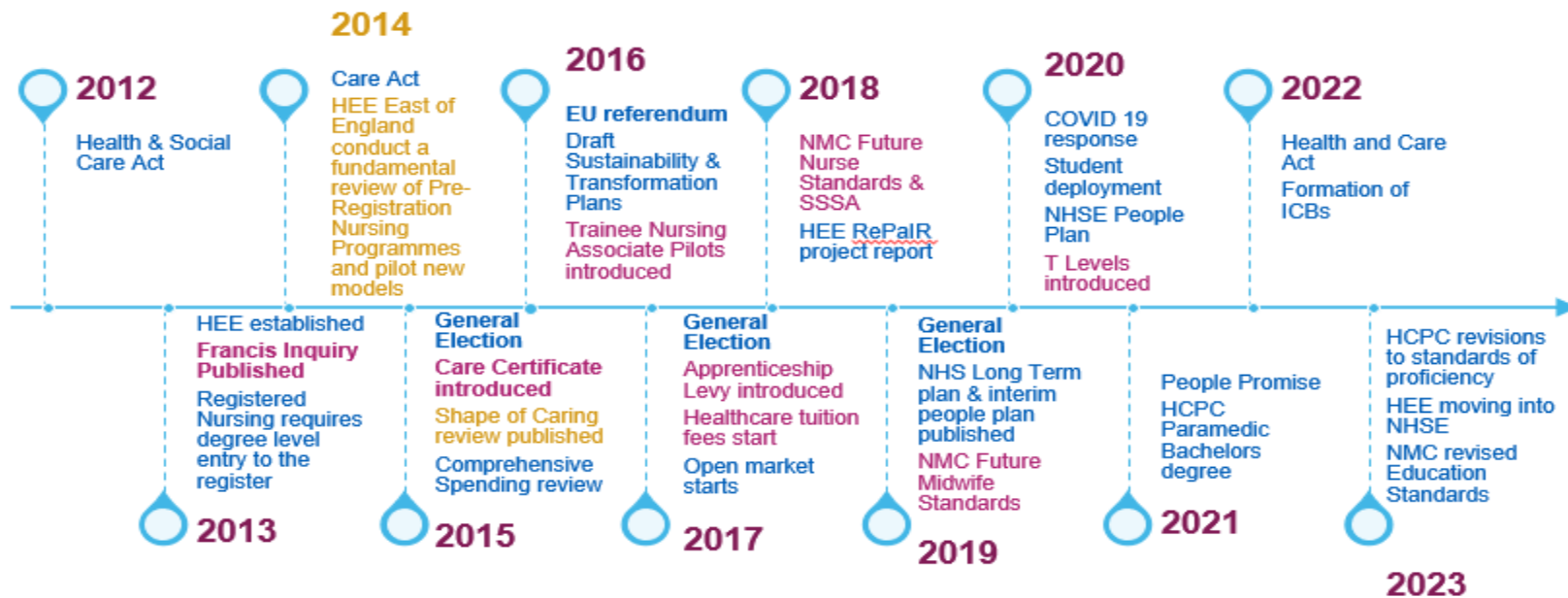


# Coaching in practice-based learning

**Juliet Borwell**

**Lead for Practice Learning, HEE South East region**

# A decade of change:

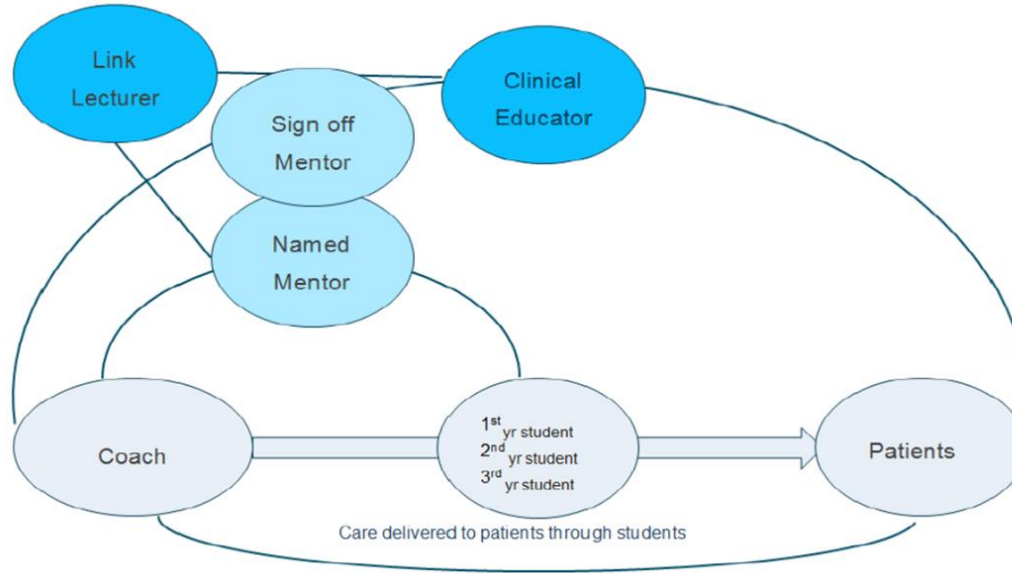


# Findings from HEE, EoE fundamental review of pre-registration nursing (2014)

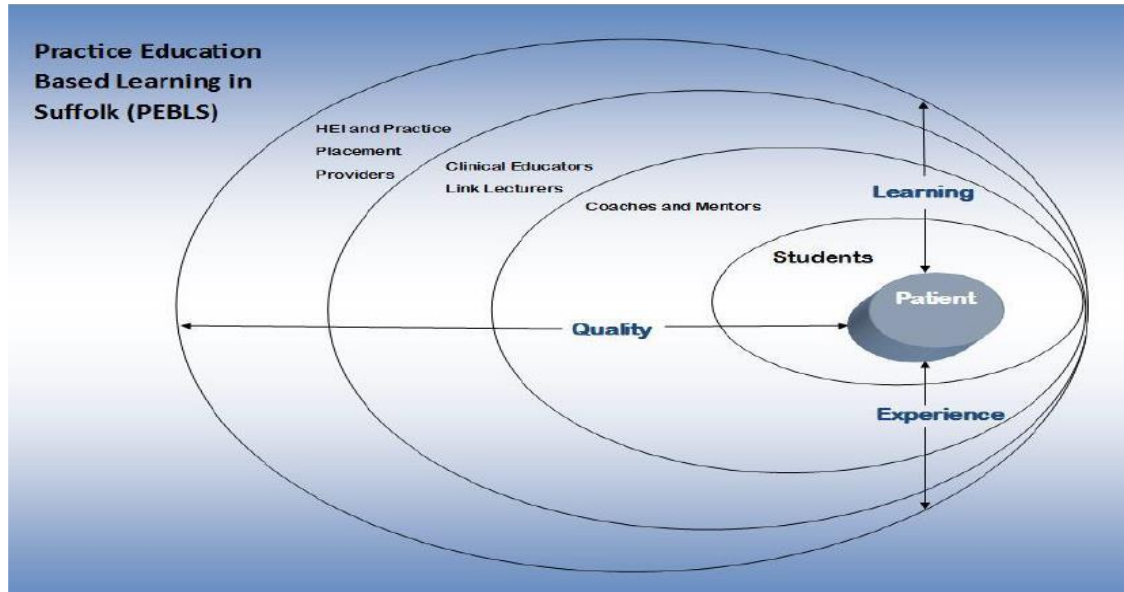
## Practice Education/Mentorship most frequently cited theme

- Too much variability in practice education
- Not enough focus on students delivering care
- Variable assessment of skills
- Students may not learn to be employees
- Not enough learning between branches – person centred care
- Not prepared to work in a range of settings
- Clinical Learning Environment (CLE) Workshops Nov 2015

# Collaborative Learning in Practice (CLiP)



## Practice Education Based Learning –Suffolk (PEBLS)



## Enhanced Practice Support Framework (EPSF)





## Key learning from the East of England

- Following the introduction and evaluation of the three models in the East of England, it became apparent to the project team that there were principles that could be more widely adopted.
- The models each promoted local loyalty and ownership but were essentially based on the same principles and delivered the same improvements.
- Therefore, a core set of universal principles were identified that could be used across providers to enhance the clinical learning environment.

### Universal Principles and what worked:

- A model based on coaching
- A model not based only on 1:1 mentor relationship
- Learners delivering hands on care
- Leadership for education and executive sign up
- A sustainable infrastructure
- Linking education and workforce supply to trust business

# Other benefits

- A focus on coaching skills changes the culture of care
- A focus on quality of CLE improves the quality of care
- Some evidence of reduced pressure ulcers and length of stay
- Students learn to lead care in a multi-professional environment
- Addresses failure to fail
- Some evidence of increased recruitment

# Thank you for listening

[juliet.borwell@hee.nhs.uk](mailto:juliet.borwell@hee.nhs.uk)

 @JulietBorwell



# Coaching models in practice-based learning: the evidence base.

Dr Channine Clarke

Head of Practice Learning and Development

School of Sport and Health Sciences

University of Brighton

Twitter @channineclarke

Profile: <https://research.brighton.ac.uk/en/persons/channine-clarke>

# Coaching defined...

“Intervention that facilitates another person’s learning, development and performance” (Leigh et.al 2019)

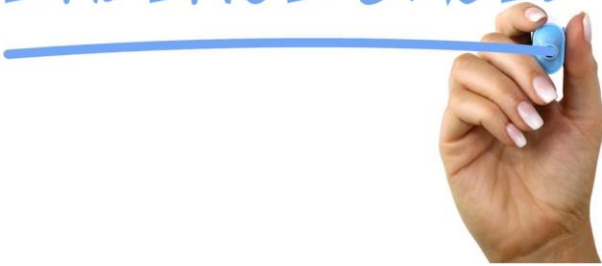
“Allows students to work towards undertaking the care of patients, under supervision of registered staff, subsequently learning skills of management and leadership much earlier in their programme”(Dack and Ban 2021)

“conversational questioning skills used to support student learning by enabling them to solve problems regarding the prioritisation and provision of patient care” (Tweedie et.al., 2019)

“Students are guided and supported to identify solutions to patient focused care to work collaboratively alongside other students under the guidance of a coach” (Hill et.al., 2020)



# EVIDENCE BASED



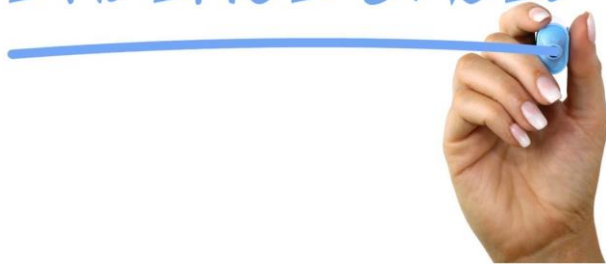
## What does evidence tell us?

Studies and reflections from nursing and midwifery on coaching (CLIP) models (Leigh et al., 2019; Tweedie et al., 2019; Underwood, 2019; Hill, 2020; ; Van de Mortel et al., 2021) have identified that students:

- Felt more valued as part of the team
- Felt more empowered (draws on knowledge of student)
- Learnt to practice more safely
- Used their initiative and problem-solving skills more
- Referred to evidence-based practice more readily
- Were more proactive
- Emphasised the delivery of patient-centered care
- Developed clinical leadership skills earlier
- Benefited from peer learning
- Took more responsibility for identifying own learning needs and objectives
- Developed greater reflective skills
- Had increased confidence for practice
- Felt their transition to NQP was easier



# EVIDENCE BASED



## What does evidence tell us?

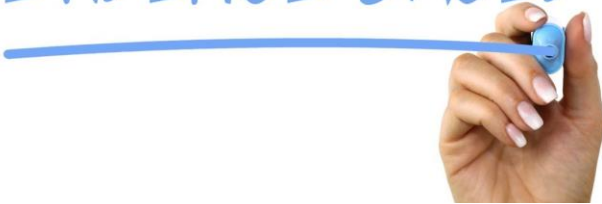
Dack and Ban (2021): Literature review of qualitative and quantitative studies from 2007-2020 within the UK.

Reviewed 14 papers- nursing and the CLIP model.

3 themes:

Theme 1) **Relationship between students and registered staff;** supervisors essential to the functioning of the relationship, identify strengths and areas of development, provide positive feedback, students need to be active partners, students gain experience from range of supervisors and reduces personality issues and risk of fail to fail based on one view, reduces perceived burden of students (shares load), peer assessment also promotes positive interpersonal relations, students and staff are seen as '**partners in care**'.

# EVIDENCE BASED



## What does evidence tell us?

### Theme 2) Students' autonomy whilst in clinical practice

Self-awareness, self-efficacy and development are among founding principles of coaching models and highlighted across studies (often due to focus on reflection), an empowering approach to nursing, emphasizes autonomy through authentic clinical practice and central focus on patient care which can help students engage in productive partnerships with patients, sense of belonging has helped with transition.

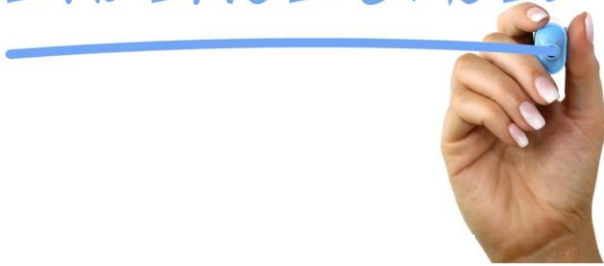
### Theme 3) Change Management

Staff struggle changing to this CLIP model= changing culture, strong and supportive management and leadership needed to implement and support, need good teamwork, prepare all parties around coaching principles.





# EVIDENCE BASED



practice  
development  
inspiration  
**COACHING**  
mentoring  
knowledge  
motivation

## What does evidence tell us?

Less literature on CLIP and coaching placements for AHP students (need for research!).

Literature does however highlight value of peer learning and collaborative approaches such as IPE, near peer, peer assisted (e.g. Meerten 2016; Daniels, 2010; Bjorkland and Silen, 2021). They suggest students:

- Benefit from sharing experiences, knowledge and skills
- Have increased reflective practice skills
- Develop better understanding of Interprofessional team working
- Have increased communication skills
- Develop trust and respect for other team members – this encouraged them to then test out their knowledge without fear

Evidence is also grounded in learning theories (such as social learning and constructivism) that emphasise the way that learning is constructed during social interaction in collaboration with significant others (Markowski et al., 2021)



## Challenges and recommendations in the literature

### Challenges (good overview in Markowski et.al.'s systematic review, 2010):-

- Less opportunity to develop 1-1 interpersonal relationships
- Harder to have in-depth knowledge of individual students
- Less opportunity to observe and give individualised feedback than 1-1 relationship
- staff not able to stand back, dominating, being the 'expert,' which can hinder learning
- changing learning culture
- negative competition between students

### Recommendations:-

- Support / enthusiasm from all , inc management, for this cultural change in placement delivery (set up steering group)
- Essential to have adequate preparation for all involved – clear roles/ responsibilities, train the trainers in coaching
- Role and time of clinical educator key to successful delivery
- Time for reflective learning logs
- Ideal ratio 1 coach: 4 students (Leigh et al 2019)
- Induction resources
- Need clear structure to the day



# References and links

- Bjorkland K and Silen C (2021) Occupational therapy and physiotherapy students' communicative and collaborative learning in an interprofessional virtual setting. *Scandinavian journal of Occupational Therapy*, 28(4) 264-273.
- Dack D and Ban S (2021) To what extent does the use of coaching-based style of student supervision in clinical practice impact experiences of placements for staff and students: A state-of-the-art literature review. *Nursing Education Today*, 103.
- Daniels N (2010) Peer interactions and their benefits during occupational therapy practice placement education. *BJOT*, 73(1), 21-28
- Hill R, Woodward M and Arthur A (2020) Collaborative learning in practice (CLIP): Evaluation of a new approach to clinical learning. *Nurse Education Today*, 85.
- Leigh J, Littlewood L and Lynons G (2019) Reflection on creating a coaching approach to student nurse clinical leadership development. *British Journal of Nursing*, 28(17) 1124-1128.
- Tweedie K, Yerrell J and Crozier (2019) Collaborative coaching and learning in midwifery clinical placements. *British Journal of Midwifery*, 27(5), 324-329.



# References and links

- Markowski M, Bower H, Essex R and Yearley C (2021) Peer learning and collaborative placement models in health care: a systematic review and qualitative synthesis of the literature. *Journal of Clinical Nursing*, 30: 1519-1541.
- Meertens R (2016) Utilisation of a peer assisted learning scheme in an undergraduate diagnostic radiography module. *Radiography*, p69-74.
- Van de Mortel TF, Needham J and Henderson S (2021) Facilitating learning on clinical placement using peer-peer supervision: A mixed methods study. *Nurse Education Today*, 102.
- [Collaborative Learning In Practice \(CLiP®\) - The Health Academy \(lancsteachinghospitals.nhs.uk\)](https://www.lancsteachinghospitals.nhs.uk/)
- [Collaborative Learning in Practice \(CLIP\) - University of Plymouth](https://www.plymouth.ac.uk/)

# Collaborative Learning in Practice Placement (CLiPP) at Walsall Healthcare NHS Trust Holly Bank Stroke Rehabilitation Unit

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BY LISA SMITH

SPECIALIST OCCUPATIONAL THERAPIST

OCCUPATIONAL THERAPY AND PHYSIOTHERAPY LINK TUTOR

# My Role ....

- ▶ Background Specialist Occupational Therapist in Trauma and Orthopaedics for 15 years
- ▶ Seconded 2021In 2021 to a Clinical Placement Expansion Programme (CPEP) role to increase student capacity for WHT for both occupational therapy and physiotherapy students.
- ▶ I worked alongside Amy Jowicz (CLiPP Project Support Officer), and Kate Cornforth (Practice education facilitator) and together we introduced the CLiPP model for our AHP students.

# What is CLiPP?

- ▶ The **Collaborative learning in practice placement (CLiPP)** incorporates a variety of learners in one learning area and aims to enhance the student placement experience by allowing for peer-to-peer support from other students in different year groups and across different professions.

# CLiPP

- ▶ All care whilst on placement is overseen by a practice supervisor/assessor but it is the student who organises and delivers the care.
- ▶ The CLiPP learning model offers a very hands-on approach, giving students the most realistic experience
  - ▶ helping to boost confidence
  - ▶ increase leadership clinical practice skills
  - ▶ The potential to increase the number of student placements when compared to the more traditional models.



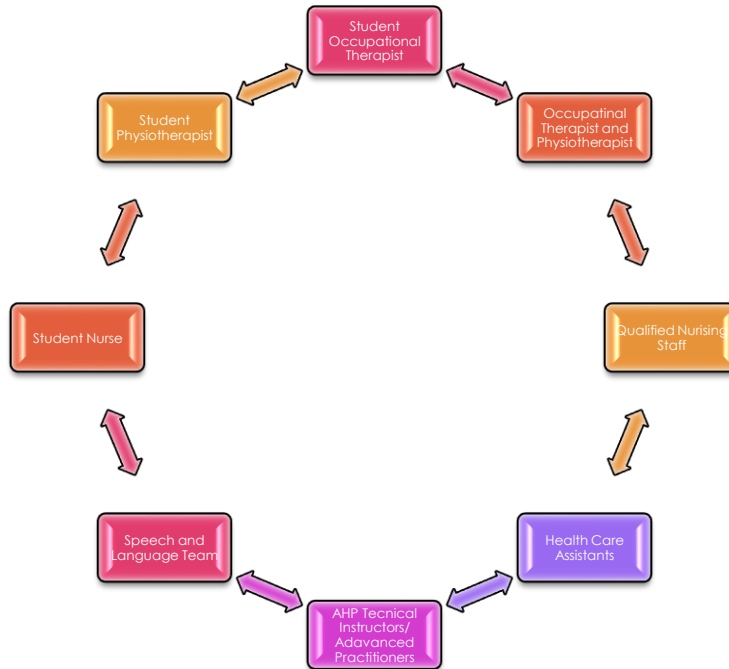
# The CLiPP model for AHPs at Walsall Healthcare Trust

- ▶ Initially, there was some trepidation about the implementation of a new student placement model,
- ▶ Staff feeling unsure how the model would work in their areas.
- ▶ To ensure the placements were planned appropriately and would meet the needs of our students, a **pilot** was devised.
- ▶ This allowed staff to gain an understanding of how the placements would operate and get involved in the development of the programme.

# AHP Specific Toolkits

- ▶ Nursing Toolkits had been developed and used at WHT
- ▶ A MSc Occupational Therapy Student developed AHP Specific Toolkits as part of her placement.
- ▶ Occupational Therapy and Physiotherapy: Communication Toolkit – Stroke Rehabilitation
- ▶ Cognition Toolkit – Stroke Rehabilitation
  - ▶ Part1: The Areas of Cognition
  - ▶ Part 2: Assessing Cognition
- ▶ The Upper Limb Toolkit – Stroke Rehabilitation

# The staff and students involved in the first AHP CLiPP programme at WHT



# Daily Huddles

Students in CLiPP were encouraged to take the lead in their practice, supporting their learning through identified daily learning outcomes with the aid of learning plans. The placements WHT were designed around 'huddles':



## Huddle One

- A list of jobs for the day was produced by the nurse, occupational therapist, or physiotherapist and then each student allocated themselves to complete each job to meet their goal.
- Everyone went onto the unit and was hands-on from the start of the morning.



## Huddle Two

- All students and practice placement educators came together to reflect on their morning. This was a very positive time as students were eager to share what they had learned and were willing to discuss what they would do next time. All students were able to go through the GROW Model to reflect on their morning.



## Huddle Three

- At the end of the day, students came together with practice placement educators and reflected on their afternoon.

# Student Feedback

*huddles became quicker but still had the quality of sharing feedback and reflecting*

*huddles ensured the handovers were natural*

*The huddles sparked conversation and what shall I do next*  
...

*Extremely supportive*

*I loved it, it's the best placement I have had*

*The MDT could share interventions which influenced other students' goals*

*I felt alone on previous placements, this time I felt supported*

*Unlimited opportunities*

# Staff Feedback

- ▶ Having previously only been used to one student to one educator placement model it did feel daunting to be having a 2:1 model, especially at a time of significant understaffing.
- ▶ As the weeks progressed, through negotiation we began to find a structure of CLiPP that worked for our team
- ▶ By the final week, we had a much-improved process which we plan to take forward to the next CLiPP placement
- ▶ We do feel that CLiPP will work very well and enhance student experience when the team is well-staffed with qualified therapists, as this would relieve pressure off the educators and enable them to focus on the placement model and the additional students that it entails.
- ▶ We look forward to the next placement, and to be able to see the comparison with the previous placement following the implementation of changes.

## Overall ...

- ▶ Our first CLiPP programme was a huge success and received excellent feedback from students and staff.
- ▶ We are eager to keep improving
- ▶ Students told us they would benefit from a longer induction period
- ▶ Both staff and students felt that an introduction and orientation to the unit and swipe cards issued before the start of their placement would be beneficial.

# What's Next?

- ▶ Second Cohort to run CLiPP at Holly Bank Stroke Rehabilitation Unit in April 2023
- ▶ Alter aspects of CLiPP model from feedback provided in the first cohort
- ▶ I will be working with Beth Lowe (Practice Educator Facilitator) at WHT to implement CLiPP across other areas of the hospital and involve a wider scope of AHPs.
- ▶ I will be promoting our model of CLiPP in the Stroke Rehabilitation at WHT with other NHS Trusts who are also interested in using the CLiPP care and coaching model.
- ▶ For more information about the CLiPP programme please **contact Lisa Smith** [lisa.smith254@nhs.net](mailto:lisa.smith254@nhs.net)



# Coaching in placement (PT):

- Clinical (T&O)
- Leadership

Zoe Oram

AHP Education & Workforce Lead  
T&O Physiotherapy Team Lead



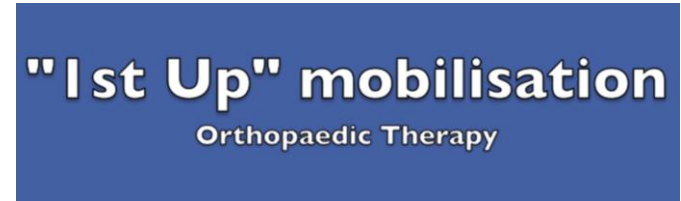
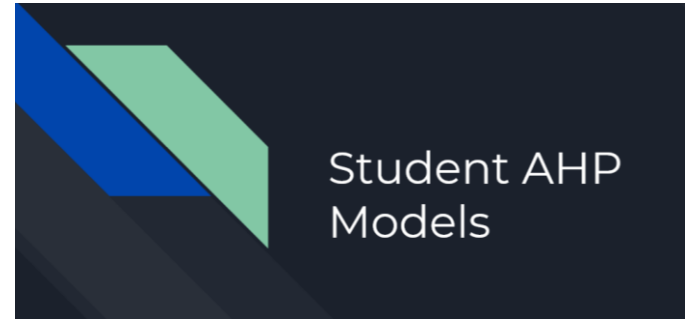
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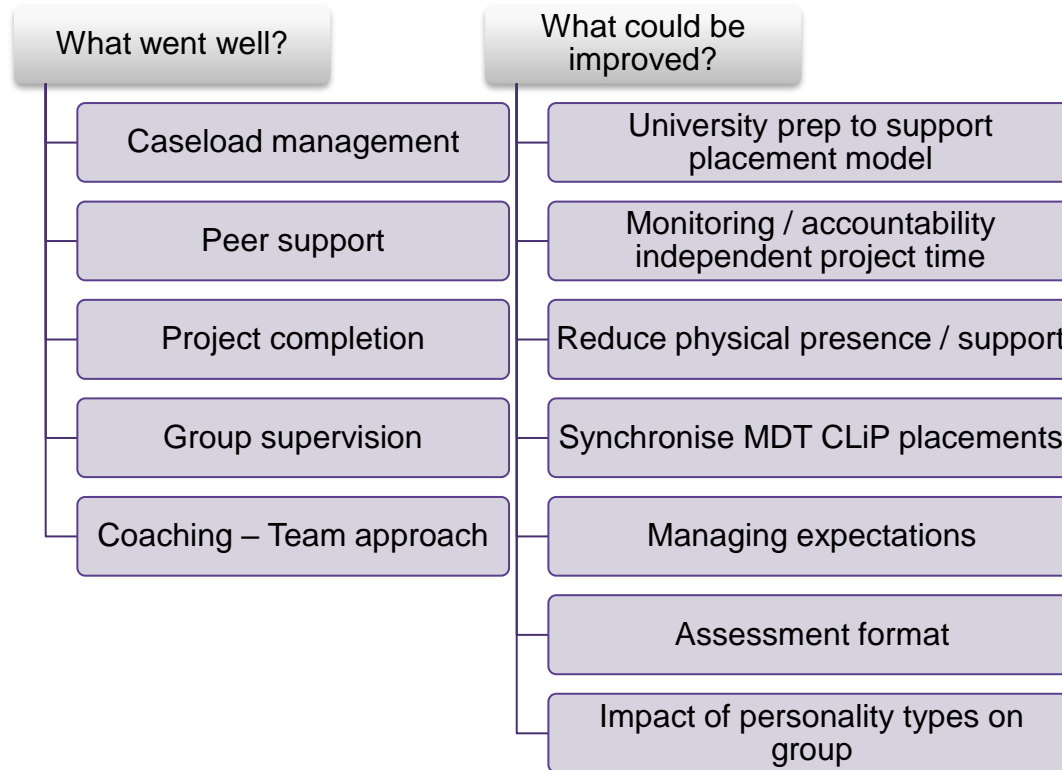
- Reflections

# Clip in T&O Ward

- Additional placement capacity request
- F4 – 3 x 6 (18) bedded ward
- 3 x 3rd year physio students – 6 week placement
- CLiP facilitators – trained ward therapy team (B6 and B4)
- Coaching training (GROW model)
- Managing expectations
- Peer supervision
- Project work – produce a 1st up mobility video and critically appraise different placement models
- Clinical teaching
- Implemented practice supervisor / assessor roles



# Reflections



# Student feedback

*“From my experience I have felt that the student which struggled the most at the start of the placement would take the majority if not all of the focus from a PPE which often left myself and other students independently working which was beneficial but also detrimental”*

*“For this placement model its vital that the group of students selected get along and ‘bond’ in order for peer assisted learning to work”*

*“I think this CLiP model style of placement has challenged me to be independent and encouraged me to develop my clinical reasoning skills”*

# Top tips / resources

**TOP TIPS for this placement type for other educators to try and replicate this placement:**

- ✓ **Articulate your expectations for the students to understand and engage in the model**
- ✓ **Provide a learning log to empower students to gather and present evidence towards marking criteria**
- ✓ **Collaborate with nursing staff to support multi-professional CLiP learning and models within MDT**

- [Exploring the CLiP \(Collaborative Learning in Practice\) Model | NHS Employers](#)
- [Models of supervision | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)
- [The GROW Model of Coaching and Mentoring - Skills From MindTools.com](#)



## Zoe Oram

Physiotherapy Lead for Elective Orthopaedics /  
UHS AHP Education and Workforce Lead

University Hospital Southampton



### Educator Placement Story



**SECTION ONE: CONTACT DETAILS** Please fill out this section if you are comfortable with sharing your information so that other educators can contact you for support with how to run this type of placement.

Email: [zoe.oram@uhs.nhs.uk](mailto:zoe.oram@uhs.nhs.uk)

Phone Number: 02381203899

**SECTION TWO: PLACEMENT SPECIALITY AND AREA:** Please indicate which of the 4 pillars were embedded on this placement

Research Clinical  Leadership and Management   
 Education

**SECTION THREE: PLACEMENT APPROACH:** How did the practice based learning take place?  
*Add a description so others can replicate your approach*

Peer assisted Learning  Coaching Approaches   
Role Emerging  Hub & Spoke   
University Clinics  Team Model Approach   
Technology Enhanced Care Services  Project Based   
Traditional Approach  Other

**Placement approach:** Further details so others can replicate your approach

We utilised a CLIP model for 3 x final year BU Physiotherapy Students within an 18 bedded (elective-not ring fenced) orthopaedic ward.

**SECTION FOUR: SUPERVISION MODEL:** Practice learning is supervised and structured to enable progression towards learning outcomes and usually involves assessment of the learner. Were you 1:1 with your student? Did you share your student across your team? Were you working from home?

Peer Supervision Model  Long-arm Supervision   
Wider Team Model  Multiple Student Model   
Traditional Model (1:2:1)  Other

**Supervision:** Further details so others can replicate your model

A CLIP model was used and facilitated within the AHP and nursing MDT.

**SECTION FIVE: YOUR STORY** Provide a short overview of your placement experience as an educator: Discuss the experience as a whole and the resources involved. How did you run the placement? What worked well? What would you change for the future? What did you think of the placement?

<https://southlks.libguides.com/c.php?g=671637&p=4990221>

We were approached in February 2023 by BU with a request to support additional physio student placements given the impact of the COVID-19 pandemic cancelling usual clinical placement activity earlier in their studies.

Out of the 9 required placement UHS were able to accommodate 4 with 1 student going to Alison Trennary for a unique leadership/education placement and 3 coming to T&O to trial a triad CLIP model approach within an 18 bedded elective orthopaedic ward. The placement dates were negotiated to reflect practice educator (PE) availability and was set June 20<sup>th</sup> – August 5<sup>th</sup> (with a weeks break after week 5 to reflect PE A/L).

BU students remain on the OPAL marking system and were emailed prior to starting with pre-placement information including:

- Timetable
- SWOT Analysis
- Reflection templates
- Pre-reading clinical information / training

Students were offered weekly supervision (group and 1:1 if needed) and were also provided with a weekly learning log to evidence activity to support the attainment of OPAL marking criteria. They were encouraged to complete weekly reflections to chart their learning and development.

#### Projects:

Projects were set within the first week and one afternoon per week was allocated to each student to complete work towards this. Students were educated on how to write a project initiation diagram (PID) and GANT time chart to support their understanding and timely completion of their project work

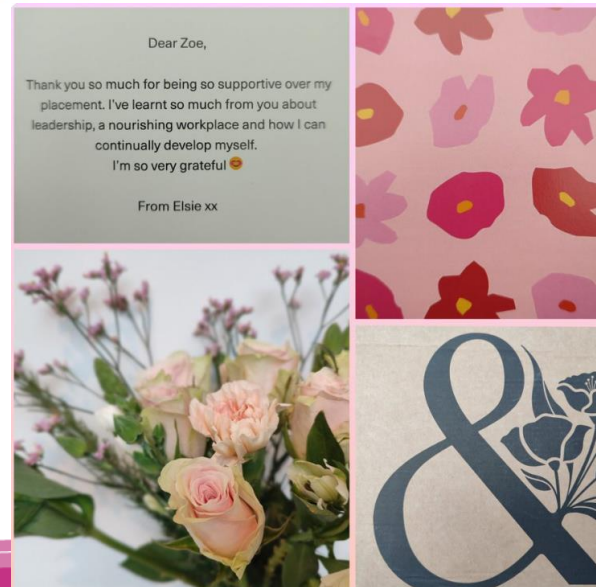
1. One student was tasked with utilising a 'first up checklist' to create a practical video and presentation to visually demonstrate the therapeutic assessment and methodology of completing orthopaedic mobilisation with day 1 post op patients. This had been identified as a core training material for all MDT T&O staff to benefit from.
2. Two students were tasked with critically appraising existing AHP student placement models; outlining existing models and critiquing evidence base. This was felt to be of importance within the current climate of exploring placement capacity within AHP teams.

#### What went well?

1. Caseload management – due to each student having 1 bay of 6 patients each they were able to see all patients on the ward daily (at least once, occasionally more). They were also able to collaborate to share and flex the caseload complexity and ensure exposure to a variety of orthopaedic conditions
2. Peer support – as a trio of students they were able to provide peer support and pastoral care to one another (although this was limited by their personality types somewhat)
3. Project completion – having protected project time and independent study time they were able to complete service improvement projects and evidence-based literature reviews to enhance the quality of their project work
4. Group supervision – the group supervision model enhanced peer learning and sharing and some collaborative supervision and support from the practice education

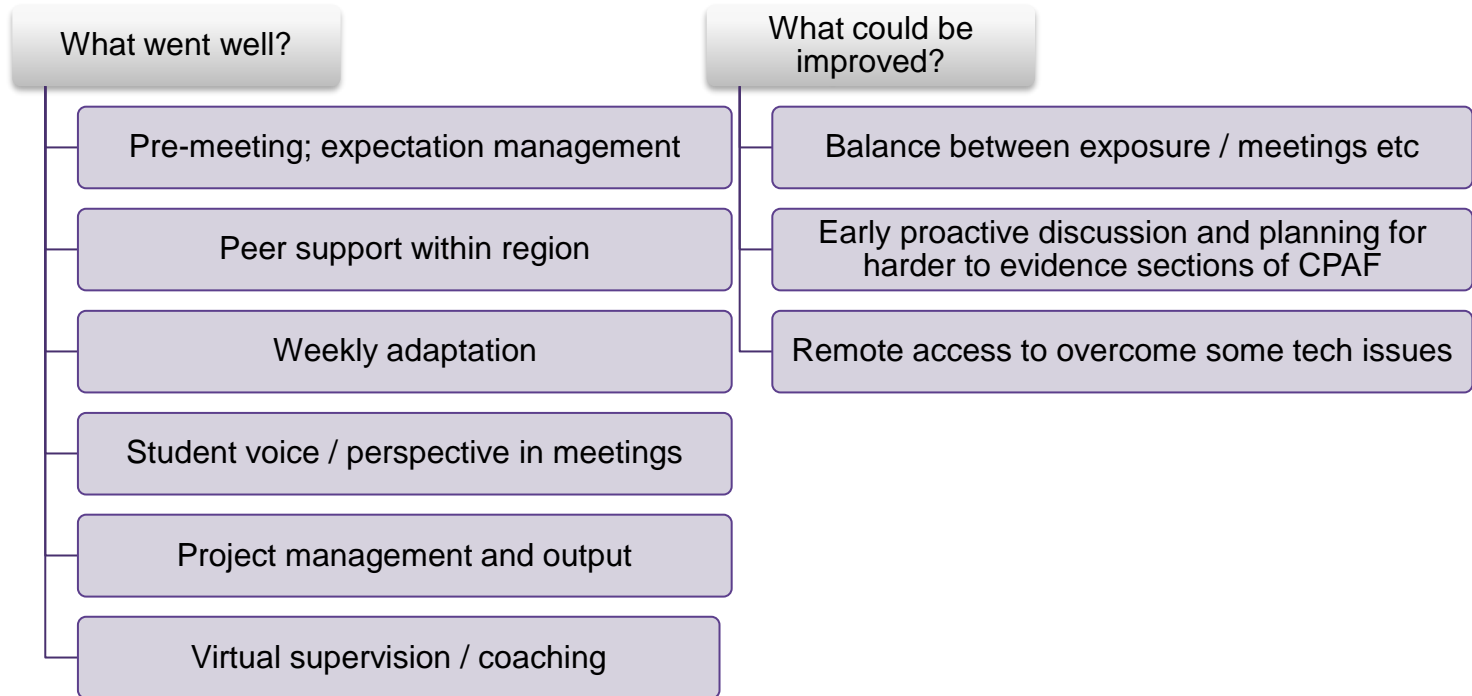
# Education/Leadership

- 2nd year UoS physio placement
- 6 weeks (5 + 1 A/L)
- Pre-meet; expectation setting
- Weekly schedule – balance meeting attendance, independent study, project time, teaching
- Project: AHP SW workforce review and educational gap analysis (HEE requirement)
- Focus on students, careers, international recruitment and support workers
- Leadership teaching – GROW, values, feedback, managing conflict, how to apply for NHS jobs





# Reflections



# Top tips / resources

**TOP TIPS** for this placement type for other educators to try and replicate this placement:

- ✓ **Articulate your expectations for the students to understand and engage scope of placement**
- ✓ **Provide a learning log to empower students to gather and present evidence towards marking criteria**
- ✓ **Establish a project and block time for student to complete project work and self-directed leadership time**
- ✓ **Trust student to be autonomous with time management and enable agile working to flexibly balance demands of placement and other demands**
- ✓ **Timetable and protect time to teach student self-leadership and project skills**

**TOP RESOURCES** recommend for this placement are:

- ✓ Bronze Qi training: <https://qitraining.improvementacademy.org/course/>
- ✓ Edward Jenner training: <https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/>



## Zoe Oram

UHS AHP Education and Workforce Lead  
University Hospital Southampton



### Educator Placement Story

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Add a description so others can replicate your approach

Peer assisted Learning  Coaching Approaches   
Role Emerging  Hub & Spoke   
University Clinics  Team Model Approach   
Technology Enhanced Care Services  Project Based   
Traditional Approach  Other

**Placement approach: Further details so others can replicate your approach**

This was a hybrid face to face and remote placement across AHP education and workforce leadership

**SECTION FOUR: SUPERVISION MODEL:** Practice learning is supervised and structured to enable progression towards learning outcomes and usually involves assessment of the learner. Were you 1:1 with your student? Did you share your student across your team? Were you working from home?

Peer Supervision Model  Long-arm Supervision   
Wider Team Model  Multiple Student Model   
Traditional Model (1:2:1)  Other

**Supervision: Further details so others can replicate your model**

As we only had approx. 20% time face to face, long arm supervision was used to supervise remotely.

**SECTION FIVE: YOUR STORY** Provide a short overview of your placement experience as an educator: Discuss the experience as a whole and the resources involved. How did

you run the placement? What worked well? What would you change for the future? What did you think of the placement?

I was excited to work with a UoS, 2<sup>nd</sup> year physio student (P3) join me in my first non-clinical placement.

We both had some initial thoughts and ideas around what would work best and what might be challenging but we scheduled a teams meeting a week prior to starting to discuss:

- Diary scheduling and sync IT
- Manage expectations around working together and remotely
- Health and wellbeing (considerations and reasonable adaptations)
- Ideas for projects and placement activity

Completed a face-to-face induction to ensure initial rapport established and interpersonal connection.

End of week virtual supervisions over teams.

Provided weekly leadership training, student accessed Edward Jenner training and virtual action learning sets (ALS) hosted through HHFT.

Attended meetings as deemed suitable and meaningful to student.

Focused on therapies elements of AHP workforce role-but interacted across all professions as appropriate to engage in activities relating to AHP support workers, international recruitment, students and careers.

**Projects:**

It was decided at the outset to assign a project (AHP support worker workforce evaluation – workforce data cleanse, baseline education status, align to new HIOW support worker strategy) and to protect time in diary to complete required activity.

Project management skills taught: PID, GANTT chart, MS Forms and student offered weekly coaching to progress.

End of placement presentation to key AHP stakeholders to present project findings and recommendations.

The student was also tasked with creating and delivering an 'AHPs in Sport' lesson to deliver in a secondary school with the 350+ project team to support AHP career education.

**What went well?**

- Pre-meeting was good to spark initial rapport, manage expectations and provide some initial clarity around the scope of the placement.
- Networking with other local students in similar placements to create a peer support forum
- Clear expectations for independent study around leadership training and project management
- Adapting expectations week by week in terms of balancing capacity for meeting engagement and independent work
- Engagement and education and workforce meetings provided valuable insight from the student perspective and great to have their 'voice' as stakeholder in activity
- Networking within wider professionals within leadership, education and wider systems teams: professional engagement and valuable contributions / learning

**What would we change for the future?**

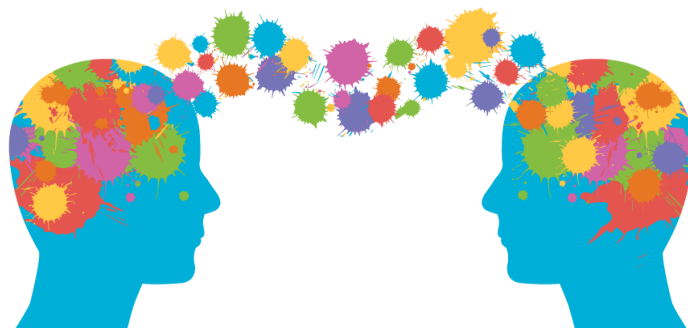
- Different expectations in terms of volume and variety of meetings to attend
- Be more proactive in week one about outlining expectations for more challenging areas of CPAF (EBP and population health)



**WORLD CLASS PEOPLE**



# 5 minute break





# From small seeds GROW big ideas - The Journey of coaching bays at ASPH

Sam Knipe - Learning Environment Lead

Rebecca Buchan – Matron for Quality and Education in Emergency Department



# The Journey

When?



Networking



Developing Documentation



Coaching Bay



Planting the seed



Evaluate



Let students run with it



Dedicated staff



Road map of suitable wards



# What we know

Students have greater ownership and responsibility as they take the lead on patient care

Students develop self awareness, competence and confidence earlier on in their journey.

Aides staffing

Students gain experience in delegation, leadership and time management

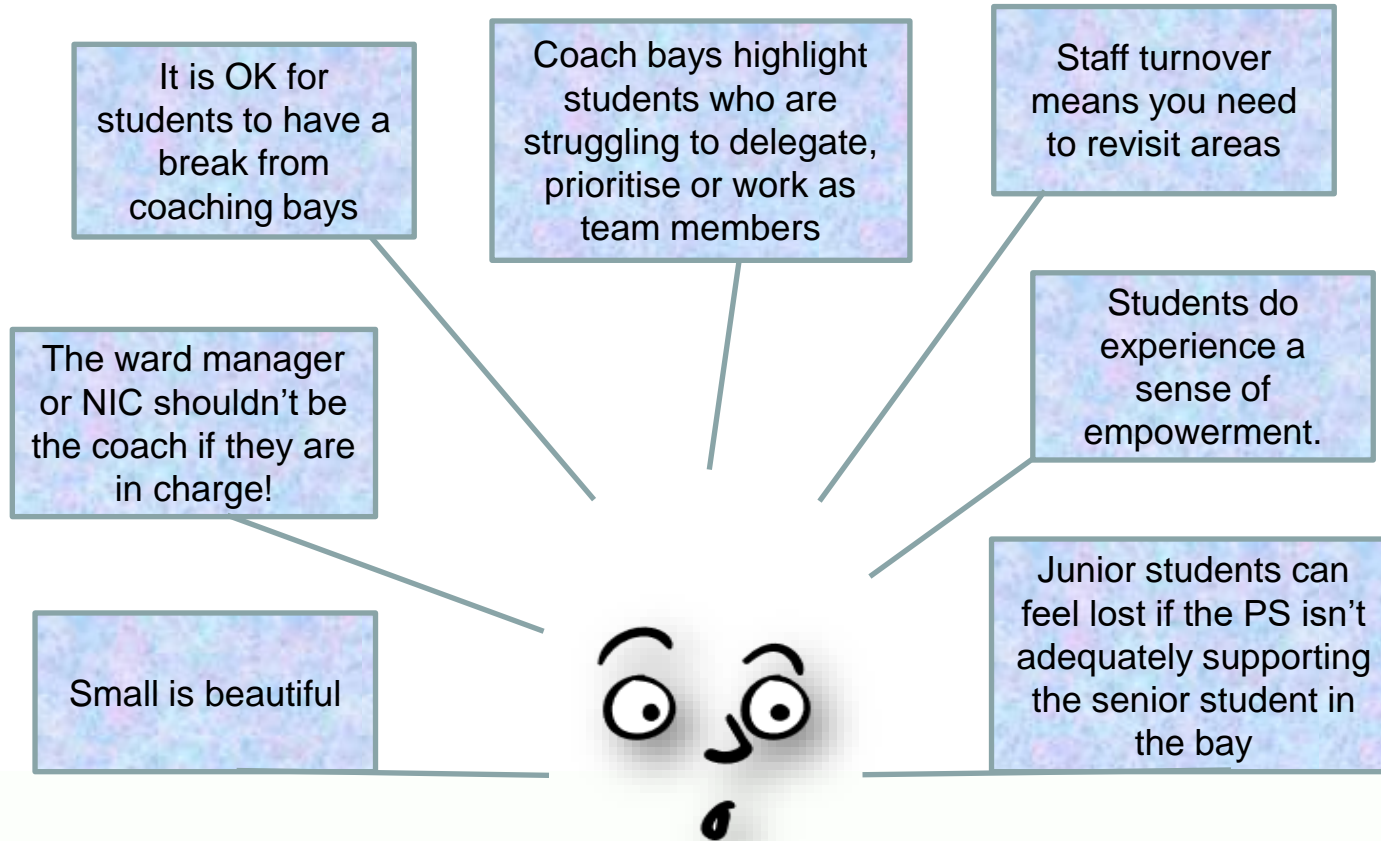
Successfully supports the increase in learners across the NHS

Students experience regular peer support

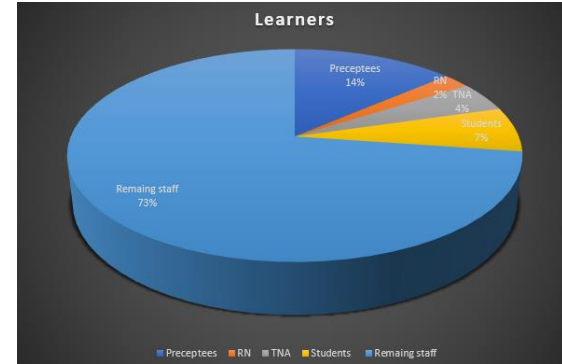




# What we've learnt along the way



# Why implement it in ED



- Ensure a high quality of learning and delivery of patient care
- Create a positive questioning and learning environment within the emergency department
- Create Trust's target of a learning organisation
- 27% Workforce are in learning roles
- Coaching bays for new starters?

# High quality of learning & Care delivery

- Student feedback 2020:
- Areas of concern around access to leaders, reporting incidents, engaging students in the dept, students witnessing poor practice

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
4	3	5	5	4	4	3	4	4	4	4	3	5	4	4	4	4	3	4
2	4	4	4	5	5	5	5	5	4	5	3	4	5	5	5	5	5	5
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	3	5	4	4	4	3	5	5	4	4	4	4	5	3	4	4	4	5
Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19
2	2	1	1	2	2	3	1	1	2	1	1	2	1	2	2	1	3	2
4	2	5	4	5	5	4	5	4	4	5	3	4	2	4	5	5	5	5

# Increase numbers of learners in ED

6 students in ED at any one time consisting of:

Student nurses

Trainee nursing associates

Student Paramedics

Student midwives

Plus:

ED TNA's

New starters – band 4 and 5

# Weekly Coaching bays - Every Tuesday



- Lead by CPE team
- All students together
- Aim of the day:
  - leadership skills
  - Clinical skills
  - Problem solving
- Debrief / reflection at end of day – NMC requirement

I got feedback from fellow students and staff

Great learning opportunities

Well organised, great support

I feel empowered and more prepared for qualifying

Gained leadership & teamwork skills



## Student feedback

It has helped me identify my strengths and weaknesses as a third year

Develop assessment & clinical skills

I appreciate the increase in peer support and like problem solving together. I am not scared to ask the third years questions

It was an opportunity to develop my leadership, delegation

It was a comfortable environment for constructive advice

It allows the student to be more confident in what they are doing and they seem to ask more questions.

Students made to feel valued

Helps with staffing

Support for practice supervisor and assessors

## Staff feedback

Students are made part of the team

The focus is the students!

I have seen students' confidence grow

I've enjoyed questioning students and allowing them to find the answers, it works well if asked the right way



# COLLABORATIVE LEARNING IN PRACTICE (CLIP)IN MATERNITY SERVICES

CLIP at the Royal Berkshire NHS Foundation Trust 2023.

RM L.Costello.







# WHAT IS CLIP?

The NHS Long Term Plan (2019) set out the need to increase the numbers of learners in practice across the NHS.

Traditional one-to-one mentoring models made expansion of student numbers problematic.

Introducing CLiP involved working to 3 key principles

NHS Long Term Plan (2019):  
To expand placement capacity.

Moving away from a traditional 1-1 mentoring model into a coaching approach to learning.

Creating a quality learning environment and confident future workforce.



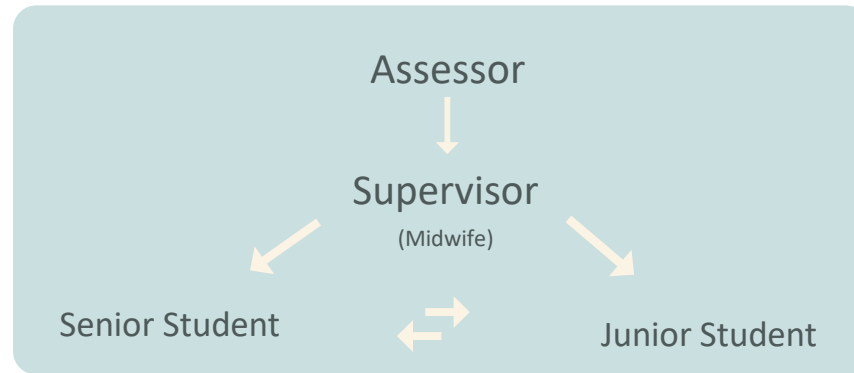
# HOW CLIP WORKS IN PRACTICE



The adaption of the NMC Standards for Student Supervision and Assessment (SSSA) = Students are assessed with a helicopter view of supervisors' feedback.



The CLiP model is similar in promoting learning through distant supervision.



Senior Student =  
3rd Year or 2nd Year

Junior Student =  
1st Year or new 2nd Year



## HOW CLIP WORKS IN PRACTICE:

The student midwives work together in a pair.

They are supervised as one team not separately.



Following handover the students take the lead and plan care for their shift together.

They can then review their plan with their supervisor identifying any learning needs or opportunities.



Learners' autonomous working skills, confidence and time-management skills are developed through them taking on more responsibility.



CLiP enables students to take responsibility for their own caseload of women/service users.

Whilst being supported at a distance, learners should act within their scope of practice seeking support as needed.



Students do not care for a set bay on the ward, instead they identify a number of women and babies to care for from their supervisor's caseload.



CLiP Students remain supernumerary and are expected to check in with their supervisor following any episodes of care.

Documentation is checked and countersigned by the supervisor.



# ROLL OUT SO FAR

Royal Berkshire   
NHS Foundation Trust

Antenatal and Postnatal  
wards

Induction of Labour  
suite

Day Assessment Unit  
from May 2023

Initially utilised an internal  
trainer to deliver  
coaching training  
sessions.

The coaching approach  
to learning is highlighted  
on SSSA study days and  
update sessions.

Sharing & Networking

- Neighbouring NHS Trusts
- HEE
- Nursing colleagues within our Trust
- The CLiP Newtork- Monthly meetings

# MENTORING OR COACHING?

CLiP Involved moving away from a traditional 1-1 mentoring model into a coaching approach to learning.



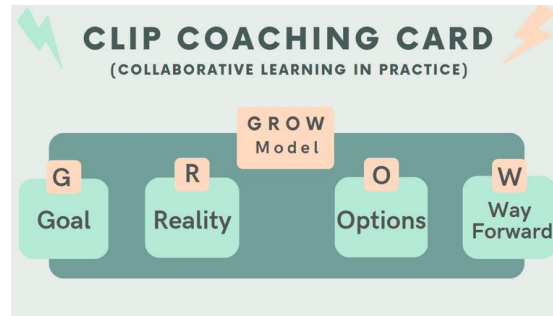
## Mentoring

- ➔ Answers Questions
- ➔ Work is allocated
- ➔ Can lead to student dependence on mentor
- ➔ Focused on workload
- ➔ Student observes practice



## Coaching

- ➔ Asks Questions
- ➔ Students allocate the work
- ➔ Aims to empower students & increase their confidence
- ➔ Focused on learning outcomes
- ➔ Increased student participation



# FEEDBACK



## Why women like the CLiP model?

- From feedback received our women like being introduced to their team of students and knowing who is responsible for their care.
- They like the continuity of having the same students over consecutive shifts.
- Our service users felt they benefitted from the students coaching each other as they understood their own care in more detail.



## Why ward staff like the CLiP model?

- The CLiP model = students take responsibility for ALL clinical care for the women in their bay (under distant supervision from their supervisor).

This helps to reduce the overall work load of midwives, MCAs, Nurses and Early Birds whilst providing excellent learning experiences for student midwives.





# WOMENS' EXPERIENCES OF CLIP



## Women's Experiences of CLIP

Cohorts of STMW: April 22 (1st yr) - 1st  
Sept 21 (1st yr) - 2nd

1st = Midwife Supervisor

How did you feel about having 2x student midwives looking after you alongside a qualified midwife?

As they were so friendly I didn't realise that there were 2. She felt very positive about having 2 people that she knew she could speak to for the rest of the day if she needed them.

Did you feel the quality of your care was of a low, medium or high standard?

High standard of care. The student midwives were able to help with all questions she had.

What did the student midwives do well?

She felt very caught up this morning and the emotional support both students provided was so important and made her feel much better.

Were your needs met by the student midwives?

Yes! All needs met.

Any other comments, feedback or aspects that could be improved?

No improvement - students were excellent support. She did also meet her midwife and knew they were working together.



- HAPPY TO HAVE TWO STUDENTS
- HIGH STANDARD OF CARE - SPECIFICALLY EMOTIONAL SUPPORT
- ALL NEEDS WERE MET BY THE STUDENTS
- "THE STUDENTS WERE AN EXCELLENT SUPPORT AND HELPED ME WHEN I FELT LOW AND EMOTIONAL."

- "THEY WERE SO PROFESSIONAL, FOR A MOMENT I DIDN'T REALISE THEY WERE STUDENT MIDWIVES!"
- A WOMAN'S PARTNER : " THE STUDENTS TOOK THE TIME TO ASK HOW I WAS DOING/FEELING AND THAT REALLY MEANT A LOT."
- THE BREASTFEEDING SUPPORT THEY OFFERED ME HAS BEEN REALLY VALUABLE.



# STUDENTS' FEEDBACK



## Collaborative Learning in Practice

### CLiP Student Voices



**"It made us more aware of our time management skills as we had to factor in observations and medication to our workload"**

Increased MDT working as student midwives gave the handover for their women during the juggle and discussed care with the doctors.

***"I learnt to be more autonomous and to delegate as the senior student. I also felt there was more team working as I had more responsibility and needed to escalate to the senior midwife and doctors."***



CLiP meant the students could have continuity with the same supervisors who knew their abilities on shift.

***"I felt there was more of a focus on planning the shift around my learning outcomes and that my learning needs were prioritised."***



### Quantitative data collection-

100% of students enjoyed their CLiP Shifts.

100% of students felt it was beneficial working collaboratively with another student midwife.

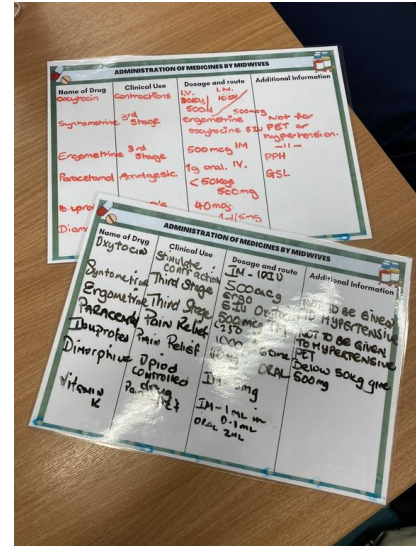
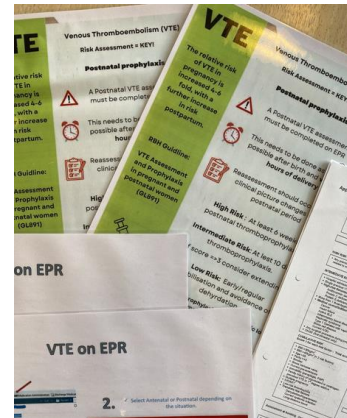
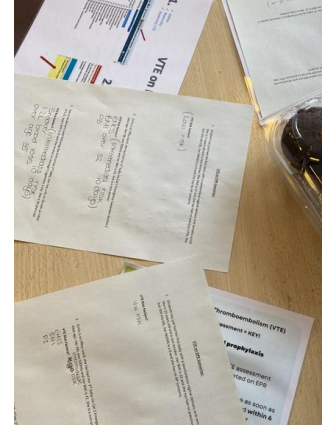
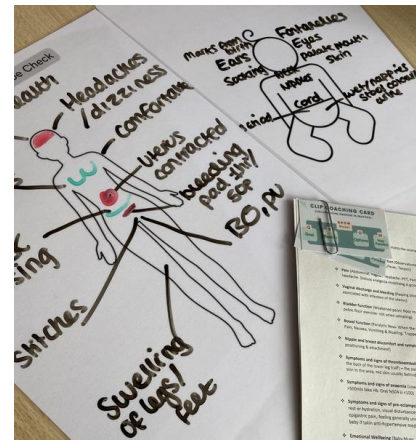
100% of students felt that working in the CLiP model helped them to work more independently and autonomously.







# CLIP LEARNING HOUR



# COLLABORATIVE LEARNING IN PRACTICE (CLIP)IN MATERNITY.

Royal Berkshire   
NHS Foundation Trust

## THANK YOU.

CLIP at the Royal Berkshire NHS Foundation  
Trust 2023





# Thank you for joining the Ask Don't Tell Webinar

- Q&A session
- Evaluation Survey
- Closing comments

