

GM Synergy Project

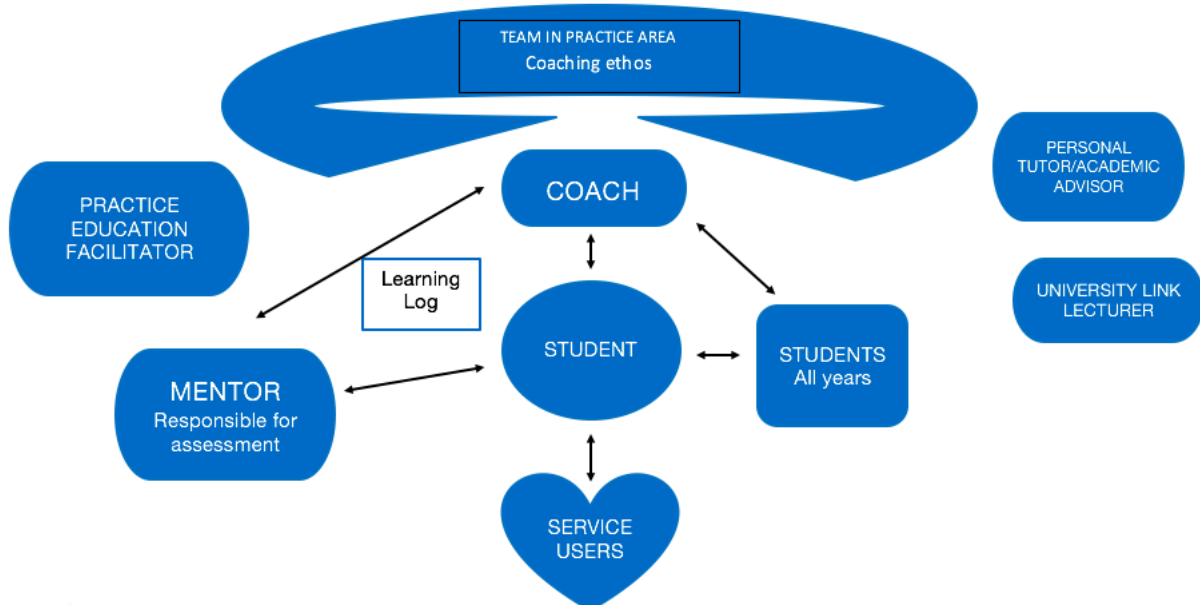
Placement guidance - **The Four whats and hows**

WHAT is it?

GM Synergy is based on the CLiP™ model (Collaborative learning in Practice) developed by the University of East Anglia and is based on the concept of coaching compared to mentoring to enhance the confidence, competence and performance of students through the hands on care. The coaching approach to practice learning adopts a stronger focus toward self-directed learning and personal responsibility for learning. The learning is student led, less focused on following the direction of the mentor and more focused on students taking responsibility in identifying their goals and objectives and working with the ‘coach’ offering guidance and critical challenge.

In the coaching model, a student will still be allocated a named mentor but on a day-to-day basis be ‘coached’ by a suitably experienced practitioner who is not necessarily a mentor. This means that there are times when the named mentor may be present in the clinical area without acting as the coach.

The practice learning area will be supported by a practice project lead / Practice Education Facilitator (PEF) and University Link Lecturer (ULL) who act as a source of expert advice and challenge to students, mentors and coaches. Mentoring and coaching are both learning and development tools and there are advantages and disadvantages to both. The GM Synergy model is fully compliant with the NMC Standards for Learning in Practice (NMC 2008) as regards appropriate delegation and rigour of assessment. Students are to be allocated a named mentor who has an NMC recognised mentorship qualification, however the GM Synergy project enhances all staff with appropriate coaching skills.



WHAT its not!

- The GM Synergy project is not to be afraid of
- The learning model must not be used to supplement staffing levels
- It is not to replace robust assessment
- It is not a new concept (rather it is pulling all good practices together)

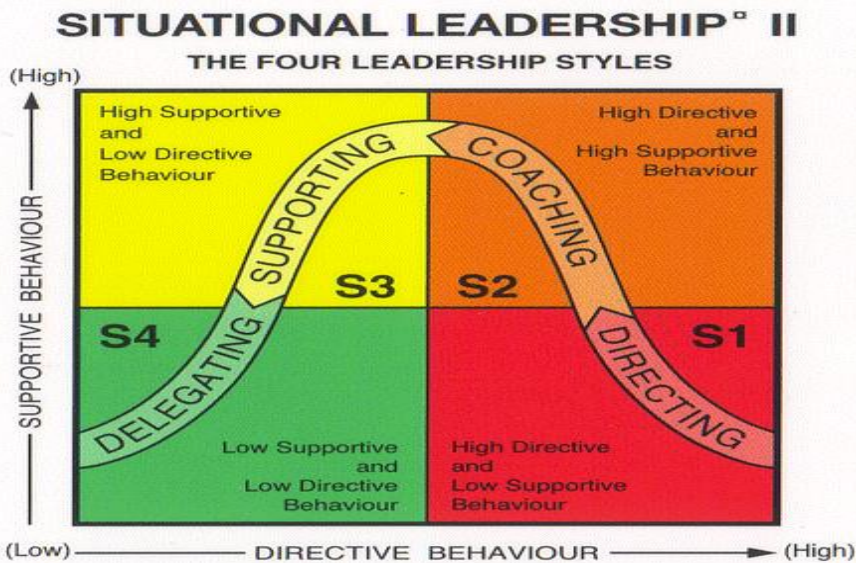
WHAT stays the same

- Each student will be allocated a named mentor for assessment purposes and sign off
- Placement still requires to meet the Educational audit outcomes
- Principles of assessment remain unchanged
- Trust / HEI / NMC protocols and procedures must be followed
- Staffing levels remain unchanged
- Individual learning outcomes remain unchanged

WHAT is different?

- Clinical Coaching support and support from mentor
- Learners will lead on care of service users
- Emphasis on the learner to identify their own learning needs
- Assessment will be carried out in conjunction with the wider team and not solely the named mentor
- Learners will be responsible for completing relevant learning logs / reflections to support assessment
- Learners will be responsible for supporting and teaching each other, sharing knowledge under the guidance of their coaches
- The focus is on holistic care – moving away from task orientation
- The coach has overall responsibility for the student caseload and must not have additional patient caseload
- The Clinical Coach and wider MDT team will be allocated work by the student
- The Clinical Coach teases out answers through probing questions rather than just telling
- Empowering the students to step forward and take a lead in providing holistic care
- Full utilisation of situational leadership styles dependent on prior knowledge of learner

A model to help facilitate the leadership skills of the student and the interaction of the mentor with the student is the Situational Leadership model developed by Hersey and Blanchard (1969). The model helps to identify when and what support is required. This may involve appropriate delegation of activities and high levels of support, similar to a mentor style of one to one. N.B this may also be the case when supporting a student with progression concerns. The model demonstrates the fluidity of leadership skills required by the mentor towards a student in placement from the initial orientation phase to the final weeks. Similarly as knowledge, experience and confidence grows in the students the same curve can be mirrored by the student on placement.



Hersey, P. and Blanchard, K. H. (1969)

HOW it works

- Staff attend relevant coaching programme to give them the appropriate knowledge and skills to utilise the model
- Students are suitably prepared by HEI and Trust for the changes in placement model
- HEI & Trust plan timely allocations of learners to GM Synergy areas
- Minimum number of learners will be 3 to operate the GM Synergy model
- Flexible model to be utilised dependent on the number of students on duty at any given time
- Students must be given a named mentor for assessment purposes and initial, mid point and final assessment dates identified
- Up to 15-20 students will be allocated to each placement area and separated into identified “learning bays” with a Clinical Coach who facilitates 1-3 students to undertake holistic care of a group of patients from essential skills, documentation, ward rounds and handover to the next shift
- Direct patient caseload given to students dependent on their prior knowledge and experience
- Daily coach identified via allocations board so clear to the patient, student and wider team
- As the clinical coach only focus for the shift is to supervise students they have the time to teach and assess
- Students must access and regularly complete the identified learning logs and reflection to support their assessment, which must be signed by their coach. Kept in a central folder to be accessed by wider team accordingly
- Students may follow patient pathways and relevant spokes linked to their patients, but must ensure they still manage their caseload effectively

- Practice Education Facilitator with additional support from the ULL for the placement area to support coaches

References

Hersey, P., & Blanchard, K. H. (1969). Life Cycle Theory of Leadership. Training Development, 23, 26-34.

NMC (2008) NMC Standards for Learning in Practice and practice.

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>

Collaborative Learning in Practice (CLiP® 2014) University East Anglia