



HEALTH EDUCATION ENGLAND: WORKFORCE TRANSFORMATION-
PROPOSAL FOR FUNDING- GREATER MANCHESTER PLACEMENT PROVIDER
AND HEI COLLABORATIVE: IMPLEMENTATION AND EVALUATION OF THE
SYNERGY MODEL FOR PROMOTING EFFECTIVENESS IN LEARNING IN
PRACTICE THROUGH COACHING

Final Report Executive Summary, February 2020

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Executive Summary

Within Greater Manchester a new model of undergraduate student nurse supervision in clinical practice has been implemented within predominantly adult and children and young people fields of practice. The Greater Manchester (GM) Synergy Model applies coaching methodologies with emphasis placed on student nurse's clinical leadership development and collaborative and facilitative learning whilst at the same time increasing practice learning placement capacity in multiple areas. Health Education England (HEE) have commissioned a project with deliverables and outputs, with this being the final document that reports on key project areas:

- 1) Review of the existing literature that identifies the challenges, value and impact on clinical leadership when adopting models for undergraduate student support (coaching and mentoring) and presents new perspectives to what is already known
- 2) Development of the robust framework identifying the structures and processes required to implement and sustain GM Synergy both during and post completion of the project
- 3) Development of the robust eligibility and readiness framework for identifying potential GM Synergy clinical placement areas within healthcare organisations
- 4) Coaching educators in conjunction with identified organisational GM Synergy Lead to provide structured education and development opportunities
- 5) Development of the evidenced-informed recommendations for best practice in models of support that develop the undergraduate student's clinical leadership skills, knowledge and behaviours.

Where the model has been implemented, there is evidence of an increased capacity on the GM Synergy placement areas. Across adult and children and young people fields of practice there is an increase of practice learning placement in excess of 250 students.

Structures and processes in place to implement and sustain GM Synergy both during and post completion of the project

GM Synergy Framework and agreed collaborative processes

Agreed are collaborative processes between HEI and healthcare organisations that include roles and responsibilities, resource management, identification of a named individual in each organisation to take leadership responsibility for implementation. This information is available via the GM Synergy website: <http://hub.salford.ac.uk/gmSynergy/>

Eligibility Framework

Created is an eligibility and readiness framework for identifying potential GM Synergy clinical placement areas within healthcare organisations that includes provision of information materials for placement areas- multidisciplinary team, patients and students. This information is available via the GM Synergy website.

Coaching Development

GM Synergy coaching programme has been delivered to Practice Education Facilitator (PEF) Champions of whom have the coaching materials that they use to cascade within their own organisation. Often coaching preparation is supplemented with organisational coaching programmes, delivered by internal and external coaches via organisation and development departments. PEF Champion coaching supervision led by the University of Salford, has been implemented and used to provide the ongoing reflection and peer supervision. Coaching conversations included as a component part of GM NMC Practice Supervisor, Practice Assessor and Academic Assessor preparation workshops (NMC 2018a, NMC 2018b) and will be included in ongoing development in the role.

GM Synergy Implementation Phases 1 and 2

In this report, GM Synergy implementation is reported in two phases: Phase 1 commenced September 2018 and consisted of 180-200 first, second and third year nursing students (adult and children and young people (CYP) field) from the four GM Higher Education Institutions (HEIs): University of Salford, University of Manchester, Manchester metropolitan University and University of Bolton. These students experienced coaching from within predominantly acute practice placement setting (adult and CYP) situated across GM NHS Trusts. Please note organisational name change that has subsequently taken place since the start of this project:

MFT- Manchester University NHS Foundation Trust: Royal Manchester Children's Hospital (RMCH) Wythenshawe Hospital, Manchester Royal Infirmary (MRI)

NCA: Northern Care Alliance NHS Group: Salford Royal NHS Foundation Trust (SRFT) and The Pennine Acute Hospitals NHS Trust (PAHT)

Bolton: Bolton NHS Foundation Trust

Phase 2 focused on learning from phase 1, feeding forward when extending the model to mental health, community, private, voluntary and independent sector organisations and primary care via the North West Enhanced Training Practices. A GM Synergy implementation in midwifery is currently taking place with evaluation data reported separately. The model is currently being applied to a community practice learning environment.

GM Synergy Evaluation Phase 1

An established research team led by Dr Jacqueline Leigh, Professor of Nurse Education Practice, University of Salford has implemented a robust evaluation strategy to provide evidence mapped against project evaluation objectives, methodology and sequence of activities of the GM Synergy Model for promoting effectiveness in learning in practice through coaching.

Evaluation Objectives

The objectives of the evaluation are to:

- 1) Critically explore the existing literature that identifies the challenges, value and impact on clinical leadership when adopting models for undergraduate student support (coaching and mentoring) and to present new perspectives to what is already known
- 2) To critically explore the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM-Synergy) from multiple stakeholder perspectives (GM-Synergy Model development team, students, coach, practice education facilitator, university link lecturer, mentor). Method of Measurement: document analysis, non-validated questionnaire, pre and/or post-test, semi structured interview
- 3) Provide the evidence of what works well or not so well and what can be transferred to enable a consistent approach to GM-Synergy delivery, capability, capacity and sustainability: Method of Measurement: report and clear set of evidence-based guidelines/recommendations.

Evaluation Methodology

This is a mixed method approach, critically exploring the GM-Synergy model in depth and within its context. Realist evaluation allows us to focus and report on the following key areas:

- 1) Expected outcomes of an innovation, for example, enhanced clinical leadership development for undergraduate student nurses and preparedness for the coaching role by the range of practice educators, sense of student-belonging in practice, infrastructure and culture required to positively support GM-Synergy implementation and sustainability
- 2) Mechanisms and processes by which expected outcomes are achieved and change is realised, such as modes of student support, clinical leadership demonstrated by the multiple personnel and problem solving/adapting on the day to day basis
- 3) Influence of context, systems and processes in producing those outcomes.

Summary of findings

Online Questionnaire

In total 231 online questionnaires were completed:

- 179 Student Post Placement Questionnaires
- 36 Coach Questionnaires
- 11 Practice Education Facilitator (PEF) Questionnaires
- 5 University Link Lecturer (ULL) Questionnaires

Positive Aspects of Synergy

Clinical Leadership Development:

- Students taking responsibility through managing patients
- Students taking responsibility for identifying their own learning (in conjunction with coach and mentor)
- Students using initiative - positive impact on self and patients/clients
- Students increased confidence in decision making, whilst gaining independence from within the supportive practice placement
- Student led team brief at the end of each shift: what went well and areas that need improving. The coach steps in and explains how improvements could be actioned. Students contributions are treated with respect and valued (approach adopted by some practice placement areas)

Support:

- Coaching and facilitation as an approach to teaching and learning
- Peer group coaching, teaching and learning
- Learning and experiencing students from different year groups
- Shared learning with students from across the multiple GM HEIs
- Teamwork

Effective Preparation for the GM Synergy Placement:

- Timing of student placements from the multiple HEIs impacts on Synergy. For example, students starting on the same day has a positive impact and helps build relationships that enhance peer support
- When the “correct” staff are overseeing the Synergy bay then students help one another, and good patient relationships are built. For example, the coach working consistently and effectively in their role thus promoting the positive learning experience for students leading to an increased confidence in decision making
- Role of the PEF Champion who are involved from the initial set up helps with the timely management of emergent issues
- Resource intensive (in terms of having to co-ordinate the right mix of students), but works well if the ward is well prepared and the placement team are enthusiastic
- There is evidence that familiarity with the model relieved initial anxieties
- Unity in the message and roll out of the Synergy model (project) from practice and HEI
- All ward staff feeling engaged in the learning process with staff in placements 100% signed up to the model and are motivated.

Areas for further Development

Student /Coach/Staff Skill Mix

- Too many students, resulting in student’s inability to fulfil their NMC proficiencies and individual learning needs and Synergy not been adopted effectively due to competition for work
- Where there are high volumes of students, Coaches report difficulties in observing all students
- The effective learning environment is dependent on having adequate staff to support students and staff remaining in the placement area
- Explore with placement areas scenario whereby too few students or inappropriate year mix, therefore the perception is how the placement cannot “synergise”

Preparedness for the GM Synergy Placement

- Better preparation of staff and students and this includes induction to the workings of the model - managing student and staff expectations
- PEFs feeling that the project team moved away from the Synergy areas too soon without consolidating the new placement learning approach
- Staff engagement and 100% signed up to the model peer led teaching and learning
- Perceived increased pressure on 3rd year student nurses to facilitate the collaborative and facilitative learning
- Professional responsibility and accountability of the qualified nurse and role of student: working with the NMC Code
- Although qualified member of staff should always oversee Synergy bays and students, this may not always be the case
- Appropriateness of the Synergy placement within a busy acute setting such as medical assessment unit (mixed response)
- Equity of placement experience between students and year groups
- Students providing the correct information to peers

Accessing Mentors

- Timely completion of the student’s practice-assessment document

- Working with mentors

Focus Groups with key stakeholders: Summary of findings

Multiple focus groups (see box below) were carried out with nursing students and other key stakeholders: practice education facilitator Champions (PEFs), coaches, staff nurses and university link lecturer/personal tutors. One face to face interview as also carried out with a student nurse. The timeframe for the qualitative data collection analysis was November 2018-December 2019.

Focus Group Participant	Number of Focus Groups Held
Student nurse	4
Practice Education Facilitator (PEF) Champion	4
Coach and PEF	2
Student, coach and PEF	3
Student and PEF	2
Student and coach	1
GM Synergy Steering group	1
University Link Lecturer (ULL)/Personal Tutor	1

Questions asked to nursing students related to their experience of taking part in a Synergy-based placement, including the approach that had been taken (particularly the model of Synergy applied) within placements, the impact that Synergy has had on their nursing practice and clinical leadership development, and the barriers and facilitators of Synergy experienced. Questions asked to PEFs and other stakeholders related to the experience of being involved with Synergy, including delivery approaches, the effectiveness of these approaches, the perceived impact that Synergy has had on nursing student's clinical leadership development and practice, and the barriers and facilitators of Synergy. The qualitative analysis found five key themes and associated subthemes. These themes are similar to the finding generated from the online questionnaire, apart from the novel code identified.

Theme	Subthemes (where applicable)
Preparedness	Induction; ongoing support and guidance; GM Synergy roles; the role of the coach; and role of PEF champion
Clarity of concept	Awareness

Delivery	Delivery models; student numbers and skill mix; and capacity
Peer support and peer learning	Collaborative and facilitative learning; and equity of learning opportunities
Organisational Culture*	

*Novel code

Theme 1: Preparedness

This theme relates to the preparedness of stakeholders for coaching (students, practice staff and academics). There are subthemes allocated here: induction; ongoing support and guidance; GM Synergy roles; the role of the coach; and role of PEF champion. Findings suggest that whilst the multiple stakeholders (including students and clinical staff) were provided with education and development prior to the model's implementation, there is evidence of feelings of being unprepared. Student positivity for the coaching approach and effectiveness of induction practices varied between HEIs, healthcare organisations and individual placement area. Demonstrated is the complexity of the model in practice such as variations of the delivery model; breaking habits from mentoring to coaching; implementation at a time of changes to NMC standards for education, supervision and assessment; and major healthcare organisation transformation (NMC 2018a, NMC 2018b). All these factors can also be attributed to feeling prepared.

Ongoing staff development is difficult where there is high staff turnover and staff shortages and this impacts on the preparedness of staff for their Synergy role. Everyone understanding Synergy roles and responsibilities is a model enabler. Emerging are the qualities required of the effective coach (knowledge, skills and behaviours) and minimal preparation requirements for the coaching role.

The role of the Synergy champion within the organisation and the champion from within the individual clinical learning environment is seen as crucial to the future expansion and sustainability of the coaching approach.

Theme 2: Clarity of Concept

This theme provides the evidence around the clarity of the GM Synergy model. As the model has been rolled out, the message around the drivers for adopting a coaching model have shifted from solely focusing on increasing student nurse placement capacity to raising awareness about the benefits that a coaching model brings to clinical leadership development and peer learning (collaborative and facilitative). Getting the message right from the outset is an emergent key message.

Theme 3. Peer support and peer learning

This theme has two subthemes: collaborative and facilitative learning; and equity of learning opportunities. There is an emergent and interesting evidence base around equity of learning for all students that could have long-term impact on the preparation for role transition from student to registered nurse. This is due to students having to share and negotiate the learning opportunities available to them. One could argue that this would be the case with the traditional mentorship model. The difference with Synergy is the increased volume of students and the role of the coach to ensure equity of learning opportunities for all. There is evidence of student's feeling confident or underconfident and subsequent impact on the collaborative and facilitative learning relationship. Students through engaging with the GM Synergy model have identified positive student role models. Synergy creates the competitive environment whereby students seem to be competing for nursing care opportunities leading to a culture of combat or withdrawal. There is evidence of students reporting a preference for working with their mentor/now practice supervisor who uses the coaching approach in support of their learning and development (the one to one coaching relationship).

Theme 4: Delivery

This is an interesting theme that has the following sub themes: delivery models; student numbers and skill mix; and capacity. One perceived benefit of GM Synergy is increasing the number of students engaging with the practice learning over the shift, whilst at the same promoting student nurse clinical leadership development and the collaborative and facilitative learning opportunities. There are multiple example scenarios of Synergy working well, integrating with the role of the mentor (and now practice supervisor).

Found were variations in Synergy delivery models operating in the multiple healthcare organisations. These variations were viewed either positively by stakeholders, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies.

Noted was that not all shifts were Synergy shifts, with students reporting mitigating factors due to not having the right mix of students There is also evidence that Synergy shifts varied from within the same practice learning environment- depending on for example the coach (es) and students on duty. Understanding the right student groups seems to mean different things to different students and stakeholders. There is for example, evidence of students effectively "synergising" despite the absence of the third- year student.

There is no consensus as to the optimal student-coach ratio. The model scenario seems to be dependent on the attitudes and motivations of student and staff on duty as well as optimising student allocation (skill mix and numbers). For example, the confidence of the third-year student impacts on the collaborative and facilitative learning process. The student to coach “best” ratio reported most frequently seemed to be one coach to three students. Noted is that the effectiveness of the model’s delivery seems to be influenced by the coach and students on duty as well as coach to student ratio.

GM Synergy in most of the practice learning areas was operated using the model that increased student nurse numbers (increased capacity) with this increased capacity impacting both positively and negatively on both the student and coach:

- Coaches ability to supervise students
- Students gaining clinical experience
- Students sharing and negotiating learning opportunities with other students (reciprocal opportunities)
- Producing the competitive learning environment

Whilst there is evidence of coaches and students applying innovative teaching and learning approaches in practice, many of the students interviewed reported not having enough nursing work to do, attributed to multiple factors: the large volume of students; number of patients allocated to provide care to; and the perceived nursing workload. Furthermore, the skill mix and number of students on placement impacted on the supervision provided by the coach and ability of the learning environment to “synergise”.

Students raised concerns that with the smaller number of patients to manage, they were being disadvantaged when gaining clinical experience and they compare this against the traditional mentorship model whereby the student could be working with their mentor managing larger caseloads. Students sometimes felt that they were missing out on care due to sharing patient experiences and some students felt that they developed more under the mentorship model. This is an interesting point considering the literature that reports on the effectiveness of the mentorship model. Capacity and capability of staff was seen to be problematic due to high staff turnover and staff shortages that occurred in certain areas.

Theme 5 Organisational culture

This theme related to the culture of the practice learning environment and the need for buy in from key stakeholders at all levels of the organisation - senior healthcare and HEI managers to grass route practice learning environment. There is buy in from gatekeepers and evidence of strong leadership in those practice learning environments that have successfully

implemented and sustained the model in practice. Champions for the model at all levels of the organisation seems important to stakeholders.

Phase 2 Extension GM Synergy to other healthcare professionals and other placements in community and primary care settings

Information contained in this report is informing Phase 2 implementation that includes development of an action plan to proactively manage the emergent issues. The action plan is managed through the GM Synergy Steering Group, providing the assurance to Directors of Nursing and Deans HEIs that the results of the evaluation are feeding forward into the future delivery model. The results from this evaluation are also feeding forward into the GM successful bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment.

Governance of GM Synergy for Phase 2 onwards has been reorganised with a Steering group overseeing sub groups which are adapting and implementing the model for specific areas:

- GM Synergy Inpatient Implementation Group
- GM Synergy Midwifery Development & Implementation Group
- GM Synergy Mental Health Development & Implementation Group (currently on hold)
- GM Synergy Community Development & Implementation Group
- GM Synergy PEF Champion Coaching Group
- GM Synergy Evaluation Group

The community projects are in the early stages of planning, with midwifery further advanced. Mental health implementation is currently on hold. There is evidence MFT (south) implementing a coaching approach within the primary care setting, although this is restricted to a small number of placements.

Learning from the Community Focused Workshop

This targeted workshop delivered in 2018 supported the implementation of GM Synergy in community placement areas. The key outputs from the workshop were the identification of subsequent work streams: coaching; models; and governance.

Conclusion

This paper reports on an ambitious project within Greater Manchester to develop and implement a bespoke Greater Manchester Clinical Leadership Coaching Education Model (GM Synergy) that is based upon coaching ideologies. The impetus for the model initially to increase the capacity of student nurses however, there has been a movement across GM to emphasise other aspects of the models influence and impact on delivering personalised care, promoting clinical leadership development and peer, collaborative and facilitative learning. Success of the partnership working between the multiple healthcare organisations and four GM HEIs to create, implement and sustain Synergy has been recognised nationally through being awarded Advance HE Collaborative Award Teaching Excellence (2018) and shortlisted for a Nursing Times Award- Partnership of the Year (2019). GM Synergy has been promoted in nursing journals and at international conferences (publications demonstrated below):

- Leigh JA., Littlewood J., Lyons G. (2019) Reflections on creating a coaching approach to student nurse clinical leadership development, *British Journal Nursing*, 28 (17): 1124-1128
- Leigh JA., Littlewood L., (2018) providing the right environment to develop new nurse leaders, *British Journal of Nursing*, 27(6):341-343:
<https://doi.org/10.12968/bjon.2018.27.6.341>
- Leigh JA., Littlewood L., Heggs K., (2018) Use of Simulation to Inform the Implementation of The Greater Manchester (GM) Synergy Project Placement Model, *Nursing Times* [online]; 114: 4, 44-46 <https://www.nursingtimes.net/roles/nurse-educators/using-simulation-to-test-use-of-coaching-in-clinical-placements/7023621.article>

This Health Education England commissioned evaluation provides the evidence of the experiences and impact on the clinical leadership development of undergraduate nursing students' when undertaking a clinical practice from within a placement that adopts the Greater Manchester Clinical Leadership Coaching Education Model (GM-Synergy) from multiple stakeholder perspectives. The Synergy coaching model fits with the revised NMC Standards for Supervision and Assessment (NMC 2018b) and with HEE requirements for multi-professional education supervision and assessment.

In conclusion, there is a variable response to the implementation of GM Synergy with polarised evidence presented, and this is reported on by the multiple stakeholder groups. There is evidence of student leadership development and collaborative and facilitative learning and this in turn promotes confidence building and decision-making skills. Indeed, a Synergy placement

area was shortlisted for the prestigious and national Nursing Times 2019 Placement of the Year category.

Interestingly, there is also emerging evidence of the impact of high volume or too few students allocated to the Synergy practice learning environment, with both impacting on the learning experience for students and ability by the coach to supervise student nurses and maintain the philosophy of the overall coaching model. The preference by students for mentors/practice supervisors to adopt a coaching approach but on the one to one basis is reported. This is an interesting finding as the published evidence points to problems associated with the mentor model (Leigh et al. 2019, Leigh and Roberts 2017). What did not emerge is the need for more coaches to coach the larger volume of student numbers-the focus from key stakeholders is on too many students as opposed to not enough coaches.

The role of the coach is crucial in ensuring safe and equitable learning opportunities for all students. Palsson et al. (2017) cite Boud's definition of peer learning as 'students learning from and with each other in both formal and informal ways (Boud 2001:4). Peer learning is often used as an umbrella concept for a group of approaches that includes group or paired learning (Palsson et al. 2017). For the purpose of this report peer learning is often referred to as collaborative and facilitative learning.

Whilst students report positively on the collaborative and facilitative learning opportunities, there is also evidence that some students find it difficult to achieve their programme practice learning proficiencies and report on a competitive learning environment when there are multiple students on shift at any one time. Without effective coaching and effective implementation of GM Synergy, this could have the long-term impact on promoting effective role transition. More evidence is required around models for collaborative and facilitative learning and this evidence should integrate with the coaching approach, be embedded from within HEI undergraduate nursing curricula and be included as an integral component part of GM practice supervision and assessment preparation and ongoing development workshops.

Future preparation around the implementation of GM Synergy should take into consideration the roles of all staff involved. The fast-moving pace and rotation of staff in teams also impacts on the adequately prepared coach and GM Synergy team. Pedagogical approaches around preparedness of staff for all GM Synergy roles therefore should be flexible, making best use of technology assisted learning as well as face to face opportunities. Without the adequately prepared workforce, Synergy is at risk of becoming unsustainable. There is the real opportunity to use the Greater Manchester successful bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment to secure GM buy-in and to produce the resources required for effective induction, preparation
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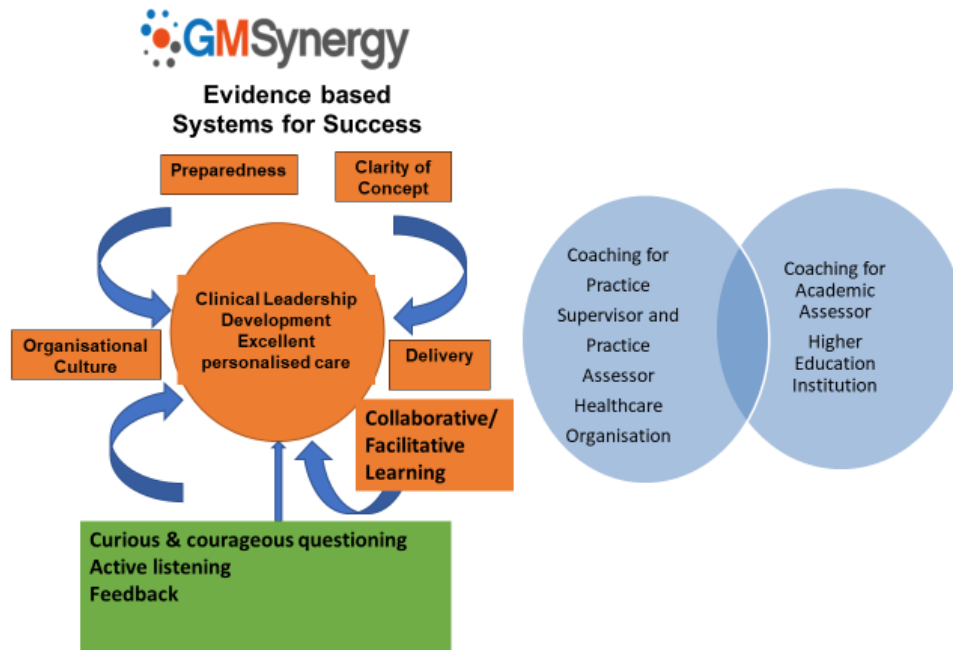
and ongoing continuing professional development. Further explorations to promote the model from a multi-professional learning perspective should be considered. The bid should also be used to further explore the core concepts of collaborative and facilitative learning and how they integrate with a coaching approach to supervision in the practice setting. Indeed, integrating the application of collaborative and facilitative learning models with maximising student nurse capacity should be considered as good practice.

There are variances to how GM Synergy has been implemented from within the multiple healthcare organisations. These variations can be viewed either positively, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies.

The key is understanding model variances and those transferable elements or systems required in all Synergy healthcare organisations and practice learning experiences. Our findings have identified those key transferable elements that have been collated into a new model (Diagram 1).

For GM Synergy to be implemented successfully, each of these systems need to be considered carefully and collaboratively by the HEI and healthcare organisation. Required is that students and other key stakeholders are **Prepared** and made aware of the **Concept of GM Synergy**. An **Organisational Culture** that supports the **Delivery** of the most effective version of Synergy should promote **Collaborative and Facilitative Learning** opportunities for students that leads to excellent personalised care and promotes student nurse clinical leadership development. To be noted with the model is the need for coaching development for practice assessors and practice supervisors as well as for academic assessors (coaching in the healthcare and HEI environment).

Diagram 1 GM Synergy Coaching Model



Conducting an evaluation that critically explores the GM Synergy model from multiple stakeholder perspectives has provided an opportunity to identify the challenging factors that impact on the success and sustainability of the model. Each is summarised together with a proposed improvement and recommendation, taking into the account the contemporary multi-professional practice learning environment for supervision and assessment. The challenges should be considered against the NMC Future Nurse: Standards of Proficiency for Registered Nurses (NMC 2018a) and wider healthcare professional body requirements for effective practice learning, such as HCPC. Also considered should be those practice learning opportunities available to students that extend beyond the traditional placement area to include opportunities with local care organisations and voluntary, community and social enterprise sector.

Interestingly, the identified challenges are very similar to the challenges reported on when implementing the model from within undergraduate midwifery curriculum context at the University of Salford and University of Manchester (evaluated and reported separately). Midwifery and nursing challenges are being addressed collaboratively as part of the GM Synergy Steering group.

Challenge 1: To provide Synergy stakeholders with clarity of concept and awareness of GM Synergy- capacity or clinical leadership development or both

Changing practice can be challenging, with this project seeking to transform practice learning across GM at a time of major transformation of its healthcare organisations and

implementation of the new NMC Standards for Supervision and Assessment (NMC 2018). Stakeholder focus group interviews, and analysis of the questionnaires suggest that GM Synergy has met some implementation resistance, and this seems to be due to misconceptions and lack of clarity regarding the reason for implementation roll out. Indicated was that the impetus for adopting coaching models in practice was solely to reduce the shortfall in the supply and demand for qualified nurses, achieved through increasing student numbers, thus increasing student nurse practice placement capacity. There is evidence of an increased capacity on the GM Synergy placement areas. For example, across adult and children and young people fields of practice there is an increase of practice learning placement capacity in excess of 250 students. It cannot be assumed that all GM Synergy practice learning areas and placements for students will increase capacity. Adopting coaching principles for students either in collaborative and facilitative learning groups or within the one to one relationship can un-lock the potential for student learning. GM Synergy therefore needs to be promoted differently, focusing on the benefits to personalised/patient/client care, student nurse practice learning opportunities and clinical leadership development. It is evident from the focus group analysis that coaches are adopting coaching techniques when working with the student on the one to one basis as well as from within the collaborative and facilitative learning increased student ratio context. Both coaching scenarios should be viewed as good practice.

Proposed Improvement: Develop a culture whereby all stakeholder groups understand the philosophy of GM Synergy for benefiting client care, student nurse practice learning opportunities and clinical leadership development. Benefits also come in the form of increasing student capacity in practice learning placement contexts.

Recommendation:

- Whilst there are mixed perceptions around GM Synergy, there is a need to share positive stories and experiences. This information can be used to support implementation and to manage the reactions associated with system change
- At induction and ongoing professional development events, spread the clear message that GM Synergy is a model that adopts collaborative and facilitative learning and a coaching approach- unlocking potential for learning and that the coaching culture can be developed with or without increasing placement capacity

Challenge 2: Preparedness of stakeholders for coaching (students, practice staff and academics)

A repeated comment particularly from students was around their preparedness for their GM Synergy placement. Responding to the interim findings from this study, a GM Synergy training video and multiple resources have been created. Whilst these resources are widely available, the students often still feel unprepared. This demonstrates the complexity of the model in practice such as various delivery models; breaking the habit from mentoring to coaching; and implementing change at a time of healthcare organisation major change and transformation. Student positivity for the coaching approach and effectiveness of induction practices varied between HEIs, healthcare organisations and individual placement areas and these variations need removing.

There were reports, from student questionnaires, of very different levels of understanding from coaches and other qualified stakeholders on different practice placement areas or shifts from within the same healthcare organisation and this was in terms of: understanding the models concepts (discussed in theme 1); understanding the key Synergy roles and how to operationalise the roles on the day to day basis- application of the learning logs; and integrating mentorship into the Synergy model. Whilst these issues seem to revolve around HEI and healthcare organisation strategies for initially preparing all of those involved, there are other mitigating factors. These include high staff turnover in some areas, thus maintaining the knowledgeable Synergy team. Although coaches have undergone training, techniques to shift from mentoring to coaching need re-enforcement and encouragement to permanently embed the habit for coaching practices.

Proposed Improvement: Honest and open examinations of pre-placement induction for students, coaches and the GM Synergy team. Standardisation of training to ensure equal opportunities across HEI and healthcare organisations. Induction to address NMC Part 2 Supervision and Assessment requirements (NMC 2018b) as well as for mentorship (NMC 2008). Crucially, preparation should meet the full range of healthcare professional body requirements for effective supervision and assessment and be provided to the wider clinical and healthcare team such as HCPC registrants. It is also important to consider the genuine and long- standing support network for coaches using mixed media such as online and seminars.

Recommendations:

- HEIs and practice partner organisations engage in a review/audit/evaluation of their multi-professional induction methods and subsequent continuing professional development activities. GM Synergy integral component of practice placement induction. Develop those 18 Leigh, Lyons, Houston, Littlewood, GM Synergy Final Executive Summary Report February 2020

systems to identify, implement and disseminate good practice principles across GM. Induction should be for nursing students of whom require different NMC requirements for supervision and assessment (NMC 2008 and NMC 2018b). Preparation should also take into consideration the constitution of the practice placement and multidisciplinary team, incorporating other professional body requirements for supervision and assessment

- Recommended is that inductions are standardised across HEIs and healthcare organisations so that the consistent message is relayed to students and other key stakeholders and that all students should attend the compulsory induction in the HEI and healthcare organisation. The timing of induction should be considered and not presumed to be at one single point in time. Furthermore, the scaffolding of ongoing development should take place in the HEI at those times close to when students engage in practice and when they reflect on their practice experiences post placement. This should promote the closed loop for improvement, integrating coaching with practice learning.
- Use the successful GM bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment to secure buy in and to produce the resources required for effective induction, preparation and ongoing continuing professional development
- Recommended is the visible gatekeeper who has a role to promote GM Synergy on the day to day basis. This is expanded on in challenge 4 and 6
- Further recommended is how the context for preparation should take into consideration the fast-moving pace and movement of staff in teams and through the organisation. Pedagogical approaches should therefore be flexible, making best use of technology assisted learning as well as face to face. Without the adequately prepared workforce, GM Synergy is at risk of becoming unsustainable
- Preparation of practitioners for the future NMC supervisor and assessor roles should include the introduction to the concepts of GM Synergy and how the roles are operationalised on the daily basis, taking into consideration the use of learning logs and PARE online documentation. Indeed, the GM Synergy Steering group should re-assess the use of learning logs, taking into consideration the PARE online documentation and changes to the nursing curriculum
- Offer stakeholder events with key nursing and wider healthcare stakeholders to identify areas of good practice, with this information feeding forward into future inductions and ongoing development, thus creating a closed loop for improvement
- Recommended is that the personal tutor/Academic Assessor adopt coaching approaches, promoting the consistent message to students around support and supervision from both the HEI and healthcare organisation (See GM Synergy Model, Diagram 1).

Emerging are the qualities required of the effective coach (knowledge, skills and behaviours) that should inform minimum preparation and ongoing professional development requirements for the coach:

- Understand coaching within the GM Synergy model
- How to manage the underconfident and over confident student
- How to coach group of students from across years of programme and HEIs
- Coaching techniques that help students feel supported
- Coach to ensure equity of learning opportunities for all students
- Coaching so students do not slip under the radar
- Coaching and mentorship- the ideal student scenario
- The visible and accessible coach
- Collaborative and facilitative learning and coaching
- Continuity of coach and student

Challenge 3: Curricula approach that prepares students for their peer support and learning role, working with the NMC Code

There are clear and positive reports associated with student peer support and learning. This included providing students with opportunities to see first-hand a clear path of progression and to use those more experienced students as role models. Students reported positively on peer support, working with students from the multiple HEIs and different years of their education programme, sharing best practice and experiences that in turn promoted independence and clinical leadership development. Students were able to problem solve together and benefited from a supportive collaborative and facilitative learning team.

However, there were also concerns reported whereby some students did not feel confident in leading their peers, others did not like the attitude adopted by students when given more responsibility. GM Synergy creates the competitive environment whereby students seemed to be competing for things to do, leading to a culture of combat or withdraw.

Proposed Improvement:

The peer learning/support role is new to some students, causing a mix of feelings such as excitement, curiosity, anxiety or concern. Preparation of students for collaborative and facilitative learning should be positioned within the NMC Code (2015) and other health professional body requirements, with clear understanding by the GM Synergy team of the meaning of this term (peer/collaborative and facilitative learning). Develop the

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learning/coaching culture whereby students are encouraged to undertake professional development and seek answers when needed, recognising their own limitations. Preparation for collaborative and facilitative learning should include understanding the clear reporting and communication between the student, coach and mentor /practice supervisor/assessor. Reinforced is that the registered nurse/coach needs to practice within the NMC Code (2015). Collaborative and facilitative learning should be a key component of coach preparation and should be introduced (scaffolded) into the undergraduate nursing curricula and be considered as good practice when implemented within the wider health professional programmes.

Recommendation:

- Formalise opportunities for student nurses to develop their collaborative and facilitative learning skills
- Create the undergraduate nursing and wider health professional curricula whereby students can develop these skills from within the safe learning environment- considering innovative real -life scaffolded approaches to collaborative and facilitative learning and teaching, such as simulation
- By the end of their programme, consider “coaching recognition” for students
- Create the culture whereby collaborative and facilitative learning is recognised as an educational leadership development activity, practiced within the NMC Code and other healthcare professional body requirements
- Consider the use of peer stories to demonstrate the trajectory and path of growth of student learning year on year
- Incorporate collaborative and facilitative learning as part of practice supervisor and practice assessor workshops. Any opportunities for learning should be mirrored for coaches so that there is congruence between all
- Finally, collaborative and facilitative learning concepts and how to apply them to the GM Synergy Model should be included in all induction and ongoing continuing professional development for all member of the GM Synergy team

Challenge 4: Implementation of strategies that motivate the practice placement team about the model

Implementing change and transformation invokes different behaviours from those involved. Linking back to challenge 1, motivating the placement team partly involves understanding the philosophy behind the model. Evaluation data demonstrates that where all practice staff and academic staff understand and are comfortable with the model, it works better in practice. Implementing change from within the already busy HEI and healthcare environments may

meet resistance. PEFs identified that the acceptance of GM Synergy from within the practice placement area was largely attributed to the person overseeing its implementation. Practice placements where GM Synergy were received with enthusiasm seemed more able to cope with the changes that the model brings. Through applying leadership techniques (influencing, co-creating, visioning, be daring), this can provide opportunities for students, registered nurses and the wider GM Synergy team to explore ways to making new ways of working sustainable.

Proposed Improvement: To improve motivation, staff need to be aware of the benefits of the model from the multiple stakeholder perspectives- increasing capacity and unlocking the potential for students learning and patient and personalised care. Induction and ongoing continuing professional development are key to motivating and sustaining the model in practice.

Recommendation:

- Collection and dissemination of positive peer stories, sharing experiences from the multiple perspectives
- Provide the forum for sharing good practice
- Standardise induction and ongoing continuing professional development from within the HEI and healthcare organisation
- Apply tools and techniques that support practice placement to effectively implement and sustain the GM Synergy model
- Optimise gatekeeping roles to enable the model's implementation and sustainability

Challenge 5: Delivery

There are multiple examples demonstrating GM Synergy working well. However, there are variations in GM Synergy delivery models operating in the healthcare organisations. Examples include:

1. First second- and third-year student nurse is on shift. This seems to be the consensus perception by the multiple stakeholder groups of how GM Synergy is operated
2. Working with the mentor (now practice supervisor) who applies coaching conversations but on the one to one or reduced student ratio. Students often report this as a preferred GM Synergy delivery model
3. Third year have control over more patients (4 patients) second year (three patients), first year (one/two patients). In this scenario the third year, through being provided with more students, is demonstrating leadership skills

4. Task orientation model – first years do the washes, second years do the care plans, and third years do the medicines
5. The one to one model- reported as the “community/primary care” model

These variations are viewed either positively by stakeholders, demonstrated through flexibility of approaches that consider the context and culture of the healthcare organisation and individual practice learning environment or negatively due to perceived inconsistencies. Not all shifts were Synergy shifts, with students reporting mitigating factors due to not having the right mix of students. Synergy shifts varied from within the same practice learning environment- depending on for example the coach(es) and student on duty.

This evaluation reports on the impact of too few or too many students on placement at the one time and that some students did not experience a Synergy shift. For example, students from the multiple GM HEIs commencing placement at different times posed challenges for the practice team when planning effective implementation. The diversity of individual placement areas poses questions if there is the “optimum or best practice student/coach ratio. There is a misconception, often repeated in questionnaire responses, that Synergy can only take place when there is a mix of first, second and third-year students.

Proposed Improvement: To create multi stakeholder opportunities to participate in activities to draw up the optimum or best practice student/coach ratio, recognising the diversity of practice learning areas. The optimum coach student ratio most frequently reported on is the one coach to three students. This ratio should consider those factors that maximise student learning such as adopting approaches to Synergy that provide students with the wealth of opportunities that promotes achievement of NMC practice learning programme proficiencies; equity of learning; effective personalised care; and student clinical leadership development.

Implement strategies to address misconceptions and create the clear message around the model and ability to “Synergise” where there is the varying student/ coach range and ratio. Consideration to use the whole placement as a Synergy placement as opposed to certain bays.

There needs to be a campaign to reverse the idea that it is the non-Synergy shifts where students develop their clinical skills. For example, coaching conversations can be used on the non-Synergy days. Use induction and prepare clinical teams and stakeholders using scenarios and other means to demonstrate how nursing care is effectively managed.

Recommendation:

- Taking into consideration the characteristics of the individual practice placements, stakeholders explore and formalise coach and student numbers and programme year mix.
- Capitalise on the partnership working across GM when managing the 52- week placement capacity. Create the communication systems between HEI Clinical Placement Units that optimises coach, student numbers, programme year mix and start and finish dates
- Consider creating the optimal GM Synergy coach- student skill mix and ratio model that is effectively disseminated across GM and that informs midwifery and multi-professional placements. This may mean containing and identifying key Synergy placements that are consistently allocated optimal student numbers
- Findings from this evaluation should inform the successful GM bid: Enabling Effective Learning Environments Supporting Multi-Professional Education Supervision and Assessment in terms of: GM approaches to capacity management, development of the GM framework for Practice Supervisors, Practice Assessors and Academic Assessors; and development of the GM framework for the multi-professional practice educator
- Create the clear message that GM Synergy can be implemented despite the diverse combination of students, although a mix of year groups seems to better promote the peer learning
- To be disseminated is that coaching can take place within the one to one student-coach scenario. This message should be clear at induction and at any ongoing development opportunities

Challenge 6: The day to day role of the Synergy Champion and practice learning partnerships

The ongoing support in clinical practice for GM Synergy has been provided by the Practice Education Facilitator or PEF Champion. This person also provides the coach training in clinical practice and supports the ongoing sustainability of the model. Interviews with the PEF Champions indicated that their role consists of multiple functions sometimes resulting in them not being able to visit the GM Synergy placement areas as often as they felt was required. The consequence of this leading to the escalation of problems due to the lack of timely intervention. The PEFs also felt, which was confirmed in the student focus group, that when they were on ward, they were at times being shown a staged version of GM Synergy. There are other roles now in place that have an increasing practice placement capacity focus but also have a Synergy support role element. An example includes the PEP role at Manchester University NHS Foundation Trust. The role of the university link lecturer is also being reviewed, providing the opportunity to re-examine roles that promote successful GM Synergy but from the quality assurance and student support perspective.

Proposed Improvement:

Create a role that has the resource to invest in Synergy/Coaching, primarily being able to interact more with staff and students. The role that also integrates with maximising practice placement capacity seems to work. The dual focused role provides the opportunity to proactively deal with placement and coaching problems/issues before they escalate, ensuring better experiences for all stakeholders. Any new role should be evaluated. Consider the role of the HEI in promoting GM Synergy from within the practice learning environment. The message about GM Synergy needs to be mirrored and re-enforced in the HEI through induction and ongoing student and staff preparation and through the undergraduate curricula.

Recommendation:

- Reconsider/evaluate the current role of the PEF Champion in having the capacity to support GM Synergy on the day to day basis. Create the role and systems that are responsive to staff and student's needs whilst maximising practice placement capacity
- Consider the Synergy role who can support the gatekeeper at the practice learning placement environment and has direct line of sight to PEFs and senior management from within the individual organisation
- Taking those identified elements that make the model work across all diverse practice learning experiences (see diagram 1), consider the practice role required by the HEI

References

Boud, D. (2001). Making the move to peer learning. In Boud, D., Cohen, R. & Sampson, J. (Eds.) (2001). Peer learning in Higher Education: Learning from and with each other. London: Kogan Page (now Routledge), 1-20.

Leigh JA., Littlewood J., Lyons G. (2019) Reflections on creating a coaching approach to student nurse clinical leadership development, *British Journal Nursing*, 28 (17): 1124-1128

Leigh JA., Littlewood L., (2018) providing the right environment to develop new nurse leaders, *British Journal of Nursing*, 27(6):341-343: <https://doi.org/10.12968/bjon.2018.27.6.341>

Leigh JA., Littlewood L., Heggs K., (2018) Use of Simulation to Inform the Implementation of The Greater Manchester (GM) Synergy Project Placement Model, *Nursing Times* [online]; 114: 4, 44-46 <https://www.nursingtimes.net/roles/nurse-educators/using-simulation-to-test-use-of-coaching-in-clinical-placements/7023621.article>

Leigh J A., Roberts D., (2017) Implications for operationalising the new education standards for nursing, *British Journal Nursing*, 26 (21):1197–1199

25 Leigh, Lyons, Houston, Littlewood, GM Synergy Final Executive Summary Report February 2020

Nursing and Midwifery Council (2018a), Future nurse: standards of proficiency for registered nurses, London

Nursing and Midwifery Council (NMC 2018b) Realising professionalism: standards for education and training. Part 2: standards for student supervision and assessment.

Nursing and Midwifery Council (2015) Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates, London

Pålsson Y ., Mårtensson G., Swenne C L., Adel E., Engström M., (2017) A peer learning intervention for nursing students in clinical practice education: A quasi-experimental study, Nurse Education Today, 51:81-87, <https://doi.org/10.1016/j.nedt.2017.01.011>