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The training and preparedness of clinical coaches for their role in training student veterinary nurses in the UK: An exploratory enquiry.

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Abstract

The experience student veterinary nurses (SVNs) have in the clinical learning environment (CLE) can be highly influenced by the clinical coach (CC); the supervisory relationship will affect student retention and clinical competency. To support a positive student experience the training and development of CCs must be critically reviewed and regularly updated. The aim of this research was to ascertain the current CC training undertaken and preparedness of CCs for their role in training SVNs. Using a prospective cross-sectional study design, an online survey was distributed over a period of 4 weeks to CCs across the United Kingdom, representing a range of educational institutes, generating 80 responses. The median (±IQR) time that CCs had been qualified practitioners prior to undertaking their initial CC training was 2.20 (±4.16 years). CCs stated they needed more course content during their training regarding student teaching and pastoral support, more support from associated institutes and there was a call for a longer training period leading to a formal qualification. Providing CC training with broader course content and some level of evaluation should be considered to develop and assess the non-clinical skills which are vital to the role.

Introduction

The role of clinical coach (CC) is utilised across a range of health care professions within the clinical learning environment (CLE) to facilitate practical, point of care training, including; nursing, midwifery, physiotherapy, podiatry, radiography and veterinary nursing.[1–7] There are multiple alternate terms for this role including; mentor, clinical supervisor, assessor and preceptor, choice depends on the profession and student level.[8] For the purpose of clarity, this report will use the term “CC” when referring to the role in a CLE for support of pre-registration students in their practical training.

The authors were unable to find any published research on the CC role in veterinary nursing. However, there is research available relating to the CC role in other comparable professions and countries which have examined the ideal qualities for a CC to demonstrate, based on CC and student opinions. Within this research there was a strong agreement amongst CCs and students, identifying clinical competence and reasoning, enthusiasm, positive interpersonal skills and support of the learning environment as key skills and attributes which are vital to the role.[2,7,9–13] It is evident that most of the skills and attributes identified as desirable go beyond the clinical competencies expected of qualified veterinary professionals. When reviewing the opinions of CCs in human nursing, a high level of importance was consistently placed on the need for education and the further development required for an individual to be successful in the role of CC.[3,4,14–16] A large study in Australia called for a national standardised framework to govern CLE education, which was due to poor experiences reported by students relating to the lack of interpersonal skills of CCs across a range of allied health care professions.[13] The implementation of a CC curriculum, which focussed on communication and feedback skills resulted in positive outcomes for the CCs and students studying medicine in USA.[17] This suggests a similar approach in veterinary nursing in the UK may be beneficial.

The Nursing and Midwifery Council (NMC) utilise CCs for student training in point of care delivery in the CLE. It is widely recognised that this role is vital to developing the appropriate practical and professional skills in students.[1–5] Therefore, training for the

CC is provided via a comprehensive set of national guidelines.[18,19] This framework highlights the required outcomes for those involved with student training, which includes the non-clinical aspects such as an understanding of equality, diversity, inclusivity, support and communication, which are tailored to the individual needs of the nursing and midwifery students.

There is currently no national standardised curriculum for CC education and development in the veterinary nursing profession. SVNs can spend 60% of their training time within the CLE under the supervision of a CC. The Royal College of Veterinary Surgeons (RCVS) have outlined preliminary guidance for educational institutes on the requirements for an individual to become a CC.[20] Clinical coaches must be Registered Veterinary Nurses (RVNs) or Veterinary Surgeons, however, each institute designs the training independently, so there can be a large degree of variance in the training provided prior to becoming a CC for these individuals. Educational institutes also act as Primary Centres for SVN training, and oversee the approval of Training Practices and the training and support of clinical coaches. The RCVS guidance within the Primary Centre Handbook, states that the CC must be "*experienced and professionally mature, demonstrate an advanced level of skill and be able to demonstrate best nursing practice to students*." Veterinary nursing students are considered to present similar challenges as those discussed for students in other healthcare disciplines.[8,21,22] This will require the SVN CC to demonstrate the non-clinical skills highlighted by other clinical professions such as excellent communication, enthusiasm, providing clear feedback and building rapport.[8,22–24] It has been assumed that much of the teaching for SVNs in the CLE is performed by staff who have no formal training on the principles of education.[23]

The experience students have in the CLE can be highly influenced by the CC, and the supervisory relationship will also affect student retention and graduate competency.[25,26] Considering the lack of prior research and standardised framework in the veterinary nursing field of CC training, it was considered prudent to quantify current CC training practices and investigate CC opinion regarding this training via an exploratory enquiry, to identify areas which could be improved, developed or researched further.

Method

Participants and sampling

A cross sectional study design via on online survey was utilised to gather data from CCs who were supporting SVNs in the UK. This was considered appropriate as there is no national database of CCs available. Participants were required to have undergone CC training in the UK, regardless of which institute they had attended, (participants were not required to state the name of the institute where they had completed training) and have supported at least one student. Convenience sampling was achieved through social media and websites specific to the veterinary nursing (profession and CC's.

Survey distribution

The survey was generated using the online survey tool onlinesurveys.ac.uk. and was available from 16/11/2019 – 06/01/2020 through social media sites and journal sites specific to the veterinary profession, including the Facebook™ groups; CCs, Vet Nurse

Chatter and Vets; Stay, Go, Diversify. The British Veterinary Nursing Association (BVNA) shared the survey on their social site (Twitter™) and website and *Vet Times* and *VN Times* also shared the survey on their Facebook™ sites.

Survey Design

A total of 20 questions were utilised across three sections including dichotomous, multiple choice, Likert scale and open questions. Section one related to demographics including profession, age, gender, location and experience level e.g., "Please indicate your profession". Section two gathered data regarding CC training undertaken, including duration, format and course content, e.g., "Please state the topics covered in your initial CC training". Topic choices were not prescribed to allow open, uncensored responses. Participants also rated their confidence level, when performing CC duties, using a 10-point Likert scale. Section three contained three open questions allowing respondents to provide personal experiences of the training received and describe their personal understanding of the CC role and any recommendations for future training, e.g., "Please describe, in your own opinion how well you feel your Clinical Coach training prepared you for your role as a Clinical Coach".

Data Analysis

Frequencies and median (±IQR) identified patterns within demographical data and course design and content responses. Graphics were produced using Microsoft® Excel® (Microsoft 365®, Microsoft®, and Washington, USA). Tests of correlation and difference between self-rated confidence other factors was conducted using IBM® Statistical Package for Social Sciences, Version 26. Data were non-parametric based on the assumptions of nominal and ordinal data. Spearman Rank was utilised to analyse correlation between self-rated confidences; length of years qualified, length of years Clinical Coaching and length of initial CC training. Kruskal-Wallace was utilised to test for difference between self-rated confidence and level of preparedness expressed. Open question responses were analysed using a six step thematic analysis format and frequencies were included.[27] (Table 1)

Insert Table 1 here

The first and second authors (RVNs) with experience of supporting CCs) conducted the six steps of thematic analysis independently, then completed steps two to six in collaboration to reach agreement. Themes were developed *post priori* due to the novel nature of the study and final themes were compared, critically discussed and agreed.

Ethical Considerations

Hartpury University Ethical Research Committee approved this survey for dissemination (REF ETHICS2019-75).

Results

Sample Size

There are currently 5,547 SVNs enrolled with the RCVS in the UK. The population of CCs is difficult to quantify as there is no single database. Considering the results seen here, the mean number of students per Coach is 1.30. Using this, the population of CCs can be estimated at approximately 4,000. These results therefore have an 11% margin of error at 95% confidence interval and normal power assumptions.

Demographics

A total of 80 respondents completed the online questionnaire in full. These were all Veterinary Surgeons (VSs) and RVNs who had performed as CCs to SVNs in UK Approved Veterinary Nurse Training Practices, who are approved to undertake SVN clinical training on site. One VS completed the questionnaire, with 79 respondents being RVNs. The majority of respondents were from England (85%;n=68). A total of 79 were female, with one respondent selecting "prefer not to say", 90% (n=72) of respondents were aged between 21-40 years. Respondents stated they had initially qualified as VS or VN between September 1991 and November 2019. There were 66.25% (n=53) respondents with no additional industry relevant qualification, apart from their Member of the Royal College of Veterinary Surgeons (MRCVS) or RVN status, with 31.25% (n=25) citing additional qualifications including Diplomas e.g. National Certificates and BSc (Hons). Most respondents (n=70;87.5%) did not have any formal educational training, aside their CC training, 12.5% (n=10) stated they had formal educational qualifications, two had more than one.

Clinical coach training and development

The median time that CCs had been qualified practitioners prior to undertaking their initial CC training was 2.20 (±4.16 years), (Figure 1). The training was undertaken between January 2010 and October 2019. Most respondents stated they had completed initial CC training and subsequent CC specific continued professional development (CPD) within a duration of 4 hours or less, (Figure 2).

Figure 1: Length of time respondents were qualified prior to becoming a CC

Figure 2: Length of time of initial clinical coach training and subsequent CC CPD

Initial training and subsequent CC specific CPD was delivered most commonly *"In person, informally"*, (Figure 3). During initial training and subsequent CC CPD the completion of the Nursing Progress Log (NPL) and Clinical Skills Log (CSL) were the most common topics undertaken by respondents, (Table 2). There were 18.75% (n=15) respondents that completed their last CC CPD over 12 months ago, of these 33.3% (n=5) were not currently active CCs as stated they had no students attached to them.

Figure 3: Training and CC CPD delivery methods

(Insert table 2 here)

Self-rated confidence in respondents' CC ability options ranged from 1-10 with 1 being least confident and 10 being most confident, (Figure 4). Spearman's Rank order correlation demonstrated a weak positive correlation, with no statistical significance (r_s <+0.20, $p>0.05$) between self-rated confidence; length of time qualified, length of time clinical coaching and length of initial CC training. Kruskal-Wallace demonstrated no statistically significant difference ($p=0.144$) between self-rated confidence and level of preparedness for the role of Clinical Coaching after initial training.

Figure 4: Self-rated confidence scores

Clinical coach experiences and perceptions

The majority of respondents were currently coaching one student (Figure 5). Participants were asked three open questions in section three to further understand their personal perceptions of their training and role. The responses were analysed based on the arising themes. Five themes were generated relating to the understanding of the CC role and responsibilities when supporting SVN's.

Figure 5: Number of students currently assigned to each clinical coach

Theme 1: Teaching Clinical Skills in Practice was identified by 87.5% (n=75) of respondents. This was the most commonly cited role amongst respondents. Comments related to demonstrating practical skills to students to aid progression through the online tools NPL and CSL.

> *"Mentor and support with learning new skills progression of NPL."* (Respondent 9)

> "*Help students put their theoretical knowledge into practice and apply it to work. Demonstrate physical tasks and support them whilst they learn them*." (Respondent 18)

Theme 2: Pastoral support was identified by 37.5% (n=30) of respondents. These comments related to supporting the student beyond just teaching and demonstration of skills and related to support of mental health and well-being in a pastoral sense.

> *"…also being a support for them and understanding and having empathy for what they are going through."* (Respondent 24)

> *"…supporting the students mental well being…"* (Respondent 63)

Theme 3: Assessing Clinical Skills in practice was identified by 21.3% (n=17) respondents. These comments went beyond the initial demonstration and included the need to evaluate the student performance to ascertain if competency had been achieved for NPL/CSL progression.

> "*Assessing to sign off npl*." (Respondent 5)

> "*We have to ensure they are suitable and competent to do the job*." (Respondent 67)

Theme 4: Assistance with academic work was identified by 20% (n=16). This involved working alongside the education institute the student was attending and supporting the student to complete academic work that had been set.

> "…*as well as support for in college education*" (Respondent 52)

Theme 5: Role Model was identified by 17.5% (n=14). Comments within this theme included those that discussed demonstrating best practice and following the RCVS Code of Professional Conduct for RVN's. This encompassed the sense of responsibility felt by CC's to be an exemplar RVN for their students.

"leading by example" (Respondent 47)

"CCs are there to inspire…" (Respondent 64)

Three Themes were generated from the responses relating to how well the CC's felt the initial CC training prepared them for their role.

Theme 1: Not well prepared was highlighted by 47.5% (n=38)

"Not very well, there are many other aspects of student support not covered" (Respondent 29)

Theme 2: Quite well prepared was highlighted by 35% (n=28)

"Basic introduction to Clinical coaching therefore basic preparation" (Respondent 47)

Theme 3: Really well prepared was highlighted by 17.5% (n=14)

"Well as it outlined what the role of a CC is and pointers to help with students." (Respondent 10)

Finally, participants were asked to detail any recommendations they felt would be beneficial to inform future CC training. Three Themes were generated from this data.

Theme 1: Course Content was identified by 55% (n=44). This included all comments relating to the CC course curriculum and what participants felt would be useful topics to cover. There was a large call for more content on supporting students learning and how to encourage struggling students.

"Personal support for the students as some need encouragement at different times, I don't feel this is prepared for in training…" (Respondent 29)

There was also a call for more about the online logs, NPL and CSL and how these can be completed**.** More guidance on what cases can be used for specific skills was called for.

"*More time spent logging on NPL*" (Respondent 37)

Theme 2: Course and CPD Design was identified by 23.7% (n=19). Generally, there was a call for longer initial training with support from experienced CCs. Some suggested the training should lead to attaining a formal qualification. Targeted CPD with support and discussions with other CCs was also deemed valuable.

"I find sessions with other clinical coaches so important to speak to others CC's who you can pass on your experiences or gain ideas from…" (Respondent 2).

"*I feel there should be a more detailed course to become a clinical coach. Perhaps even a certificate*." (Respondent 33)

Theme 3: Institute communication was identified by 13.7% (n=11). Some respondents called for more support from the institute the student was attending.

"Better communication between clinical coach and training centre" (Respondent 52)

"Have more visible support for coaches especially to those who don't have internal support" (Respondent 23)

Discussion

Demographically, the respondents matched the expected for the Veterinary Nursing Profession, which is reported to have an average age of 31 years and are 98% female.[28] The results demonstrate >50% of respondents had been qualified for two years or less prior to undertaking the CC training, with 27.5% having been qualified for less than one year. Over 66% had no additional industry relevant qualifications, which may be considered to be linked to the acquisition of an "*advanced level of skill."* In agreement with the assumption in veterinary nursing literature,[23] the majority of CCs (75%) did not have any formal educational training, other than the CC training they had undertaken. The CC training undertaken was largely delivered in a face to face informal setting of one day or less. This time is minimal and with no form of assessment it is not clear what learning and development has taken place in preparation for the CC role. The topics covered in initial CC training and subsequent CC CPD focussed mainly on using the NPL/CSL and guidance around completing this. Learning styles were also mentioned with high frequencies. The use of learning styles is contraindicated by recent reports, suggesting that "pigeon-holing" students in this way can reduce the benefits of a broader approach to teaching and learning with multiple delivery methods. The literature suggests the use of learning styles is based on anecdotal evidence rather that scientifically sound evidence based practice .[29–31]

When considering the ability to "*demonstrate best nursing practice",* this would involve the ability to utilise skills and attributes highlighted in the literature, including enthusiasm, positive interpersonal skills, feedback and support of the learning environment .[2,7,9–13] Respondents did not feel these aspects were commonly covered in the CC training undertaken. Furthermore, pastoral support skills such as building relationships, developing trust, conversational, listening and questioning skills are vital aspects to ensure effective student support,[8,22,32] were also commonly omitted within CC training. The experience students have in the CLE can be highly influenced by the CC; the supervisory relationship will affect student retention and graduate competency.[25] Therefore, these results highlight areas of improvement required in current training practices, particularly in relation to non-clinical skill development in CC training and should be considered by institutes. Those aspects covered within the NMC framework could be considered for inclusion into the course curriculum for veterinary nurse CC training.[18,33]

Most CCs are supporting only one or two students which should facilitate a higher level of one to one support, alongside completing daily clinical activities, although this cannot be assumed and would need further investigations regarding the student experience of support in the CLE. Respondents demonstrated an understanding of a wide range of the roles' responsibilities, however some of these aspects had a low representation. Over 78% of respondents did not mention assessing skills as part of their CC role, however, this is vital to ascertain if a student has reached the required competency in each of the RCVS Day One Skills required prior to professional registration. Studies have shown that the CC–student relationship when assessing

skills can cause a conflict of interest and lead to failing to fail students when appropriate.[34,35] This would therefore be an important aspect to cover in CC training, to ensure students have appropriate formative assessment in the CLE to prepare for the summative Objective Structured Clinical Exam. Of respondents only 37.5% highlighted pastoral support as a responsibility of the CC role, despite the evidence in the literature discussed that this is a vital part of the role when supporting students in the CLE. The lack of subject matter evident in the topics cited from training may account for the low awareness of this aspect of the CC role. Students can present a range of issues including personal challenges, which can be complex and demanding, requiring an individualised approach.[22] Positive role models are valued by students and will be highly influential on student motivation and development of appropriate professional behaviour.[36,37] However, only 17.5% of respondents cited this as an aspect of their role as a CC.

A high level of respondents felt they were not prepared after their training to perform the role of CC, with only 17.5% stating they felt well prepared. Given the concerns raised by students in other disciplines and the positive impact that CC training in communication and feedback has had, this would indicate that further evaluation and development of training is needed for SVN CC's.[13,17] This need for enhanced training regarding teaching skills is also echoed in human nursing.[16] The reported lack of preparedness did not affect the self-rated confidence of respondents, which may indicate they have learnt by experience rather than training, or there may be some disparity between their confidence and competence when performing the role, which would require further evaluation, particularly investigating SVN experiences. One study reported that self-rated confidence in communication skills was not a reliable measure of competence and that more objective assessment was required to ascertain actual competence levels.[38] When considering respondents opinions about training content, there is a clear message that more content is needed around how to support individual students. The results also suggests that longer, formalised training that contains content beyond NPL and CSL functionality to include content relating to student pastoral support would be welcomed. Sharing of practice between institutions would be beneficial to allow standardisation of training. Providing training with broader course content and some level of evaluation for CCs should be considered to develop and assess the non-clinical skills which are vital to the role. Standardising and enhancing CC training and development, in line with the roles' challenges and responsibilities will enhance SVN experiences and improve professional outcomes longer term, including student retention.

Limitations

Convenience sampling has inherent limitations such as the influence of human choice (self-selection bias). [39] This may have also limited the access to the population as Facebook™ was the main method of sharing the survey link which will have created response bias. In answering the opening questions another limitation is social desirability bias, however this would have been reduced with anonymity provided by the online tool. Sample size was low at approximately 2% with 11% margin of error. This low sample size is a limitation of this study and larger sample sizes would be required for confidence in generalising and to gain further understanding of CC training in the UK. When interpreting qualitative data the researcher can bias results as the observer, this effect was reduced by the first and second author reviewing the findings, separately, before agreeing the final results.

Future research

Further studies should include an evaluation of SVNs experience in the CLE related to the CC they are assigned to specifically, rather than extraneous factors in the CLE. This would provide targeted feedback on the competence of individuals from the student perspective. It would also be valuable to inquire about CCs opinion of performing their role in the CLE and any barriers they face, such as time constraints, to ensure appropriate support is provided for this role. Results could be considered alongside job satisfaction and student retention.

Conclusion

The majority of CC's did not have any formal qualifications relating to the delivery of education and some had limited clinical experience prior to undertaking the CC training and role. Most of the training was undertaken in one day or less, with no formal assessment of learning and only 17.5% stated they felt well prepared following the training. Respondents called for more training content relating to supporting individual students, with longer course delivery, which could lead to a formal qualification. There was also a call for associated institutes to provide more targeted support for CCs through CPD which included support and discussion from experienced CCs.

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561 **Table 1** Phases of thematic analysis (27)

Phase	Description of the process
1. Familiarisation of the data	Reading and re reading the data and noting initial ideas.
2. Generating initial codes:	Systematic coding of interesting features across the entire data set, collating data relevant to each code
3. Searching for themes	Collating codes into potential themes and gathering all data relevant to each potential theme
4. Reviewing themes	Checking if themes work in relation to the coded extracts
5. Defining and renaming themes	Ongoing analysis to refine the specifics of each theme and the overall story the analysis is telling, generating clear definitions and names for each theme
6. Producing the report	Selection of vivid and compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

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563 **Table 2** Topics covered in CC training events and CPD

Topic area covered	Initial training/Number of respondents	Subsequent CPD/Number of respondents
Nursing Progress Log/Clinical Skills Log	60	39
Learning Styles	23	5
Student Support	15	13
Course format/Deadlines	12	21
Tutorial Planning	11	3
OSCE Support	8	16
Teaching styles/Skills	7	0
Communication Skills	2	0
Mental Health/Wellbeing	2	5
Fitness to practice/Code of Conduct	0	3

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