



# Developing the reflective clinical coach workbook

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This guidance pack was initially designed to support training and assessment of the RCVS Level 3 Diploma in Veterinary Nursing and is a suitable aid to support both new and experienced clinical coaches.

## Clinical coach training package

### What is a clinical coach?

- i. “Clinical coach” is a term used to describe the role of veterinarians or veterinary nurses/technicians who train, supervise and support student veterinary nurses whilst they gain experience, and learn essential practical skills, in a veterinary practice. Although students learn from what they see and do in practice, this experience needs to be structured and supervised in order to be effective. This entails getting to know your student and making a conscious effort to plan the valuable practical training and experience your practice has to offer.
- ii. As well as being able to plan and organise, clinical coaches must also be able to recognise competence and make judgements about student performance. This means that you should be experienced, competent and confident in your own knowledge and skills, and able to demonstrate best veterinary nursing practice to your students.
- iii. Being a clinical coach can be an extremely rewarding experience. The mentoring skills you will be developing through this training package will help you to encourage, motivate and stretch your student. This, in turn will maximise their opportunities to learn, progress and reach their goal of qualification.

### About this pack

- iv. This pack will help to prepare all those involved in training and supervising student veterinary nurses gaining experience in a veterinary practice. The guidance and activities will help you develop the skills you will need in order to be an effective and supportive clinical coach
- v. This pack can be used by both new and experienced coaches. It uses a step-by-step approach to help you understand your role, along with the needs of your student. It will help you carry out your coaching role more effectively and efficiently, giving you the confidence, knowledge and techniques you will need to support your student sensitively and effectively.

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## 1. An overview of clinical education

Clinical Coach – definition: “Enhancing learning and the development of clinical practice skills and knowledge for veterinary nurses”

1.1 Education for veterinary nurses involves a combination of college and practice-based teaching and learning. The latter is achieved through work-based clinical placements, where students undertake supervised learning and practice in a veterinary setting. Whether students are employed (apprentice-style) by a practice or are on short placements arranged via their school, a clinical coach is involved in educating them, and supervising and assessing their progress.

### Clinical coach

1.2 The clinical coach is accountable for training and assessing students “day one” essential clinical skills. As the clinical coach you accept responsibility for a specific part of the clinical education process.

1.3 As the clinical coach, you are responsible for introducing the student to both the qualification and your training practice. You will need to help students plan how to achieve the practical aspects of the qualification through tutorials, skills matching coaching, guiding and supporting throughout the duration of the practical training.

1.4 The role of the clinical coach is one of enhancing learning and the development of advanced clinical practice skills for nurses. It involves a relationship between individuals by analysing and communicating understood objectives and motivating others. Clinical coaching enhances learning through a strong and coherent partnership between the student, their practice context and academic journey.

### Student

1.5 A student is any person, who studies, investigates and examines thoughtfully. The pattern, duration and range of clinical placements will vary according to the design of the student’s school or university programme. Whatever the design of programme, your student should receive education that accurately reflects best clinical veterinary nursing practice, thereby helping him or her to prepare for their eventual responsibilities as a qualified veterinary nurse

**Activity 1.1:** Spend about 10 minutes thinking about the above definitions and reflecting upon the following:

Recall the work-based placement you had as a pre-registered student, the type(s) of placement you were in and their duration

Type of placement:

Duration of placement:

If your placements varied significantly in duration, consider the relative advantages and disadvantages

Advantages:

Disadvantages:

Does a typical placement of a student today resemble your own experience as a student? If not, consider the range of factors which have been responsible for the changes

Comments:

## 2. Exploring the role of a clinical coach

- 2.1 The role of a clinical coach is often thought of as having a rather narrow focus involving merely supervision of the student.
- 2.2 The aim of this section is to encourage you to explore the clinical coach's complex role and to identify aspects of good practice. The term "clinical coach" has already been defined in section 1 and now needs to be considered in more depth

### Activity 2.1: Spend no longer than 10 minutes on this activity.

Below is a list of skills and qualities which may be attributed to a clinical coach. Rank the qualities in each section in terms of importance. For example, in "teaching behaviours" if you feel that "plans effective learning experiences" is the most important quality, put number 1 against that. If you feel that "provide unique learning experiences" is the next important, put number 2 against that, and so on.

#### Communication

- Makes himself/herself understood
- Provides useful feedback
- Is an active listener
- Provides positive feedback on performance
- Communicates in a non-threatening manner
- Openly and honestly reveals perceptions held of the student
- Provides timely feedback
- Is open in discussing issues with the student
- Teaches in an interactive way; encourages discussion
- Provides feedback in private

#### Interpersonal relations

- Establishes an environment in which the student feels comfortable
- Provides appropriate support for the students concerns, frustrations and anxieties
- Empathises with the student
- Demonstrates a genuine concern for patients
- Introduces the student to others as a professional
- Demonstrates a positive regard for the student as a person

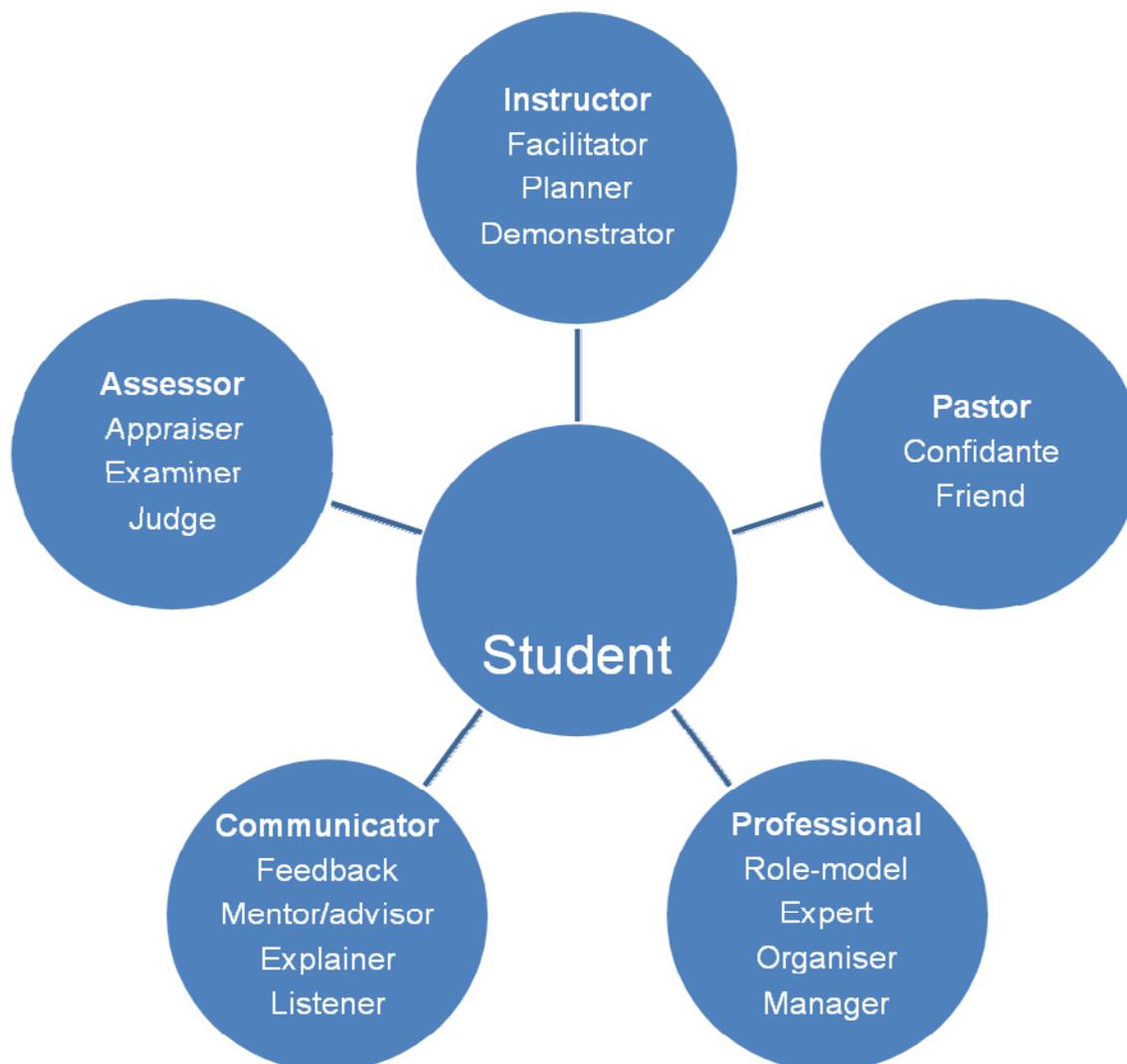
#### Professional skills

- Demonstrates professional behaviour as a member of the veterinary team
- Demonstrates a systematic approach to problem solving
- Demonstrates the appropriate role of nursing as part of total patient care
- Serves as an appropriate role model
- Manages own time well
- Demonstrates leadership among peers

#### Teaching behaviours

- Allows the student progressive, appropriate independence
- Is available to the student
- Makes the formal evaluation a constructive process
- Makes an effective learning experience out of situations as they arise
- Plans effective learning experiences
- Questions/coaches in such a way as to help the student learn
- Points out discrepancies in the students' performance
- Provides unique learning experiences
- Demonstrates the relationship between academic knowledge and clinical practice
- Is accurate in documenting student evaluation
- Helps the student to define specific objectives for the clinical experience
- Observes performance in a discreet manner
- Schedules regular meetings with the student
- Plans learning experiences before the student arrives
- Manages the students time well
- Is timely in documenting the students evaluation
- Is perceived as a consistent extension of the academic programme

2.3 Let's explore these results further:

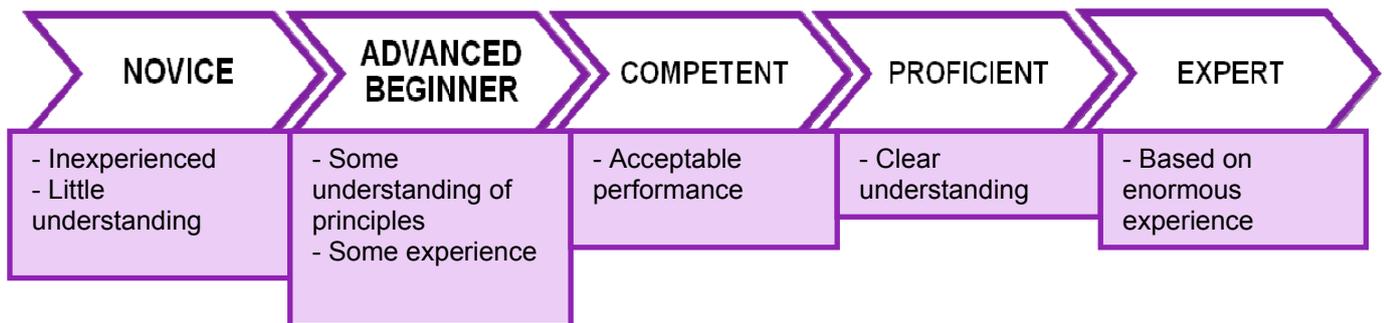


**Figure 2.1** Dimensions of the clinical coach role

**The clinical coach as instructor**

- 2.4 This involves planning the learning experience and setting realistic and measurable objectives for your student. In order to plan with your student you need to have an understanding of their current level of knowledge, understanding and practical abilities.
- 2.5 Dreyfus (1980) proposed that in order to gain a skill, a student passes through five levels of proficiency: novice, advanced beginner, competent, proficient and expert<sup>1</sup>. These different levels reflect changes in three general aspects of skilled performance:
- Moves from thinking about what she/he has read to applying her/his own experiences
  - Begins to make sense of the many different aspects of a situation (veterinary nursing and the tasks needed to address it) and to see these as a coherent whole
  - Progresses from being a detached observer to engaging with the role and practically participating

<sup>1</sup> Drefus (1980) A five stage model of the mental interactions involved in skill acquisition



**Figure 2.2** Stages of clinical competence<sup>2</sup>

- 2.6 **Stage 1: Novice** - Beginners have had no experience of the situations they are expected to perform. Novices are taught rules to help them perform. The rules refer to a specific case/situation. Many novices have no 'life skills' and follow given rules.
- "Just tell me what I need to do and I'll do it."
- 2.7 **Stage 2: Advanced Beginner** - advanced beginners are those who have been involved in or have had skills explained to them by a mentor with previous cases and can understand the basic requirements for a skill. The principles are based on experience gained.
- 2.8 **Stage 3: Competent** - the competent nurse has been working in the job for two or three years and has been involved in similar cases. The competent nurse is aware of the results of his or her actions and is consciously aware of situations. The competent nurse lacks the speed and flexibility of the proficient nurse and does not yet have enough experience to recognise a situation in terms of an overall picture.
- 2.9 **Stage 4: Proficient** - the proficient nurse can see/understand situations as a whole and has gained experience and understands what to expect. The proficient nurse understands how plans may have to be altered to achieve the best outcome. These nurses are able to reflect on their performance and implement future planning.
- 2.10 **Stage 5: The Expert** - the expert nurse understands situations and implements appropriate actions. These nurses have enormous experience and can analyse and prioritise. Their performance is highly skilled and proficient.

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<sup>2</sup> Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.]

**Activity 2.2:**

Think of your own areas of experience in nursing in relation to the “Dossier of Competences”. Rate your areas of nursing on an “expertise scale” of 1 to 5 with 1 being “novice” and 5 being “expert” according to the descriptions above:

Unit number:	Unit title:	Novice	Advanced beginner	Competent	Proficient	Expert
EC1	Monitor and maintain health and safety					
EC2	Develop personal performance and maintain working relationships					
EC3	Carry out veterinary reception duties					
EC4	Manage clinical environments for procedures and investigations					
EC5	Providing emergency first aid to animals					
EC6	Provide and administer nursing care					
EC7	Support clients in caring for animals					
EC8	Perform laboratory diagnostic tests					
EC9	Prepare for diagnostic imaging techniques and conduct radiography on animals					
EC10	Prepare for veterinary surgical procedures					
EC11	Assist the veterinary surgeon during surgical procedures					
EC12	Assist the provision of anaesthetics to animals					
EC13	Dispense and administer medication					

**The clinical coach as communicator**

- 2.11 It is essential that clinical coaches have excellent communication and associated interpersonal skills. When planning the delivery and evaluation of patient care you will need to engage with students in a constructive and supportive way. In turn this will help your student to be stimulated and encouraged to contribute, and to feel that their contribution is valued

**The clinical coach as an assessor**

- 2.12 In your role you will be expected to participate in the assessment of students by continuously appraising the development of their practical abilities. This will involve demonstrating essential clinical skills and judging the students qualities against expected clinical performance.

**The clinical coach as pastor**

- 2.13 For your student, you may be the only person within the workplace environment to whom they can initially relate. This means you may be regarded as a friend or confidante and as such may need to offer academic and/or personal support at various times during their training. On occasions you may find there is a conflict between this and other aspects of your role.

- 2.14 It is important to acknowledge that counselling is a specialist skill, and for more complex problems it may be necessary to seek guidance from your student's school, or a professional counsellor, as appropriate. In such a situation, it is worth noting that schools and universities normally provide professional counselling facilities for both full-time and part-time students.

### The clinical coach as a professional

- 2.15 As a qualified veterinarian or veterinary nurse you are already required to apply professional rules of conduct and standards of good practice to your work. You will also be an important role model for your student. Learning by example" is one of the most significant aspects of the transition process from student to competent and confident qualified veterinary nurse.
- 2.16 You should always be re-evaluating your own professional practice and striving to improve this in order to demonstrate to your student the value of reflective practice, thus reinforcing your status as a role model.

#### Activity 2.3:

Imagine you are preparing for your first experience as a clinical coach. Evaluate the personal qualities that you will bring to this new situation and identify behaviours that you wish to enhance.

Qualities:	
Behaviours:	

- 2.17 As a clinical coach you must be motivated, focussed, confident and in control along with being good at visualisation, planning and target setting

### Why coaches fail?

- 2.18 Within veterinary practice there are many factors beyond our control which may impact on the clinical coach role:
- Lack of confidence in own ability
  - Concerns about time
  - Appreciation of skills but unsure how to teach them
  - Wrong person for the role
  - Student/coach incompatibility

### 3. Learning theories

#### The Experiential Learning Cycle:

It helps to make sense of the learning process by visualising it as a diagram or model. For example:



Figure 3.1 learning cycle based on Kolb<sup>3</sup>

- 3.1. This particular model suggests that there are four stages of learning which follow on from each other: **Doing is** followed by **Reflection** on that experience on a personal basis. This may then be followed by describing the experience, or the application of knowledge to it (**Learning from experience**), and hence to thinking of ways to **put into practice what has been learned** leading in turn to the next cycle of learning
- 3.2. The most direct application of this model is to ensure that teaching and tutoring activities give full value to each stage of the process. This may mean that for you, a major task will be to “chase” your student round the cycle, asking questions to encourage reflection and conceptualisation.
- 3.3. Both you and your students should understand the processes and characteristics that are associated with successful learning. As partners and participants in the learning process, you will then be equipped to fulfil your respective roles.
- 3.4. Students learn in different ways: an approach that is suitable for one student may well be inappropriate for another. There are several theories about how people learn. However, they all cover three main aspects of how people study: perceiving information, processing information along with organising and presenting information.
- 3.5. When you, as a clinical coach, understand that students have different learning styles and strategies, and that motivation to learn can vary greatly between individuals, then teaching is more effective and learning is enhanced.
- 3.6. We all have learning styles which suit us as individuals. They relate to the way in which we approach study as well as to the way we think. Learning styles are related to personality and have nothing to do with intelligence. In the clinical setting where teaching takes place on an individual basis, you and the student interact very closely.

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<sup>3</sup> Kolb D (1984) Experiential Learning: Experience as the source of learning and development

### Experiential Learning Styles

3.7. Honey & Mumford (1986)<sup>4</sup> developed their learning styles system, referring to the terms “activist”, “reflector”, theorist” and “pragmatist” (respectively representing the four key stages or learning steps).

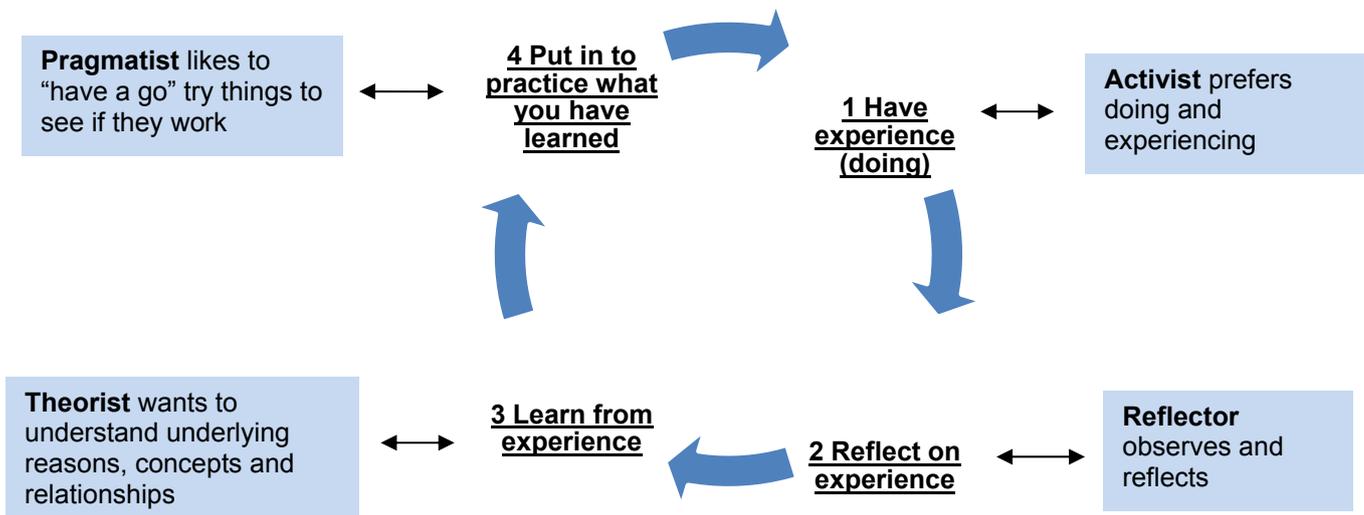


Figure 3.2 Honey and Mumford typology of learners

#### Activity 3.1:

Read the description below of Honey & Mumford’s learning styles and decide which category you would place yourself in. If you currently have a student, ask them to do likewise.

Coach:

Student:

<sup>4</sup> Honey P & Mumford A(1986) Learning styles helpers guide

**Activists:**

- involve themselves fully, without bias, in new experiences
- enjoy the here and now, happy to be dominated by immediate experiences
- open-minded, not sceptical
- enthusiastic about anything new
- dash in where angels fear to tread
- like brainstorming problems
- bored with implementation and longer-term consolidation
- gregarious, involve themselves with others
- seek to centre all the activities around them

**Reflectors:**

- like to stand back and ponder experiences, thoughtful
- observe from many different perspectives
- collect data, chew over before coming to conclusions
- cautious, leave no stone unturned
- prefer to take back seat in meetings and discussions
- enjoy observing people in action
- listen to others
- adopt a low profile
- have a slightly distant, tolerant, unruffled air

**Theorists:**

- integrate observations into complex, logical theories
- think problems through step-by-step
- assimilate disparate facts into cohesive whole
- tend to be perfectionists
- like to analyse
- tend to feel uncomfortable with subjective judgements
- tend to be detached, analytical and rational

**Pragmatists:**

- keen on trying out ideas, theories and techniques
- positively search out new ideas
- like to experiment
- like to get on with things and act quickly
- tend to be impatient with lengthy open-ended discussion
- essentially practical, like making practical decisions
- respond to problems and opportunities as a challenge

**Practical teaching**

3.8. The teaching of a practical skill is an exercise both in passing on a new skill to your student as well as an opportunity for discussion on and around the topic in question. Time is often limited and therefore it is appropriate to ensure that an adequate knowledge base has been covered in advance of the session e.g. anatomy of the region in surgery

3.9. The three basic elements of a practical training session are:

- Preparation
- Procedure
- Summary

**Activity 3.2:**

Click on the link to open the video.

[http://youtu.be/qxq\\_HBqmNcU](http://youtu.be/qxq_HBqmNcU)



**Activity 3.4:**

Using the above method, teach a new skill to a student or colleague. In the table provided, please list the activity taught, identify the individual steps performed and evaluate the student/colleague performance.

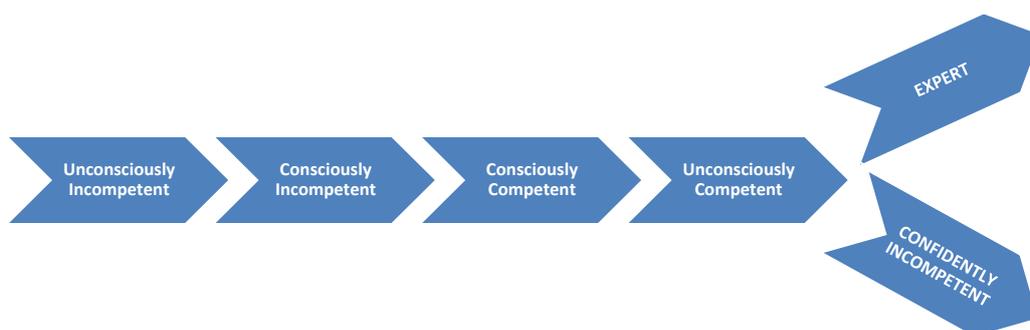
Activity/skill taught	
Steps involved	
Evaluation of performance	
Student competent Yes or No	

3.13. Issues to consider when planning the training needs for your student, to ensure your approach to their training needs is appropriate and effective, include.

- Experienced student veterinary nurses
- Best practice versus actual practice
- Use of models, mannequins, role play and professional discussion
- Time allocate and practice support
- Continuing professional development

3.14. Conscious competent model.

- Unconsciously incompetent – Novice
- Consciously incompetent – Advanced beginner
- Consciously competent – Newly qualified nurse
- Unconsciously competent – Experienced nurse
- Expert – Experienced nurse maintaining continual professional development
- Confidently incompetent – Experienced nurse who fails to demonstrate best practice



- 3.15. It is expected that the clinical coach, through continual professional development, maintains currency of best practice and is therefore deemed to be Expert.

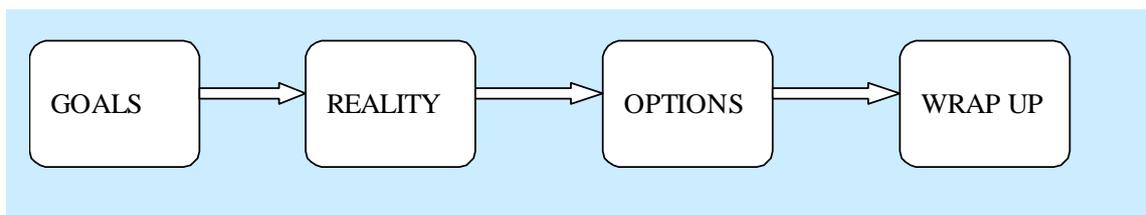
## 4. Coaching model frameworks

- 4.1 There are various effective coaching models you can use to structure your coaching sessions which will help you guide your student through a logical sequence, get the most from the session and help you stay on track.
- 4.2 Coaching Models help to provide a framework for a session, helping it to be a meaningful conversation with a defined outcome rather than just a chat with no clear purpose. Different models provide alternative perspectives prompting different questions to help your student in a variety of ways.
- 4.3 Probably the most widely known and used model is the GROW coaching model. This simple model helps you as a coach take your student from goal setting at the beginning of the session through to exploring where they are now in relation to those goals, and possible options they have to enable them to move forward along with setting specific actions.

### “GROW” model:

- 4.4 The tutorial session should work through each part of the GROW process. This will help your student identify career goals, and options to move towards their goal, and, more importantly, to discuss what may need to change in order to reach that goal.

GROW model of mentoring



Source: <http://www.hr.unsw.edu.ac/osds/pdfdocs/GROW>

### Goals:

- 4.5 Set goals, write them down, and establish what is required from the session
- What does your student want to achieve out of the tutorial session?
  - What are the specific goals your student wants to achieve?
  - What does your student wish to achieve through this goal?
  - What would make this goal even more meaningful?
  - Who else needs to know about your student's goal?
  - How will these people be informed?

### Reality:

- 4.6 Invite self-assessment (what is happening, when does this happen, what effect does it have?)
- What has stopped your student from reaching this goal in the past?
  - Does your student know anyone else who has achieved this particular goal?
  - What can your student learn from these people?

### Options:

- 4.7 Brainstorm options, ask your student don't tell, empower and ensure choice
- What can your student do as a first step?
  - What would happen if your student did nothing?
  - What has worked for your student in the past?
  - How could your student do more of what works for them?
  - Who can support your student in making this change?

### Wrap-up:

- 4.8 Identify specific steps and any obstacles. Write an action plan
- a. Where does this goal fit in with your students personal priorities?
  - b. What obstacles does your student expect to meet?
  - c. How will these obstacles be overcome?
  - d. How can you, the clinical coach, help your student in moving forward?
- 4.9 Try to encourage your student to give you feedback on any actions they have taken as a result of your advice and guidance.

**Activity 4.1:**

Spend 20 minutes on this activity

Using the GROW Model provided, discuss with your student a specific personal goal and what they may need to change in order for this goal to be achieved. This activity requires you to support your student in determining realistic goals and agreeing methods for the assessment of progress and achievement.

What was the personal goal?	
How will they reach this goal?	
What may need to change for this goal to be achieved?	
What support may they need in order to achieve this goal?	

Please evaluate how successful this activity has been:

- 4.10 Another model is the “OSKAR”<sup>6</sup> coaching model. Originating from a solutions-focused approach the OSKAR model is a powerful framework to help your coaching sessions focus on solutions to problems.

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<sup>6</sup>Gilbert & Whittleworth (2009). The OSCAR Coaching Model: Simplifying Workplace Coaching. Worth Consulting Ltd; UK

## “OSKAR” Model

4.11 OSKAR is an acronym, standing for Outcome, Scaling, Know How, Affirm and Action Review. When OSKAR is used as a process, we begin with “outcome”. This is the part of the conversation in which the clinical coach discovers what the student wants:

### 4.12 Outcome:

- a. What is the objective of the coaching?
- b. What do you want to achieve today?
- c. What do you want to achieve in the long term?
- d. How will you know this coaching has been of use to you?

### 4.13 Scaling:

- a. Using the Benner's Stages of Clinical Competence, where would you put yourself today?
- b. How did you get to this stage?
- c. How will you know when you have reached the next stage?

### 4.14 Know-how and resources:

- a. What factors help you perform better on this scale?
- b. When does the outcome already happen for you - even a little bit?
- c. What did you do to make that happen? How did you do that?
- d. What did you do differently?

### 4.15 Affirm and action:

- a. What's already going well?
- b. What is the next small step? What would you like to do personally, straight away?

### 4.16 Review:

- a. What's better?
- b. What did you do that made the change happen?
- c. What effects have the changes had?

4.17 In short the clinical coach asks questions to create a sense of possibility and capability.

4.18 In the OSKAR process, a good time to reflect experiences and qualities back to the student is immediately before asking what action they might take to get closer to their outcome. Hearing about one's relevant, successful experiences and resourceful qualities seems as good a preparation as any for selecting a useful next step. So the coach summarises what's impressed them so far, then invites the student to select a small Action. This is something for the student to do personally, and is usually expressed as something they might do to take them one point up the scale.

4.19 The choice of the next step is with the student, not with the coach, though the coach will have an influence on the choice. Once the student has a clear sense of what they want to do (or look out for), the main purpose of the coaching session has been achieved.

### Activity 4.2:

Spend approximately 20 minutes on this activity.

Using the OSCAR Model provided, discuss with your student a specific problem that is preventing them from reaching their goal and help them to find a suitable solution for the identified problem. This activity requires you to support your student in finding solutions and agreeing actions for continued progress and achievement.

## 5. Feedback

- 5.1. Feedback is an essential part of education and training. It helps students to maximise their potential at different stages of their training, raise their awareness of strengths and areas for improvement.
- 5.2. Everybody likes to know exactly where they stand in relation to their own success and failure. Feeding back to your student is important to ensure they know where and why they have achieved competency and why they have not.
- 5.3. If you don't give feedback what is your student gaining, or indeed assuming?

### Activity 5.1:

Following the teaching skill undertaken with the student (activity 3.4) answer the following questions:

What, if any, feedback did you give your student?	
List what went well and what went badly?	
How and where was feedback given?	
What aspects of giving feedback could you improve?	

- 5.4. Feedback is important to the on going development of students in veterinary settings. Many clinical situations involve integration of knowledge, skills and behaviours in complex and often stressful environments with time pressures on both the clinical coach and the student. Feedback is essential to developing students' competence and confidence at all stages of their veterinary nursing careers.
- 5.5. Whether you are giving formal or informal feedback, there are a number of basic principles to keep in mind:
  - a. give feedback as soon after the event as possible
  - b. focus on the positive
  - c. feedback needs to be given privately wherever possible, especially more negative feedback
  - d. stay in the "here and now", don't bring up old concerns or previous mistakes, unless this is to highlight a pattern
  - e. focus on behaviours that can be changed, not personality traits
  - f. talk about and describe specific behaviours, giving examples where possible and do not evaluate or assume motives
  - g. use "I" and give your experience of the behaviour ("when you said..., I thought that you were...")
  - h. when giving negative feedback, suggest alternative behaviours
  - i. feedback is for the recipient, not the giver – be sensitive to the impact of the message
  - j. encourage reflection, pose open questions
  - k. be clear about what you are giving feedback on and link it to the students' overall professional development and intended learning
  - l. do not overload – identify two or three key messages that you summarise at the end

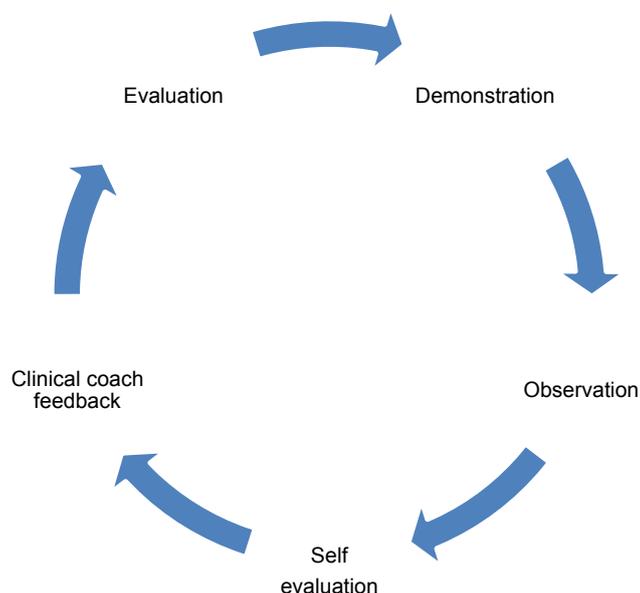
- 5.6. It is important to ensure that your feedback is aligned with the clinical activity the student is engaged with. Giving feedback can be seen as part of the experiential learning. As discussed in section 3, Kolb (1984) proposed that learning happens in a circular fashion, that learning is experiential (learning by doing), and that ideas are formed and modified by doing. These ideas underpin the idea of the “reflective practitioner” and the shift from “novice to expert” which occurs as part of professional development.
- 5.7. Negative feedback should be specific and non-judgemental, possibly offering a suggestion “have you thought about approaching the patient in such a way...”. Focus on some of the positive aspects before the areas for improvement. “you picked up most of the key points in the history, including x and y, but you did not ask about z...”. Avoid giving negative feedback in front of others.
- 5.8. Keep the dialogue moving with open-ended questions: “how do you think that went?”, which can be followed up with more probing questions.

**Activity 5.2:**

Reflecting on activity 3.4, complete the balanced feedback strategy

## 6. Summary

- 6.1. Having completed this work package, you now have all the tools necessary to plan, design, implement, assess and evaluate a learning experience for your student.
- 6.2. It is important to remember that a good clinical coach is well organised, communicates well, provides constructive feedback and encourages students to reflect on their learning.
- 6.3. As clinical coach you should ensure you have a good understanding of where your student’s current abilities lie. Completion of the skills match form will help you identify strengths and weaknesses and provide a basis for where your student needs to concentrate on learning and gaining experience.
- 6.4. Following the four stage process to teaching a practical skill (adapted from Peyton 1998) ensures that all steps of the Clinical Training and Assessment Record (CTAR) are followed and completed.



- 6.5. By drawing on the sound traditions of work-based learning and making the most of the opportunities to learn that arise in your day-to-day practice, you can ensure that students learn how to do the job by doing the job.

**Activity 6.1:**

Complete the coaching questionnaire

Use your findings to improve your coaching skills.



Click on annex box below to return to previous page once exercise is complete.

**7. Annex A SKILLS MATCH GRID**

Candidate name:		Enrolment Number:						
		How often do I do this activity?			How strong are my skills in this activi			Ready for assessment Y/N
		Often ✓	Some -times ✓	Never ✓	Strong ✓	Fair ✓	Weak ✓	
EC1	Monitor and maintain health and safety							
EC2	Develop personal performance and maintain working relationships							
EC3	Carry out veterinary reception duties							
EC4	Manage clinical environments for procedures and investigations							
EC5	Providing emergency first aid to animals							
EC6	Provide and administer nursing care							
EC7	Support clients in caring for animals							
EC8	Perform laboratory diagnostic tests							
EC9	Prepare for diagnostic imaging techniques and conduct radiography							
EC10	Prepare for veterinary surgical procedures							
EC11	Assist the veterinary surgeon during surgical procedures							
EC12	Assist the provision of anaesthesia to animals							
EC13	Dispense and administer medication							



## 8. Annex B

7`JW`cb`UbbYI`Vcl`UVcj`Yhc`fYfi`fb`lc`dfYj`Jci`g`dUj`Y`cbWV`YI`YfWjgY`Jg`Wta`d`YHYX`r`

### Balanced Feedback Strategy

Think of a recent feedback session you have led. Score your feedback approach by marking on each scale where you think you are. If you think your feedback approach has the right balance between the two factors, circle the mark in the middle. If you think your feedback meets one end or the other end place a mark where you feel is most appropriate.

The result will show where you place your feedback focus and highlight the areas most in and out of balance.

#### Balance

I gave too much praise -----◇----- I was too negative

How much time did you spend talking about what they did well verse areas they need to improve. Too much focus on the negative may damage morale.

The employee dominated -----◇----- I dominated too much  
Too much

How much employee input did you invite? The employee is unlikely to take ownership of feedback if they are not involved

My aim was to get the employee to look at ways to change behaviour -----◇----- My aim was to raise employee's self awareness  
What was your overall aim?

I was too direct -----◇----- I wasn't direct enough

How direct was the feedback you gave? Too direct and the employee feels controlled, not direct enough and the employee may feel confused

I relied on analysis to support my points -----◇----- I relied on my own opinion  
How objective was the feedback? Be honest.

I was totally at ease -----◇----- I was uncomfortable

How comfortable were you with giving feedback?  
How did you feel about the negative feedback?

Feedback was clear -----◇----- Feedback was vague

The employee should know how they performed and what they still have to achieve.

Focused -----◇----- Unfocused

other

How focused was the feedback? Did you talk about topics?

Follow-up linked -----◇----- Feedback in a vacuum

training/d  
reviews

How much follow up will there be after the feedback sessions? Best practice is to link feedback to subsequent development/performance milestones with periodic agreed with the employee

## 9. Annex C

Click on annex box above to return to previous page once exercise is completed.

Please answer the following questions about why you coach by rating your responses as;

1. Very important
2. Important
3. Some importance
4. Not important
5. Irrelevant

Reasons for coaching	Ratings (1-5)
Because my practice asked me to take the role of clinical coach	
To be involved in the training of student veterinary nurses	
To be in control	
To give something back to the profession	
To help improve the performance of the student veterinary nurse	
To get credit for the performance of your students	
To pass on your practical skills	
To pass on your technical knowledge	
To gain experience to get another job	
To develop self	

### Evaluation of coaching skills

.....1
never ----- all the time
2 3 4 5

I listened to my student

I was confident with the student's performance

I was well prepared for the training session

I was positive

I gave effective feedback

I treated all students equally

I avoided pitfalls such as information overload

I remained positive even when students performed poorly

I provided coaching cues

The working environment was safe

## 10. References

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