The profession of nursing is transforming and the capabilities to lead, delegate and coach are emerging as critical elements. In this article Ross, McDiarmid and Burkett explain how they have transformed their pedagogical approach to nursing education.

THE DEVELOPMENT OF A TRANSFORMATIONAL MODEL: A LEARNER-CENTERED APPROACH TO ENHANCE NURSING COMPETENCE

Jean Ross, Rebecca McDiarmid & Donna Burkett

School of Nursing Otago Polytechnic

INTRODUCTION

Contemporary nursing practice is changing as the landscape of the healthcare workforce evolves with the increase in healthcare assistants and enrolled nurses. With this changing landscape, there is a requirement that registered nurses (RNs) graduate with the skills and knowledge that will allow them to respond to this evolving workforce dynamic. Among other things, newly qualified RNs are required to demonstrate their competence and confidence in the direction and delegation of members of the health workforce in clinical areas, including enrolled nurses (ENs), health care assistants (HCAs) and nursing learners. Equally, the profession of nursing anticipates that these RN graduates will contribute to the knowledge generation which supports nursing practice. Given this environment, we are aware there are limited opportunities for third-year nursing learners to practice coaching skills and share and present knowledge. Our aim is to raise awareness of our learners' needs and provide a supportive context within the undergraduate nursing programme in order to prepare work-ready nursing graduates who are responsive to the demands of the profession.

BACHELOR OF NURSING PROGRAMME

The journey to becoming a RN in New Zealand is wrapped in theory and practical experience to ensure that graduates have the ability to demonstrate RN clinical competencies for practice, as identified by the Nursing Council of New Zealand (NCNZ, 2012). Clinical environments are changing, along with the complexity of population health needs. Learners are introduced to a complex healthcare system that is focused on patient outcomes and the expectations of employers and the nursing profession to respond and to be work-ready.

The Bachelor of Nursing (BN) programme is a three-year, full-time degree; the learner is introduced to theoretical, practical and technical skills that are applied and assessed in a variety of clinical practice contexts. There are a variety of fundamental clinical skills that learners need to master prior to being exposed and practised in healthcare settings. Fundamental skills are traditionally taught to undergraduate learners using a manikin (on which to practice a variety

of clinical skills) in a laboratory or classroom environment. For this to be effective and for learners to maximise their learning, scaffolding of content, skills and tasks need to be provided.

As Year 1 learners transition into clinical placements, they often appear anxious, lacking the confidence to implement the knowledge and skills acquired within the skills laboratory. Practical and technical skills are introduced and practiced by learners in Year 1 in a supportive environment. This takes the form of simulated clinical laboratories where learners need to demonstrate that they are proficient in fundamental technical skills before they can proceed and practice in healthcare settings. Teaching and learning educational models include simulation, self-directed and flipped classroom approaches. Theoretical content is offered in a variety of mediums, including large group, face-to-face traditional lectures, smaller groups in tutorials and group work including online directed and self-directed content.

Procedural knowledge acquired through practice in Year 1 of the BN programme is considered to be the cognitive phase, on the basis of which the learner can progress through the second year of the programme, when they have the opportunity to practice the skills and knowledge learned as they transition into an autonomous phase by the completion of the programme and proceed to graduate. Successful completion of learning in Years 1 and 2 of the BN programme (NZQA Levels 500 and 600 respectively) positions the learner as competent to enter the third and final year of the programme (NZQA Level 700). The third year of the BN programme "directly brings together clinical practice, theoretical, research and scientific knowledge including ethical and professional responsibilities which enables students to apply and demonstrate the RNs competencies to practice, in their allocated clinical placements" (Ross, 2017, p. 21).

CASUAL SPACES

The authors are aware of the importance of 'corridor conversations,' which have often stimulated our curiosity to find workable solutions to improve learners' needs. Four examples of such needs, with workable solutions, are discussed below.

Firstly, the facilitators of learning and teaching in the BN programme (the authors of this paper) have often dialogued in 'casual spaces' and acted on these conversations with the aim of producing competent, work-ready graduate nurses. References to 'corridor conversations' are scattered throughout the literature, suggesting that such 'casual spaces' can act as valuable conduits of information flow. The interactions that take place in these spaces allow people to engage in informal activities and interactions where much work happens, despite the lack of formal organisation (Breu & Hemingway, 2002).

This was certainly the case for the authors within this process – the informal, collegial corridor conversations that took place on several separate occasions sparked the development of creative ideas and solutions to address the problems we had identified, while challenging traditional clinical learning and teaching models. These opportunistic conversations drew on the expertise of academic staff and forged unique working solutions that would transform our teaching and learning contexts by providing opportunities for senior learners – in a facilitated, safe, simulated environment – to coach first-year learners and to gain a better understanding of coaching in the context of their professional responsibilities. Given this responsibility, we set out to extend third-year nursing learners' opportunities to practice delegation and direction in a supportive environment before exercising these skills in clinical practice.

OPPORTUNISTIC LEARNING

During placement experience in clinical settings, opportunistic relationships were formed between the Year 1 and Year 3 learners. When observing first-year learners, it was apparent that the third-year learners were creating opportunities to connect, inviting their junior counterparts to participate in experiences and enhance their clinical exposure, going beyond the clinical skills practiced in the skills laboratory. These opportunistic connections happened by default, without formal preparation such as coaching training for the senior learners.

Further, we could see the value of formalising this opportunistic learning as a component of the BN programme. As we have seen, in New Zealand (NZ) it is necessary for all RNs to be competent and confident in the direction and delegation of student nurses, ENs and HCAs. The Nursing Council New Zealand (NCNZ) is the professional body to which RNs are accountable while maintaining their annual practicing certificate. To demonstrate competency to practice, NCNZ has a structured set of competencies which include the professional responsibility to direct and delegate care. Competency 1.3 specifically states the RN's ability to demonstrate "accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others" (NCNZ, 2012, p. 11).

On reflection, we saw that the third-year learners could benefit from practising and improving their direction and delegation skills to enable the transition of this competency into their RN career. Furthermore, third-year learners could support their ability to facilitate learning with the first-year learners during clinical experiences. A student nurse's scope of practice is monitored by their 'preceptor,' a RN who guides and supports the learner during their clinical placement. As a result of this clinical exposure, learners observe the process of direction and delegation as carried out by the RN. Learners then progress to full responsibility in this area once they graduate and become a RN.

To achieve our aims, we engaged with the work of Edgecombe and Bowden (2009), who highlight the expectations on undergraduate nurses and the influence of coaching on their professional development: "Currently it is expected that graduates can facilitate the learning of themselves and others. By developing these skills in the undergraduate program, graduates will be better equipped to participate in workplace learning, first as a learner with their mentor, later becoming a preceptor to undergraduate students…" (p. 125).

Opportunities for our learners were created throughout Year one and Year three to both provide and receive coaching, grow effective presentation skills and gain confidence in sharing their written projects with both the profession and the communities they had worked with, while enjoying the dual benefits of creating collegial relationships between learners and staff. These actions, derived from our casual conversations, led to the generation of the model presented in Figure 1, in which a supportive environment is regarded as essential to enhance learning.

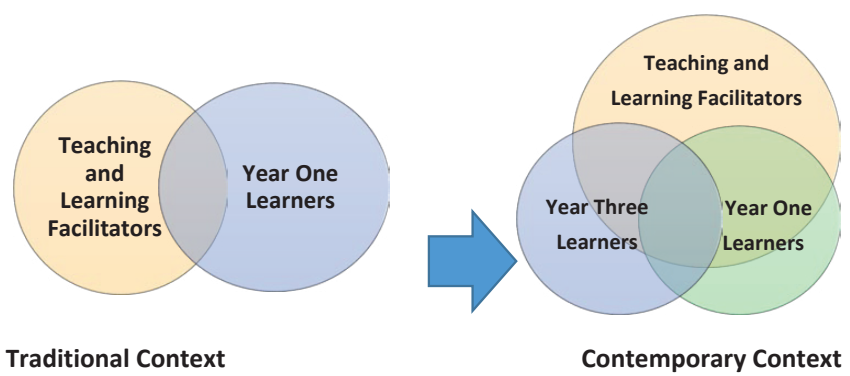

Figure 1. Transitioning learning and teaching in supportive environments. Source: Authors.

SUPPORTIVE ENVIRONMENTS

The purpose of the supportive environment is to enable the Year 3 nursing learners to practice coaching, contributing and collaborating in a facilitated context, and to reduce the potential stressors experienced by first-year learners. First-year learners can experience a variety of stressors; they may question their professional role, identity and belonging (Ownes & Walden, 2001). Some learners find the learning experiences and clinical placement as an undergraduate extremely intimidating (Goldsmith *et al.,* 2006; Sprengel & Job, 2004). An effective coach in the clinical setting can create a supportive learning environment for learners (Levett-Jones & Bourgeois, 2011). To develop skills in coaching proficiency in relation to direction and delegation, Edgecome and Bowden (2009) identify various positive extrinsic factors, intrinsic factors and negative extrinsic factors that can impact on skill acquisition. Positive extrinsic factors may help to develop intrinsic motivation, student persistence and engagement (Dennison, 2010). These factors can impact on the evolution and proficiency of skill. One way to foster coaching skills development within the current curriculum is to provide facilitative support.

Clinical coaching is part of a process which recognises the individual and their journey, and optimises the navigation of the learning journey and the nurturing required along the way. In the BN programme, clinical coaching is a three-tiered process, where the facilitator provides overarching guidance for both Year 1 and Year 3 learners. The learning environment simulates the healthcare context and provides the medium for the connection between junior and senior learners. Through connecting, caring and communication, the process of coaching occurs, growing clinical skills for all learners.

This coaching experience enables the Year one learners to focus on clinical skills development associated with healthcare delivery, alongside a simulated peer coach. In turn, the Year three learners experience delegation, practising direction and evaluation of junior staff knowledge within a supportive learning environment, while having the opportunity to reflect on their own fundamental clinical skills, knowledge and readiness to graduate.

In the BN programme, third-year learners support Year 1 learners for two laboratory sessions throughout the year. To prepare for their coaching experience, the third-year learners were introduced to the concept through a face-to-face lecture. The lecture gave an overview of learning frameworks to adopt when exploring strategies to support new learners. The subject of professional responsibility and transitioning from undergraduate status was further explored with Year 3 learners to prepare them for coaching. For the Year 1 learners who participate, learning becomes less intimidating, easing their transition from theory into the practical setting (Dennison, 2010).

The images in Figures 2 and 3 below show Year 3 learners encouraging and enhancing clinical skill practice opportunities in the skills laboratory. Year 1 learners are engaged, seeking guidance and support from their peers. All learners appear invested in the opportunity to work collaboratively and grow both knowledge and collegial relationships.

Figure 2. Skills coaching in progress. Source: Rebecca McDiarmid.

Figure 3. Clinical coaching in progress. Source: Rebecca McDiarmid.

As Year 3 learners coached their junior counterparts, they became more confident in their ability to contribute to direction and delegation of skills and tasks. Anecdotal evidence gathered from the third-year learners in their group debriefs expressed this as a positive outcome. Further examples of engaging in knowledge transfer include contributing to the generation of evidence-based knowledge, communicating via the School of Nursing newsletter and the School of Nursing online journal (Ross, 2017), and contributing to the development of health promotion resources such as posters. Health promotion is an inherent part of a nurse's role and by providing a forum for learners to participate positively in health promotion efforts, this led to the development of, and contribution to, health promotion initiatives by Year 3 learners throughout their course.

The standard of information presented in these initiatives was exceptional and created further opportunities to share and disseminate information via poster format to present in clinical laboratories. The presentation of health promotion activity provided a format for shared knowledge, which further enhanced the collegial relationships between the Year 1 and Year 3 learners, as they had a shared forum in which to acknowledge work and contribute to knowledge generation. This process inspired, motivated and encouraged the Year 1 learners with future curriculum awareness and engagement as they progress into years two and three of the BN programme.

The health promotion initiatives chosen were those running concurrently with both the national and international health promotion activities calendars. Topics explored included: NZ Immunisation Week, World Smoke-free Day, National Stroke Week and National Well Child Week. Examples of learners' work produced is illustrated in Figures 4 and 5.

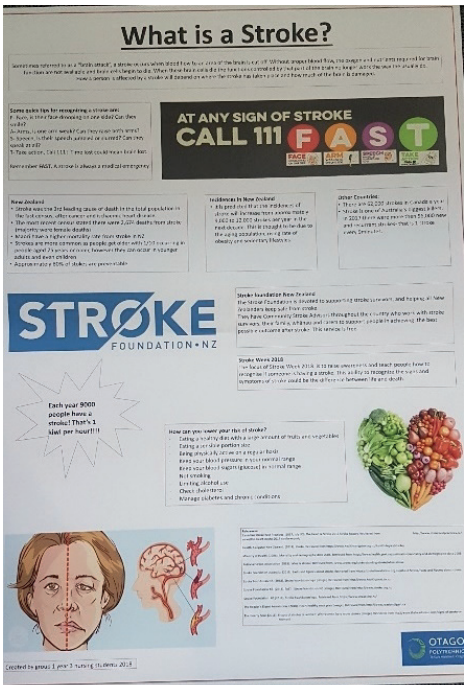

Figure 4. Health promotion poster. Source: Authors.

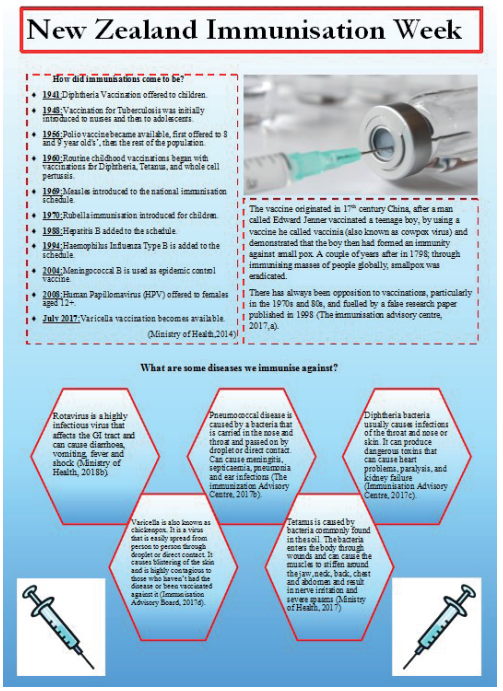

Figure 5. Excerpt from Nursing newsletter. Source: Authors.

In a similar way, co-constructing knowledge linked with community health assessments between Year 3 and Year 1 learners engages their understanding of the foundational knowledge and progression of assessment skills throughout the curriculum. Community assessment and projects are included in Year 3, where the senior learners present and discuss the outputs of these projects with their junior colleagues. This approach increases learners' awareness of how the clinical assessment skills are applied, both within clinical settings and as part of ongoing expectations for undergraduate achievement (Ross, Crawley, & Mahoney, 2017).

Valuing the community assessment component within Year 1 has been challenging, as it is not situated within a traditional clinical placement (e.g., general practice, with a RN preceptor). Students work as a team to create a resource and explore their individual skills that they can contribute to the team, with an emphasis on *connecting* (providing a context in which to connect); *communicating* (providing a team project, encouraging various forms of communication, using Google Doc and presentation skills) and *caring* (utilising resources related to mindfulness, workload management, consideration of collegial learning and individual attributes).

DISCUSSION

'Casual conversations in casual spaces' have led the authors to reflect on the teaching and learning conducted within a supported environment and has led in turn to the creation of a model which illustrates the transformational approach discussed in this paper. The TEAModel emphasises the context for a supported learning environment (see Figure 6). The supportive learning environment provides the *connection* for learners to be *coached, contribute* to the profession, and *collaborate* to generate knowledge in order to navigate their learning contexts towards gaining competence as a new graduate.

Figure 6. The Transforming Educational Approaches Model (TEAModel). Source: Authors

In the past, we have recognised the 'floundering' of our learners as they navigate their way into tertiary study and begin to develop RN professional competencies. The third-year learners at the centre of the TEAModel are demonstrating increasing proficiency in their journey towards delegation and direction, and contributing to evidence-based knowledge with confidence. The learning environment enhances positive intrinsic factors (Edgecombe & Bowden, 2009) to support learners' progress and skill development. Within this model, third-year nursing learners have valued the opportunity to revisit their fundamental clinical skills and support first-year learners to develop their practice, while being involved in a teaching environment which nurtures the growth of the profession. Providing theoretical and clinical skills within the BN educational context needs to be meaningful and responsive to the real-world encounters to which the TEAModel adapts and adjusts.

Third-year nursing learners are required by NCNZ (2012) to articulate their professional competency in relation to direction and delegation. Learners face challenges in demonstrating and discussing the professional responsibility associated with direction and delegation as a result of the restrictions of their undergraduate practice. In order for learners to demonstrate capability in this area, they must demonstrate communication skills so that they are able to direct and delegate care.

The authors had numerous courageous conversations in 'casual spaces,' demonstrating the importance of such spaces as venues where problems can be discussed. These problems have been approached through solution-focused strategies aimed at improving learning opportunities, connecting the experiences of Year 1 and Year 3 learners throughout 2018. In 2019 we will progress the TEAModel to further enhance learners' experiences as a learning and teaching model and test its validity.

CONCLUSION

Transformational change has been embedded for Years 1 and 3 learners of the BN programme through the introduction of an innovative approach aimed at creating work-ready new graduate registered nurses. In the process of innovation, the TEAModel has been developed, a model which values the contributions of both groups of learners through a process of coaching and knowledge-transfer aimed at improving the confidence and competence of Year 3 learners as they move towards becoming valued members of the nursing profession.

Sustainable Practice Solution Box

Problems:

As the changing landscape of the healthcare workforce evolves, nursing learners are facing challenges in demonstrating and discussing the professional responsibility associated with direction and delegation, due to the restrictions of their undergraduate practice.

Learners lack confidence and undervalue their ability to contribute to the nursing profession by applying the knowledge they have generated.

Academic facilitators within the three-year Bachelor of Nursing programme work within a structure which has led to an unintended disconnect between the facilitators in Years 1 and 3, revealing the limited cohesion of teaching and learning approaches across the programme.

Solutions:

Development of a clinical coaching model has created peer coaching opportunities between Year 1 and Year 3 learners that develops individual learners' confidence in a supported learning environment. This model also has the potential to:

Empower learners with the confidence to present their projects in public spaces.

Facilitate learners to collaborate with the profession.

Identify the health status of vulnerable populations within communities and develop resources to improve their health.

Encourage collaboration to transform learning and teaching

Jean Ross, BN, MA, PhD, FCNA, GCTLC, CSP is a registered nurse and principal lecturer in the School of Nursing at Otago polytechnic, Dunedin. Jean's interests focus on the concept of 'place' and community development, particularly rural communities.

Rebecca McDiarmid, RN, BN, MHEd, PGCert a registered nurse with a background in Paediatrics and Primary Health Care, and a lecturer in the School of Nursing at Otago Polytechnic. Rebecca's has interest in development of reflective practice and clinical skill transition within undergraduate nursing education.

Donna Burkett, RN, BN, MHPrac(Child Health) is a registered nurse with 18 years of clinical experience primarily in Child Health and is a recent addition to the lecturer team within the School of Nursing at Otago Polytechnic. This is her first publication and showcases her passion for growing and mentoring nursing students to be the best versions of themselves in order to positively impact on patient health outcomes.

CORRESPONDENCE TO

Jean Ross, School of Nursing Otago Polytechnic, Dunedin, New Zealand. Email: jean.ross@op.ac.nz

REFERENCES

Breu, K., & Hemingway, C. (2002). Collaborative process and knowledge creation in communities-of-practice. *Creativity and Innovation Management, 11*(3) 147–153. doi.org/10.1111/1467-8691.00247

Christiansen, B., Bjork, I., Haves, A., & Hessevaagbakke, E. (2011). Developing supervision skills through peer learning partnership. *Nurse Education in Practice, 11*, 104–108.

Dennison, S. (2010). Peer mentoring: Untapped potential. *Journal of Nursing Education, 49*(6), 340–342.

Edgecomb, K., & Bowden, M. (2009). The ongoing search for best practice in clinical teaching and learning: A model of nursing students' evolution to proficient novice registered nurses. *Nurse Education in Practice, 9,* 91–101.

Knowles, M. (1984). *Andragogy in action.* San Francisco: Jossey-Bass.

Kolb, D. (1984) *Experiential learning: Experience as the source of learning and development (Vol. 1)*. Englewood Cliffs, MH: Prentice-Hall.

Goldsmith, M., Stewart, L., & Ferguson, L. (2006). Peer learning partnerships: An innovative strategy to enhance skill acquisition in nursing students. *Nurse Education Today, 26*, 123–130.

Levett-Jones, T., & Bourgeois, S. (2011). *The clinical placement: An essential guide for nursing students* (2nd ed.). Sydney, NSW: Elsevier Australia.

Nursing Council of New Zealand. (2012). *Competency for registered nurses.* Wellington: Author.

Ownes, D., & Walden, J. (2001). Peer instruction in the learning laboratory: A strategy to decrease student anxiety. *Journal of Nursing Education, 40*(8), 375–377.

Ross, J. (2017). Case study: From practice to evidence and evidence to practice: Bachelor of Nursing year 3 education and powerful assessment. *Scope: Contemporary Research Topics: Learning and Teaching,* 3. Retrieved from http://www.thescopes.org/learning-and-teaching-3/from-practice-to-evidence-and-evidence-to-practice-bachelor-of-nursing-year-3-education-and-powerful-assessment/

Ross, J., & Crawley, J. (2017). A place for simulation in primary health care nursing education: What does it look like? *Scope: Contemporary Research Topics: Health & Wellbeing,* 2 (Place). Retrieved from http://www.thescopes.org/health-and-wellbeing-2/a-place-for-simulation-in-primary-health-care-nursing-education-what-does-it-look-like/

Sprengel, A., & Job, L. (2004). Reducing student anxiety by using clinical peer mentoring with beginning nursing students. *Nurse Educator, 29*, 246–250.

Thorpe, L., & Kalischuk, R. (2003). A collegial mentoring model for nurse educators. *Nursing Forum, 38*, 5–15.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes.* Cambridge, MA: Harvard University Press.