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Chapter 5: Expansive Learning

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Introduction

Chapter six explores the concept of 'expansive learning' taken from Fuller and Unwin's (2003) research of apprenticeships where they identified a 'restrictive- expansive continuum' that classified the type of learning environment presented in the work place. Crucially, expansive learning encouraged a supportive environment for students to learn higher level skills such as dialogue, problem solving and reflexive forms of expertise.

Supportive and collaborative learning environments can instil confidence in the student to develop and the supervisory role (or previously the mentor) is significant to this. The chapter theme of expansive learning is led by the goal to discover what teaching and learning processes can assist all levels of clinical staff in supporting students to move effectively, and in a well-supported way, to the expertise or 'graduateness' (Eden, 2014) required at registration and beyond. This was an important foundation of the recent NMC (2017) review.

Chapter 2 and 3 have already demonstrated the potential educational role of unqualified staff and peer students who previously have not been officially recognised for coaching learners in practice. With focused and explicit support for their learning, students' placement experience can be 'supercharged' so their learning advances quicker and with greater impact on their long term professional development (Morley, 2018).

A model of coaching that emerged from the research study is also presented. Current emphasis in practice learning is placed on the assessment of measurable clinical skills rather than the students' ability to join these skills holistically in professional practice (Morley, 2015). The ability to be able to teach this type of integration of student performance into the busy clinical practice is more akin to the fluidity of 'coaching' rather than 'teaching' and this is explored fully within the chapter.

Literature review

Ellstrom (2011) made the distinction between an enabling and constraining learning environment whereby the structures in the practice setting impact on how easily a student can move between adaptive (skills acquisition) and developmental (professional critique) learning. A constraining working environment could prioritise adaptive learning, or be detrimental to the development of both, with students displaying acquiescence. Although the prioritisation of adaptive or developmental learning may naturally and appropriately occur during their learning, students need encouragement to be able to question what and how they are being taught in order to achieve graduate skills.

Are students able to achieve their learning potential in practice through expansive learning?

Benner's (1984) insights into the possibility of making nurses' practice learning more proactive have been influential to the debate on how practice learning is taught. Significantly, Benner (1984) believed that the skilled pattern recognition of experts could be taught, rather than being incidental, and the learning emphasis should be placed on the whole of practice and not the isolation of component skills. Morley (2018) found that if students' supervision was handed over to unqualified staff, such as health care assistants, students developed a fragmented view of care with a division between essential nursing care and the management of the clinical area. Only by working with their formal supervisor (previously called a mentor) could nurses develop the 360-degree awareness of both the management and the care together. By observing the work of an expert in action, student nurses enjoyed the rare opportunity for a more holistic view on practice learning where their learning was brought together in one event (Spouse, 2001; Morley, 2018). Benner (1984) believed that one of the essential differences between a novice and expert nurse is that the former will view clinical incidents as a compilation of different parts rather than a whole. The join up of all the disparate parts of practice learning could be embodied in the practice of the expert but significantly this could not be learnt if students did not have consistent quality time with their supervisor.

The type of supervision experienced by students could therefore delay their progression to graduate type skills (Gray and Smith, 1999; Mackinstosh, 2006). Traditionally, the lack of support of student nurses has led to cases of bullying and an inability of the student to find their own voice and be an advocate for their clients (Morley, 2018).

Why is it important for student nurses to be able to think and action a more critical, expansive learning approach to their practice?

Schon (1983) argued that the complexity of professional decision making needed to accommodate for the unplanned circumstances of practice. If students were socialised to reacting in frequently occurring clinical situations, then students would fail to manage the many unplanned circumstances of practice. Strengthening student attributes of self-regulation (Kuiper and Pesut, 2004) and emotional resilience (Grant and Kinman, 2014) are synonymous with the promotion of expansive learning and the identified professional need for registered nurses and midwives to be advocates for their patients (NMC, 2017) as well as being able to support a professional duty of candour about their practice (NMC, 2018).

Brown and Duguid (1991) found that organisational structures meant to assist practice could also form barriers to practice and learning. There is the risk, for example, that the present documentation of assessment in practice learning could constrain student nurses' practice learning in missing the more implicit aspects of learning in practice. The documentation emphasises the achievement of individually achieved practice skills rather than the whole of practice through collaborative working.

The literature suggests that a more fluid model of learning may be appropriate to the practice setting rather than one that is restricted by the measurement of competency alone (Morley, 2015).

What learning strategies help promote expansive learning?

Although immersion into practice can give students the opportunity to observe and imitate the complexities of professional practice (the tacit dimension) (Harteis et al. 2012) the busyness of practice can also obscure the learning that students have undertaken (Morley, 2015). Benner (1984) and Eraut (2000; 2004) highlighted the risks of learning not being made explicit enough for students to recognise.

Argyris and Schon (1974) described the mechanism of resolving practice issues within the given variables of a setting as 'single loop learning'. By reflecting on problems innovatively the gulf between theory and practice is bridged by what Argyris and Schon (1974) described as 'double loop learning' where the work setting is critically scrutinised for more innovative solutions. Argyris and Schon's work therefore highlights whether appropriate pedagogy, such as reflection, could enable students to more easily challenge accepted practice.

Schon's (1983) reflection in action provides a possible mechanism for student nurses to elicit learning from their practice whereby a professional incorporates intended real-time reflection into their practice. Although criticised for the separation of the act of reflection from action, Schon introduced coaching, rather than teaching mechanisms that explicitly built on previous knowledge and the development of a critical appreciation of practice (Gobbi, 2012).

What coaching models promote expansive learning?

Coaching has become a recognised part of student development across all disciplines where students are taught peer coaching strategies (Burns and Gillon, 2011) or have named individuals (Eccles and Renaud, 2018) guiding them at particular points, such as placements, during their programmes.
Changes to the clinical student support structure for student nurses and midwives (NMC, 2018) recognised the potential difficulties, and compromise, that the former mentor role took when combining the coaching and assessing of students. There has been growing interest in alternative coaching approaches for students in practice (Bazian, 2016); most notably the CLIP (Collaborative Learning in Practice) model, highlighted by the second Willis enquiry (2015).

The principles of the CLIP model lie in the development of 'real world' clinical areas where up to 20 students deliver care, identify their own learning outcomes and are more explicitly coached in small groups by a member of qualified staff. This role is their sole responsibility during the shift. In their turn, a clinical educator oversees a wider clinical area and guides the coaches (Lobo et al. 2014; Huggins, 2016; HEE, 2017). Huggins (2016) and HEE (2017) show early indications of increased student, supervisor and patient satisfaction; with students articulating increased knowledge and confidence due to the considerable investment made in coaching. On evaluation, student opinion was divided as to whether they lacked opportunity and autonomy or whether they had had a greater opportunity to work as a staff nurse (Hill et al, 2015).

The success of CLIP is dependent on close, collaborative working and a shared ethos across practice partners, 'positive ward culture was the most significant feature for successful CLIP implementation; a culture receptive to change and educationally focused … as was strong and positive leadership' (Hill et al. 2015, p.1). The coach receiving support and additional training from a clinical educator proved crucial and, like the mentor before them, 'staffing levels within the placement area were considered to be the most important factor in ensuring that the role of the coach was effective' (p.1) Without adequate staffing levels there was a risk that clinical educators became replacement coaches themselves and students reverted to peer teaching as

the only form of support and guidance. Where there was a difference in the experience of students in a peer mentoring relationship then coaching was beneficial but held 'the potential to mask poorly supervised student practice' if not (Hill et al. 2015, p.23). It was also found that staff in other areas of the ward were reluctant to enter CLiP teaching bays and this also restricted the learning of students to elsewhere in the clinical area (Hill et al, 2015).

The scarcity of published evaluation remains a requirement on the CLiP model (Clarke et al. 2018) and more research is needed on the suitability of the model across different settings and types of students. The model's applicability for senior students, for example, is an important area to investigate where students' liaison with the nurse in charge and other staff, such as health care assistants, is critical to their development as clinical managers (Morley, 2018).

Methodology

A 6-month study was conducted in 2016-2017 and recruited 308 nursing and midwifery students representing various stages of their programme and from every field of nursing (adult, child and mental health). A total of 72 mentors from adult, child and mental health fields took part in separate focus groups.
Ethical approval was granted from the University's Ethics Committee.

Data collection methods

A short questionnaire was designed for student participants to elicit their views on 'good' mentoring and support whilst on placement. The questionnaire required one-word responses only. The researchers believed this approach would encourage students to reflect and consider their responses with care. The questionnaire was either completed in paper format at a student event (March 2017) or electronically (April 2017). Not all students completed all questions, hence the disparity in the number of responses noted.

1. Who has been most helpful with your learning on this placement?
2. What has this person done to best support your learning?
3. What is the most important thing you have learned from this person?
4. Which word best describes the attributes of a good mentor?
5. Which word best describes a good learning environment?

Twelve focus groups were conducted at three different events during January-April 2017 to elicit mentor views and understand their experience of one-to-one coaching (as opposed to mentoring) skills that help students achieve expansive learning. Mentors were briefed on the term 'expansive learning' and asked to conduct three activities as outlined in table 5.1.

Table 5.1: Mentor focus group activities

Activity	**Data collection method**
Individually record 5 coaching skills important to students in a 1:1 practice learning situation	Post-it notes
1. In the focus group collate and review responses. Agree and merge duplicated skills.	Post-it notes
3. In the focus group prioritise the coaching skills most useful for struggling and then excelling students	Flip chart & post-it notes

Data analysis methods

The student questionnaire responses were collated. Similar and plural words were merged and the most frequently occurring were represented using word cloud software, Wordle Word clouds are a visual representation that display words according to the number of responses. Thematic analysis of data from the mentor focus groups was completed by three researchers. The phases of data analysis are outlined in table 5.2.

Table 5.2: Phases of data analysis

Phase 1	Identification of overarching themes
Phase 2	Exploration of themes relevant to coaching skills
Phase 3	Identification of the stages of a coaching model

Results and analysis

a. From student questionnaires

Figure 5.1: Who has been most helpful with your learning on this placement?

<FIGURE 5.1 HERE>

Table 5.3: Responses to 'Who has been most helpful with your learning on this placement?'

Result	**Responses (n=242)**	**Result**	**Responses (n=242)**
Mentor	96	Senior nurse/specialist	13
Nurse	47	Educator	11
Ward Manager	37	Healthcare Assistant	4
Co-mentor	12	Other	37

Student responses indicated a broad view on whom they saw as helpful to their learning. The term co-mentor, identified by students, refers to a nurse who supports learning in practice (in addition to a qualified named mentor) but who does not have a formal mentorship qualification. This approach is commonly used in student placements to build mentorship capacity and/or support nurses during completion of a mentorship programme. Despite the potential duplication of identifying the same individuals in practice, for example, nurse and mentor, students tended to prioritise qualified staff. 17% of participants did, however, identify individuals who may not have an officially recognised teaching role (health care assistant and other) identified as 'helpful others' in chapter 2.

Figure 5.2: What has this person done to best support your learning?

<FIGURE 5.2 HERE>

Table 5.4: Responses to ‘What has this person done to best support your learning?’

Result	Responses (n=241)	Result	Responses (n=241)
Support	29	Skills	14
Encourage	27	Listened	13
Explaining	19	Understanding	7
Guidance	15	Time	7
Teaching	15	Advice	4
Opportunities	15	Others	83

The student participants placed great value on interpersonal skills as important to supporting their learning in practice. Many of these words represent a facilitative, rather than didactic, approach which also reflects the themes drawn out from the mentor focus groups and is aligned to findings from other studies (Chapman, 2001; D’Souza et al. 2015; Sundler et al. 2014). Whilst this focus, on developing interpersonal skills, is lacking in current mentorship education, McIntosh et al. (2013) found that mentors are aware that their personal attributes were important to successfully supporting learning in practice.

Figure 5.3: What is the most important thing you have learned from this person?

<FIGURE 5.3 HERE>

Table 5.5: Responses to ‘What is the most important thing you have learned from this person?’

Result	Responses (n=234)	Result	Responses (n=234)
Skills	26	Patience	10
Confidence	15	Compassion	9
Communication	12	Professionalism	8
Care	11	Other	185

The results were limited by the lack of specific definition, but participants identified that their practice learning has been an amalgamation of all types of professional learning from practical skills to attributes such as compassion.

Figure 5.4: Which word best describes the attributes of a good mentor?

<FIGURE 5.4 HERE>

Table 5.6: Responses to ‘What is the most important thing you have learned from this person?’

Result	Responses (n=240)	Result	Responses (n=240)

Supportive	44	Encouraging	10
Patient	24	Knowledgeable	8
Kind/caring	16	Approachable	8
Understanding	15	Professional	7
Interested/willing	12	Others	96

Interpersonal skills were the key features identified as important mentor attributes although 40% of responses were classified as 'others'. The largest term identified at 18% was being supportive.

Figure 5.5: Which word best describes a good learning environment?

<FIGURE 5.5 HERE>

Table 5.7: Responses to 'Which word best describes a good learning environment?

Result	**Responses (n=234)**	**Result**	**Responses (n=234)**
Supportive	26	Open	8
Friendly	23	Calm	7
Teamwork	19	Positive	7
Welcoming	14	Safe	6
Organised	12	Other	102
Opportunity	10		

Interpersonal factors, and particularly that of being supportive and friendly, feature as important for a good learning environment. It is interesting to note that teamwork and organisation were also highlighted as key to a good learning environment for students. Teamwork is vital when managing various learners' needs in the same clinical setting but also contributes to role modelling safe and effective patient care. A positive teamwork culture has been associated with a decrease in patient mortality within and across a hospital system (Berry et al. 2016) and in addition to role modelling best practice, this culture may reduce students' feelings of conflict and tension which can negatively impact learning (Dale et al. 2013).

b. From mentor focus groups

Phase one: Identification of overarching themes

The mentor focus groups' agreed outputs within their groups were categorised under the development of three themes of management, attributes and coaching.

Table 5.8: Themes from phase one data analysis

Themes	**Examples of data**
1. Management	Time management, organised, action plans,

Bureaucratic elements of managing learning	documentation, planning, managing, leadership
2. Attributes *Personal qualities or features of supervisors that influence approach to supporting learning*	Friendly, approachable, supportive, creative, encouraging, empowering, knowledgeable, attentive, calm, adaptive, competent, insightful, experienced, informative, team player, caring, compassionate, patience, empathy, resourceful, adaptive
3. Coaching *Skills to support development of critical thinking, dialogue and leadership*	Open questions, constructive feedback, active listening, feed forward, reflecting, empowering, motivating, evaluate learning, challenge, understands student needs, eye contact, clear objectives, self-awareness, smile, eye contact, engaged, resourceful

Phase two: Exploration of themes relevant to coaching skills

A higher level of granulation was achieved in the 'attributes' and 'coaching' categories by further sub categorisation of these two themes. The researchers agreed that 'management' referred to a task or approach carried out by mentors and, although important for supporting learning in practice, it was not considered a coaching skill. Therefore, this theme was not further explored.

Table 5.9: Themes from phase two data analysis

Themes	**Sub themes**	**Examples of data**
Attributes	Manner *The first impressions that effect connection with the student*	friendly, approachable, patience, sensitivity, empathy
	Personal ethos *The underlying teaching and learning approach of the mentor*	supportive, encouraging, empowering, creative, motivated, respect
	Expertise *Non-static qualities that were seen as knowledge or profession based*	knowledgeable, good practice, resourceful, adaptive, competent
Coaching	Engaging *Making the initial connection with the learner*	smile, eye contact, good preparation, engaged
	Existing *Establishing learning needs and agreeing goals*	feedback, active listening, self-awareness, open and transparent communication, understanding learning styles and needs of student, empowerment, building confidence
	Expanding	reflection, interactive,

	Using coaching skills to enhance learning and develop learners' critical thinking, leadership and decision-making	challenge, problem solving, empowerment, open questioning, feed-forward, constructive feedback, probing questioning, ongoing evaluation of learning, resourceful, comprehensive thinking, interactive, flexible approach

Attributes

In a coaching situation, the mentor responses indicated 'attributes' as important to coaching students. These included mentors' underlying professional knowledge and approaches to teaching and learning as well as the manner that mentors displayed to students. This latter point was also supported by the student participants who placed significant value on interpersonal qualities to support learning in practice. Mentors' attitudes, and their manner towards students, have been identified in the literature as pivotal factors which influence positive placement experience as well as students' opinion of their programme as a whole (Dale et al. 2013). Chapter 1 explores comprehensive orientation and socialisation, where the findings show a link between a positive practice learning experience and welcoming characteristics of mentors. It is recognised that students should have the opportunity to learn in an emotionally safe environment and that a sense of belongingness is a prerequisite for learning in a clinical setting (Levett-Jones and Lathlean, 2008). The mentor's personal ethos to their teaching and support were highlighted as the type of enabling learning identified by Ellstrom (2011).

Interestingly, 'empowerment' was repeatedly highlighted in a number of themes. Empowerment was identified as important to the whole learning process and the ability to be able to negotiate as a professional, with both patients and staff, supports a learning that progresses students to a more challenging and critical standpoint on registration. These are essential differences to the acquiescence that halts any challenge to poor practice identified by Bradbury-Jones et al. (2011a, 2011b) and therefore the promotion of learning confidently in practice (Morley, 2015).

Students learnt 'negotiating voice' (Bradbury-Jones et al. 2011b) if they worked in the type of supportive environment researched by Levett- Jones and Lathlean (2009) where students had a sense of 'belongingness' on placement. Where belongingness was not met (Levett- Jones and Lathlean, 2008) students were more likely to be subsumed into the workforce and, through their fear of making mistakes, had no confidence to develop critical thinking. The data analysis from this study suggests that mentor attributes; those of their manner, personal ethos and role modelling of expertise are recognised as important constituents of expansive learning.

Coaching

The coaching theme supports that already identified in 'attributes' and recognises three fundamental areas for supporting students to learn in practice. Initial 'engaging', for example, smiling, eye contact, and good preparation with students came first. Without this professional connection to their supervisor, Morley (2015) found it was difficult for students to settle on placement and progress to active and proactive learning. As well as making this initial connection, mentors also identified the need for supervisors to be able to establish 'existing'

students' stage of learning by establishing learning needs and agreeing goals. From this point, the third stage of 'expanding' used coaching skills to enhance established learning and develop learners' critical thinking, leadership and decision-making so it could then be built upon in a socio constructivist manner for student to meet their potential in practice.

Phase three: identification of the stages of a coaching model

The themes of 'attributes' and 'coaching' jointly identified a simple and constructivist three stage approach to learning; connecting, establishing and expanding, that is discussed in the conclusion. The initial layers of establishing effective support structures and previous experience was crucial to taking students into an expansive frame of mind for graduate learning.

Conclusion

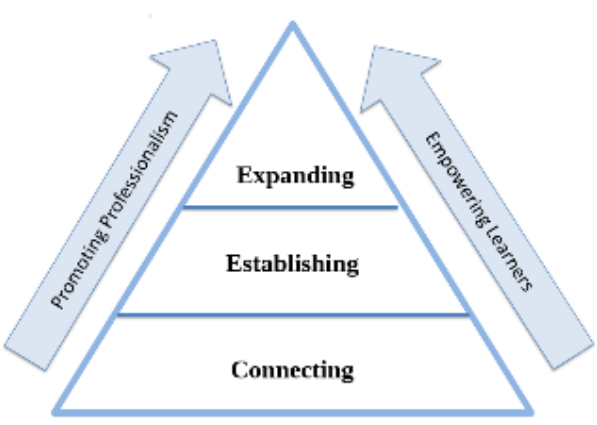
An 'expansive learning model' (Fig. 5.6) was developed from the data analysis of this chapter and demonstrates the progressive coaching steps; connecting, establishing and expanding, that students need to take to achieve higher level critique, reflection and development as a professional. It is based upon a social model of learning that recognises that all members of staff, who the student meets on placement, can play their own and integrated part in students' practice learning. Like the evaluation of CliP (Hill et al. 2015), it recognises the deep investment that is needed in establishing a new coaching model in practice with the demise of the old system of mentorship.

The methodology of the use of word clouds to establish widescale opinion in real time with a large group of students proved effective on an engagement level. Students appeared to enjoy the experience of data collection and its pictorial presentation has since been useful to encourage discussion and debate at mentor events. The wide choice of definition that students used was, however, problematic to gauge specific data and it is recommended that the methodology is used again with the use of agreed terms in order to test the same questions in the future.

The suggested socio constructivist model of learning that resulted from the research fits well with the organic nature of practice learning (Morley, 2015) and meets the potential of graduates working in a quickly changing environment with a diversity of staff. It provides a mindset for lifelong learning whilst providing a simple coaching model that can be used by all staff in any clinical setting.

Figure 5.6: Expansive learning model

<FIGURE 5.6 HERE>



The model begins with the 'connecting' stage; an identified, interpersonal connection between the student and their supervisor where mutual engagement and commitment to learning begins. It is evident from the student findings that interpersonal skills, evident in the 'connecting' stage, are key to supporting learning in practice and setting the conditions for achieving expansive learning. 'Comprehensive Orientation and Socialisation' is further explored in chapter 1 due its importance and significance to students' learning.

The second stage, 'establishing', is about developing an understanding of the student's current needs and goals and was identified by mentors as listening, providing feedback, communicating and understanding learning styles and needs. In the busyness of practice, both the first and second stage of the model can be forgotten with the risk of eroding students' confidence to progress to expanding their learning on placement (Morley, 2015). With the CLiP model (Hill et al. 2015) it was found that a coach needs to work regularly with the student and any risk to this, including taking a 'hub and spoke' approach, also threatens the first two stages of the model.

The third and final stage, 'expanding', refers to developing the student's critical thinking, critical dialogue, reflexivity and leadership skills. The empowerment of learners, and building professional knowledge, skills and attributes were seen as integral to the whole process and underlined all three stages as a continuum.

The learning culture on placement, and the supervision support within this, are therefore critical factors that determine students' successful learning on placement (Levett- Jones and Lathlean, 2009; Bradbury-Jones et al. 2011a; 2011b). A constraining environment prioritises Ellstrom's (2011) adaptive learning and it is essential that nursing students learn to appropriately question the nursing care and management they are participating in. Influential to this process is the students' own personality and assertiveness skills which were rarely explored by mentors in their early discussions with student on placement (Morley, 2015). Each stage is irretrievably linked to a holistic coaching model and one that needs to be understood by all staff on placement.

Recommendations

1. Dissemination of the expansive learning model

The model can be piloted and evaluated in a variety of practice learning settings. There is now potential for students and the new roles of supervisors and assessors in both academia and practice to become familiar with the model and explore opportunities to embed it in practice for all learners, at all stages of their learning journey. Any facilitator of students' learning should be supported to simply connect with the student at the beginning of a learning situation, establish the students' level of expertise so learning can be personalised to the students' needs and finally encourage students' questions and self-reflection as a result of their learning.

2. The promotion of dialogic feedback to support expansive learning

The model requires a dialogic approach to feedback to support student empowerment and professional development. Feedback can be formal or informal but should be delivered in a manner that reflects the interpersonal qualities valued by students and where they have an opportunity to question and discuss the feedback being given. The promotion of assessment literacy will enable students to expand their learning beyond what they can achieve as individuals.

Case study for Expansive Learning

The expansive learning chapter identified three levels of learning – connecting, establishing and expanding. This case study highlights how these principles can be used when giving feedback to students.

Sarah is a student nurse who excels in clinical practice. Her practice supervisor/ practice assessor wants to encourage Sarah to further reach her potential. She believes that timely discussion with Sarah about her practice will keep Sarah motivated and continuing on a track to 'expand' her learning.

What is the learning aim?

To increase opportunities for dialogic (two way) feedback for Sarah so future learning is explicit.

What learning will be achieved?

1. To create an environment for feedback where Sarah feels safe and supported to ask questions (connecting).
2. To establish Sarah's prior knowledge and experience before giving feedback (establishing).
3. To link feedback to wider policy (e.g. what does the NMC code say about this?) and alternatives (e.g. if the patient's condition changed how would your nursing care alter?) (expanding).

How can learning be supported?

1. To create an environment for feedback where Sarah feels safe and supported to ask questions (connecting)

Feedback should be encouraged by all members of the team with the emphasis on a coaching style where Sarah is not criticised but encouraged to discuss her nursing care and the underlying rationale. Future experts 'obtain feedback that is accurate, diagnostic and reasonable timely' (Klein 1998, p.104). Dialogic feedback is only achieved when students feel confident and safe enough to enter a professional conversation about their performance.

2. To establish Sarah's prior knowledge and experience before giving feedback (establishing)

A constructivist learning theory (Wenger, 1998) argues that building on previous knowledge gives relevance and context to students' learning.'[Learners] enrich their experiences by reviewing prior experiences to derive new insights and lessons from mistakes" (Klein, 1998, p.104). Encouraging Sarah to reflect on her learning, before feedback is offered, allows her to develop skills to be self-critical of her performance. Sarah should be encouraged to record her feedback in a medium of her choice, so she has a greater opportunity to remember, recall and feedforward her learning.

3. To link feedback to wider policy (e.g. what does the NMC code say about this?) and alternatives (e.g. if the patient's condition changed how would your nursing care alter?) (expanding)

A higher level of performance can exist when qualified staff encourage students to reflect on alternative care that could be taken and link their learning to wider policy or nursing theory. Wenger (1998) refers to the first as a strategy of 'imagination' and the second as 'alignment' (Morley, 2016). Encouraging Sarah to expand her learning beyond the immediate, can be taken either during individual feedback or in peer learning group. Encouraging Sarah to take responsibility to quiz her peers also sets an early agenda for self-development and peer review.

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