



**Supporting Learning and Professional Development
in Nursing**

Module code: MOD010385

**A CRITICAL REFLECTION ON COACHING A NURSING
STUDENT DURING AN EPISODE OF CARE: APPLYING
EVIDENCE-BASED COACHING, ADULT LEARNING
THEORY AND PROFESSIONAL DEVELOPMENT USING
DRISCOLL'S REFLECTIVE MODEL**

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Introduction

Continuing Professional Development (CPD) in nursing requires to assure that all remaining components can meet evolving healthcare needs. However, benefits of professional development are achievable through applying real-world clinical practices instead of learning theories. King et al. (2021) suggested that this is most effective when learning takes place in the workplace, followed by reflection and coaching. However, the quality of professional development is a function of personal interest, organisational support, and learning opportunities (Hakvoort et al., 2022). This indicates that coaching can be considered as part of a collaborative process whereby the learner, alongside the healthcare organisation, plays a role in the development of the learner. To support this, Mlambo et al. (2021) argued that lifelong learning enables nurses to reflect and adjust their practice throughout their careers, bolstering clinical proficiency and confidence. This reflection uses Driscoll's Reflective Model, which includes what, so what, and now what, since it offers a clear structure to help examine professional experiences and look for ways to improve. Pseudonyms have been used throughout in order to maintain confidentiality, as per the Nursing and Midwifery Council (NMC) Code. The reflection inspects a group's development of coaching strategies, the patient's needs, patient safety and feedback in a coaching session, and determines where the coach can grow professionally in both patient and coaching aspects.

WHAT?

The coaching session consisted of developing a second-year nursing student's confidence in seeing the signs of deterioration in a patient, effective communication of concerns with more senior clinicians, and appropriate escalation of the clinical findings. The learner was found to have good theoretical knowledge, but some uncertainty occurred when he took this to the clinic, so the main learning need was not about learning, but about confidence and clinical judgement. Aryuwat et al. (2024) presented a view that nursing students may feel a lack of confidence during their clinical training even though they have enough theoretical knowledge, and effective coaching is needed to enhance their professional competency and resilience. The needs were identified with direct observation and also by reflectively discussing and providing feedback from the practice supervisor, which allowed for an in-depth discussion of clinical reasoning, communication and professional behaviour. For a competency-based approach to nursing education, it has been suggested that it should be continuously assessed to address the real needs for learning interventions (Lewis et al., 2022). Thus, the coaching focused on communication, decision-making, and confidence to perform patient care.

Before conducting the session, I made sure that my coaching was within the scope of practice and supervised by the registered practitioner. Baker et al (2021) reinforced the need for nurses to reflect on their practice and be accountable as educators, with evidence-based practice to be used for effective instruction, thus emphasising safe coaching practice. All patient interactions took place under close supervision to ensure patient safety and maintain confidentiality, and consent was obtained from the learner. The VARK-based visual learning preference was incorporated into the use of demonstrations and opportunities to observe the product along with questions and reflection. Coaching started in a quiet clinical setting and then moved to patient care in supervision, so as to foster a safe psychological environment that would encourage active involvement. According to Manning (2021), confidence and professional development are enhanced by supportive learning environments. Learner feedback and practice supervisor feedback showed communication, team working and confidence in the escalation of patient concerns as themes of improvement, and also the requirement for more structure to be applied in future coaching sessions.

SO WHAT?

3.1 Coaching Models

Coaching models are widely used to guide learning in the manner of reflection, problem solving and independent learning, which differs from transfer. While coaching models are useful for teaching, they are not equally effective in clinical education based on different contexts and needs of the learners. Michaelsen et al. (2023) argued that collaborative learning enhances critical thinking by encouraging learners to actively engage in discussion and shared decision-making. This action might foster collaborative learning but it does not necessarily address the lack of confidence that new nursing students may develop in themselves. By comparison, the GROW model was thought to be more suitable for this coaching session as it offered a flexible but structured method to individual learning. The model enables self-reflection and accountability by having students reflect on goal setting, self-evaluation, considering options and developing an action plan. Use of this framework helped the learner to identify the challenge of limited confidence as the most significant to effective clinical decision making, not lack of theory.

Hence, coaching was not directed at recapping the theory but at honing communication skills and clinical reasoning. Yet, in the GROW model, reflective ability is assumed in students to enable them to find their own realistic solutions. For nursing students with little experience, it is not always the case, and often they need more guidance and reassurance in their clinical education. Recent technological developments have brought alternative methods of coaching

that focus on structured teaching and tailored feedback into the world. Chang et al. (2022) demonstrated the high efficiency of mobile chatbot-assisted learning in increasing the self-efficacy of nursing students by offering them timely, personalised learning support. While technology can be flexible and advance student learning, it does not provide the same level of interpersonal interaction, emotional support and professional judgment that can be found in face-to-face coaching. Hence, the use of structured coaching models supported via technology-enhanced learning may enhance pedagogical results, but a certain level of direct supervision is essential to build professional confidence in clinical practice.

3.2 Adult Learning Theory

Effective coaching is based on adult learning theory because adult students have a future role in the profession as independent practitioners who will need to be able to put knowledge into practice. Yet, learning theory varies on the processes of how adults learn and how adults learn to do things. Shiri et al. (2023) stated that CPD has more to do with the outcomes of lifelong learning than with the learning itself; it is related and supportive of adaptability and lifelong learning. However, Knowles' model of andragogy offers a more robust base on which to build coaching as it acknowledges that learning is relevant to the immediate needs of the adult learner and draws on previous learning. In this coaching session, the learner recalled clinic experiences and established goals and learning outcomes, then used new learning in supervised clinic practice. It was a learning-centred approach that had a better impact on active participation and increased ownership of learning than the teacher-centred approaches. However, Andragogy assumes that all adult learners are self-directed learning then may not be appropriate for every nursing student. The learner needed to be facilitated at the start and more supervised later on, as his needs at that time were for some structured guidance. The use of emerging technologies supports the learning of adults. At the same time, de Gagne (2023) proposed using AI for adaptive learning and instant feedback in nursing education, enabling personalisation. Likewise, Buchanan et al. (2021) suggested that the use of AI can improve simulation and the development of clinical reasoning but cannot replace the reflexive dialogue and interpersonal coaching that is possible by being face-to-face with students. Thus, in using technology, it should be used as a supplement to clinical, supervised learning and not replacing it.

3.3 Learning Needs and Learning Style

The importance of identifying learning needs is that effective coaching is necessary to address the underlying factors that impact performance, not just to address the knowledge. An investigation performed by Chen et al. (2021) revealed that the preceptor's support has a

positive effect on the competence of the RNs, which aids students to put theory into practice. The study, however, focused on newly qualified nurses, but students may need extra support to gain confidence before attaining maturity. The learner in this coaching session had a good grasp of theory but was not confident in knowing when patients were deteriorating or communicating concerns. Coaching therefore focused on knowledge of clinical reasoning and communication as opposed to repetition of theory. The learning preferences approach of the VARK methodology was explored, and the result was a preference for visual learning. Therefore, demonstrations, observation and written prompts were added for engagement benefits. However, using learning styles as the sole method of learning might not fully maximise the effectiveness of learning due to the use of various learning methods. Martzoukou et al. (2024) stated that digital literacy is now a key skill for nursing students, as it facilitates their access to and screening of a variety of sources of clinical information. This implies that a mix of traditional coaching and digital media could be a better tool for preparing learners for modern healthcare than relying on one form of learning. In the same way, Nurhidayah et al. (2022) noted that virtual patient simulations based on realistic practice promote clinical reasoning and interprofessional collaboration. While simulated learning systems provide an excellent supplement to real patient care, they cannot fully capture the complexity and uncertainty of real patient care. Incorporating simulation training alongside the clinical coaching process is then a more equitable way to the professional development process.

3.4 Learning Environment

The confidence of the learners, their engagement and willingness to contribute is very much dependent on the learning environment. Effective learning environment goes beyond the physical setting and involves psychological safety, supportive relationships, organisational support. In this coaching session, the learner was first coached in a conducive quiet environment, then supervised patient care in a supervised setting, where he or she could ask questions without fear of criticism. This has increased patient confidence and safety. The study reported by Zheng et al. (2024) concluded that organisational support benefits professional well-being by fostering engagement in learning activities and confidence. Supportive organisations provide favourable learning conditions, but good outcomes in education also rely on good relations between coaches and learners. Additionally, technological developments in learning have shaped the clinical learning context. Wei et al. (2025) proposed that the use of AI could lead to tailored education and enhance clinical judgment. However, the authors also elaborated that too much use of technology may increase less interpersonal interaction, which is fundamental to build communication skills and compassionate nursing care, professional

judgment. For this reason, technology should enhance, not supplant, human clinical coaching, providing learners with both the latest in educational technology and authentic human interaction.

3.5 Communication

Communication is an essential part of coaching as it aids in imparting knowledge, developing confidence among learners and aids in assessing clinical decisions safely. Communication, however, is more than simply giving information; it is a process that requires listening, posing questions, agreeing on them together and placing confidence. In the coaching session, the use of open-ended questions involved the learner in reflecting on clinical experiences and describing the identified needs for improvement, whereas closed questions were used to assess the learner's comprehension and help carry the session forward to supervised practice. The aim was to encourage positive learning, instead of passive learning. New technologies have made innovative ways of communicating. Stamer et al. (2023) proposed that artificial intelligence could improve communication skills through simulated conversations and real-time feedback to allow students to practice communication in a secure setting. Nevertheless, real interpersonal interactions and emotional complexities in actual clinical situations are not fully captured in simulation. Likewise, Feigerlova et al. (2025) found that using AI to deliver personalised learning and communication practice boosts educational outcomes, albeit with a requirement for proper educational design and teacher engagement. Thus, technology can support communication training, but it cannot be used to the exclusion of having a face-to-face interaction with a coach to build empathy, professional judgement and therapeutic relationships.

3.6 Feedback

Feedback is within the fold of coaching as it allows the learner to identify strengths, address weaknesses and track professional development. However, feedback is effective only if it is timely, constructive and encourages reflection rather than evaluation of performance. Coaching feedback concentrated on maintenance of effective communication in the session and development of clinical reasoning and confidence when the patient deteriorated and when they escalated during the session. The use of simulation has helped to reinforce feedback, providing learners a learning environment free from harm and with immediate guidance. Hallmark et al. (2021) noted that with structured simulation, patients' safety is not at risk, and it provides reflection-based feedback. For example, feedback received in simulated settings might not exhibit the ambiguity and emotional challenges of genuine practice settings. However, feedback within the context of supervised patient care is still a critical part, as it

reflects real professional expectations and facilitates transfer of learning into practice. AI also has potential to be used as an adaptive learning system and to adapt feedback to individuals. De Gagne (2023) has proposed that AI can deliver real-time, personalised feedback and support to allow students to track their progress on their own. However, technological feedback lacks emotional intelligence and context to tackle confidence, behaviour in the workplace and interpersonal communication. Thus, a mixture of technology-enabled feedback and supportive guidance by educators offers a more balanced perspective, giving learners objective feedback on their performance and guidance in sustainable development.

NOW WHAT?

This coaching example reinforced the fact that my strongest point was to build a positive coaching relationship using an open approach that enabled the learner to be active and engaged, share where they were unsure of themselves and not be rejected. The learner's ability to identify when patients were deteriorating, engage the multi-disciplinary team and escalate concerns was enhanced, suggesting the coaching style had a beneficial impact on the learner's development. The experience also demonstrated that there is a need to constantly adapt teaching strategies to the changing educational needs, not to have a single but an alternative coaching approach. The more healthcare education becomes digital, the more it can be improved in the future in the field of coaching. Buchanan et al. (2021) claimed that AI can increase a nurse's support in nursing education through assistance in simulation, clinical reasoning, and customisation of learning experiences.

Alternatively, Feigerlova et al. (2025) found that while AI can enhance educational outcomes, it must be properly implemented and not function without some level of staff oversight. The polar views suggest that technology can be used selectively in reflection to support the process of reflection learning and to complement the interpersonal aspects of successful clinical coaching. A stronger focus will be given to evaluating students' learning preferences at the start of the coaching process, planning for measurable learning outcomes before supervised patient care, and reinforcing clinical reasoning through simulation or digital resources. This way, students should build confidence and ensure their patients remain safe and held accountable for their job. To continue my professional development, I will be doing further coaching and feedback training over the next six months and am going to look for feedback regularly after coaching sessions and will look at the way I coach with reflective practice. These actions will help me become more effective in delivering learner-led coaching and help me to evidence-based nursing practice for safe practice.

Conclusion

This was a reflection of a coaching session which was conducted as part of clinical placement, using Driscoll's reflective model. The experience revealed that good coaching is more than a technical enhancement of ability, it improves communication, clinical thinking, learner confidence. It also highlighted areas of structured planning, appropriate supervision, stimulating learning environments and reflection in being a successful coach. The coaching was helpful, however there were opportunities to broaden this focus within the classroom through additional planning opportunities, increased learner opportunities for progression and new pedagogical opportunities. These will assist me in polishing my skills as a coach, improve my continuous professional development and enable me to deliver safe and high quality patient focused care.

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Appendix A: Feedback

19:50

Comments

I was very impressive with Nathalia as she escalated a emergency situation to the doctor, if she didn't escalated the situation maybe things could be way worse.

Assessing needs and planning care

Accurately undertakes a comprehensive assessment and identifies need and plans care for a range of health needs.

☒ Yes - Achieved

☐ No - Not achieved

Comments

She is alway on the handovers with the OT PT, with the paliative team etc. This is good because I can see that she is having a good improvement when it comes to her knowledge and patient-centred care.

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Providing and evaluating care

Demonstrates safe,



Also she reassurance patients that are in pain, by talking with them.

Uses effective communication skills to manage the care of a small group of people/individuals with complex care needs, demonstrating the ability to prioritise care recognising when and whom to refer/delegate to as appropriate.

- ☒ Yes - Achieved
- ☐ No - Not achieved

She is very communicative with patients and staffs. This makes her more confident to approach the doctors when something is wrong with a patient, when she is unsure for a treatment etc.



18:02



Submission

010 Element 2500 word reflective...



Comments

Files (1)

Rubric

Feed forward

LO1: Ensure that the application of the coaching model and adult learning theory is complete. Justification why you choose the model could have been made explicit.

Concise this section so that you have words available to discuss other LO'S too.

LO2: Missed opportunity in explaining and applying all aspects of communication. All the points made should be supported by evidence based literature. Please refer to the annotation.

LO3: Attempt made to discuss feedback and its importance. There is mention of STAR model. However there is no literature evidence to support the point made.

LO4: Missed opportunity in evaluating the vulnerability of the learner- neuro-diversity and need of reasonable adjustment. LO4 is not organised well in the essay.

Feedback

Follow the assessment guidance so that all aspects of planning is included in the what section of your essay.

Comment



Type here...



Dashboard



Calendar



To-do

10



Notifications



Inbox

13