

Perceived Impact of a Student-Centered Clinical Coaching Model on Learning, Feedback, and Educational Leadership: A Qualitative Content Analysis

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Abstract

Introduction: Developing competent, confident nursing students requires bridging simulation and clinical practice. This study examined the experiences of learners and student coaches with a student-centered clinical coaching model designed to promote active learning, structured feedback, and leadership development.

Methods: A qualitative content analysis was conducted in 2025 through semi-structured interviews and focus groups with 12 participants (8 learners and 4 student-coaches) from the Faculty of Nursing, Lorestan University of Medical Sciences, Aligoudarz, Lorestan province, Iran. Participants were selected through purposive sampling to capture diverse, information-rich perspectives on the Student-Centered Clinical Coaching model. Data were analyzed using the Graneheim and Lundman method, ensuring trustworthiness through triangulation and member checking.

Results: Analysis revealed six main categories for learners: guided learning in a safe simulation environment (immediate feedback, emotional safety, progressive improvement), organized and predictable learning flow (clear structure, active engagement, peer support), physical and cognitive fatigue, logistical constraints, desire for personalization, and richer feedback methods. For student-coaches, six categories emerged: transition to leadership and communication development, calibration and consistency of feedback (shared standards, rubric use, aligned language), balancing dual roles with emotional strain, contextual barriers (workload, limited preparation time, role ambiguity), and strengthening the model through practical refinements, collaboration, and motivation. Both groups emphasized timely, calibrated feedback and structured sessions as key drivers of confidence, competence, and leadership growth.

Conclusion: The SCCC model enhanced learners' competence and confidence, fostered leadership among student-coaches, and can be strengthened through structured peer coaching, mentor development, and supportive feedback systems to sustain effective, collaborative nursing education.

Keywords: Students, Nursing, Education, Simulation training, Feedback, Coaching, Leadership

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Introduction

Clinical skills education in nursing continues to grapple with long-standing challenges, including the theory-practice gap, performance anxiety, and fear of clinical errors. Simulation-based learning has therefore become a cornerstone of nursing pedagogy, providing a safe, structured environment for repetitive skill practice that enhances competence and minimizes patient risk (1). The quality of simulation experiences—such as pre-briefing, scenario design, and debriefing—strongly correlates with psychological safety, which in turn shapes learners' engagement and learning outcomes (2).

Despite these pedagogical benefits, conventional clinical

instruction remains predominantly teacher-centered, often limiting individualized feedback and reflection. High student-to-instructor ratios and time constraints further restrict opportunities for personal guidance (3). Consequently, there is growing interest in collaborative learning and peer coaching as strategies that complement traditional instruction. However, when peer feedback lacks structure, it may provoke anxiety or confusion, reducing learning efficacy (4). Conversely, structured peer coaching integrated into simulation has been shown to improve communication, confidence, and teamwork within psychologically safe environments (5).

In response to these needs, the Student-Centered



Coaching (SCC) model was developed, positioning senior nursing students as clinical coaches to facilitate guided practice, provide structured feedback, and model leadership behaviors (6). The model aims not only to enhance psychomotor performance but also to nurture professional agency and leadership identity among participants (7). Although quantitative evaluations using OSCEs and self-efficacy scales demonstrate improvements in competence and confidence, they cannot capture the deeper experiential and relational dimensions that influence learning (8).

Accordingly, this study qualitatively explored learners' and student-coaches' lived experiences within the Student-Centered Clinical Coaching (SCCC) model, focusing on its perceived impact on learning, feedback, and educational leadership. This approach provides nuanced insight into how and why the model transforms clinical learning, offering practical implications for its broader implementation.

Methods

Study Design and Approach

This study adopted a qualitative content analysis approach (Graneheim & Lundman) to explore learners' and student-coaches' experiences with the SCCC model in a Fundamentals of Nursing course. This approach was chosen for its suitability in capturing participants' nuanced perceptions and contextual meanings in complex educational interactions. Conducted within an action research framework, the study focused on experiential and interpretive engagement, examining perceptions of

the coaching process, feedback quality, and leadership development, while emphasizing contextual meaning rather than measurable outcomes.

Setting and Context

This qualitative study was conducted at the Clinical Skills Center, Faculty of Nursing, Aligoudarz University of Medical Sciences, Lorestan province, Iran, in 2025. The center offers a simulation-based environment equipped with standardized manikins and skill stations. The SCCC model was implemented in the Fundamentals of Nursing course, with an emphasis on core psychomotor skills. Trained second-semester students acted as coaches for first-semester learners through a three-phase cycle—demonstration, guided practice, and independent practice—with one coach per seven learners, under faculty supervision ensuring safety and protocol fidelity.

Within this educational setting, the intervention was implemented using the Student-Centered Clinical Coaching (SCCC) model, a structured and cyclical framework designed to operationalize learner-centered coaching in simulation-based nursing education. As shown in Figure 1, the model begins with a brief pre-briefing phase in which learning goals, participant roles, and safety expectations are clarified to establish psychological safety and a shared understanding of the coaching process. Coaching sessions then proceed through a core instructional cycle comprising coach-led demonstration, guided practice with scaffolded support, and independent learner performance. This progressive sequence facilitates the gradual transfer of responsibility

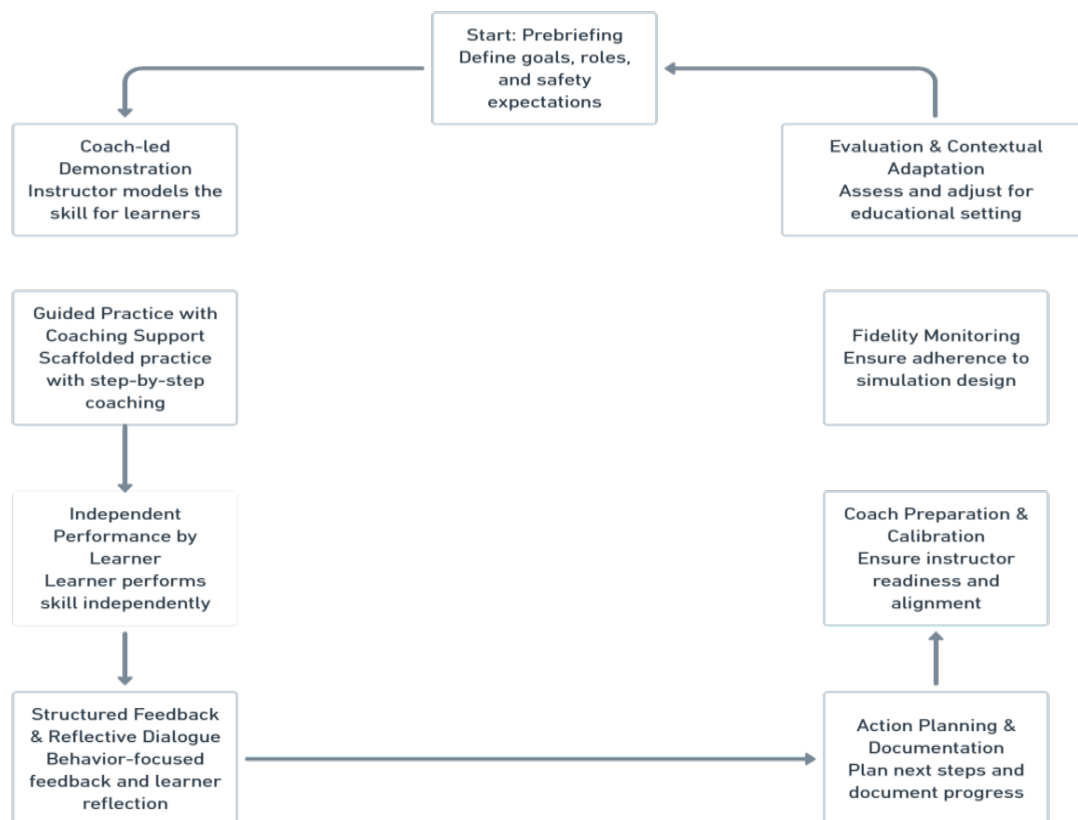


Figure 1. Conceptual flowchart of the Student-Centered Clinical Coaching (SCCC) model

from coach to learner while supporting skill acquisition through deliberate practice in a controlled simulation environment. Each cycle concludes with structured, behavior-focused feedback and reflective dialogue, enabling learners to consolidate learning, identify performance gaps, and plan subsequent improvement. In addition to the core coaching cycle, the SCCC model incorporates action planning and documentation to promote continuity across sessions, alongside ongoing coach preparation, fidelity monitoring, and contextual evaluation. Together, the function of these elements as an integrated outer feedback loop that supports consistency, adaptability, and quality assurance of the coaching intervention within the clinical skills training context.

Participants and Sampling

Participants included two main groups: student-coaches (n=4) and first-semester learners (n=8), totaling 12 individual interviewees. One focus group discussion (FGD) was conducted separately for each group to enrich data depth and validate emerging categories. Participants were coded using the prefix “P”, numbered consecutively from P1 to P8 for learners and P9 to P12 for student-coaches, to ensure anonymity and consistency across transcripts. Sampling was purposive with maximum variation, considering gender, academic performance, and engagement level in the coaching sessions. Inclusion criteria for learners included enrollment in the Fundamentals of Nursing course during the intervention semester, full attendance in simulation sessions, and willingness to participate in the study. For coaches, inclusion required successful completion of the same course in the previous semester with a grade of 17/20 or higher, completion of coaching training, and consistent participation in at least 80% of scheduled sessions.

Data collection and analysis were conducted concurrently, allowing ongoing assessment of data saturation. Saturation was achieved when no new codes, categories, or conceptual insights emerged from successive interviews and focus group discussions. Specifically, after completion of the tenth individual interview, preliminary analysis indicated repetition of codes and stabilization of categories related to learning engagement, feedback processes, and leadership development. Two additional interviews and both FGDs were conducted to confirm saturation, during which no substantively new themes were identified. This iterative process supported confidence that thematic saturation had been adequately reached across both participant groups.

Data Collection

Data were collected through semi-structured, in-depth interviews and two focus group discussions (FGDs) conducted from April to July 2025 at the Clinical Skills Center. Interviews, lasting 45–60 minutes, were held in Persian in a private, quiet setting to ensure comfort and confidentiality. An interview guide, developed from the study objectives and literature on peer learning, coaching,

and feedback, included open-ended questions such as: “How did participating in the coaching sessions influence your confidence and learning process?”, “Which aspects of feedback from your coach (or learners) were most useful or challenging?”, and “In what ways did this experience affect your perception of teaching or leadership?” All sessions were audio-recorded with consent, supported by field notes. Two FGDs (one per group; 6–8 participants) further validated and expanded emerging categories.

Data Analysis

Data were analyzed manually using the inductive qualitative content analysis method described by Graneheim and Lundman (2004). The process involved repeated reading of transcripts to achieve immersion, identifying and condensing meaning units, assigning codes, and grouping them into subcategories, categories, and overarching themes that reflected latent meanings. Throughout the process, constant comparison across interviews was applied to refine categories and ensure coherence.

Analytical saturation was monitored continuously by comparing new data against existing codes and categories. Once saturation was observed, subsequent data were used to confirm and deepen understanding of established themes rather than to expand the coding framework. A reflexive log was maintained to document analytical decisions and researcher reflections. Coding and categorization were reviewed with a qualitative research consultant and two nursing education experts to ensure rigor and credibility. The final thematic framework was cross-checked with the original transcripts for consistency. Trustworthiness was established based on Lincoln and Guba’s (1985) criteria. Credibility was ensured through prolonged engagement, member checking, and triangulation of interviews and focus groups. Dependability was supported by an audit trail; confirmability by reflexive journaling and peer debriefing; and transferability by providing rich contextual descriptions of participants, setting, and procedures, allowing applicability to comparable educational contexts.

Ethical Considerations

Ethical approval was granted by the Research Ethics Committee of Bam University of Medical Sciences (Ethical code: IR.MUBAM.REC.1404.044). Written informed consent was obtained from all participants, ensuring voluntary participation, confidentiality through pseudonyms, and secure data storage accessible only to the research team.

Results

The qualitative analysis revealed three overarching themes for learners and three for student-coaches. For learners, the analysis encompassed six main categories, eleven subcategories, and thirty-three initial codes, portraying a progression from structured learning and timely feedback to increased confidence and skill mastery. In contrast, for student-coaches, six main categories,

twelve subcategories, and thirty-six initial codes emerged, reflecting professional development, the formation of an educational leadership identity, and the management of dual roles within the coaching process. Collectively, these findings offer a nuanced understanding of the pedagogical and professional dimensions of the student-centered clinical coaching model, underscoring its dual potential to enhance clinical competence among learners while cultivating leadership capacity in student-coaches.

Theme 1 – Structured Learning and Timely Feedback as Catalysts for Confidence and Mastery (Condensed Version)

This theme captures learners' transition from initial anxiety to growing confidence within a structured, feedback-rich environment. Guided learning in a safe simulation setting and an organized, predictable flow fostered emotional safety, immediacy of feedback, and collaborative engagement that enhanced technical mastery.

Main Category 1: Guided Learning in a Safe Simulation Environment

Learners emphasized that immediate, descriptive feedback from coaches was vital for improvement, helping them identify and correct mistakes before they became habitual: *"When my coach corrected me right away, I understood exactly what went wrong and how to fix it"* (P.3). Another noted, *"I wasn't afraid to try again because mistakes were seen as part of learning"* (P.5), while the other learner reflected, *"In the second cycle, my hands moved more confidently"* (P.6). Supportive feedback fostered motivation rather than anxiety, and the psychologically safe simulation environment encouraged repeated practice and continuous confidence growth.

1.2. Main Category 2: Organized and Predictable Learning Flow

Learners appreciated the clear session structure—demonstration, guided practice, and independent performance—which enhanced focus and reduced uncertainty: *"The structure helped me focus better; I knew when my turn was and what to prepare for"* (P.2). They described the experience as collaborative rather than competitive: *"It felt like we were learning together, not competing"* (P.1). Gradual reduction of coach supervision fostered autonomy while preserving safety: *"The coach let me do it myself but stayed close enough to guide if I struggled"* (P.4). Overall, the student-centered coaching model provided clarity, emotional security, and timely feedback, transforming the simulation lab into a psychologically safe environment that promoted confidence, engagement, and mastery through reflective practice.

Theme 2 – Barriers and Logistical Strain in the Coaching Process (Condensed Version)

This theme highlights the physical, cognitive, and logistical challenges learners faced during intensive simulation sessions. Despite valuing the model's

structure, issues such as fatigue, overcrowding, and limited resources occasionally reduced focus, motivation, and feedback quality.

Main Category 1: Physical and Cognitive Fatigue

Learners reported fatigue and reduced concentration during long sessions involving multiple consecutive skills. Extended practice led to cognitive overload and difficulty retaining procedural details: *"After the third skill, I couldn't concentrate anymore; even simple steps felt difficult"* (P.2). Overcrowded stations and high student-to-coach ratios further disrupted learning flow, limiting hands-on opportunities and delaying feedback essential for skill consolidation. Another participant noted, *"By the end of the session, I remembered the general idea but forgot some critical details"* (P.7). Overcrowded stations and high student-to-coach ratios further disrupted learning flow: *"Sometimes I just waited and watched others for half an hour before my turn came"* (P.5). These factors collectively limited hands-on engagement and delayed timely feedback essential for skill consolidation.

Main Category 2: Logistical and Contextual Constraints

Participants identified logistical and environmental barriers, including limited equipment, large class sizes, and physical fatigue, which disrupted continuity of learning and the provision of individualized feedback. As one student noted, *"We had to share one mannequin; it broke our rhythm and focus"* (P.1). Despite these challenges, learners recognized the model's value and emphasized that improvements in group size, resources, and scheduling could strengthen both learning outcomes and psychological well-being. Another added, *"The coach didn't have time for everyone equally; smaller groups would make feedback more personal"* (P.4). Physical strain also affected concentration: *"After two hours standing, I just wanted to sit and breathe for a minute"* (P.6). Despite these challenges, participants valued the model's overall structure and emphasized that reducing group size, improving resources, and optimizing scheduling could enhance both learning outcomes and psychological well-being.

Theme 3 – Empowerment, Confidence, and Motivation for Continuous Learning

This theme highlights how the coaching model empowered learners, enhancing their confidence, professional identity, and motivation for lifelong learning. Participation fostered both technical competence and a reflective mindset essential for continuous self-improvement.

Main Category 1: Growth in Confidence and Professional Self-Concept

Through repeated practice and supportive feedback, learners replaced anxiety with growing confidence and professional identity. As one student expressed, *"At first, I doubted myself, but now I feel capable and safe to*

perform the procedure” (P.3). Another reflected, “When I performed correctly and received positive feedback, I felt like a real nurse for the first time” (P.2). Observing peers’ progress fostered collective motivation and a shared sense of development: “Seeing others improvement made me want to do better—not to compete but to grow together” (P.6). Together, these experiences illustrate how the student-centered coaching model promoted self-efficacy, belonging, and professional growth through reflective and collaborative learning.

Main Category 2: Motivation and Responsibility for Learning

Learners developed self-directed and reflective learning behaviors, increasingly evaluating their performance before receiving feedback: “I started to assess myself before waiting for the coach’s comment” (P.5). Supportive coaching fostered motivation, confidence, and ownership of learning: “When my coach appreciated my effort, it made me want to keep improving” (P.4). As one learner noted, “I realized learning is my own responsibility, not just the teacher’s” (P.1). Overall, the model empowered students to transition from passive recipients to active, self-reflective learners committed to continuous professional growth. A detailed summary of learners’ themes, categories, and illustrative quotes is presented in Table 1.

Theme 1 – Professional Growth and Development of Educational Leadership

This theme highlights how the coaching model promoted professional growth and leadership identity among student-coaches, transforming them from learners into facilitators through structured preparation, guided practice, and reflective feedback.

Main Category 1: Strengthening Professional Competence and Identity

Student-coaches described a transformative shift from learners to facilitators, gaining a deeper understanding of nursing principles and professional standards. Coaching enhanced their confidence, accountability, and ethical awareness, fostering early professional identity. As one noted, “I felt responsible not only for their learning but also for doing things the right way” (P.9). Another reflected, “Teaching made me realize how much I actually know—and what I still need to learn” (P.10). Collectively, these experiences illustrate how taking on the coaching role deepened self-awareness, reinforced ethical practice, and strengthened emerging professional identity.

Main Category 2: Building Educational Leadership and Mentoring Skills

Student-coaches developed communication, feedback,

Table 1. Learners’ (First-Semester Students) Experiences with the Student-Centered Clinical Coaching Model

Theme	Main Category	Subcategory	Codes
Structured Learning and Timely Feedback as a Source of Confidence and Mastery	Guided Learning in a Safe Simulation Environment	Immediate corrective feedback	- Real-time feedback on errors - Step-by-step demonstration - Explanation rather than judgment
		Emotional safety during practice	- Freedom to repeat procedures - Fear of failure reduced - Learning from peers’ mistakes
	Organized and Predictable Learning Flow	Perceived improvement across cycles	- Noticing progress from Cycle 1 to 2 - Growing self-trust - Applying feedback in later sessions
		Clear structure and rhythm	- Knowing the session routine - Smooth transitions between steps - Balanced time for each stage
Barriers and Strain during Intensive Sessions	Physical and Cognitive Fatigue	Active engagement and peer support	- Encouraging teamwork - Learning from observation - Asking questions without fear
		Extended sessions	- Loss of focus after long hours - Difficulty in maintaining energy - Forgetting details by the end
	Logistical Constraints	Overcrowded stations	- Waiting too long - Limited time for each student - Reduced feedback opportunity
		Equipment limitations	- Insufficient mannequins - Delays in rotation - Technical interruptions
Learners’ Vision for Improvement	Desire for Personalization	More opportunities for practice	- Need for smaller groups - Flexible schedule for weak students - Repeat sessions before the final OSCE
		Richer feedback methods	- Written plus verbal feedback - More detailed explanations - Follow-up after sessions
	Growth in Self-Confidence	Recognition of effort	- Positive reinforcement - Noticing improvement - Internal motivation

and leadership skills through facilitating group learning and reflective practice. They learned to provide balanced, constructive feedback and foster teamwork: *“Managing the group taught me how to lead while still listening to others”* (P.10). Another coach reflected, *“After each session, I thought about what went well and what I could improve”* (P.12). These experiences bridged clinical expertise with educational competence, cultivating reflective leadership essential for future nurse mentors.

Theme 2 – Navigating Challenges and Role Boundaries in the Coaching Process

This theme examines the challenges student-coaches faced in balancing their dual roles as learners and facilitators. While the experience was transformative, they struggled with time pressure, emotional demands, and unclear role boundaries, highlighting the complexity of maintaining both performance and professionalism.

Main Category 1: Managing Workload and Time Constraints

Student-coaches faced difficulties in balancing academic and coaching duties, often sacrificing rest to prepare for sessions: *“Sometimes I stayed up late to review skills before teaching; it was hard to balance both sides”* (P.10). Time constraints also limited their ability to provide individualized feedback: *“I wanted to give everyone detailed feedback, but time ran out so quickly”* (P.12). The pressure to appear composed, combined with emotional fatigue, made this balance even more demanding. Nevertheless, reflection and peer support helped them manage stress and restore confidence, illustrating resilience within their dual roles.

Main Category 2: Defining Boundaries and Maintaining Role Clarity

Student-coaches faced challenges in defining boundaries between being supportive peers and evaluators: *“At times I wasn’t sure if I was a teacher, a friend, or an evaluator”* (P.11). Another shared, *“It was hard to correct friends without sounding harsh”* (P.12). Balancing authority with friendship required sensitivity, empathy, and professionalism. Over time, navigating these ambiguities fostered adaptability, self-awareness, and professional maturity, transforming initial discomfort into valuable preparation for future leadership roles.

Theme 3 – Reflection, Improvement, and Sustainability of the Coaching Model

This theme emphasizes how student-coaches engaged in reflective learning and collaborative improvement, aiming to sustain and refine the coaching model. Through reflection, shared dialogue, and structured feedback, they developed a deeper understanding of effective educational practices and commitment to continuous improvement.

Main Category 1: Reflective Practice and Continuous Self-Improvement

Student-coaches identified reflection and self-evaluation

as key drivers of their professional growth. As one noted, *“After every class, I thought about what worked and what I should change next time”* (P.10). Another shared, *“The supervisor’s comments helped me see things I didn’t notice during the session”* (P.11). Over time, they recognized the broader meaning of teaching: *“Now I see that teaching is not just about showing skills—it’s about understanding how others learn”* (P.12). Constructive feedback from peers and supervisors encouraged accountability, deeper insight, and a shift from focusing solely on technical performance to developing reflective leadership grounded in educational awareness.

Main Category 2: Commitment to Model Enhancement and Sustainability

Student-coaches showed strong commitment to refining and sustaining the clinical coaching model, suggesting improvements such as smaller groups and clearer scheduling: *“Shorter feedback sessions and better scheduling would help keep students more focused”* (P.12). Another reflected, *“It felt meaningful to be part of something that can continue and improve each semester”* (P.9). They expressed pride and ownership in contributing to an evolving educational framework and envisioned applying mentoring skills in future clinical roles. These experiences fostered reflection, collaboration, and leadership, illustrating how peer-based coaching promotes sustainability, innovation, and professional empowerment in nursing education. Table 2 provides a comprehensive overview of student-coaches’ experiences, highlighting key themes, main categories, and representative excerpts that illustrate their professional and educational growth.

Discussion

Learners perceived the student-centered clinical coaching model as an effective approach that fostered confidence and skill mastery through guided practice in a psychologically safe simulation environment. The immediacy and constructive tone of feedback facilitated error correction and learning, consistent with studies linking pre-briefing, debriefing, and real-time feedback with enhanced psychological safety and performance (10). Likewise, the structured, predictable flow of sessions—demonstration, guided practice, and independent execution—focused attention and encouraged peer-supported engagement, echoing evidence that structured simulation and peer learning improve educational outcomes (11).

However, learners also reported cognitive and physical fatigue during prolonged, multi-skill sessions, aligning with the literature that describes emotional load and the importance of reflective decompression to sustain learning (12). Logistical barriers such as overcrowded stations and equipment limitations further reflected known implementation challenges in high-fidelity simulation (11). Despite these constraints, the model effectively enhanced confidence and professional self-concept, supporting findings that simulation-based

Table 2. Student-Coaches' (Second-Semester Students) Experiences with the Student-Centered Clinical Coaching Model

Theme	Main Category	Subcategory	Codes
Building Professional and Educational Leadership Identity	Transition from Learner to Leader	Sense of responsibility	- Feeling accountable for others - Balancing guidance and support - Becoming a role model
		Developing leadership and communication	- Coordinating small groups - Motivating peers - Managing different personalities
	Calibration and Consistency of Feedback	Shared standards	- Weekly calibration sessions - Using rubrics and pocket cards - Aligning language among coaches
		Learning to give effective feedback	- Structuring comments clearly - Avoiding harsh tone - Emphasizing improvement
Navigating Role Tensions and Practical Constraints	Balancing Dual Roles	Competing demands	- Coaching and documentation simultaneously - Managing time - Divided attention
		Emotional strain of dual position	- Peer pressure - Fear of overstepping authority - Difficulty separating friendship from role
	Contextual Barriers	Workload and fatigue	- Long sessions - Limited preparation time - Need for mental breaks
		Role boundary ambiguity	- Overlap with evaluator role - Seeking faculty guidance - Unclear limits of authority
Strengthening and Sustaining the Model	Practical Refinements	Streamlining feedback tools	- Simplifying forms - Setting fixed feedback timing - Reducing paperwork
		Enhancing collaboration	- Sharing experiences among coaches - Peer observation - Joint reflection meetings
	Motivational Aspects	Professional growth satisfaction	- Seeing learners' improvement - Recognition from faculty - Sense of accomplishment
		Sustaining engagement	- Ongoing calibration - Supportive environment - Encouragement from peers

learning strengthens self-confidence and decision-making (13). The emergence of reflective and self-directed learning also paralleled evidence identifying reflection as a mechanism linking simulation to deeper professional development (14).

For student-coaches, the coaching role acted as a catalyst for professional growth and leadership formation. Transitioning from learner to facilitator deepened accountability and strengthened leadership skills, consistent with research on role enactment and professional identity (15). Moreover, calibration and rubric-guided feedback enhanced consistency and reliability, echoing evidence on assessment literacy and feedback quality (Understanding the processes, practices and influences of calibration on feedback literacy in higher education marking: A qualitative study). Peer-led coaching further empowered near-peers to communicate effectively and model professional behaviors (16).

For student-coaches, the clinical coaching role served as a catalyst for professional growth and leadership formation. Transitioning from learner to facilitator deepened accountability and strengthened leadership identity, aligning with evidence that authentic role enactment promotes professional development (17).

Calibration and rubric-guided feedback enhanced feedback quality and reliability, consistent with findings on feedback literacy and assessment precision (18). Peer-led coaching also empowered near-peers to communicate effectively and model professional behaviors (19).

However, coaches faced time constraints and emotional fatigue while balancing academic and facilitation duties, echoing broader reports of workload pressures in simulation-based education (20). Reflection and debriefing supported continuous improvement, consistent with reviews linking structured reflection to professional growth and emotional resilience (21). Overall, peer-facilitated coaching nurtured leadership, reflection, and sustainable professional development in nursing education.

Across roles, a coherent picture emerges: structured, psychologically safe simulation with timely, calibrated feedback underpins learning for both learners and student-coaches. Learners emphasized immediacy of feedback and predictable session flow as the engine of confidence and skill consolidation—findings consistent with reviews linking psychological safety, debriefing structure, and improved outcomes (22). Student-coaches, in turn, highlighted identity formation and leadership

development through near-peer facilitation, echoing evidence that peer/near-peer teaching strengthens professional capabilities (22).

Points of tension also aligned: learners reported fatigue and resource/scheduling constraints, while coaches faced time pressure and blurred role boundaries—themes mirrored in integrative reviews of simulation barriers and educator workload (11). Convergence was strongest around reflection and debriefing as mechanisms that translate practice into growth for both groups (23).

Together, these perspectives suggest optimizing the model via smaller groups, adequate equipment, and systematic calibration/rubric use to sustain consistent, non-judgmental feedback and equitable participation (24). In sum, peer-enabled, structured simulation advances competence and educational leadership while requiring deliberate management of logistical load and role clarity (1).

This study was limited to a single site with a small, purposive sample, which may restrict transferability. Reliance on self-reported interviews without longitudinal or observational data limits conclusions about skill transfer and sustainability. Future research should adopt multi-site, mixed-methods designs with extended follow-up to assess long-term outcomes, compare facilitation models, and optimize logistical factors such as group size, timing, and resources to enhance feedback equity and leadership development.

Conclusion

This qualitative study shows that the student-centered clinical coaching model bridges theory and practice by fostering confidence, competence, and reflective learning among nursing students. Learners gained autonomy and mastery, while student-coaches developed leadership and mentoring skills. Despite logistical challenges, the model promoted collaboration, motivation, and shared growth, positioning peer-facilitated coaching as a sustainable, evidence-based strategy for advancing professional development in modern nursing education.

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Competing Interests

The authors declare that there are no conflicts of interest related to this study.

Ethical Approval

This study was approved by the Research Ethics Committee of Bam University of Medical Sciences. All ethical principles were strictly followed, including obtaining informed consent, ensuring confidentiality, providing comprehensive explanations about the study objectives, guaranteeing participants' full autonomy in responding to questions, and allowing withdrawal at any stage of the research. (Ethical code: IR.MUBAM.REC.1404.044)

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