

## Coaching and Performance Plans

The purpose of this document is to provide a guideline for nurse managers and others involved in developing and providing coaching and performance plans for nurses who need support in addressing practice competency issues.

### Introduction

There are many reasons a nurse may face a competence review process (discussed below). Implementation of effective performance management systems that include: regular performance appraisal and nurse development plans; development of core practice standards in association with core competencies in each area of practice; and documented expectations that all staff are made aware of, will mitigate many competency issues and should be the first line of attack in addressing competency issues in all organisations. However, individual nurses may still need further support to address identified competence issues. Managing competence issues is a part of performance management for nurse managers and must be managed effectively and safely for both nurse and manager.

Nurses facing competence review processes require structured support to meet their competence goals and nurse managers, peers, and other health professionals have a responsibility to provide a supportive process for nurses to achieve competence in their practice. Ensuring patient safety is a key priority in the health sector and can be achieved through improving health systems, however the area in which the most impact can be made is in supporting clinical staff (Manning, Palmer & Yonekura, 2003).

This guideline provides a process and template to assist nurses and nurse managers manage competence issues in a supportive and consistent manner.

### Performance Management

Performance management is a process to create a work environment in which people can perform to the best of their abilities (a whole system approach). It includes setting performance expectations, monitoring progress, measuring results and appraising and rewarding or correcting individual employee performance. Thinking of performance management as a complete system that encompasses goal alignment, education, communication and continuous feedback can be helpful and lead to the recognition of both top performers and those who need further support (Helm, Holladay & Tortorella, 2007). Performance management is a '...two-way continuous process of observation, conversation, thinking, planning and coaching that occurs throughout the year' (Boyte, 2010, p. 41).

### Performance Appraisal/Nursing Development Plan

A performance appraisal or nursing development plan is an opportunity to review how well a nurse is doing, serves as a work session between the person (who may be a manager or someone appointed by the manager) performing the appraisal or developing the plan and the nurse, in which time and effort are put into setting new goals and objectives for the coming year, and can identify any emerging concerns (Falcone & Sachs, 2007; Duncan, 2007). Good performance appraisals/nursing development plans assist nurses to learn about their strengths as well as their weaknesses, ensure the nurse is an active participant in the process, identify agreed goals and objectives, enable work teams to be deployed in a manner that builds on each member's individual strengths, recognise that people are a valuable resource for an organisation, and ensure nurses' voices are heard in workplace planning (Falcone &

Sachs, 2007). Performance appraisals/nursing development plans are usually annual, may require external feedback or peer review, and may be linked to additional pay or responsibilities (Duncan, 2007). Many authors argue that performance appraisal should be more than an annual occurrence, should be part of an ongoing process, and that it contributes substantially to effective organisations (Leggat, 2009; Falcone & Sachs, 2007; Boyte, 2005).

## Managing Competency Issues

The initiation of individual competence management processes may be as a result of identified needs following a performance appraisal, the result of a complaint about a nurse's practice, or where there have been concerns expressed regarding the competency of a nurse to practise. Competency concerns are indicated when, over time, a nurse makes continuous and/or frequent errors (this is not limited to constant errors over time, and could also apply if the error was a significant one-off error) or demonstrates inadequate practice – eg lack of skill or knowledge, inadequate understanding of concepts and procedures, or poor judgement (District Health Boards New Zealand Future Workforce, 2010). Competence management should assist the nurse address identified problems (Duncan, 2007). Managing competency issues must also avoid blame. There are many reasons a nurse may not be performing to an expected level of competency and an effective competence management process will facilitate a nurse to achieve competency without assigning blame. Competence management must be fair, consistent and transparent.

There is a risk that implementing competence management may be construed as bullying or harassment and there is the potential for implementation to result in conflict between nurse and manager. However, when managed well, effective competence management can be a rewarding experience for both. There are a number of approaches that can facilitate good individual competence management and ensure the process is safe for all participants. The earlier individual competence management strategies are implemented, the better.

A review of existing performance management strategies and performance appraisal/nursing development plans should also occur when a nurse requires individual competence management. Competency issues should be identified and addressed as part of the performance management and performance appraisal/nurse development plan – where a nurse progresses to individual competence management, it is likely there has been some failure in the existing system of performance management, eg ineffective mentoring or preceptoring. Identification of why a nurse has not met competency requirements is important and will assist in preventing further competence issues in the future.

## Strategies for good competence management

### Preceptorship, mentoring, coaching and clinical supervision

*Preceptorship:* Preceptorship occurs when an educational relationship forms between an experienced and skilled practitioner (the preceptor) and a learner (may be a student or qualified practitioner with learning needs – known as the preceptee). The preceptor provides knowledge, skills, support and encouragement to the preceptee, in order to facilitate the development of the preceptee's nursing skills (Happell, 2009). Appropriate use of trained preceptors stimulates nurses' critical thinking skills (Forneris & Peden-McAlpine, 2009) and is most successful when preceptor and preceptee are rostered on the same shifts, have workloads that enable the preceptor relationship to be formed and maintained, and enable time away from the clinical environment to undertake reflection and teaching (Adlam, Dotchin & Haywards, 2009).

Establishing a preceptor – preceptee relationship between the nurse needing a competence management plan and a skilled and experienced preceptor should be one of the first steps in supporting a nurse to meet competence requirements. Compatibility between preceptee and preceptor is important and both should feel the relationship will be a productive one. Reviewing the preceptee-preceptor relationship at regular interviews should be part of the performance plan.

*Mentoring:* Mentoring involves an experienced person sharing their knowledge and experience with someone less experienced. A mentor will use their own experience to guide a mentee in a specific area of industry or career development (Williams, 2009). Mentors provide support, direction and an objective view on how a mentee can develop and progress in their working environment (National Health Service [NHS], n.d.). The mentor serves as a role model, may provide useful introductions and networking opportunities, may help the mentee navigate the culture, politics and unwritten rules of an organisation, and may advocate on behalf of the mentee (Williams, 2009). Mentorship may occur within a structured setting but can often be informal. Nurses needing support to meet competency requirements may benefit significantly from a mentorship relationship with a trusted colleague, however this is likely to be a different relationship to a formal preceptorship relationship. A formal preceptorship relationship may develop into an informal mentorship relationship once the nurse no longer requires preceptorship.

*Coaching:* Coaching helps individuals improve their performance and skills and tends to be shorter term than mentoring. Coaching is task or project focused, with the nurse manager coaching a member of staff towards achieving a specific outcome (<http://connectingforhealth.nhs.uk/systemsandservices/capability/phi/personal/learningweb/personal/mentoring>). There are a range of different coaching styles a nurse manager may use with a nurse requiring support to meet competency requirements. The following table outlines some of these:

_Style	Approach
Checklist	Coach gives guidance on what the nurse needs to do to improve their performance. The nurse is accountable for achieving the agreed actions.
Skill/will matrix	Based on original work by Paul Hershey and Ken Blanchard. Skill is the experience, training and understanding of the nurse and will refers to their motivation, confidence or desire to do it. The manager is guided on the best approach to take with the nurse by using the matrix.
GROW	A model sequence to follow when coaching: Goal – the questions the manager asks to establish short – medium and long-term aims;  Reality – exploring the current situation

	<p>and discussing obstacles; Options – where possible solutions are explored; What – is to be done next? Where coach and coached agree to the action and make a commitment to following through with it. The GROW model is based on work by John Whitmore.</p>
Co-active	<p>Based on the belief that the nurse has the answers and the coach facilitates the nurse finding these (Williams, 2009).</p>

Adapted from: <http://www.connectingforhealth.nhs.uk/systemsandservices/capability/phi/personal/learningweb/personal/mentoring>

*Professional and clinical supervision:* Professional and clinical supervision is a practice-focused professional relationship that enables reflection on practice with the support of a skilled and qualified supervisor (New Zealand Nurses Organisation [NZNO], 2008). Professional and clinical supervision facilitate professional growth by allowing safe and supported exploration of clinical practice. The benefits of undertaking professional and clinical supervision are well-recognised within mental health, palliative care, Plunket and public health nursing and other professional groups where supervision is consistently practised (NZNO, 2008).

NZNO believes professional and clinical supervision is essential for *all* nurses and midwives. Implementing a structured professional and clinical supervision programme in the workplace is likely to assist in the identification and mitigation of practice competency issues for all nurses and midwives. The implementation of professional and clinical supervision is a preventative strategy that will reduce the risk of competency issues in the workplace. All nurse managers need to consider effective means of establishing such a programme in their workplaces.

## Principles of Teaching and Learning

One of the principle themes emerging from adult learning theory and research in the clinical setting is that successful clinical teachers establish effective relationships with learners by acknowledging their strengths, assessing their needs and valuing them as colleagues (Beckman & Lee, 2009).

Implementing effective competence management or coaching with a nurse needing to develop competency must be based around the principles of adult learning. Knowles' fundamental principles of adult learning tell us that adult learners prefer autonomous, self-directed learning, use their previous experiences as a rich source of learning, are goal oriented, practical, need to be shown respect, and need to understand that the material they are learning is immediately relevant and useful (Taylor, Lillis & LeMone, 2005). Within Knowles' model, teaching is student-centred and there is a collaborative relationship between student and teacher – power distribution between student and teacher is horizontal – and teaching styles are facilitative (Bolden, 2008).

To be effective, competence management or coaching must draw from principles of adult learning (Elisha, 2008) and must also be planned and carried out in a manner that

fits with the culture and characteristics of the work setting (Friedman, et al., 2009). Beckman and Lee (2009) suggest establishing a positive learning climate, asking effective and appropriate questions, and giving constructive feedback, interactive, timely, appropriate for the level of the learner and empathetic, are key to ensuring a positive learning experience for the adult learner. Evaluating the learning outcomes in collaboration with the nurse is also an important part of the process.

Assessing the nurse's learning style and developing resources and approaches to teaching and learning that are appropriate to the identified style are important. Nurse managers and educators may have very different learning styles from the nurse they are precepting or coaching, and unless the needs of the nurse are assessed, little or ineffectual learning may be the result.

Consideration must be given to reducing the current workload of the nurse while requirements for additional learning and undertaking specified actions to demonstrate outcomes are in place. Alternatively, scheduled time away from usual work may achieve this. Completing competency requirements must be achievable for the nurse and placing additional learning criteria on top of existing workload will disadvantage the nurse significantly, and undermine processes designed to support the nurse achieve competency.

## Coaching and Performance Plans

Coaching plans (also known as performance improvement plans, performance management plans or performance plans) are designed to facilitate constructive discussion between the nurse and their manager and to clarify the issues that are to be addressed. The plan is developed collaboratively with nurse and manager and is designed to help the nurse attain the desired level of competency.

The coaching plan differs from the professional development and recognition programme (PDRP) that the nurse may be participating in, in terms of the detail included in the coaching plan. The format and the expectations associated with the coaching plan should enable the nurse and their manager to communicate with a higher degree of clarity about specific expectations.

Coaching plans should:

- focus on supporting the nurse, not on disciplinary measures;
- set fair, reasonable and achievable goals for the nurse that are clear and well-explained;
- follow workplace policies;
- ensure a reasonable and agreed timeframe for achieving improvements;
- ensure training, mentoring and supervision is provided to the nurse;
- be collaborative – ensuring the nurse is involved in developing the coaching plan;
- be fair and ensure impartial assessment of the nurse's performance;
- ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound; and
- ensure subjective performance criteria have clear descriptions and examples of the type of behaviour expected and can therefore be assessed fairly.

*(Duncan, 2007; Boyte, 2005)*

Any coaching plan that seeks to address nursing competencies should be based around the Nursing Council's specific competencies for the scope of practice of the nurse (Nursing Council of New Zealand, 2010a; 2009; 2008b). There are numerous formats that can be used and a coaching plan template designed as an example of the

type of content that should be included in the plan can be found in Appendix 1. This template is based on one developed by Bev McClelland (nurse leader professional development) at the Counties Manukau District Health Board. The nurse manager will need to modify any template to ensure information relevant to the individual nurse and the organisation is present in the plan.

## Practice Competency

Evidence of safety to practise occurs when a registered or enrolled nurse or nurse practitioner meets the competencies required by the Nursing Council (Nursing Council of New Zealand, 2010a; 2009; 2008b). Competence assessment is used by the Nursing Council to ensure both initial and continuing competence to practise. The following people may be assessed for competence:

- student nurses on completion of a New Zealand-based nursing programme;
  - overseas nurses seeking to practise in New Zealand who have completed a competency assessment programme;
  - nurses who wish to return to the workforce after five or more years away and who have completed a competency assessment programme;
  - nurses who hold a practising certificate but do not meet continuing competency requirements;
  - nurses who are selected for individual audit of their competence;
  - nurses required to demonstrate competence under a competence review process; and
  - nurse practitioners chosen for re-certification audit.
- (Nursing Council of New Zealand, 2010b)

The Nursing Council has recently released a guideline for competence assessment, designed to guide nurses through the competency assessment process (Nursing Council of New Zealand, 2011). Its purpose is to guide people assessing the competence of nurses and to guide the nurse being assessed. The guideline, along with the Nursing Council booklet *The Competence Review Process* (Nursing Council, 2008a), should be referred to by any nurse involved in a Nursing Council competence assessment process. District Health Boards New Zealand Future Workforce has developed guidelines to assist those working in DHBs to make decisions regarding competency referral (District Health Boards New Zealand Future Workforce, 2010) that may be of assistance. Competence to practise is not limited to Nursing Council processes however, and effective performance appraisal processes will identify nurses needing assistance to meet competence requirements prior to initiation of any Nursing Council processes.

## NZNO

NZNO recommends any member involved in a competence review process seek guidance from their workplace delegate in the first instance. The delegate will be able to provide support and advice on whether further assistance from NZNO's professional or industrial team is required.

All literature referred to in this guideline is available from the NZNO library:  
[library@nzno.org.nz](mailto:library@nzno.org.nz)

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**Mission statement**

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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## Appendix 1: Coaching Plan Template

(Based on a template developed by Bev McClelland at Counties Manukau DHB)

**Employee Name:**

**Title:**

**Department:**

**Coaching plan effective from:**

**Dates to review progress by the nurse and manager:**

**Support for achieving the outcomes listed in the plan will be provided by the following people:**

<b>Name:</b>	<b>Position:</b>	<b>Dates and Times for formal meetings;</b>
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Practice Concern	Domain 1 Professional Responsibility	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.

Practice Concern	Domain 2 Professional Responsibility	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.

Practice Concern	Domain 3 Professional Responsibility	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.

Practice Concern	Domain 4 Professional Responsibility	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.