College of Emergency Nurses New Zealand
Ngā Ringa Ringa Aroha NZNO

Knowledge & Skills Framework

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Thank you for your contribution;

Kathy Stoddart – Editor

Sean & Grace McGarry – Graphic Design

Anna Mowat – Graphic Design (infographic)

Abbreviations

ACC	Accident Compensation Corporation
ACEM	Australasian College of Emergency Medicine
ACEN	Australian College of Emergency Nurses
ATS	Australasian Triage Scale
CENNZ	College of Emergency Nurses New Zealand
CENNZ K&S	College of Emergency Nurses New Zealand Knowledge and Skills Framework
CIMS	Coordinated incident management system
EAS	Emergency ambulance service
ECCT	Emergency care coordination team
ED	Emergency department
EWS	Early warning score
HAZMAT	Hazardous materials
HDC	Health and Disability Commissioner
HPCAA	Health Practitioners Competence Assurance Act
ISBAR	Identify, situation, background, assessment, request
KSF	Knowledge and Skills Framework
MDT	Multidisciplinary team
MECA	Multi-employer collective agreement
MERSV	Middle Eastern Respiratory Syndrome Virus
MOH	Ministry of Health
NASO	National Ambulance Sector Office
NCNZ	Nursing Council New Zealand
NZNO	New Zealand Nurses Organisation
NP	Nurse practitioner
PDRP	Professional development recognition programme
PPE	Personal protective equipment
RN	Registered nurse
SARS	Sudden acute respiratory syndrome
WFA	Wellington Free Ambulance

Glossary of terms

Awhi

Provide care.

Ceiling of care

The concept of determining a limit to the amount or type of care/intervention to be provided in certain circumstances; this is typically associated with the concept of advanced care planning and the decision of an individual to pre-determine the range and limits of treatment options.

Clinical decision-making / clinical reasoning

The cognitive process by which emergency nurses understand the significance of patient data to identify positive patient outcomes. Diagnostic reasoning, from a nursing perspective, can be defined as "the cognitive process involving data collection, identification of diagnoses and problems, and the formulation of an action plan" (Pirret, 2013). It involves both intuitive and analytic processes.

Clinical pathways

Clinical pathways are standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a patient group. Also known as care pathways, clinical care pathways and critical pathways.

Coordinated incident management system (CIMS)

CIMS is a framework of consistent principles, structures, functions, processes and terminology that can be applied where there are multiple responding agencies. It is a generic framework designed to be adapted to specific situations, with core elements that offer consistency. Training is provided at a number of levels, through a modular system.

Clinical practice guidelines

Systematically developed, evidence-based statements to assist in decisions about appropriate health care in specific clinical circumstances.

Critical thinking

Critical thinking in nursing reflects the commitment to evidence-based practice, professional accountability and provision of quality care. One definition is that critical thinkers have:

"… confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection … the cognitive skills of analysing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge". (Scheffer & Rubenfield, 2000, p. 357).

Cultural Risk

Cultural risk in nursing occurs when people from one culture believe they are demeaned and disempowered by the actions and delivery systems of people from another culture". (Ramsden & Spoonley 1994, p.163)

Cultural Safety

The effective nursing practice of a person or family from another culture, which is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual (NCNZ, 2011).

Glossary

Differential diagnoses

The processes of determining relative likelihood of a particular disease or condition, from a range of possibilities that present with similar clinical features.

Experiential learning

A process where the learner is actively involved in the learning; learning as a result of experience; often associated with learning through reflection on the activity.

Health inequity

A difference in the distribution or allocation of a health resource and in the resulting health outcomes due to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion.

Health inequality

Differences in health status between population groups.

Health literacy

The ability to obtain, process, and understand basic health information and services in order to make appropriate health decisions.

He Korowai Oranga

As New Zealand's Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori.

Holistic care

Patient care that incorporates the physical, emotional, social, economic, and spiritual needs of an individual, as well as their response to illness, and the impact of the illness on their life

Knowledge synthesis

The drawing together of various forms of knowledge; the analysis and combining of evidence derived from research to inform clinical practice.

Kawa Whakaruruhau

This model involves the delivery of culturally safe care, where culture extends beyond ethnic groups to include age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The focus is on understanding oneself as a cultural bearer; the historical, social and political influences on health; and the development of relationships that engender trust and respect.

It also incorporates integration of the Treaty of Waitangi and its principles in the contexts of Aotearoa/New Zealand and nursing practice, and its practical application in nursing. Links need to be made between the Treaty of Waitangi and cultural safety.

Mahi

(verb) To work, do, perform, accomplish. (noun) Work, job, practice, activity.

Manaakitanga

Show kindness and hospitality during care to patient and whānau.

Mana motuhake

Māori self-determination.

Mana whakahaere

Stewardship over the health and disability system.

Mana tangata

Achieving equity in health and disability outcomes and mana Māori.

Ritenga Māori

Enabling Māori customary rituals, framed by te ao Māori (the Māori world).

Tikanga

Māori philosophy and customary practices.

Matauranga

Māori knowledge.

Glossary

Moral distress

The conflict or dilemma experienced by a nurse where they are unable to provide the care they want, at the standard they believe appropriate, or where they feel they are unable to do the "right thing" in a professional situation. This is typically a result of a conflict between personal and organisational values, or of institutional constraints.

Patient journey

The patient's passage and experience through an episode of care.

Pathophysiology

The physiology of abnormal or diseased organisms or their parts; the functional changes associated with a disease or syndrome

Pharmacodynamics

The study of the biochemical and physiological effects of drugs and the mechanisms of their actions, including the correlation of their actions and effects with their chemical structure.

Pharmacokinetics

The study of the movement of drugs in the body, including the processes of absorption, distribution, localisation in tissues, biotransformation and excretion.

Procedural knowledge

Knowledge of psychomotor skills or tasks, derived from a sound theory base.

Professional supervision

Clinical/professional supervision provides health professionals with regular, formal opportunities to maintain and develop best clinical and culturally effective practice, including medico/legal issues and ethical decision-making, and respective of the individual's cultural background.

Pūkengatanga

To be skilled or show expertise in Māori customs or kaupapa.

Red flags

Symptoms and warning signs that may indicate a more serious condition that requires immediate medical help.

Situational awareness

A person's awareness of their surroundings, the meaning of these surroundings, a prediction of what these surroundings will mean in the future, and then using this information to act. It is a key element in decision-making.

Skill

The ability, coming from one's knowledge, practice, aptitude, etc, to do something well; not professionally meaningful as an isolated task; should not be seen as separate from knowledge and judgment.

Tacit knowledge

Tacit knowledge forms the basis for human judgment and decision-making; it is acquired through experience or practice, is "preconscious" and built on a background of other knowledge and theoretical frameworks. It is sometimes described as intuitive knowledge or "know-how".

Tangata whenua

Local people, hosts, indigenous people.

Tautoko

Provide support.

Te Ara Whakapiri

Te Ara Whakapiri (pathway to develop and sustain wellbeing) is a cultural framework grounded in Māori knowledge, beliefs and principles.

Te Rautaki Manaaki Mana

This strategy is ACEM's commitment to achieving Pae Ora – excellence in emergency care for Māori patients, whānau and staff. This strategy provides practical ways for health equity to be delivered for Māori in emergency departments.

Glossary

Te Reo Māori

Te Reo Māori is the indigenous language of Aotearoa/New Zealand. It is one of three official languages of the nation. The language is central to Māori culture and identity and forms part of the heritage of our country.

Te Tiriti o Waitangi

The Treaty of Waitangi.

Tikanga

Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol – the customary system of Māori values and practices that have developed over time and are deeply embedded in the social context.

Time critical

A time framework for delivery of care to prevent morbidity or mortality.

Toxidrome

A constellation of signs and symptoms (heart rate, respiratory rate, temperature, skin colour, and pupil size) that are typically produced by particular toxins.

Tūroro

(noun) Sick person, invalid, patient. (verb) To be sick, ill, unwell.

Tuakana-teina

Elder/senior providing mentorship to younger or less experienced colleague.

Wairua

Spiritual wellbeing.

Whakawhanaungatanga

Building relationships between nurses, patients and whānau.

Whanaungatanga

Relationship, kinship, sense of connection.

### Whānau

Family and extended family.

Whānau ora

Supporting Māori families to achieve maximum health and wellbeing. Each whānau is different and has a unique set of aspirations. To achieve whānau ora, the health system will work in a way that acknowledges these aspirations and the central role whānau play, for many Māori, as a principal source of strength, support, security and identity.

Introduction

To the updated version
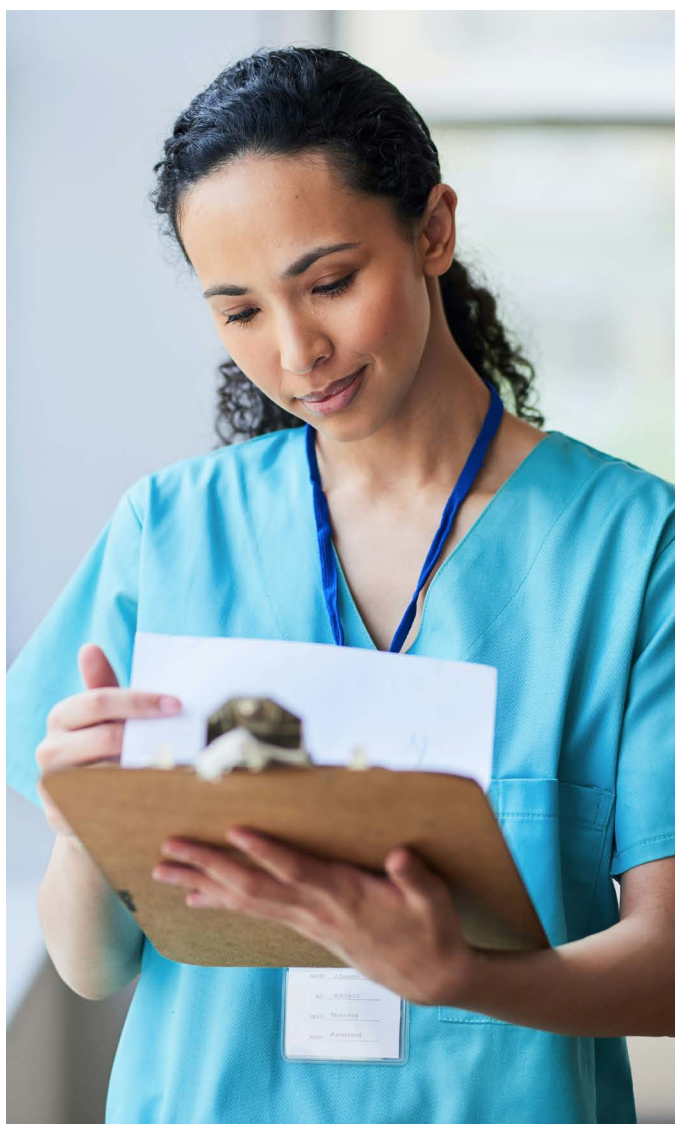
A review and formal update of the CENNZ [NZNO] 2016 Knowledge and Skills Framework was undertaken in 2023, commencing in April and completed in December 2023. The finalised amendments and addition of a "toolkit" are expected to be released to the membership in late 2025.

The update was commissioned by the CENNZ [NZNO] committee to ensure the document remains current and responsive to the emergency nursing culture and environment in Aotearoa/New Zealand. The addition of a "toolkit" of ideas, resources and scenarios was developed to further illustrate the application of the framework principles to practice. The continuing significance of a framework has been evident as part of the review process, and the opportunity to maintain and connect with developments in clinical and cultural settings are strengths of this process.

A subgroup drawn from the original working group, together with input from current members and expert advice from Te Runanga, as well as strengthening the integration of Te Tiriti o Waitangi and cultural safety as integral elements across the document, have contributed to the development of this mahi.

Membership

K&S Working Group 2023

Anne Esson

RN, Adv Dip Nursing, BA (Educ) Nurse manager, Emergency Department, Christchurch Hospital.

Shannon Gibb

RN, MN, NP, Emergency Department, Masterton Hospital.

Sally Hollis

RN, PGDip Adv Nurs, MHSc, NP, Emergency Department, Starship Child Health.

Natasha Hemopo Kemp

RN, PGDip HealthSci (Advanced Nursing), MHealthSci (Māori Health), NP intern, Emergency Department, Whakatane Hospital.

Lauren Miller

RN, MNurs, DMM, Clinical nurse educator, Emergency Department, Taranaki Hospital, College of Emergency Nurses New Zealand chairperson.

Katie Smith

RN, PGCert HealthSci (AeroRT), MN, NP (acute life span), NP (lead), Emergency Department, Palmerston North Hospital.

Dr Sandy Richardson

RN, Dip Tert. Teach., PGDipHealSci.,PhD., FHEA, Nurse researcher, Emergency Department, Christchurch Hospital.

Leona Robertson

RN, PGCert Clin Tchg, PGCert Emerg Nurs, MHealSci (Clinical), Nurse educator, Emergency Department, Christchurch Hospital.

Suzanne Rolls

RN, MN, Professional nursing advisor, Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation, Wellington.

Craig Jenkin

RN, PGCert Trauma and Emerg Nurs, MN, NP, Te Pae Tiaki | Emergency Department, Wellington Regional Hospital.

Section 1:

Introducing emergency nursing

1.1 Foreword

The College of Emergency Nurses (CENNZ [NZNO]) promotes excellence in emergency nursing in Aotearoa/New Zealand through the development of frameworks for clinical practice, education and research (Mission statement, CENNZ [NZNO] website). The intention of the Knowledge and Skills Framework is to provide support and guidance to all nurses who work in the specialty of emergency nursing, across the broad range of emergency nursing contexts, from community and rural-based acute health-care centres to tertiary hospital emergency departments.

Emergency nursing is an established clinical specialty and continues to develop and respond to ever-changing societal needs. It is delivered in a unique context where health needs are typically unplanned, urgent or emergent, and workplace demand is highly variable and unable to be constrained. Emergency nurses must be capable of providing high-quality care within a dynamic and complex environment (CENNZ NZNO, 2011).

Emergency care is often the gateway to the health system, and as such the need for culturally responsive, equitable and ethical service is paramount.

Emergency nurses need to examine how their own preconceptions and biases may hinder the delivery of safe and effective care. The need to support emergency nurses to be culturally, socially and ethically aware and to have the confidence and competence to manage the range of challenging situations they face underpins the development of this framework. This includes the importance of understanding and recognising social inequities and issues of access, and the disparity in health outcomes that are identified as impacting tangata whenua.

While the framework is necessarily generic to accommodate the breadth and diversity of emergency nursing, it presents a scaffold on which to build and individualise the needs of the profession.

It is not intended to be a highly prescriptive document, with a list of required skills, pre-requisites or outputs. Rather, the intention is to offer a guide for individual nurses and service leaders to formulate professional development and guide education and service requirements. The framework may also inform sub-specialty best-practice guidelines.

Improving patient outcomes and the patient and whānau experience of care is a core goal of emergency nursing. The development of a knowledge and skills framework provides a tool to help achieve this, strengthening nurses' capacity and understanding as well as heightening awareness of areas for further improvement.

1.2 Acknowledgements

The College of Emergency Nurses acknowledges the contribution of the Knowledge and Skills Framework inaugural working group (see Appendix 1) , the review group, the wider CENNZ membership, NZNO and individuals who provided input into the development of the framework.

1.3 Development and consultation

Development of the framework began in 2013 and, following extensive consultation with key stakeholders and members, was initially published in 2016. A formal review was undertaken in 2023 with re-publication scheduled for 2025. The review process has included the opportunity to strengthen connections with Te Tiriti o Waitangi, Kawa Whakaruruhau and cultural safety, and initiate the Toolkit collection of exemplars and resources for use in connection with the framework. (See Appendix 2 for the development timeline and list of key stakeholders.)

Section 1: Introducing emergency nursing

1.4 Background

This section presents the history and context of emergency nursing. An initial introduction briefly summarises the concept of emergency nursing and emergency care. It then considers specific contextual issues for Aotearoa/New Zealand – the role and influence of Te Tiriti o Waitangi, and nursing responses to this; the regulatory and legislative frameworks for nursing; and the development of international emergency nursing. Following this is an outline of the establishment of emergency nursing in Aotearoa/New Zealand, and its current position in relation to workforce and professional development. The final section is a more in-depth look at what it means to be an emergency nurse – the definition and description drawing on national and international perspectives.

1.4.1 Introduction

Emergency nurses in Aotearoa/New Zealand provide acute and emergent care to patients, families/whānau and communities through a range of clinical settings. This includes community-based acute health-care centres, rural health-care facilities and hospital emergency departments. Emergency nursing is delivered in a unique context where health needs are typically unplanned, urgent or emergent, and workplace demand is highly variable and unable to be constrained. In this environment, health care and human resources are often limited, so responding to this fluctuating demand requires an innovative and flexible approach (Ardagh & Drew, 2015; ACEM 2014). Emergency nurses must be capable of providing high-quality care in a dynamic and complex environment (CENNZ NZNO, 2011; Jones et al, 2015 ; CENNZ NZNO, 2022). Emergency care is a specialised function within the Aotearoa/New Zealand health and disability system. These services act as the interface between community acute health needs and hospital or secondary services. Knowledge drawn from various sub-specialities formulates a unique specialist skill set, which, in combination with the core values of emergency nursing, supports the provision and delivery of safe, quality care. Key principles for the provision of emergency nursing care include ensuring that services are accessible, equitable and delivered in a manner that is safe, adaptable and responsive to the needs of individual tūroro / patients.

1.4.2 Te Tiriti o Waitangi and emergency nursing

The Treaty of Waitangi/Te Tiriti o Waitangi underpins Aotearoa/New Zealand's constitution, with the principles of partnership/pātuitanga, protection/whakamarumarutia and participation/self-determination/tino rangatiratanga (the "three Ps") long identified as key tenets.

Following the findings of the first stage of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), the Waitangi Tribunal found that the Crown had breached the Treaty of Waitangi "by failing to design and administer the current primary health care system to actively address persistent Māori health inequities and by failing to give effect to the Treaty's guarantee of tino rangatiratanga (autonomy, self-determination, sovereignty, self-government)" (Waitangi Tribunal Report, 2023). The tribunal also found that relying simply on the "three Ps" approach to interpreting the treaty was outdated and unreliable. They recommended the adoption of a more specific articulation of the commitment to treaty adherence, with a focus on tino rangatiratanga and mana motuhake (Māori self-determination); the principle of equity; the principle of active protection; the principle of options; and the principle of partnership. As a result, a revisiting of the expression of the principles in health care has occurred. These are further defined and embedded in the policies for health care and nursing set out by the Ministry of Health (MoH), the Nursing Council (NCNZ) and the New Zealand Nurses Organisation (NZNO).

The Ministry of Health's focus, through the health and disability system and the vision expressed in He Korowai Oranga: The Māori Health Strategy (2002), was to developing Pae Ora – Healthy Futures for Māori (MoH, 2015b; MoH, 2020a). Since 2002, He Korowai Oranga: The Māori Health Strategy has set the direction for the Government and the health and disability sector to improve health outcomes for Māori. This strategy has been adapted and refreshed over successive years. Since 2023, the Māori Health Strategy in use is Whakamaua 2019-2025. This strategy, which aligns with the 2022 transfer of the public health service from district health boards to Te Whatu Ora – Health New Zealand. Whakamaua includes the Pae Ora – Healthy Futures Strategy. This model outlines the values of mauri ora, whanau ora and wai ora. In June 2022, this model was legislated in the Pae Ora (Healthy Futures) Act. The MoH has identified four overall goals: mana whakahaere – stewardship over the health and disability system; mana motuhake – Māori self-determination; mana tangata – achieving equity in health and disability outcomes and mana Māori – enabling ritenga Māori (Māori customary rituals), framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge). To achieve these goals, the updated treaty principles, as suggested in the report Hauora (Waitangi Tribunal 2019), have been adopted.

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1.4.3 Emergency nursing responses

CENNZ[NZNO] works within the standards set by the regulatory authorities and the professional guidance and leadership of the New Zealand Nurses Organisation – Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO). The NCNZ and NZNO both offer supportive frameworks for integrating Te Tiriti o Waitangi into nursing, and NZNO provides a clear professional strategy including the need to actualise Te Tiriti within and across the health system. They also address the need for more Māori and Pasifica nurses (NCNZ, 2020a; NZNO Strategic Plan 2023-2025).

In its Improving Responsiveness to Māori Action Plan (NCNZ, 2020a) and Te Tiriti o Waitangi Policy Statement (NCNZ, 2020b), the Nursing Council identifies its goals for implementing Treaty obligations, which align with those identified by the MoH. There are three aspirational goals, the first being Mana Māori, which involves the authority to lead and enable health-care actions. The second goal is Mana motuhake, the ability to be independent, autonomous and exercise self-determination. The final goal is Mana tangata, the capacity to achieve equity in health and disability outcomes for Māori across the life course.

The College of Emergency Nurses Knowledge and Skills framework (CENNZ[NZNO] K&S) includes Responsiveness to Māori as a key aspect, identifying crucial knowledge and skills for emergency nursing. Recognition of the presence of institutional and, at times, personal bias is important. Emergency nurses need to acknowledge and address the issues which create barriers to access, and that discourage individuals, family/whānau and communities from engaging with the health system. Inequities in Māori health are evident, despite continuing efforts to address these. Emergency nurses require an understanding of the underlying factors and how these disparities continue to influence acute health-care needs (MoH, 2014; MoH, 2015; MoH, 2015a; MoH, 2020). The importance of addressing health-care inequities and disparity from an emergency nursing perspective is acknowledged by emergency nursing internationally (Castner, 2021).

We need to identify ways of building the Māori workforce in emergency nursing, and of creating culturally safe work spaces. Nursing Council workforce data for 2018/19 showed a total of 3358 RNs working in emergency and trauma practice. Of these, only 283 identified as NZ Māori (8.4%) and 88 as Pacific peoples (2.6%). The majority of Māori RNs are working for Māori health providers (61%), they are more likely to work rurally, and to practise in areas such as youth health, primary health and mental health.

Fifty-five percent of the Māori nursing workforce are in the upper North Island, with only 17% in the South Island regions (NCNZ, 2019). In the 2018/19 workforce data, there were 459 nurse practitioners (NPs) registered in New Zealand, in the 2018/19 workforce data, of the then 365 NPs recorded, 54 were identified as having practice areas in emergency/trauma, with only two of who identified as being of Māori ethnicity (3.7%). As of September 2023, there were 699 NPs registered on the Nursing Council website, but details of place of primary employment were not available. A review of the CENNZ[NZNO] workforce repository, which reports staffing data for those EDs willing to provide this, showed the 2020 data identified only 22.5 funded full-time equivalent NP positions in EDs.

While improved Māori nursing recruitment, retention and provision of role models is needed at all levels of the emergency nursing workforce, positive moves are occurring. CENNZ[NZNO] has increased its focus on Māori health, to improve care for Māori in EDs and to support the Māori nursing workforce. This includes addressing workforce inequity and working to improve the wairuatanga, the spiritual and cultural environment, in emergency care. CENNZ has developed a Māori health strategy, Te Pae Tawhiti, to provide direction to the college and the emergency nursing workforce on how to achieve these goals. It also aims to remove health-care inequities in EDs and support future growth and development of the Maori emergency nursing workforce (Hemopo, 2025).

1.4.4 Te Rautaki Manaaki Mana Strategy

Nursing has a strong focus on Kawa Whakaruruhau and cultural safety, which are embedded in the nursing competency standards. These concepts are now widely disseminated in health care. In 2019, the Australasian College of Emergency Medicine introduced Te Rautaki Manaaki Mana Strategy, which draws on the vision of Aotearoa/New Zealand EDs embodying Pae Ora and providing "culturally safe care to Māori, in an environment where Māori patients, whānau and staff feel valued, and where leaders actively seek to eliminate inequities" (ACEM, 2022 p.4).

The strategy is based on seven core values:

- **Manaakitanga:** Providing care in a mana-enhancing manner. Examples include ensuring that whānau and staff feel welcomed, names are pronounced correctly, people are seen and heard without prejudice, and are treated with kindness, dignity and respect.

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- **Whakamarama:** Ensuring that patient autonomy and tino rangatiratanga/self-determination are maintained, empowering patients and whānau to be fully involved in health-care decisions. Emphasis is placed on clear communication that validates lived experience, recognising the role of mātauranga Māori and te ao Māori models of health and wellbeing.

- **Whanaungatanga:** Building relationships and meaningful connections with patients and whānau, recognising that the individual is part of a larger group, and recognising the value of the collective.

- **Tika me te Pono:** This means "Doing the right thing", which can be interpreted as being a genuine and sincere advocate, not only for whānau seeking emergency care, but also in the wider context of health care and society. Examples include upholding Te Tiriti o Waitangi, learning the skills of anti-racism and committing to dismantling and eliminating racism.

- **Wairua:** This relates to caring in a way that recognises the importance of wairua, the immortal spirit or soul of a person. It acknowledges that healing extends beyond the physical and that there is a spiritual aspect to wellbeing.

- **Aroha:** This encompasses compassion, kindness, empathy, caring and affection. It is the absence of ego.

- **Kaitiakitanga:** This acknowledges the role of health-care workers as healers and guardians of the wellbeing of those in our care, and recognises that we are part of the natural world, interconnected with all things. It includes recognition of the natural world and its role in healing and wellbeing, the need to care for Papatūānuku, the Earth, and Ranginui, the sky, to limit global warming and to create sustainable solutions to the provision of health care (ACEM, 2022 p.5).

1.4.5 Legal and professional frameworks

Nurses in Aotearoa/New Zealand practise within legislative requirements including the Health Practitioners Competence Assurance Act (HPCAA) 2003. The Nursing Council (NCNZ) is the regulatory authority responsible for administrating registration, fitness to practise, scopes of practice and competency assessments.

The CENNZ NZNO K&S framework currently focuses on two scopes of practice, those of the registered nurse (RN) and the nurse practitioner (NP) (NCNZ, 2016, NCNZ 2017). Within these scopes of practice, RNs and NPs are expected to have a relationship of collaboration and partnership with enrolled nurses (ENs), and of direction and delegation with unregulated health-care workers (who have various titles in different workplaces).

Some employers provide Professional Development Recognition Programmes (PDRPs) which may be endorsed by the Nursing Council and which have some alignment with the K&S framework. However, there are regional differences across PDRPs.

The Nursing Council domains of competence and local PDRPs both provide frameworks for practice and development; they are intended to provide the generic baseline necessary for safe and professional practice and are not designed to provide specialty knowledge or skills. As such, they present a basis (NCNZ) and a complementary process (PDRP) which can be used alongside the explicit progression towards attainment of the specialist skills and knowledge required for emergency nurses to deliver quality care.

1.5 Emergency nursing: History and professional growth

"Emergency nursing occurs within a range of environments, and is characterised by the urgent, emergent or unscheduled nature of a presentation. Delivery of care is provided for individuals with diverse health conditions, occurring across the lifespan and typically involves undifferentiated injury / illness. In order to provide this acute and episodic care, emergency nurses require a unique combination of specific knowledge, skills, behaviour and attitudes." (College of Emergency Nurses K&S Framework Working Group 2016).

1.5.1 Establishment of professional bodies

Emergency nursing is recognised internationally as a distinct and defined specialist area within nursing, with its own knowledge base and skill sets. A clear historical record traces the advance of emergency nursing (Consedine et al., 2018; Crouch & Dawood, 2018; Theobald et al., 2021). Internationally, professional emergency nursing organisations began to emerge from the 1970s onwards, with the United States (US), the United Kingdom (UK) and Australia providing inspiration to New Zealand.

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The UK had long had casualty departments as a general area for patients with conditions such as lacerations, head injuries and fractures – more often surgical than medical – but with limited structure or senior medical involvement. A series of reports starting in the early 1960s called to reorganise and potentially re-designate these areas as "accident and emergency", but it wasn't until 1972 that the first 32 Consultants in A&E were appointed (Bache, 2005).

Our close geographical proximity with Australia has seen strong professional and clinical links established. Professional emergency nursing organisations in Australasia (Australia and Aotearoa/New Zealand) were established in the 1980s and '90s as nursing in these countries developed greater independence and specialisation on a national level. The Australian College of Emergency Nursing (ACEN) was set up in 1983, and the College of Emergency Nursing Australasia (CENA) formed in 2002 as an amalgamation of the individual state Emergency Nursing Associations of New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia.

In July 1981, the Australian Society for Emergency Medicine was formed – the first Australian national organisation for emergency medicine – and in 1983 the Australasian College of Emergency Medicine (ACEM) was established.

1.5.2 Establishment of emergency nursing in Aotearoa/ New Zealand

In 1991, a group of Waikato emergency nurses invited other North Island nurses working in emergency care to a study day to focus on their specialty. From this initial meeting, an emergency nursing special interest section was identified as the "next step". The Emergency Nurses Section (NZNO Inc) was established in 1993, following an emergency nursing conference at Waikato University, hosted by nurses from the Waikato emergency department. Nationwide membership was established, regional study days and conferences undertaken, and access to internationally recognised and credentialled courses facilitated, including the certified emergency nurse exam, the trauma nursing core course and the emergency nursing paediatric course. The section also developed and offered in 1997 the first of its national triage courses, which have continued ever since as a recognised core educational opportunity for emergency nurses in this country (Stebbeings, 2021).

The section's national committee worked steadily to meet the criteria and outcomes needed for recognition by NZNO as a college. In 2001, at the the 10th Emergency Nurses Section of NZNO Conference in Hamilton, the College of Emergency Nurses New Zealand NZNO (CENNZ[NZNO]) was officially announced.

The purpose of establishing colleges within NZNO is to enable their members to advance professionally in their specialty. Once college status has been achieved, it is expected the group will act in a politically, clinically and socially influential way, providing expert advice in the health sector, to the Government and other organisations. As part of this professional agenda, the work of the K&S framework sits alongside CENNZ[NZNO] work developing position statements, contributing to professional standards and consultations. The college's ongoing advocacy and contribution to the health system also includes submissions on government legislation, work on advisory boards, and assessment of new developments in the health sector to identify the implications for emergency nurses and the patients/family/whānau they care for.

The benefits of forming the college include:

- Providing a vehicle by which expert knowledge and advice relating to emergency nursing is provided to the Ministry of Health and other government departments, national bodies, and international organisations.

- Participating in the development of evidence-based guidelines, policy and position statements, and advancing practice through policy and professional development opportunities and networks. (See appendix 3 for a representive list of CENNZ[NZNO] engagement and representation).

1.5.3 Workforce and professional development

Alongside the establishment of emergency nursing professional bodies has been the development of formal education in the specialty, with opportunities to establish specific knowledge and skill sets relevant to the new discipline. There are a range of graduate and postgraduate specialty papers and qualifications available, leading to certificate, diploma, master or doctoral degrees. For those who do not wish to formalise their education to this degree, there are internationally recognised courses leading to transferable credentials in emergency, trauma and resuscitation specialty knowledge and skills.

As specialised education and professional representation developed for emergency nurses, it was supported by the introduction of specialty peerreviewed journals, and the publication of emergency nursing research. This has resulted in a clearly defined body of emergency nursing knowledge, which increases ED nurses' accountability, facilitates improvements in emergency nursing practice and further validates the scope of emergency nursing. This has been accompanied by the establishment of new roles and sub-specialisation.

Section 1: Introducing emergency nursing

There is both a national and international demand for emergency nurses and the specialty service they provide. Nursing Council workforce statistics show an increase from 966 RNs in emergency nursing in 2000 to 3358 in 2018/9 (NCNZ, nd) and Immigration NZ often includes emergency nurses on the "green list" (skilled occupations which are on a fast pathway to citizenship, as in 2023).

Safe staffing and the need to ensure effective and efficient management of human resources have become increasingly critical aspects of emergency nursing. The impact of changing patterns of workload flow, along with constrained material, economic and structural resources, has a negative effect on the ability of emergency nurses to provide safe and compassionate care. CENNZ[NZNO] is clear in its position of advocating for policies and processes that allow nurses to formulate appropriate staffing plans specific to each emergency department (CENNZ, 2022). While emergency nurses advocate for safe staffing and the importance of using tools to show evidence of the need for additional staff, the college emphasises that providing sufficient staff is the responsibility of employers.

1.6 Defining emergency nursing

1.6.1 Physical environment

Many factors combine to identify the specialty of emergency nursing as a defined practice area. These factors are variable and dynamic, reflecting the nature of urgent and emergent nursing care. The physical locations in which practice occurs may be geographically diverse, including both urban and rural settings, with varying levels of isolation and access to resources.

Physical environments range from stand-alone clinics to units based within hospitals or other health-care facilities. There are also other community-based services providing rural and primary "emergency" health care. Additional sub-specialty elements have developed in emergency care both internationally and in Aotearoa/New Zealand. Some of these are linked to population groups or specific types of presentations, for example minor-injury units (Wilson & Devkota, 2018), paediatric emergency departments (Janhunen, Kankkunen & Kvist, 2020), trauma centres (Sawyer, Kool & Hamil, 2021), and geriatric emergency departments (Southerland et al., 2020). Australasian emergency care has been influenced by the countries' geography, the type of hospital (its designated level/function) and health system expectations. Designations such as urban and rural, remote and very remote, alongside distinctions such as tertiary, secondary and sub-acute, have implications in terms of resources, staffing and access to supporting services.

Examples of emergency nurse practice settings

- Emergency departments
- Emergency treatment areas
- Urgent care clinics
- After hours clinics
- Community health clinics
- Military services
- Māori health providers
- Pre-hospital retrieval services
- Disaster response teams

1.6.2 Undifferentiated, urgent and emergent health care needs

The unscheduled nature of patient presentations, as well as variable patient needs, create an unpredictable and changeable workload which requires good judgment and adaptability on the part of emergency nurses. They must be adept at recognising patients who are currently, or potentially, at risk of becoming significantly unwell. Most emergency care facilities are unable to close their doors to presenting patients and must continue to accommodate and reprioritise patient care, regardless of limitations posed by staffing or resources.

Caring for those in the undifferentiated phase of a health-care presentation is central to emergency nursing. There will be variance in urgency, acuity and complexity. Other expectations for staff include managing multiple ethical, cultural and medico-legal considerations. A broad knowledge base must be utilised to successfully provide care provision. Increasingly emergency nurses must not only continuously prioritise and balance the care needs of individuals and family/whānau, but also do so in environments with additional challenges in resourcing, safety and environmental risk. The need to develop flexible strategies, advocate for professional as well as patient safety, and increase awareness of staff wellbeing and resilience, continues to influence the culture of emergency nursing.

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1.6.3 Unscheduled, unpredictable and unlimited presentations

Emergency nurses require a comprehensive range of expertise to manage all/any potential conditions, across the entire lifespan. They use broad-based skills and knowledge to provide specialty care. Because there is little ability to predict workload, or the flow of people into EDs, emergency nurses need the management skills to respond to department overcrowding and problems with patient flow and staffing levels. Growing concerns about hospital crowding and backflow into EDs, the presence of "corridor patients" and "ambulance ramping", creates situations where critical thinking, the ability to continuously prioritise and balance care while maintaining a calm and reasoned approach are paramount (CENNZ NZNO 2019; HDC, 2023; Shannon & Bowles, 2022). It is not only a knowledge of policies and plans that is required, or the ability to apply these in a skilful way – effective emergency nursing is also about attitudes, values and team work.

1.6.4 Emergency nursing expertise: Triage, mass casualty and disaster response

Emergency nurses are expected to have competencies in management of mass incident/casualty and disaster and climate change scenarios, and have the capacity to respond in situations of local and national crisis. They are also required to have the knowledge and skills to manage victims and perpetrators of crime, to adhere to forensic guidelines and to manage the social and emotional circumstances that accompany these situations.

Preventative, public health initiatives are equally part of our role, alongside trauma management and resuscitation. There are opportunities for advanced practice roles in the specialty, including those based on leadership, education and research, as well as those focused on autonomous clinical practice within a collaborative, interdisciplinary model.

Specific to emergency nursing practice is the use of triage – an advanced emergency nursing assessment skill for RNs. Emergency nurses in Aotearoa/New Zealand use the Australasian Triage Scale (ATS) (ACEM, 2013a; MoH, 2023). The CENNZ triage course develops the skills of the proficient emergency nurse in making rapid assessments, selecting the appropriate ATS score using skilled questioning and clinical judgment, and in initiating early interventions. In the triage role, emergency nurses must be able to clarify and prioritise clinical urgency and the need for time-critical intervention across multiple patients (ACEM, 2013).

1.7 The purpose of an emergency nursing knowledge and skills framework

Nurses entering the emergency specialty must be guided and nurtured through a professional development process. The need for a well-educated, skilled and responsive emergency nursing workforce has been clearly demonstrated through research and role recognition (Calder et al, 2022; Ferreira et al., 2023; Theobold et al., 2021). The framework can be used to support and validate the contribution of emergency nurses in optimising the patient's care and experiences in the health system, and advocating for improvement in access to services. The CENNZ[NZNO] Knowledge & Skills Framework (KSF) can contribute to improved patient outcomes by strengthening the capacity and capability of the workforce. The following are examples of how this framework supports emergency nursing practice, promoting quality emergency care.

- Supports Te Tiriti , Kawa Whakaruruhau and culturally safe practice in emergency nursing.

- Illustrates the depth and breadth of emergency nursing specialty practice.

- Provides a nursing framework for planning educational programmes and clinical development.

- Provides a framework for nurses to prepare themselves for advanced practice roles and leadership in clinical practice, management, education and research.

- Contributes to nursing and employer awareness of the appropriate knowledge and skills required to practice in emergency nursing.

- Influences, informs and supports workforce planning and development.

- Supports advocacy for the safe matching of staff skill mix to service requirements.

- Provides guidance for developing and implementing quality improvement programmes that audit emergency nursing practice and evaluate patient outcomes.

- Strengthens the workforce's capabilities to meet the goals of various Aotearoa/New Zealand health and disability services and quality improvement initiatives, eg

    - Pae Ora (Healthy Futures Act 2022)

    - Tauaki Wakamaunga atu ACC statement of intent (2021–2025)

    - Whakamaua: Māori Health Action Plan 2020–2025

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Engages with emergency health care MoH guidelines and directives, eg

- Ministry of Health Acute Care Sector Advisory Group
- HISO 10048 Emergency Care Data Standard

1.8 Nursing scopes and levels of practice for emergency nurses

Nursing scopes of practice are underpinned by (but not limited to) the following:

- Code of conduct for Nurses (NCNZ, 2012c)
- Code of Ethics (NZNO, 2019)
- College of Emergency Nurses New Zealand standards of practice (2011–archived.)
- Health and Disability Services (Safety) Act (2001)
- Health and Safety at Work Act (2015)
- Health Practitioners Competence Assurance Act (2003)

Legislative documents include: Acts, codes, regulations and their amendments

- Medicines Act (1981)
- Misuse of Drugs Regulations (1977)
- Guidelines: Professional boundaries for nurses (NCNZ, 2012b)
- Guidelines: Social Media and Electronic communications (NCNZ 2019)
- Privacy Act (2020)
- Health Information Privacy Code (2020)
- Health and Disability Commissioner Act (1994)
- Code of Health and Disability Services Consumers' Rights (1996)
- The Vulnerable Children's Act (2014)

Nursing Council scopes of practice for nurses

Enrolled nurse

* EN scope NZNC, Jan 2025

For details, see:
https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Nursing/Enrolled%20Nurse/FAQs%20enrolled%20nurse%20scope%202025.pdf

Registered nurse

- New graduate
- Competent
- Proficient
- Expert
- Senior nurse & expanded practice roles

Nurse practioner

Mātanga tapuhi nurse practitioner scope NZNC, Sep 2023

For details, see:
https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Nurse_practitioner.aspx

Continuing education

Clinical experience, specialty courses, sub–specialty courses, postgraduate university qualification.

Figure 1: Nursing Council scopes of practice

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1.9 Progression of emergency nursing practice

The CENNZ NZNO K&S Framework uses a process adapted from Holloway, Baker and Lumby's (2009) description of the progression of specialty practice through the "all nurses, many nurses, some nurses and few nurses" continuum.

It is also mapped to the **Te Ara Whakapiri** framework, developed by Sir Mason Durie, and used here to guide emergency nurses' engagement with learning and patient interactions (Moriarty et al, 2022). This framework was originally designed to guide health professionals working with Māori youth, and is widely used within hauora services. The framework highlights three levels of engagement or learning.

They include:

- **Whakapiri,** which reflects **Engagement**. This allows trust to develop between nurses, colleagues and patients.

- **Whakamarama,** which reflects **Enlightenment**. This level indicates a stage at which the nurse's knowledge and depth is expanding to reflect enlightenment and a greater understanding of the learning and development that is occurring.

- **Whakamana,** which reflect **Empowerment** of the nurse to progress to working independently, and sharing knowledge and experience with others.

This framework also acknowledges nurses beginning their journey in emergency nursing, recognising that they come with other skills and lived experiences. Using the principles of this indigenous framework aligns with the CENNZ NZNO commitment to be more culturally responsive (Kemp, 2023).

Generic

ALL nurses refers to all/any nurse registered to practise in New Zealand and incorporates the Nursing Council RN standards of competence. There is an expectation that **ALL** nurses have a broad knowledge of health-care conditions and events.

ALL nurses (that is, any RN working in any practice area) are expected to have a general competency in aspects of emergency health response, such as recognition of the deteriorating patient and application of basic resuscitation skills (College of Emergency Nurses Knowledge and Skills Framework working group 2015b).

Emergency Nurse Specialty

ALL: Whakapiri/Engagement

ALL nurses practising in the specialty of emergency nursing must have a foundational level of knowledge, skills and understanding to enable the provision of competent care. These nurses are expected to demonstrate a range of nursing skills and integrate a foundational level of knowledge and skills in emergency care, including the need to understand the unique complexities of emergency nursing practice. Skills such as the application of critical thinking, timely response and ability to integrate multiple aspects of care in crisis situations are still developing (College of Emergency Nurses Knowledge and Skills Framework working group 2015b). In line with the CENNZ NZNO position statement on nursing graduates in emergency departments, it is acknowledged that nurses in their first year of practice will require support in the form of ongoing education, supervision and mentorship (CENNZ NZNO 2010).

Many: Whakamarama/Enlightenment

MANY nurses practising in the specialty of emergency nursing will have had the opportunity to build on and consolidate their foundational knowledge and skills through clinical experience, targeted education and further professional development. These nurses are well placed to demonstrate more focused skills, articulate a greater degree of critical understanding and rationale for actions, and be responsive to the rapidly changing nature of emergency care (College of Emergency Nurses Knowledge and Skills Framework working group 2015b).

Some: Whakamana/Empowerment

SOME nurses practising in the specialty of emergency nursing will be able to demonstrate higher level clinical decision making, based on focussed and in-depth knowledge and skills acquisition in a context of consolidated experiential learning. There is an expectation of highly developed surveillance skills, integration of advancing knowledge and professional development, allowing for a comprehensive, holistic approach to the patient journey (College of Emergency Nurses Knowledge and Skills Framework working group, 2015b).

Few: Whakamana/Empowerment

FEW nurses will be positioned to provide additional expanded or advanced practice, evident through the delivery of care in a co-ordinated, managed way. These nurses can critically interpret and integrate the nursing contribution in both the clinical and non-clinical setting. Nurses involved in direct patient care provide responsive and autonomous care while working collaboratively across a range of settings. Nurses at this level may specialise further into management, education, research and associated roles.

Section 1: Introducing emergency nursing

Such nurses hold leadership roles both within nursing and in the wider health environment at a range of levels – local, national and international (College of Emergency Nurses Knowledge and Skills Framework working group, 2015b).

While Aotearoa/New Zealand does not have a single PDRP system, this process is widely used and some employers may seek programme endorsement from the Nursing Council. Figure 2 (see p29) illustrates how commonly designated PDRP levels might map to support the CENNZ KSF in practical application.

Variation in title and positions

Nursing position titles and corresponding roles may vary between workplaces. MOH ED Services: Specialist Medical and Surgical services Tier Level 11 Specification and Collective Agreement (CA) both contain definitions of various senior nurse roles (MOH, 2024 ; NZNO, 2023). The Nursing Council provides guidance on expanded practice for RNs (NCNZ, 2010), and CENNZ [NZNO] also provides a position statement on the role of the emergency clinical nurse specialist (CENNZ, 2021). The NP is the only advanced clinical practice role with a defined Nursing Council scope of practice and associated preparation and competency requirements leading to formal registration (NCNZ, 2012a).

Emergency nurses working in rural or more isolated environments may be required to accelerate aspects of roles and development, compared to those working in metropolitan EDs. This is due to the dynamic nature of emergency nursing work, and recognises that there is a need to be flexible and respond to the circumstances in the variety of environments emergency nurses work in (College of Emergency Nurses Knowledge and Skills Framework working group 2015b).

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Emergency specialty nurses

Whakapiri: Engagement	Whakamarama: Enlightenment	Whakamana: Empowerment	Whakamana: Empowerment
ALL (emergency specialty nurses, – includes Competencies for RNs, NCNZ, 2016)	Many	Some	Few
Competent (PDRP type categories)	Proficient	Expert	Senior nursing roles

Continuing education

Establish trust between nurse, colleagues, patient and whānau	Greater specialty knowledge and depth of understanding	Progress towards independence and sharing of knowledge	Autonomy and ability to foster empowerment of others
Foundation knowledge and skills in emergency nursing	Consolidated knowledge and skills in emergency nursing	Focused and in-depth knowledge and skills in emergency nursing	Critical knowledge, and skills in emergency nursing
Understanding of local and national policy	Contributes to local and national policy	Influences local and national policy Guides others	Leads and guides • Local policy • Regional policy • National policy
Developing confidence in own practice	Confidence across a range of settings	Guides others and leads clinical care	Autonomous practice

Complexity and responsibility

Figure 2: An example of the emergency specialty nurses framework

Section 2:

Key aspects of emergency nursing practice

Key Aspects of Emergency Nursing Practice

The design reflects the relationship between the Patient and Whānau and the growth and development of the emergency nurse's practice.

Environmental Nursing

Integrated Collaborative Practice

Leadership

Patient & Whānau

Whakapiri / Whakamarama / Whakamana

Management of Care

Assessement & Decsion Making

Responsiveness to Māori
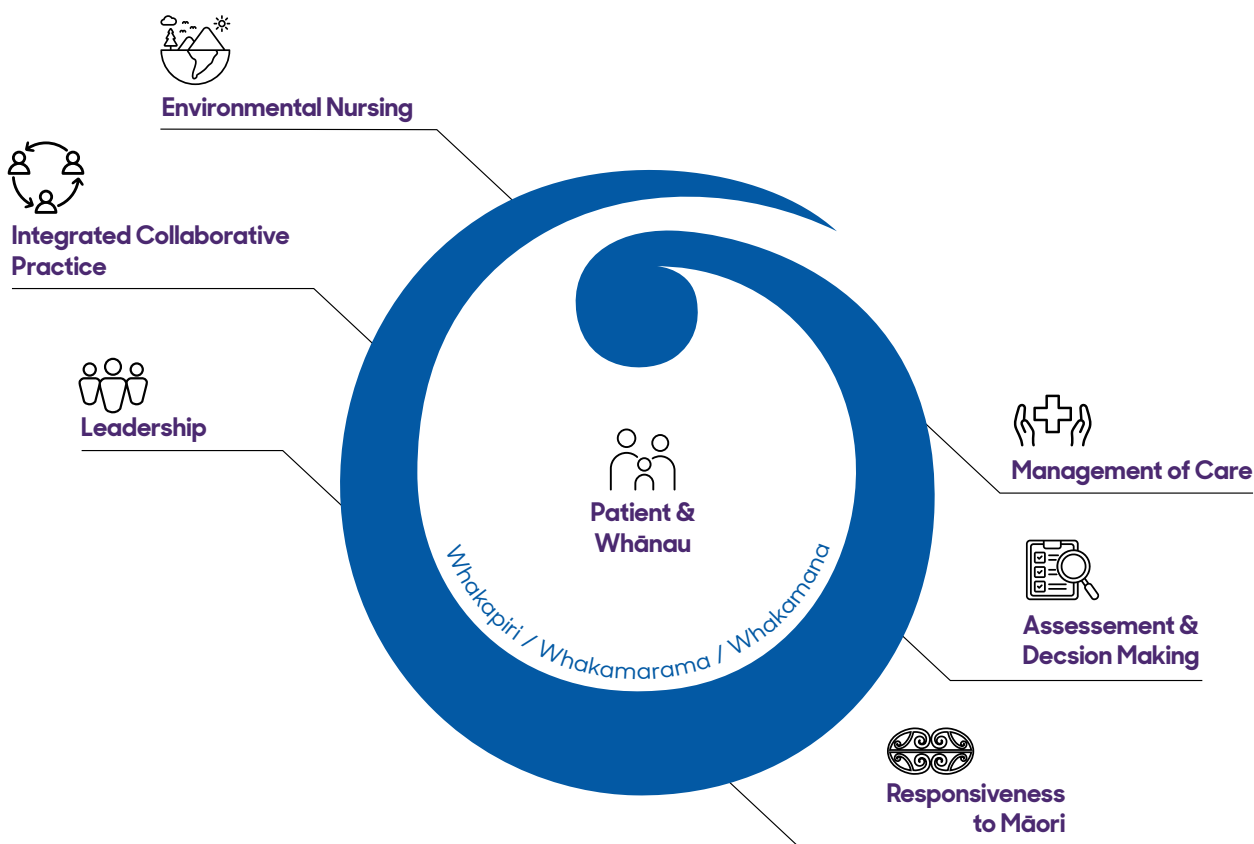
Section 2: Key aspects of emergency nursing practice

Aspects of care

The aspects of emergency nursing presented in this framework are interrelated; each one is influenced by the others, works in combination and is part of an integrated whole. As a result, there is an inevitable overlap between some sections. Additional clarification and explanation of some terms is available in the glossary.

Core concepts within each aspect are identified across all levels. For "All" nurses, the core concepts include the core knowledge required in the Nursing Council RN scope of practice. "Many" includes the core concepts identified for the "All", "Some" includes the "All" and "Many", and "Few" includes the "All", "Many" and "Some".

Due to the range of emergency nursing topics and the complex interactions between them, it is not appropriate to present the knowledge and skills associated with ED nursing in terms of body systems or disease based taxonomy. The scope associated with disease and injury processes across all body systems and stages of the lifespan makes it unrealistic to focus on all potential elements. Instead, the overall aspects of care are presented in terms of general principles. This includes the influence and interaction of the ED specialty on patient conditions which span the range of traditional biomedical categories, whether defined in terms of disease processes (eg oncology) or by reference to body systems (eg respiratory).

Interrelation of knowledge and skills

Emergency nursing involves a complex interplay of knowledge, skill, judgment and attitudes brought together and expressed in the form of practice. There is a risk, when seeking to identify or quantify skills, that this becomes equated with tasks, and that these in turn become the most identifiable or visible attribute of nursing practice. Because tasks appear clear and measurable, they can overshadow other factors and create a false picture of what emergency nursing practice is about. While skills are a vital element of emergency nursing, reliance on these alone is limiting and obscures the complexity of clinical decision-making, critical thinking and knowledge synthesis.

The length of time each nurse may spend within a knowledge and skill level (ie All, Many, Some or Few) is not pre-set or prescribed, but will vary based on individual needs and capacity, as well as opportunities and available resources.

There are a number of ways knowledge and skills have been defined and described in nursing texts, and for the purposes of this framework, the following four levels of knowledge and skill attainment are referred to:

- **Foundational knowledge: Whakapiri/Engagement**

  This is seen as the basic level of knowledge required to function effectively as a beginning emergency nurse; it presupposes the presence of existing RN competency as required by the Nursing Council; it can refer to a nurse with limited general/other nursing experience (eg a newly graduated nurse) or a nurse experienced in another field/ discipline of nursing but who is new to the specialty of emergency nursing; it incorporates an understanding of the professional expectations, values, attitudes and practice-specific knowledge necessary to allow the application of procedural skills and knowledge.

- **Consolidated knowledge: Whakamarama/Enlightenment**

  This level of knowledge reflects the impact of greater exposure to emergency care situations through experiential learning, with associated increase in confidence and familiarity in managing emergency care patients, situations and activities. Emergency nurses with consolidated knowledge and skills have gained the foundations of emergency nursing and are now able to build from these, and to assist others to acquire this knowledge base.

- **In-depth and focused knowledge: Whakamana/Empowerment**

  Emergency nurses who have in-depth and focused knowledge are confident in the application of emergency nursing and are able to develop greater sub-specialisation and focus within the broader requirements of the discipline. This allows them to more clearly articulate the values and principles of emergency nursing as well as the practicalities, and to develop greater understanding and insight. This is also translated into the application of more acute clinical judgment and decision-making and initiation of a wider range of skills. In-depth knowledge is associated with comprehension and abstraction, with critical judgment and evaluation. In the context of this document, it refers to the incorporation of knowledge relating to anatomy and physiology, pathophysiology, disease processes and mechanisms of injury; and knowledge of the local community, amongst others. This is a combination of explicit and tacit knowledge.

# Section 2: Key aspects of emergency nursing practice

- **Critical knowledge: Whakamana/Empowerment**

  Building on the previous levels, a few nurses are able to develop a higher level of critical understanding, here described as critical knowledge and skills. This involves not only using the tacit or intuitive knowledge of the expert, but being able to consciously draw on this, to recognise how this was formed and to be able to direct cognitive processes to allow more intentional critical thinking. These nurses are able to confidently integrate and synthesise a range of knowledge sources and to generate critical interpretation, using this to influence the development of further nursing knowledge.

  Additional referencing and resource material relevant to some specific aspects of practice will be available on the CENNZ[NZNO] website.

Responsiveness to Māori
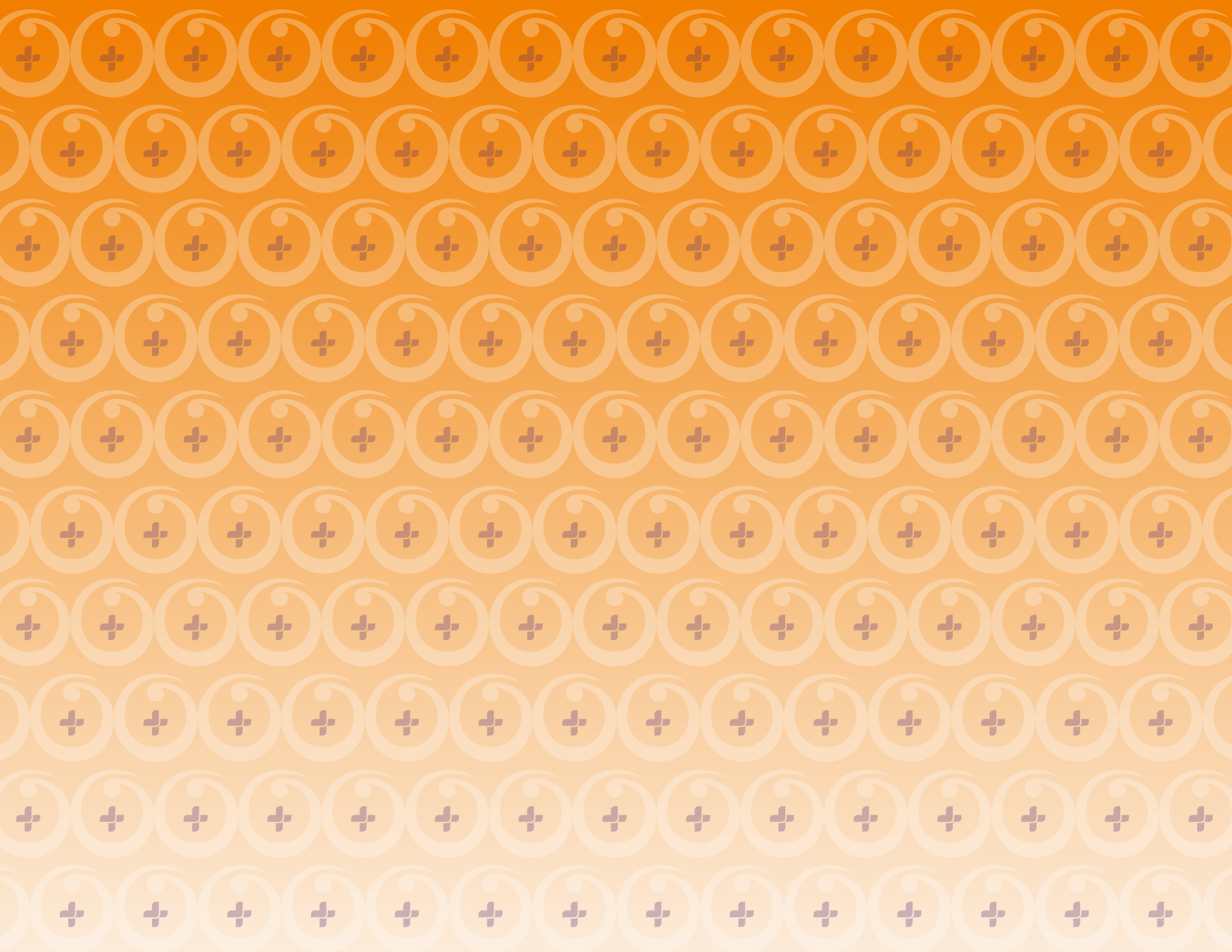
Responsiveness to Māori	Emergency nursing in Aotearoa/New Zealand is committed to responding to the emergent and acute health care needs of Māori, in addition to other population groups. Care should be delivered in a culturally appropriate manner, underpinned by knowledge of local tikanga/kawa/customs and local Māori health support services. An understanding of Māori health inequities and the social determinants of health is also required. Emergency nurses continue to work towards improving and supporting Māori whānau and the Māori workforce within the EDs of Aotearoa.			
Te Ara Whakapiri Framework	Whakapiri/Engagement	Whakamarama/ Enlightenment	Whakamana/Empowerment	
K and S level	**All** (emergency nurses) have and apply foundational knowledge and skills	**Many** have and apply consolidated knowledge and skills	**Some** have and apply in-depth and focused knowledge and skills	**Few** have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior nurse roles
Kawa Whakaruruhau, (cultural safety) and clinical care	**All** nurses support the provision of safe and effective care for Māori and their whānau. Core concepts: • Engage in appropriate Māori healthcare training • Understand/apply local tikanga/kawa/customs • Understand/access local Māori health support services • Awareness of the importance of te Reo Māori / Māori language	**Many** nurses nurses support colleagues in developing skills to provide safe and effective care for Māori and their whānau. Core concepts: • Understanding of Whānau Ora • Recognition and advocacy for Māori health responses	**Some** nurses are role models within their workplace, providing guidance across services and disciplines in reducing health inequity for Māori and their whānau Core concepts: • Understanding of Māori models of health and wellbeing and how these relate to emergency care delivery • wellbeing and how these relate to emergency care delivery • Act as support and resource • Guide others to understand and apply knowledge	**Few** nurses lead services in the provision of safe and effective care for Māori and their whānau. Strengthen leadership and mentorship. Core concepts: • Lead services in the provision of culturally safe practice and application of the He Korowai Oranga framework • Participate in development of systems and processes at local, regional and national level

Core concepts from prior levels are included in each subsequent level of progression

Kawa Whakaruruhau, cultural safety and reducing health inequities

All nurses act to reduce health inequity for Māori and their whānau.

Core concepts:

- Recognise stereotyping and discrimination that creates barriers

- Identify the role of power within health relationships

- Acknowledge the influence/ impact of the healthcare and nursing cultures on Māori

- Awareness that cultural values and concepts provide a Māori–centred approach to care for Māori in the emergency environment.

  Have an awareness of: Whanaungatanga/ connectedness, Whakawhanaungatanga/ building relationships, Whānau/family, Manaakitanga/kindness & hospitality, Wairua/ spiritual wellbeing.

Many nurses support colleagues in reducing health inequity for Māori and their whānau.

Core concepts:

- Understanding how equality in health provision can create inequity in health outcomes

- Understanding social determinants of health

- Understanding issues surrounding accessibility of healthcare

- Address health literacy issues

- Understanding of Pae Ora Act 2022.

Some nurses are role models within their workplace, providing guidance across services and disciplines in reducing health inequity for Māori and their whānau.

Core concepts:

- Act as support and resource

- Guide others to understand and apply knowledge

- Increase awareness of the issues of inequality and inequity and support finding solutions.

Few nurses lead services in the integration of effective health policy aimed at reducing inequity for Māori and their whānau.

Core concepts:

- Identify the root causes of health inequities for Māori and remove these barriers. Work to improve Māori health outcomes. Actively seek consultation from and engagement with appropriate Māori representatives, utilising kaupapa Māori services.

- Consult with tangata whenua, hapu, iwi in the development of systems and processes at local and regional level.

Core concepts from prior levels are included in each subsequent level of progression

Assessment & decision-making
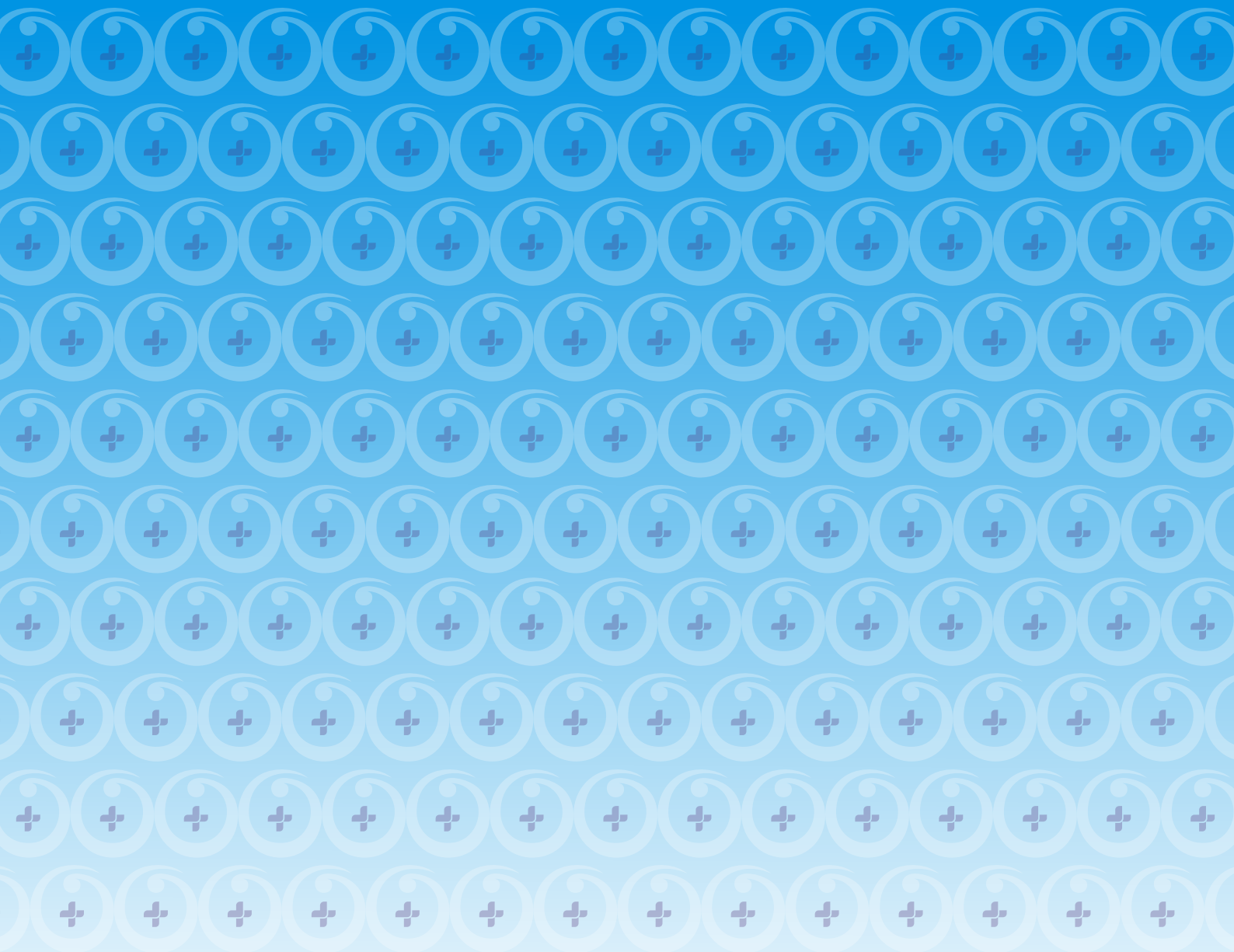
Assessment & decision-making

The importance of assessment and decision-making in emergency nursing make this a focus for the specialty. Emergency nurses work with patients with undifferentiated conditions, trauma, illness and crisis situations. They are required to respond urgently, often with very limited information. Acuity awareness, changing priorities, absence of established diagnosis and the immediacy of need are influenced by a dynamic emergency care environment. This requires a systematic approach, use of structured assessments, critical thinking, reflection, interpretation and analysis.

Te Ara Whakapiri Framework	Whakapiri/Engagement	Whakamarama/ Enlightenment	Whakamana/Empowerment	
K and S level	**All** (emergency nurses) have and apply foundational knowledge and skills	**Many** have and apply consolidated knowledge and skills	**Some** have and apply in-depth and focused knowledge and skills	**Few** have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior nurse roles
Working with undifferentiated patients	**All** nurses assess and plan care for patients without a definitive diagnosis.	**Many** nurses are able to identify likely potential problems for patients with undifferentiated diagnoses.	**Some** nurses are confident in developing a range of differential diagnoses to assist in determining assessment priorities.	**Few** nurses coordinate the entire episode of care for patients with undifferentiated diagnoses.

Working with undifferentiated patients (continued)

Core concepts: (All)

- Recognise and respond to "red flags" during assessment and review, eg early identification of sepsis
- Identify and respond to emergent conditions
- Understanding of Māori models of health and wellbeing and how these relate to emergency care delivery.

Core concepts: (Many)

- Identify when to involve other health professionals
- Able to prioritise care urgency for multiple patients simultaneously
- Proactive in managing emerging situations and maintaining environments to minimise risk and increase reactive capacity.

Core concepts: (Some)

- Critical analysis of problems within their situational context
- Speed and accuracy in identification and resolution of problems
- Guides others in recognising, setting and managing changing patient priorities
- Guides others to identify and differentiate emergent and urgent patients.

Core concepts: (Few)

- Develop solutions within time critical parameters
- Coordinate teams to ensure timely appropriate assessment and care.

Core concepts from prior levels are included in each subsequent level of progression

Triage

All nurses understand the principles and application of triage via the Australasian Triage Scoring (ATS) Tool.

Core concepts:

- Orientated to ATS tool to enable assessment of patients in a safe and timely manner
- Prioritise allocated patients according to allocated triage score.

Many nurses nurses support colleagues in developing skills to provide safe and effective care for Māori and their whānau.

Core concepts:

Trained to apply the ATS tool in the triage practice setting.

- Assess and allocate clinical urgency based on available subjective and objective data
- Uses a wide range of communication strategies, eg active listening, non-judgmental language
- Can triage multiple patients with diverse and complex presentations in a safe and timely manner
- Seeks assistance when unable to manage number of triage presentations safely
- Familiar with the process of triage for a major incident.

Some nurses are role models within their workplace, providing guidance across services and disciplines in reducing health inequity for Māori and their whānau

Core concepts:

- Guides beginning and
- developing nurses in the triage role
- Has situational awareness; identifies and responds to risk to patient and impact on department
- Applies major incident / disaster triage principles
- Guides other staff in the use of major incident / disaster triage principles.

Few nurses lead services in the provision of safe and effective care for Māori and their whānau.

Strengthen leadership and mentorship.

Core concepts:

- Monitors and reviews triage key performance indicators and processes
- Ensures workforce planning to enable evidence-based triage training and education
- Enables audit of triage performance
- Designs processes for use of triage and streaming in a major incident/disaster.

Core concepts from prior levels are included in each subsequent level of progression

Structured assessment

All nurses use structured assessment processes in their practice.

Core concepts:

- Recognise, select and use a wide range of assessment frameworks to match practice setting and presenting complaint

- Apply structured assessment to enable targeted health screening

- Apply principles of holistic care while using appropriate guidelines and pathways

Develop differential diagnoses based on a comprehensive assessment, clinical expertise and current evidence to inform the plan of care.

Many nurses use, evaluate and implement structured assessment within their practice.

Core concepts:

- Explicit knowledge of conditions and relevant clinical guidelines

- Use knowledge gained from structured assessments to prioritise patient care.

Some nurses are confident in applying a wide range of structured assessments, acting as role models assisting others to gain understanding of structured assessment in their practice.

Core concepts:

- Application of advanced, specialist and complex structured assessment frameworks

- Identification and analysis of complex patient

- Presentations to enable clinical decision-making.

Few nurses critically review and develop structured assessments, embedding these within the wider health system.

Core concepts:

- Use a broader range of recognised systematic assessments to support clinical leadership and other critical decision-making

- Development of structured assessments to highlight and respond to practice area needs, identifying issues of patient and service complexity at a local, regional or national level

- Educate across services and disciplines the application of structured assessments.

Core concepts from prior levels are included in each subsequent level of progression

Diagnostic and therapeutic interventions

All nurses review basic diagnostic findings and assess for the effect of therapeutic interventions as part of their patient assessment.

Core concepts:

- Understand and evaluate the effects of treatment and initiate standard investigations and care for specific patient groups
- Apply Pūkengatanga and evidence-informed nursing practice
- Recognise deviance from normal findings and seek clarification/ support from colleagues
- Understand pharmacological interventions
- Apply standing orders and clinical pathways.

Many nurses initiate specified diagnostic interventions and evaluate diagnostic and therapeutic findings in collaboration with colleagues in the MDT.

Core concepts:

- Initiate more focused investigations and treatment
- Review assessment findings and integrate these into clinical reasoning and decision-making
- Interpret a wide range of diagnostic results to influence decisions and care
- Review pharmaco-therapeutic interventions.

Some nurses analyse a range of interventions, diagnostic and/or therapeutic, in seeking to implement best practice protocols, guidelines and pathways.

Core concepts:

- Consider and formulate wide-ranging diagnostic differentials to help guide practice
- Guide others in the application of appropriate diagnostic/ therapeutic interventions
- May involve formal registration for designated RN prescribing.

Few nurses critically review and develop structured assessments, embedding these within the wider health system.

Core concepts:

- Manage specific clinical case-loads, either autonomously or through the use of clinical guidelines or pathways
- Initiate broad diagnostic investigations and treatment
- Comprehensive understanding of
- Pharmacotherapeutics for a wide range of emergency medications with increasing complexity
- Authorised nurse practitioner prescribing.

Core concepts from prior levels are included in each subsequent level of progression

Management of care
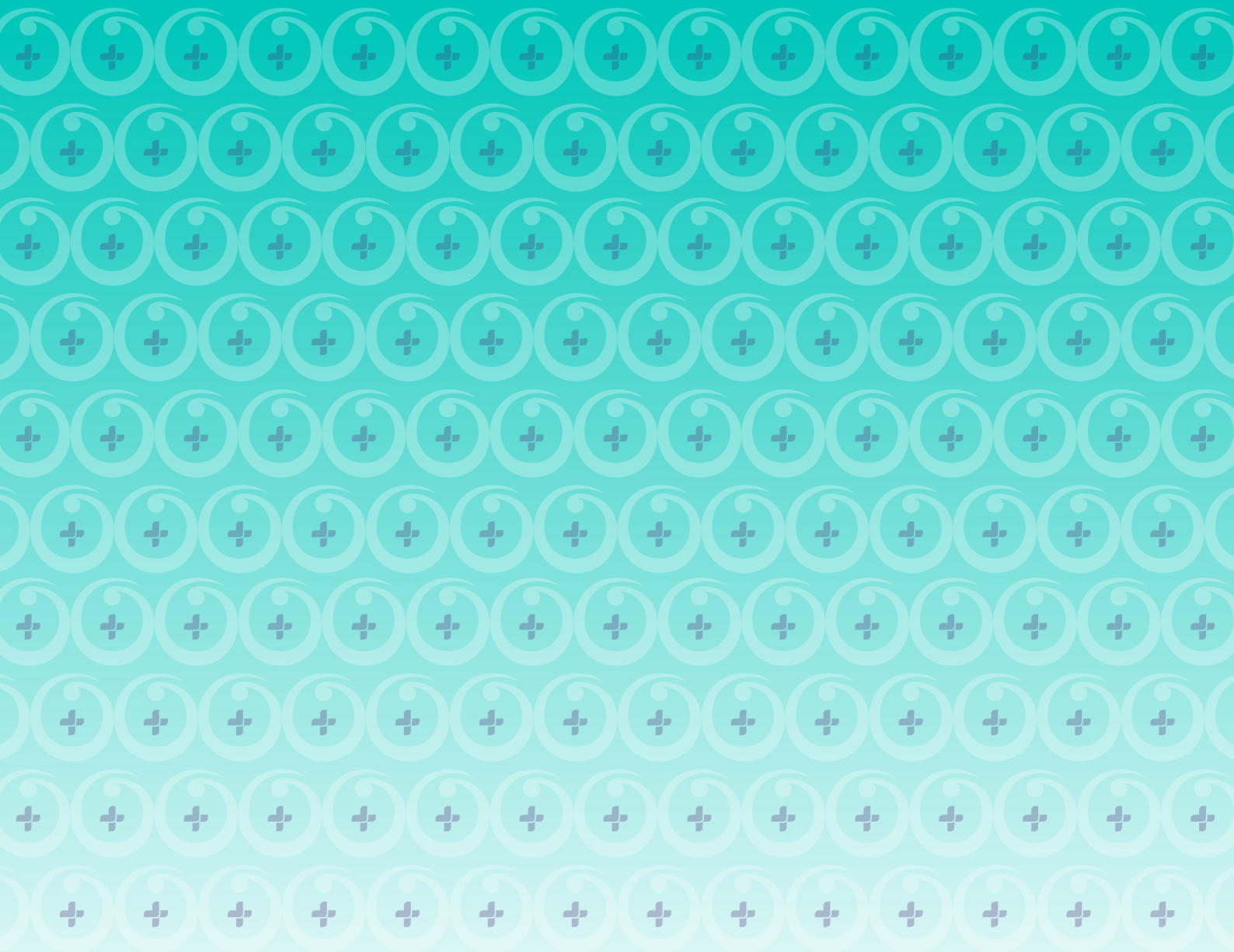
Management of care

Management of care refers to the process by which patient care is delivered and the range of patient needs are met. It incorporates manaakitanga and people-centred care, a holistic approach and is responsive to a broad spectrum of both known and undifferentiated needs. In emergency care, there is a particular focus on the management of urgent and life-threatening situations with emergency nurses managing a wide range of situations, which requires comprehensive knowledge. This includes managing complex caseloads and the interface between the community and hospital sectors. Emergency nurses need to examine how their own preconceptions and biases may hinder the delivery of safe and effective care.

Te Ara Whakapiri Framework	Whakapiri/Engagement	Whakamarama/ Enlightenment	Whakamana/Empowerment	
K and S level	**All** (emergency nurses) have and apply foundational knowledge and skills	**Many** have and apply consolidated knowledge and skills	**Some** have and apply in-depth and focused knowledge and skills	**Few** have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior nurse roles
Urgent, emergent and unscheduled variable demand and resources	**All** nurses work within an environment that is subject to fluctuations in patient acuity, volume and where resources may vary. Core concepts: • Awareness of patient complexity and need toprioritise care within workload • Understand risk identification • Utilise workload management tools.	**Many** nurses identify and respond to situations of change and support others to develop in this environment. Core concepts: • Recognition and response to variable demand • Provide support to others.	**Some** nurses are skilled in recognising, differentiating and managing unscheduled and varied patient demand. Core concepts: • Provide oversight and support for many colleagues /patients • Manage rapidly changing needs for patients/staff • Manage resource issues in the workplace.	**Few** nurses influence emergency nursing and the wider health system by highlighting the issues and risks associated with a work environment of variable demand and resources. Core concepts: • Participate in development of systems and processes at local, regional and national level • Demonstrate situational awareness and response within the immediate workplace and recognise the impact within the wider health system.

Core concepts from prior levels are included in each subsequent level of progression

Resuscitation and critical care

All nurses respond to situations requiring resuscitation or immediate interventions.

Core concepts:

- Application of adult and paediatric life support
- Use common resuscitation protocols and algorithms
- Awareness of the principles of care associated with end-of-life care, eg role of advanced care directives, futility of treatment
- Understand the significance of family presence and whakawhanaungatanga
- Provide effective and appropriate documentation.

Many nurses are confident in providing resuscitative and critical care interventions.

Core concepts:

- Anticipate common
- potential patient interventions
- Contribute to discussion around decision-making in shared goals of care
- Facilitate the presence of whānau in resuscitation.

Some nurses have expertise in managing patients requiring resuscitative and critical care interventions.

Core concepts:

- Anticipate an advanced range of potential patient interventions
- Provide leadership and support to the team, manaaki and awhi to whānau in the resuscitation environment
- Guide others to understand and apply knowledge and skills
- Participate in the decision making on ceiling of care.

Few nurses lead responses in the management of resuscitative critical care and interventions.

Core concepts:

- Lead care in a collaborative environment, eg resus lead
- Participate in local, regional and national development of protocols and processes
- Participate in adverse event reviews: following the healing, learning, improving focus
- Ensure local kaupapa Māori services are included to awhi whānau, tautoko patient and whānau
- Contribute to and integrate into work areas national programmes for excellence in trauma and critical care, eg code crimson (trauma haemorrhage).

Core concepts from prior levels are included in each subsequent level of progression

Sudden, unexpected or traumatic event/ death

All nurses are exposed to and care for individuals, families and communities who have experienced sudden, unexpected or traumatic event/death.

Core concepts:

- Awareness of the grief process and its impact on the ED team, family/ whānau/community
- Awareness of diversity of religious and cultural practices
- Knowledge of:
  - Organisational support services
  - local policy re care of deceased and correct tikanga of tūpāpaku (deceased)
  - Forensic principles, local policies and expectations documentation – awareness of the death documents and requirements to complete.

Many nurses assist colleagues in learning to respond to the experience of sudden, unexpected or traumatic event/death.

Core concepts:

- Assist patients and whanau through the experience of sudden unexpected or traumatic event/death
- Assist with completion of any death documents and where these are located – hard copy or online.

Some nurses are confident in responding to a range of traumatic situations and managing the processes associated with sudden, unexpected or traumatic event/death.

Core concepts:

- Act as liaison and coordinates care following sudden, unexpected or traumatic event/death
- Coordinate responses to challenging situations
- Guide others to understand and apply knowledge of forensic and coronial requirements
- Ensure notification of appropriate departments, eg police, coroner.

Few nurses have specialist skills in responding to sudden, unexpected or traumatic event/death including specialty roles and processes.

Core concepts:

- Participate in development of systems and processes at local, regional and national level
- Completion of death documents as required – hard copy or online.

Core concepts from prior levels are included in each subsequent level of progression

Across the lifespan

All nurses care for patients across the lifespan and apply knowledge and skill relating to normal development and markers.

Core concepts:

- Understanding normal physiological values
- Understanding of normal psychological and psychosocial development and their application to nursing care
- Recognition of variance from the "normal"
- Knowledge of common age related emergency presentations.

Many nurses develop additional interests in subspecialty areas within the emergency nursing specialty and use specialised knowledge and skills.

Core concepts:

- Anticipates specific targeted intervention and advocacy
- Targeted age-related knowledge and skills.

Some nurses provide focused resource for particular patient groups across the lifespan, and specialise in age related conditions/situations.

Core concepts:

- Act as mentors and specialty resource
- Guide others to understand and apply knowledge.

Few nurses are highly specialised and focused within sub-specialty areas of emergency nursing, linked to age or condition-specific presentations.

Core concepts:

- Development of sub-specialist role
- Cross-disciplinary contributions to policy, education and clinical elements
- Contribute to policy and education development at a local, regional and national level.

Core concepts from prior levels are included in each subsequent level of progression

Broad range of nursing expertise and technical skills

All nurses respond to the common range of emergency patient presentations, whether independently or, where necessary, under direction.

Core concepts:

- Familiarity with common procedures and skills
- Recognition of common presentations and understanding of related pathophysiology
- Understand and use de-escalation concepts and techniques.

Many nurses have exposure to a wide range of patient conditions and develop confidence in initiating interventions for common presentations independently, while supporting others in their practice.

Core concepts:

- Confidence in integrating knowledge and skills
- Recognition of a wider range of conditions and presentations
- Familiarity with more specialised procedures
- Guide and support others in using calming and de-escalation concepts and less restrictive practice.

Some nurses are able to integrate a range of specialty knowledge and skills to address more complex patient presentations.

Core concepts:

- Act as support and resource
- Guide others to understand and apply knowledge
- Undertake and teach advanced procedures
- Receive advanced training in safe restraint and act as clinical lead within the team.

Few nurses provide direct supervision and mentorship for advancing emergency nurses and other health professionals.

Core concepts:

- Supervision and mentorship of nurses seeking advancement
- Undertake a wide range of advanced procedures
- Develop systems and processes at local, regional and national level
- Ensure training and education occurs
- Lead quality improvement initiatives that support safe and efficient outcomes.

Core concepts from prior levels are included in each subsequent level of progression

Contribution to the patient journey

All nurses influence and enhance the patient journey within and beyond the emergency care setting.

Core concepts:

- Actively contributes to progressing the patient journey

- Use of agreed pathways

- Familiarity and application of local admission and discharge planning and processes

- Support patient and whānau in building capacity to manage own health needs facilitating mana motuhake.

- Awareness of local and MOH and Te Whatu Ora strategic documents.

Many nurses support others in optimising the patient journey.

Core concepts:

- Anticipate patient flow constraints and opportunities; finds and uses opportunities to advance the patient journey

- Facilitates opportunities for turoro and whānau to share their views and actively engage in decision-making and choice of interventions

- Guide others in patient flow.

Some nurses are involved in coordination of larger groups of patients and improving patient flow to assist in the patient journey.

Core concepts:

- Identifies and responds to risk associated with interruptions and delays to the patient's journey

- Involvement in a coordinated response to managing the patient journey

- Contributes to the development and implementation of pathways.

Few nurses have a global understanding of issues associated with the patient journey and manage the emergency care contribution to this.

Core concepts

- Lead a coordinated response to managing the patient journey

- Analysis and reporting on patient flow data.

- Identification and initiation of new processes to improve the patient journey at local, regional and national levels.

Core concepts from prior levels are included in each subsequent level of progression

Violence and aggression in the workplace

All nurses act to minimise exposure to violence and aggression in the workplace.

Core concepts:

- Knowledge of own, patient and workplace safety strategies (eg safety alarms)

- Recognition of presenting patients with associated risk factors of violence and aggression, eg cognitive impairment, mental health presentations and those affected by alcohol and drugs

- Understanding roles of external agencies, eg Police

- Awareness of relevant legislation and local policy

- Report all incidents of violence and aggression

- Understand and use calming de-escalation concepts and less restrictive practice.

Many nurses anticipate and intervene to minimise risk of violence and aggression in the workplace.

Core concepts:

- Confidence in risk recognition and de-escalation

- To consider Pūkengatanga and evidence-informed nursing practice in applying differential diagnosis for at risk populations exhibiting violence & aggression.

- Role model best practice and management of difficult situations

- Provide support and guidance in the management of workplace violence.

Some nurses use specialised skills and act as a resource for management of violence and aggression in the workplace.

Core concepts:

- Coordinate a response to a challenging situation

- Guide others to understand and apply knowledge

- Provide support for the victims of violence and aggression.

Few nurses lead culture change across organisations and in the wider health sector aimed at highlighting and minimising factors contributing to violence and aggression in the workplace.

Core concepts:

- Initiate harm reduction activities

- Ensure any adverse events are reported as per the national adverse events reporting policy

- Review reports/follow up on events

- Lead a culture of recognition and response to violence and aggression in the workplace

- Participate in development of systems and processes at local, regional and national level.

Core concepts from prior levels are included in each subsequent level of progression

Leadership
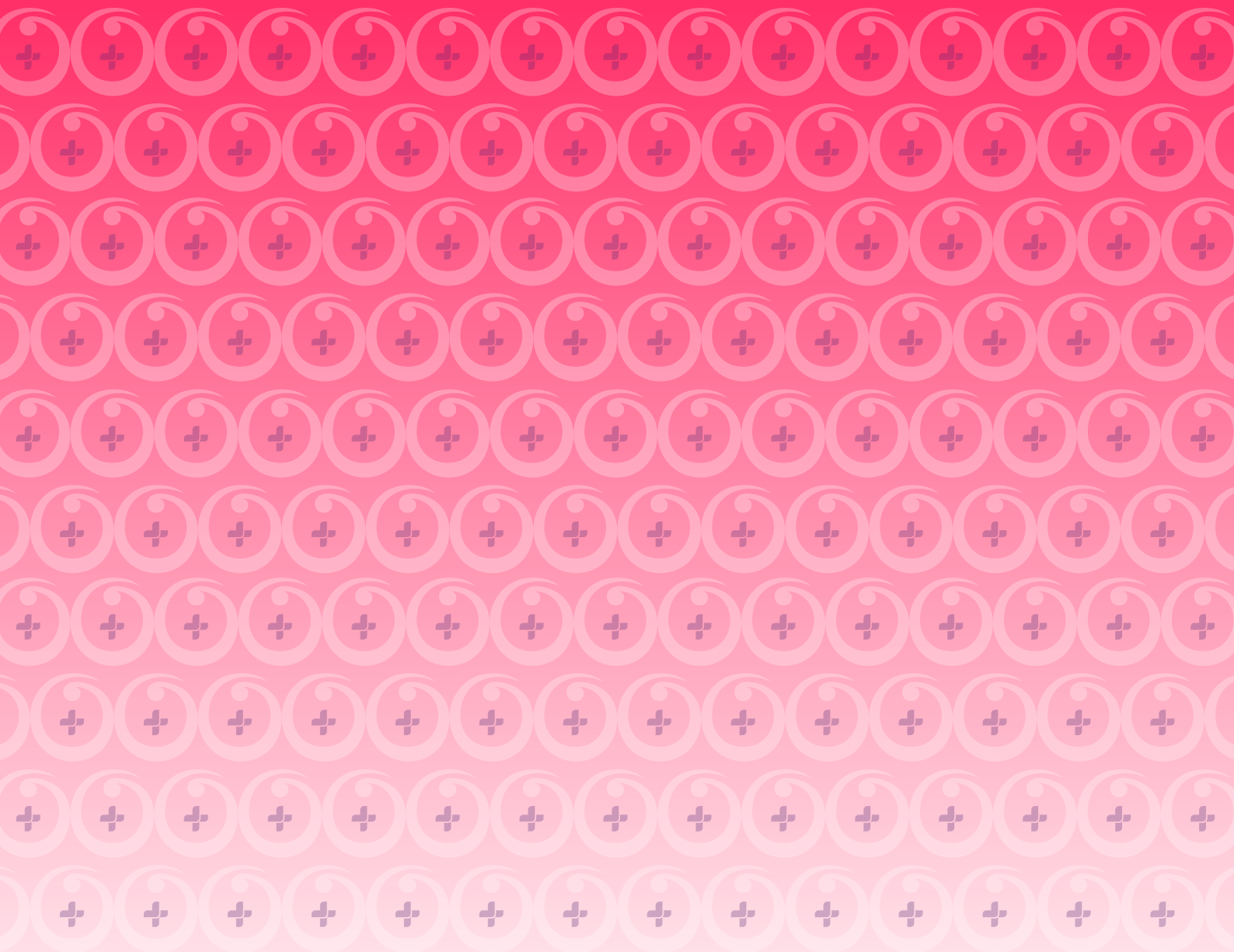
Leadership

Leadership in emergency nursing practice incorporates the coordination of care in a complex and time-critical environment, to ensure the patient receives the right care at the right time by the right people in the right place. Emergency nursing leadership needs to be flexible and adaptive, supporting a proactive approach within a dynamic setting. Leadership promotes resilience and fosters an empowering and supportive environment for staff working in the emergency care team. Rangatiratanga and leadership requires all nurses to act as change agents when appropriate. Fundamental leadership is the need for nurses to intervene, speak out, and advocate to escalate concerns on behalf of colleagues or recipients of care.

Te Ara Whakapiri Framework	Whakapiri/Engagement	Whakamarama/ Enlightenment	Whakamana/Empowerment	
K and S level	**All** (emergency nurses) have and apply foundational knowledge and skills	**Many** have and apply consolidated knowledge and skills	**Some** have and apply in-depth and focused knowledge and skills	**Few** have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior nurse roles
Leadership of practice	**All** nurses develop and demonstrate self-direction and autonomy in leading own practice.	**Many** nurses extend leadership of self to direction and support of others.	**Some** nurses are leaders within the wider MDT and apply these skills to develop and initiate support systems, and guide and lead others.	**Few** nurses are leaders across broader systems/ services and influence the work of others at local, regional and national levels.

Leadership of practice — Core concepts:

All nurses (Competent):

Core concepts:

- Recognise and respond to clinical needs, even in the absence of complete information, and act on available findings
- Manage the acute phase of care, recognising own limitations
- Act as change agents, engage in quality improvement processes and lead change when appropriate.

Many nurses (Proficient):

Core concepts:

- Provide professional advice to colleagues regarding therapeutic interventions and best practice
- Initiate care and treatment independently using protocols and guidelines.
- Recognise, and advocate for the need to change /alter care
- Generalise specific knowledge to potential future key decisions.

Some nurses (Expert):

Core concepts:

- Support colleagues to lead their practice through the provision of tools, training and mentorship
- Assist and direct others across interprofessional groups and services
- Develop and adapt protocols, pathways and guidelines
- Facilitate the introduction of new services/processes/ policies
- Escalate flow.

Few nurses (Senior nurse roles):

Core concepts:

- Participate in development of systems and processes at local, regional and national level
- Demonstrate situational awareness and response within the immediate workplace and recognise the impact within the wider health system.

Core concepts from prior levels are included in each subsequent level of progression

Workforce processes

All nurses recognise the need to adapt to unpredictable workload.

Core concepts:

- Understands accountability for directing, monitoring and evaluating care provided by other RNs, HCAs and nursing students
- Understands skill mix and acuity and the need for flexibility in allocating resources
- Responds to changing priorities.

Many nurses adapt and respond to workforce changes.

Core concepts:

- Respond to environmental, resource constraints and other changes
- Recognise potential impact of changes in workforce conditions on patients and other services.

Some nurses anticipate unpredictable workloads and manage workforce processes.

Core concepts:

- Identify interruptions and delays to the patient journey and escalate response
- Lead others in recognising, prioritising and managing own and others workloads
- Broad level of awareness regarding overall status/capacity/flow within the workplace
- Act to minimise workforce disruptions
- Assess, prioritise and reallocate staff distribution patterns to meet urgent system needs
- Familiar with scope of system and available health resources, eg primary care capacity, pre-hospital pathways.

Few nurses lead service responses to workforce processes.

Core concepts:

- Develop and initiate risk mitigation strategies
- Lead and engaged with local and system-wide escalation plans and responses
- Lead local, regional and national discussions on core workforce issues and patient impact
- Global awareness of health system integration and impact of workforce issues.

Core concepts from prior levels are included in each subsequent level of progression

Quality and health and safety

All nurses recognise and contribute to safety and quality measures.

Core concepts:

- Awareness of disparities for Māori and provide care to address inequity
- Engage in patient safety initiatives and clinical audits
- Engage in quality improvement processes and lead change when appropriate
- Proactively provide solutions and lead innovation to improve the provision of care
- Identify risk, and act to minimise this for self, staff, patients and others
- Initiate appropriate reporting and documentation.

Many nurses engage others to integrate quality initiatives into practice.

Core concepts:

- Advise, support, and teach colleagues
- Integrate quality and safety initiatives into all aspects of practice
- Promote awareness of relevant issues
- May be involved in workplace groups such as health and safety, infection prevention and control
- Role model situational awareness, escalating concerns when behaviour demonstrates bias.

Some nurses initiate practice change and lead service improvements.

Core concepts:

- Addresses disparities for Māori and role models this within their own practice, as well as to colleagues and the wider service
- Monitors, champions and manages quality and safety initiatives
- Applies principles of the organisation, human resources, stress, and conflict management
- Incorporates Te Tiriti o Waitangi into their nursing practice.

Few nurses lead target initiatives and coordinate service and sector responses.

Core concepts:

- Engage with kaupapa Māori services to ensure ED systems meet the needs of the Māori population
- Initiate, design and lead quality projects at local, regional and national levels
- Influence policy and raise issues at local, regional and national levels
- Engage and lead with consumer groups to ensure ED services meet the needs of the population.

Core concepts from prior levels are included in each subsequent level of progression

Wellbeing

All nurses recognise the importance of and contribute to a culture of respect and support in the workplace.

Core concepts:

- Recognition and understanding of factors that contribute to wellbeing
- Identification of risk factors or barriers to wellbeing in the workplace and raise awareness of these
- Familiarity with service specific support systems and processes.

Many nurses understand and promote the principles of wellbeing in the workplace.

Core concepts:

- Proactive in identifying barriers and enablers for wellness in self and other individuals.
- Awareness of and response to signs of predisposing factors relating to wellness and distress among colleagues.

Some nurses are leaders in developing and maintaining a culture of wellbeing in the workplace.

Core concepts:

- Act as a resource and support in developing resilience and promoting wellbeing across the workplace
- Facilitate formal and informal briefing after a critical event/incident.

Few nurses lead target initiatives and coordinate service and sector responses.

Core concepts:

- Create and maintain processes that support and promote wellbeing
- Are responsible for leading employer practices that support wellbeing of individuals and groups.

Supporting success and development

All nurses are aware of career growth opportunities in their area of practice.

Core concepts:

- Are self-aware of own behaviour
- Seek coaching opportunities to support full range of activities.

Many nurses show aspiration and rise to new challenges.

Core concepts:

- Have insight into behavioural patterns
- Possess sound skills in current role
- Strengthen specific capability and experience.

Some nurses have the agility to progress into more complex and challenging roles.

Core concepts:

- Align experience, exposure and learning to support leaders
- Adapt quickly and support others to achieve
- Keep up with new initiatives and ideas.

Few nurses are widely recognised in their field and ready for increased challenge.

Core concepts:

- Seek and provide supervision and mentoring
- Seek opportunities for self and others
- Actively seek feedback and are self-reflective
- Navigate own leadership journey
- Participate in regular success and development conversations.

Core concepts from prior levels are included in each subsequent level of progression

Sustainable emergency nursing workforce

All nurses recognise the importance of the emergency nursing role and its contribution in the health system.

Core concepts:

- Awareness of emergency nursing professional progression pathways
- Awareness of emergency nursing training opportunities
- Awareness of local PDRP programmes.

Many nurses contribute to the continuing development of emergency nursing education and research.

Core concepts:

- Develop and demonstrate personal and professional goal-setting
- Guide and support graduates and nurses new to the field of emergency nursing.

Some nurses are leaders in developing and maintaining a culture of wellbeing in the workplace.

Core concepts:

- Advocates for workforce and professional development strategies in their own workplaces
- Mentors others to achieve their professional development goals.

Few nurses identify areas of concern in the emergency nursing workforce and seek to address these at local, regional and national levels.

Core concepts:

- Engage with safe staffing initiatives, processes and programmes
- Advocate for and support advanced nursing internship opportunities
- Lead workforce development and professional development strategies in own workplaces
- Have a global view of current, potential and future professional issues
- Participate in workforce planning at local, regional or national level.

Core concepts from prior levels are included in each subsequent level of progression

Sustainable Māori emergency nursing workforce

All nurses recognise the importance of increasing and retaining Māori and Pacifica emergency nurses in the health system.

Core concepts:

- Promote emergency nursing for Māori and Pacifica nurses as a career pathway
- Advocate for provision of culturally safe workspaces through adoption of kawa whakaruruhau and culturally safe approaches, and integration of manaaki mana approach.

Many nurses contribute to the continuing development of Māori and Pacifica emergency nursing education and research.

Core concepts:

- Support and grow a tuakana-teina system.

Some nurses advocate for and initiate systems to recruit, retain and support Māori and Pacifica emergency nurses in the profession.

Core concepts:

- Provide clinical direction and support for Māori and Pacifica nurses' pathways.

Few nurses identify areas of concern in the emergency nursing workforce and seek to address these at local, regional and national levels.

Core concepts:

- Provide career goals and direction to the Māori and Pacifica nurse workforce
- Seek out and support Māori leadership courses
- Advocate for opportunities for cultural supervision for Māori nurses, all-staff cultural education and understanding of te ao Māori.

Core concepts from prior levels are included in each subsequent level of progression

Integrated collaborative practice
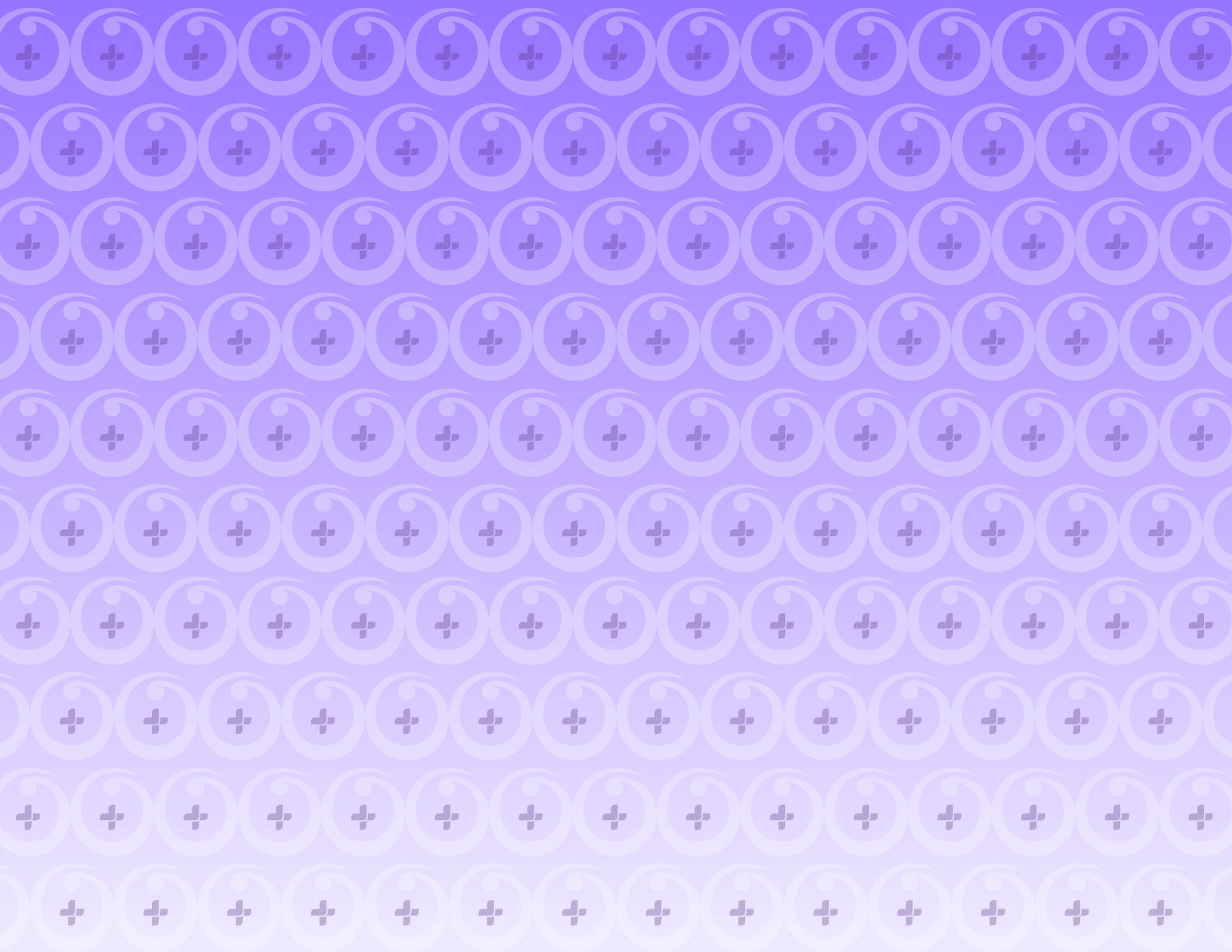
Leadership

A commitment to whanaungatanga and communication requires RNs to establish relationships through effective communication which is culturally appropriate and reflects concepts such as whānau-centred care and cultural safety. Emergency nurses collaborate with patients, family/whānau as well as within and across health and related services and community networks. Effective communication is a core element of emergency nursing practice, where individual nurses need to rapidly establish therapeutic relationships in time-pressured environments, often with limited information. The complex, high stress, unpredictable and dynamic work of emergency care constructs particular challenges for effective communication which requires the ability to communicate urgent information and needs with clarity, consistency, and calmness. Emergency nurses recognise the impact of, and seek to influence, wider social, political, and professional drivers.

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K and S level	**All** (emergency nurses) have and apply foundational knowledge and skills	**Many** have and apply consolidated knowledge and skills	**Some** have and apply in-depth and focused knowledge and skills	**Few** have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior nurse roles
Communication and information management in the emergency setting	**All** nurses recognise the importance of and apply the principles of effective communication.	**Many** nurses demonstrate communication strategies in managing crisis situations.	**Some** nurses apply specialised communication techniques and processes.	**Few** nurses influence and lead the wider healthcare sector in developing effective healthcare communication strategies.

Communication and information management in the emergency setting

All nurses recognise the importance of and apply the principles of effective communication.

Core concepts:

- Share information effectively on changes in patient condition
- Able to use language and communication needs (verbal and non-verbal) of people, whānau and communities
- Use structured communication tools (eg ISBAR).

Many nurses demonstrate communication strategies in managing crisis situations.

Core concepts:

- Anticipate patient needs and intervene early
- Role model clear and respectful behaviour in rapidly changing and stressful environments
- Support colleagues in developing effective communication strategies
- Support others to use new information technologies
- Support others to meet standards for legal documentation.

Some nurses apply specialised communication techniques and processes.

Core concepts:

- Skilled in communicating effectively in critical and stressful situations
- Promote a safe and just culture
- Recognise and respond to evidence of dysfunctional communication, burnout, and moral distress among colleagues
- Develop patient information/education resources
- Lead and promote the use of new information technologies.

Few nurses influence and lead the wider healthcare sector in developing effective healthcare communication strategies.

Core concepts:

- Build collaborative teamwork across disciplines
- Participate in development of effective communication and information technologies at local, regional and national level
- Liaise at local, regional and national levels in the development of health literacy.

Interprofessional collaboration

All nurses work within a multidisciplinary environment and contribute to acollaborative practice model.

Core concepts:

- Are able to share information about own profession and continue to learn from other disciplines
- Respect the roles and contribution of other disciplines
- Actively seek MDT contributions to care.

Many nurses use and contribute to the pool of expertise within the collaborative interprofessional model.

Core concepts:

- Learn from and share knowledge and skills with the interprofessional team.

Some nurses influence and support others in their understanding of collaborative practice.

Core concepts:

- Optimise the knowledge and skills of other healthcare disciplines to provide safe and quality care
- Assist and mentor others in working collaboratively.

Few nurses lead, develop, influence and strengthen interprofessional collaborations.

Core concepts:

- Provide and promote a shared vision of collaborative practice
- Participate in development of systems and processes at local, regional and national level.

Core concepts from prior levels are included in each subsequent level of progression

Integration within the wider healthcare system

All nurses engage with a range of services, and identify the importance of discharge planning.

Core concepts:

- Understand the roles of, and links between primary and hospital and specialist services
- Identify and engage with local kaupapa Māori services
- Understand and apply discharge planning and application of local policies
- Recognise and facilitate emergency care function as conduit to other services.

Many nurses create workplace networks to assist in the integration of emergency care within the health system.

Core concepts:

- Anticipate patient needs, integrating the principles of early discharge planning
- Identify, and negotiate access to, additional health care services.

Some nurses guide both patients and colleagues in processes and health service planning to maximise patient outcomes.

Core concepts:

- Act as navigator for the patient, guiding them through the health system
- Act as liaison with hospital/community/ other services.

Few nurses influence and lead service and policy development.

Core concepts:

- Develop/ improve systems and processes at local/regional/ national levels to integrate emergency care with the wider healthcare system
- Establish and strengthen relationships with kaupapa Māori services
- Influence and address issues of healthcare access
- Independently refer to other disciplines/ specialties.

Core concepts from prior levels are included in each subsequent level of progression

Patient and whānau centred care

All nurses apply the theory and principles of patient and whānau centred care to inform their practice and build trust.

Core concepts:

- Understand and apply the principles of informed consent
- Adhere to the principles of patient and whānau centred care.
- Recognise, disseminate and advise patients/ whānau regarding the HDC code of patient rights
- Support Whānau Ora
- Recognise the value of effective communication styles that are culturally appropriate and reflect whanaungatanga.

Many nurses integrate the theory and principles of patient and whānau centred care and support others in recognising and applying these.

Core concepts:

- Recognise and respond to aspects of care which do not acknowledge or contribute to the central role of patient and whānau/family
- Support colleagues to reflect on practice and recognise areas for development.

Some nurses guide and influence others within the MDT to use the patient and whānau centred model of care.

Core concepts:

- Act as support and resource
- Advocate within the wider MDT for collaborative, coordinated approached to patient and whānau centred care.

Few nurses influence the wider health system and lead emergency nursing in the development of a culture of patient and whānau centred care.

Core concepts:

- Ensure systems are implemented to enable feedback from patients and whānau and use information to inform care delivery
- Participate in development of systems and processes at local, regional and national level.

Core concepts from prior levels are included in each subsequent level of progression

Recognition and response to vulnerability and difference

All nurses use the principles of cultural safety to appropriately screen and care for those at increased risk of vulnerability.

Core concepts:

Awareness, education in and application of:

- Health consumer rights
- Protection issues
- Abuse, neglect, family violence
- Patient/whānau advocacy
- Health screening

Recognise impact on health of:
- Differences in health literacy
- Social determinants of health
- Power imbalance between patient/whānau and staff
- Psychosocial factors

Awareness of services outside of own emergency setting.

Actively reflects on own culture and the impact this has on those seeking healthcare.

Many nurses assist colleagues to reflect on and recognise culturally safe practice and the impact of the culture of nursing.

Core concepts:

- Understand the potential for disempowerment/ increased vulnerability associated with entering the health system

- Identify ways of reducing these issues.

Some nurses influence the culture of healthcare, contributing to the development of a culturally safe nursing workplace.

Core concepts:

- Actively contribute to a culture that encourages personal reflection, professional supervision, and open engagement with health care consumers, colleagues and relevant others

- Act as support and resource

- Guide others to understand and apply knowledge.

Few nurses are leaders within the profession, identifying and addressing areas of risk and vulnerability.

Core concepts:

- Create processes that monitor, examine and address health inequity and improve health outcomes in vulnerable groups

- Participate in development of systems and processes at local, regional and national level

- Raise awareness of cultural risk within own area, and health care organisations for vulnerable groups.

Core concepts from prior levels are included in each subsequent level of progression

Taiao: Environmental emergencies
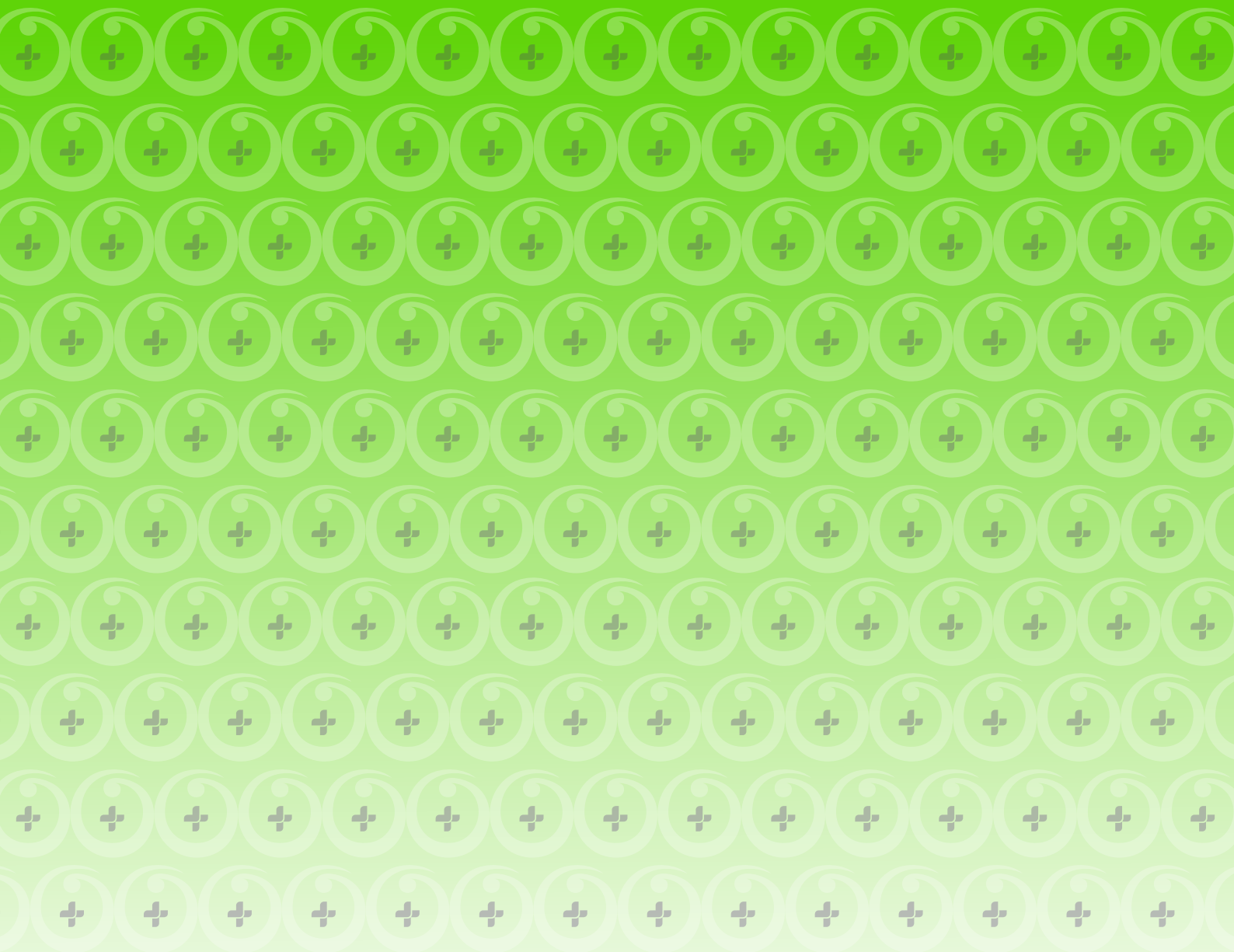
Environmental emergencies

Emergency nurses understand the impact of healthcare services on global and local resources, and support the constant assessment and improvement of sustainability practices. Emergency nurses may be required to respond to environmental emergencies. These include natural disasters, mass casualty events, pandemics, infectious disease outbreaks and hazardous substance exposures. Such events often occur with little warning, require complex, wide-scale responses, and at times involve personal risk. Long term, predictable or forecasted events include climate change and adverse weather events. Environmental emergencies can have psychological impacts on patients, families/whānau and staff, involving issues of isolation, risk and privacy.

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PDRP (where applicable)	Competent	Proficient	Expert	Senior nurse roles
Major incident management	**All** nurses enact major incident strategies as directed.	**Many** nurses enact major incident strategies and support others.	**Some** nurses apply specialised communication techniques and processes.	**Few** nurses initiate and lead the major incident responses.

Core concepts (Whakapiri/Engagement):

- Prioritisation of care
- Knowledge of mass casualty triage
- Knowledge of major incident documentation specific to their organisation/area of work
- Know location of emergency cache/ equipment
- Are aware of the psychosocial impact of isolation, risk and privacy on patients, whānau, and staff.

Core concepts (Whakamarama/Enlightenment):

- Awareness of local and regional response systems and resources
- Recognise the significance of types of major incidents in terms of action plans, resources and responses.
- Awareness of internal and external modes of communication including back-up systems.

Core concepts (Whakamana/Empowerment – Some):

- Co-ordinate aspects of major incident response
- Take courses, eg CIMS
- Use mass casualty triage
- Undertake co-ordination and resourcing for major incident management
- Help develop major incident policy and procedures
- Identify need for ethical and emotional support.

Core concepts (Few):

- Lead /participate in review and development of local, regional, and national systems
- Awareness and allocation of resources
- Local and national staff planning, resource scoping, anticipating needs.
- Develop processes and resources for ethical and emotional support
- Prepare and develop co-ordinated interdisciplinary responses.

Core concepts from prior levels are included in each subsequent level of progression

Hazardous substance exposure

All nurses undertake directed care of patients exposed to hazardous substances.

Core concepts:

- Competence in use of PPE, including HAZMAT protection
- Knowledge of decontamination procedures
- Familiarity with local and national resources, eg Poisons Centre, TOXINZ
- Awareness of the psychosocial impact of isolation, risk and privacy on patients, whānau and staff and how to access support services.

Many nurses care for patients experiencing hazardous substance exposure and support others.

Core concepts:

- Knowledge of common toxidromes
- Awareness of potential hazards specific to own geographic region, eg industrial, natural hazards.

Some nurses are involved in preparing plans for patients exposed to hazardous substances.

Core concepts:

- Coordinate resources and education relevant to the exposure
- Guide and monitor use of HAZMAT knowledge
- Recognise the need for, and direct the use of, resources for ethical and emotional support of staff.

Few nurses initiate response to patients exposed to hazardous substances.

Core concepts:

- Lead department and hospital hazard response plans
- Participate in systems development at local, regional and national levels
- Create processes to manage environmental hazards.
- Determine and procure suitable HAZMAT equipment and materials
- Plan staffing, anticipating needs, allocating resources as required
- Develop processes and provide resources for ethical and emotional support.

Core concepts from prior levels are included in each subsequent level of progression

Infectious disease outbreak/ pandemic

All nurses undertake directed care of patients exposed to infectious disease outbreak.

Core concepts:

- Infection prevention, control and use of PPE

- Ensure non-clinicians and first responders use suitable precautions and/or take remedial measures

- Are familiar with local isolation and streaming processes for infectious outbreaks

- Knowledge of measures related to prevention/ mitigation of infectious outbreaks, ie mandatory reporting/vaccinations

- Are aware of psychosocial impact of isolation, risk and privacy on patients, families and staff.

Some nurses undertake care of patients exposed to infectious disease outbreak and support others.

Core concepts:

- Support others with local isolation and streaming processes for management of infectious outbreaks

- Supports others to ensure knowledge of and adherence to preventative/mitigating measures for infectious outbreaks, ie mandatory reporting, vaccinations

- Provide support in dealing with the psychosocial impact of isolation, risk and privacy on patients, families and staff.

Many nurses are involved in initiating preparedness planning for managing emerging infectious disease outbreaks.

Core concepts:

- Coordinate delivery of care within the streaming policy

- Recognise those needing ethical and emotional support and direct them to resources of support

- Provide anticipatory training in managing infectious diseases.

Few nurses lead the response and develop policies to respond to infectious disease outbreaks and pandemics.

Core concepts:

- Participate in the development of systems at local, regional and national levels

- Create processes that prepare health services to manage infectious outbreaks and pandemics

- Determine and procure suitable PPE equipment and materials

- Plan staffing, anticipating needs, allocating resources as required

- Develop processes and provide resources for ethical and emotional support.

Core concepts from prior levels are included in each subsequent level of progression

Climate change

All nurses are aware of the health-related issues associated with climate change and climate emergencies.

Core concepts:

- Understands the social determinants of health and how these are affected by climate change
- Participates in sustainability efforts by following local policies and procedures that reduce waste and inefficiencies in the health system.

Many nurses understand the impacts of climate change on health and support others.

Core concepts:

- Aware of the science and evidence of the impact of climate change
- Support others to participate in sustainability efforts by following local policies and procedures to reduce waste and inefficiencies in the health system.

Some nurses initiate preparedness planning for climate change and climate emergencies.

Core concepts:

- Contributes to local initiatives and efforts to minimise the impacts of climate change
- Recognises and directs local systems to promote sustainability.

Few nurses lead the response, developing policies to respond to climate change issues and climate emergencies.

Core concepts:

- Contribute to local/ national/international efforts and initiatives to build capacity to mitigate climate change
- Develop local and national policies that promote sustainability through reduction of waste and help reduce inefficiencies in the health system.

Core concepts from prior levels are included in each subsequent level of progression

Section 3:

K&S Framework: core underpinnings, supports and values

The K&S Framework is based on core values and beliefs, evidenced in the CENNZ documents, position statements and published documents. As the framework continues to develop, it is intended to develop section 3 as a repository for further Information relating to some of these core elements.

Suggestions so far include (but are not limited to):

The need to ensure safe staffing, appropriate mechanisms for measuring this, and recommendations for managing difficult situations and advocating for patients and staff.

- Retention of skilled emergency staff, and changing skill mix within emergency settings as a result of high staff turnover.

- The need to recruit, retain, and support an indigenous emergency nursing work force.

- Challenges in emergency nursing education: access, range, extension to practice, prescribing and advancing nursing opportunities.

- Access/hospital block, ambulance ramping and risk of delayed care.

- Issues associated with funding of emergency nursing.

- Leadership, professional progression, succession planning.

- Sustainability, climate change and environmental responsibility.

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Appendix 1:

The inaugural working group

Margaret Colligan

RN, MN, NP

Nurse practitioner, Emergency Department, Auckland City Hospital

Anne Esson

RN, Adv Diploma, BA Ed,

Nurse manager, Emergency Department. Christchurch Hospital

Rick Forster

RN, MN (Clinical)

Registered nurse, Emergency Department, Tauranga Hospital

Sally Hollis

RN, MA HealSci

Nurse educator, Starship Child Health, Auckland

Angela Joseph

RN, BA Māori, MN

Clinical nurse educator/associate charge nurse manager, Emergency Department, Midcentral

Maxine Mitchell

RN, PG Cert T&E, MN.

Erica Mowat

RN, MHealSci

Registered nurse, Emergency Department, Dunedin Hospital

Dr Sandy Richardson

RN, BA, DipSocSci, Dip Tert Teach, PGDip HealSci, PhD

Nurse researcher, Emergency Department, Christchurch Hospital;

Senior lecturer, University of Otago, Christchurch

Leona Robertson

RN, PGCert Clin Tchg, PGCert Emerg Nurs, MHealSci

(Clinicial) nurse educator, Emergency Department, Christchurch Hospital

Suzanne Rolls

RN, MN

Nurse advisor, New Zealand Nurses Organisation, Wellington

Katie Smith

RN, PGCert Health Science (AeroRT), MN, NP (acute life span)

Nursing officer, New Zealand Defence Force.

Appendix 2:

Development timeline and stakeholder consultation

2013	May	CENNZ national committee support and endorsement
2014	July	Background report commissioned
	Oct	Report and intentions presented at CENNZ conference
2015	Feb	CENNZ journal article 'Exploring the potential of the K&S framework' published
	June	Working party teleconference
	July	Working party two-day workshop – 1st draft
	Aug	Working party teleconference Report to CENNZ national committee
	Sept	Working party teleconference
	Oct	X2 workshops with membership at CENNZ conference
	Nov	Working party two-day workshop 2nd draft 2016 February – Presentation of draft framework to CENNZ national committee
2016	April	Subgroup meeting 1st and 2nd to produce 3rd and 4th drafts
	May	Working group teleconference Working group teleconference Draft presented to CENNZ national committee Consultation document sent to stakeholders
	July	Working group reviews stakeholder feedback
	Aug	Framework presented to national committee for endorsement and approval to put before members as a remit at 2016 CENNZ conference
	Sept	Submit a remit presenting the K&S framework to membership at the CENNZ AGM
	Nov	Presentation and approval of the remit at the CENNZ AGM: accepted unanimously by the membership Notification to NZNO of the completed work; ratification
2021	April	Small working group teleconference to review framework and start to develop a toolkit to sit alongside the guiding document
2023	April	Full working group two-day face-to-face workshop. Formal review of framework
	June/ July	Second full working group two-day face-to-face workshop
2025	Nov	Presentation and approval of the remit at the CENNZ AGM: accepted unanimously by the membership Notification to NZNO of the completed work; ratification.

Appendix 2: Development timeline and stakeholder consultation

Consultation was first sought in October 2015 when 55 emergency nurses attended two workshops at the 2015 CENNZ national conference. The K&S working group members presented the six key aspects of care which had been identified, and the participants discussed how these applied to emergency nursing. This discussion informed further development of the framework. In May 2016, further consultation was sought via an online survey distributed to all CENNZ members and 18 key stakeholders. Fifty-six submissions were received, of which 32 were complete. Twenty-five submissions were from individuals and seven represented groups. The working group participated in a two-day workshop in July 2016 to review and incorporate the feedback into the final document.

External consultation: stakeholders groups

Consultation undertaken with the following:

- Accident Compensation Corporation (ACC)

- Australasian College of Emergency Medicine (ACEM)

- College of Air and Surface Transport Nurses NZNO

- College of Emergency Nurses New Zealand NZNO membership

- College of Nursing Aotearoa (NZ) Inc

- College of Primary Health Care Nurses NZNO

- Emergency Care Coordination Team (ECCT)

- National Ambulance Sector Office (NASO)

- Nurse Executives New Zealand

- Nurse Education in the Tertiary Sector (Aotearoa NZ) (NETS)

- Nurse Practitioner New Zealand Forum (NPNZ)

- New Zealand Rural General Practice Network

- Office of the Chief Nursing Officer, MoH

- Pacific Nurses Section NZNO

- Royal New Zealand College of Urgent Care

- St Johns Ambulance Service

- Te Ao Maramatanga NZ College of Mental Health Nurses Inc

- Te Runanga o Aotearoa NZNO

- Wellington Free Ambulance

Appendix 3:

CENNZ NZNO engagement and representation

CENNZ_NZNO Engagement and Representation

Sepsis	National Sepsis Core Working Group, Sepsis Trust	2019/20
ED 6 hr target	Government working group	
Violence & Aggression	NZNO Addressing Violence and Aggression in Nursing (AVAN)	2019/20
Australasian College of Emergency Medicine (ACEM)	Manaaki Mana	2019– present
Acute Care Sector Advisory Group	ED Nursing Advisory Group for CCDM	2020–2021
Emergency Triage	CENNZ/ NZ rep for the review of Emergency Triage Education Kit	2023–2024
ACEM Emergency Design Reference Group	CENNZ/ NZ rep for the review of Emergency department design	2023–2025
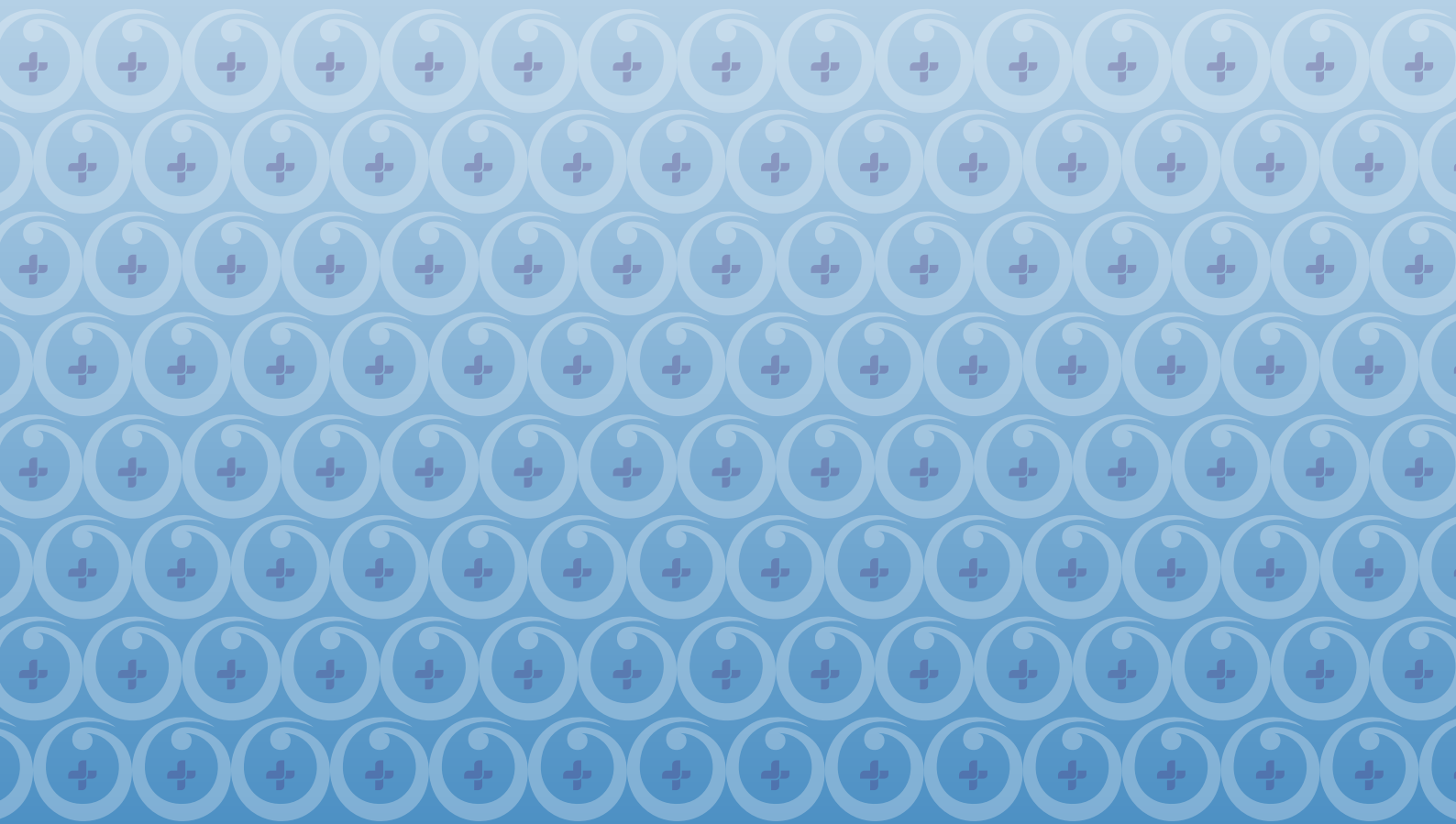
College of Emergency Nurses NZ

Ngā Ringa Ringa Aroha NZNO