

COLLEGE^{OF} EMERGENCY NURSES

KNOWLEDGE & SKILLS FRAMEWORK



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List of 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 Commission
HPCAA	Health Practitioners Competence Assurance Act
ISBAR	Identify, Situation, Background, Assessment, Request
KSF	Knowledge and Skills Framework
MDT	Multidisciplinary Team
MECA	Multi Employment 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 Program
PPE	Personal Protective Equipment
RN	Registered Nurse
SARS	Sudden Acute Respiratory Syndrome
WFA	Wellington Free Ambulance

Section 1: Introducing emergency nursing

1.1 Foreword

The College of Emergency Nurses' (CENNZ) aims to promote excellence in emergency nursing within New Zealand/Aotearoa through the development of frameworks for clinical practice, education and research (Mission Statement, CENNZ website). The intention of the Knowledge and Skills Framework is to support this aim by providing guidance to all nurses who work in the specialty of emergency nursing, across the broad range of emergency nursing contexts, from community based acute healthcare centres to hospital emergency departments.

Emergency nursing is an established clinical specialty and from this base it continues to develop and respond to ever-changing societal needs. It is delivered within 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, 2011).

The framework is necessarily generic to accommodate the breadth and diversity of emergency nursing and represents a scaffold on which to individualise the needs of the profession. It is not designed to be a highly prescriptive document but one which will guide individual nurses and service leaders to formulate professional development and service requirements. The framework may also be used in conjunction with sub-specialty best practice guidelines.

Improving patient outcomes and in particular the patient experience of care is one of the goals of emergency nursing. The development of a knowledge and skills framework is a tool to help achieve this, through 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 working group, its membership, NZNO and individuals who provided input into the development of the framework. Special acknowledgement is made to Anna Mowat (BDes) who designed the cover page and 'Key Aspects' graphic.

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1.3 Development and Consultation

1.3.1 Development Timeline

2013	May	CENNZ national committee support and endorsement
2014	July	Background report commissioned.
2014	October	Report and intentions presented at National CENNZ conference.
2015	February	CENNZ journal article 'Exploring the potential of the K&S framework published'
	June	Working party teleconference
	July	Working party 2 day workshop- 1 st draft
	August	Working party teleconference Report to CENNZ national committee
	September	Working party teleconference
	October	X2 workshops with the membership at CENNZ conference
	November	Working party 2 day workshop 2 nd draft 2016 February Presentation of draft framework to CENNZ national committee
2016	April	Subgroup meeting 1 st and 2 nd to produce 3 rd and 4 th drafts
	May	Working group teleconference Working group teleconference Draft presented to CENNZ national committee Consultation document sent to stakeholders
	July	Working group review stakeholder feedback
	August	Framework presented to National committee for endorsement and approval to put before members as a remit at 2016 CENNZ conference
	September	Submit a remit presenting the K&S framework to the membership at the CENNZ AGM
	November <i>To be undertaken</i>	<i>Present the remit for voting at the CENNZ AGM</i> <i>Is accepted by the membership notify NZNO of the completed work</i>
	December <i>To be undertaken</i>	<i>Present the framework to the National Nursing Consortium</i>

1.3.2 Consultation sought from stakeholders groups

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 6 key aspects of care which had been identified and the participants discussed how these applied to emergency nursing. This discussion informed the further development of the framework. In May 2016 further consultation was sought via an on line survey which was 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 7 represented groups. The working group participated in a 2 day workshop in July to review and incorporate the feedback into the final document.

Consultation was sought from 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 Educators 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

1.4 Background

Emergency Nurses in New Zealand provide acute and emergent care to patients, families/whanau and communities through a range of clinical settings. This includes community based acute healthcare centres, rural healthcare facilities and hospital emergency departments. Emergency nursing is delivered within a unique context where health needs are typically unplanned, urgent or emergent, and workplace demand is highly variable and unable to be constrained. Within this environment health care and human resources are often limited, so that the ability to respond 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 within a dynamic and complex environment (CENNZ, 2011).

Emergency Care¹ represents a specialised function within the New Zealand health and disability system. These services act as the interface for community acute health needs and hospital or secondary healthcare services. Knowledge drawn from various sub specialities formulates a unique specialist skill set, which in combination with emergency nursing core values supports the provision and delivery of safe, quality care. Key principles associated with the provision of emergency nursing care include ensuring that services are accessible, equitable and delivered in a manner that is adaptable and responsive to individual patient needs.

The Treaty of Waitangi / Te Tiriti o Waitangi underpins New Zealand's constitution with the principles of partnership, protection and participation identified as key tenets. The Ministry of Health's He Korowai Oranga, Māori Health Strategy guides the New Zealand health and disability system in meeting these requirements (MoH, 2015b). Inequities in Māori health are clearly evident. Emergency Nurses require an understanding of causative factors and how these disparities influence acute health care needs (MoH, 2014; MoH, 2015; MoH, 2015a). The College of Emergency Nurses Knowledge and Skills framework (CENNZ K&S) includes Care of Māori as a key aspect identifying crucial knowledge and skills relating to the context of emergency nursing.

Nurses in New Zealand practice within legislative requirements including the Health Practitioners Competence Assurance Act (HPCAA) 2003, with the Nursing Council New Zealand (NCNZ) being the regulatory authority responsible for administering registration, scopes of practice and competency assessments. The CENNZ K&S framework identifies two scopes of practice, these being the Registered Nurse scope of practice and the Nurse Practitioner scope of practice (NCNZ, 2010; NCNZ, 2012; NCNZ, 2016). Employers such as District Health Boards provide Professional Development Recognition Programmes (PDRPs) which may be endorsed by the NCNZ; however, there are regional differences across PDRPs.

The NCNZ domains of competence and local PDRPs provide frameworks for practice and development; these 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 within the unique Emergency Care environments.

¹ Within this document the term 'Emergency Care' is used to refer to any and all settings in which a nurse practicing in the provision of emergency nursing might work.

1.5 What defines emergency nursing?

“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).”

A number of factors combine to support emergency nursing’s identification as a speciality practice area. These factors are variable and dynamic, reflecting the nature of the specialty itself. The physical location 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 healthcare facilities. In addition, there are a number of other community based services providing rural and primary “emergency” health care.

The unscheduled nature of patient presentations, as well as variable patient need creates an unpredictable and changeable workload which requires good judgment and adaptability on the part of practitioners. Emergency Nurses 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 doors to presenting patients and must continue to accommodate and reprioritise patient care, regardless of limitations associated with staffing or resources.

Caring for those within the undifferentiated phase of a healthcare presentation is central to the context of emergency nursing. Variance is seen in terms of urgency, acuity and complexity. Additional expectations for staff include managing multiple ethical, medico-legal and cultural issues. A broad knowledge base must be utilised to be successful in care provision.

A diversity in expertise must be employed to manage all/any potential conditions across the entire lifespan. Emergency Nurses utilise broad based expertise to provide specialty care and within the emergency care environment there are further opportunities for increasing depth and sub specialisation. It is the unique combination of emergency care knowledge, skills, values and attitudes which enable Emergency Nurses to competently meet the challenges of this diverse and specialised practice.

Nurses entering the speciality must be guided and nurtured through a professional development process. Knowledge and skills required include attainment of speciality competencies relating to resuscitation, trauma management and triage. In addition, Emergency Nurses are expected to have competencies related to the management of mass incident/casualty and disaster scenarios and to have the capacity to respond in situations of local and national crisis. Emergency Nurses are also required to have 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. Within the specialty there are opportunities for advanced practice roles including those based on leadership, education and autonomous clinical practice within a collaborative, interdisciplinary model.

Specific to emergency nursing practise is the use of the Australasian Triage Scale (ACEM, 2013a; MoH, 2011). Emergency Care triage is a process of critical importance as patient presentation rates are uncontrolled, as are the range of presenting concerns. Nurses must be able to clarify and prioritise clinical urgency and the need for time critical intervention across multiple patients (ACEM, 2013). The CENNZ provides a national triage course to support the development of knowledge and skills appropriate for nurses who will be working in a triage role.

1.6 Legitimacy of emergency nursing

Emergency nursing is recognised internationally as a distinct and defined specialist area within nursing, and one which has established its own specialty focussed knowledge base and skill sets. There is a strong history both nationally as well as internationally tracing the advancement of emergency nursing and its recognition as a specialty element within health services (Fry, 2008; Snyder et al., 2006; Valdez, 2009). On an international level, a number of formally established professional emergency nursing organisations emerged in the USA, Canada and UK in the early 1970s, at the same time as the establishment of designated emergency departments.

A number of specific professional bodies emerged in Australasia in the 1980s and 90s as nursing in these countries developed greater independence and specialisation on a national level, including the formation of the ACEN (Australian College of Emergency Nursing) in 1983 and an emergency nursing special interest section of NZNO in 1991 which later became CENNZ in 2001. With the establishment of these professional bodies came the development of peer reviewed journals and the publication of emergency nursing research. Opportunities for formal education in the specialty knowledge and skills of the new discipline soon followed. There is now a range of graduate and postgraduate specialty education available, leading to certificate, diploma, master or doctoral degrees. For those who do not wish to formalise their education to this degree, there are equally a number of internationally recognised courses leading to transferable credentials in emergency, trauma and resuscitation specialty knowledge and skills .

The establishment of emergency nursing has thus resulted in a clearly defined body of research, an identifiable contribution to the volume of nursing knowledge, and the establishment of recognisable specialty skill sets. This has inevitably been accompanied by the establishment of new roles and sub specialisation, and there is a national demand for Emergency Nurses and the specialty service they provide. The NCNZ workforce statistics indicate an increase from 966 RNs in 2000 who identified as Emergency Nurses to 2,625 in 2013 and Immigration NZ includes emergency nursing on its list of skilled occupations in regard to the Skilled Migrant category.

1.7 The purpose of an emergency nursing knowledge and skills framework

The need for a well-educated, skilled and responsive emergency nursing workforce has been clearly demonstrated through research and role recognition (McCarthy et al., 2013). The contribution of emergency nurses to optimising the patient's care and their experiences within the health system, together with advocating for improvement in access to services can be supported and validated through the application of a framework. The CENNZ K&S Framework provides an opportunity to impact on patient outcomes by strengthening the capacity and capability of the workforce, resulting in the potential to develop more effective service delivery. The following are examples of how this framework supports emergency nursing practice, promoting quality Emergency Care.

- Illustrates the depth and breadth of emergency nursing speciality practice.
- Provides a nursing framework for planning educational programmes and clinical development.
- Provides a framework for nurses to prepare themselves for advanced practice roles in care delivery and leadership.
- Contributes to nursing and employer awareness regarding appropriate knowledge and skills required to practice in the field of emergency nursing.
- Influences, informs and supports workforce planning and workforce 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 workforces' capabilities towards meeting the goals of various New Zealand Health and Disability services and Quality Improvement initiatives e.g.
 - NZ Health Strategy
 - He Korowai Oranga, Māori Health Strategy
 - 'Ala Mo'ui: Pathway to Pacific Health and Wellbeing
 - Primary Healthcare Strategy
 - New Zealand Disability Strategy
 - The ACC statement of intent
 - Ministry of Health Emergency Care quality measurements
 - MoH Emergency Department Suite of Quality Indicators
 - MoH Shorter Stays in Emergency Departments Target

1.8 Nursing scopes and levels of practice for Emergency Nurses

Nursing scopes of practice are underpinned by but not limited to

- Code of conduct for nurses (NCNZ, 2012c)
- Code of ethics (NZNO, 2010)
- College of Emergency Nurses New Zealand Standards of practice (2011)
- Health and Disability Services (Safety) Act (2001)
- Health and Safety in Employment Act (2002)
- Health Information Privacy Code (1994)
- Health Practitioners Competence Assurance Act (2003)

Legislative documents includes Acts, Codes, Regulations and their amendments

- Medicines Act (1981)
- Misuse of Drugs Regulations (1977)
- Professional boundaries for nurses (NCNZ, 2012b)
- Privacy Act (1993)
- The Code of Health and Disability Services Consumers' Rights (1996)
- The Vulnerable Children's Act (2014)

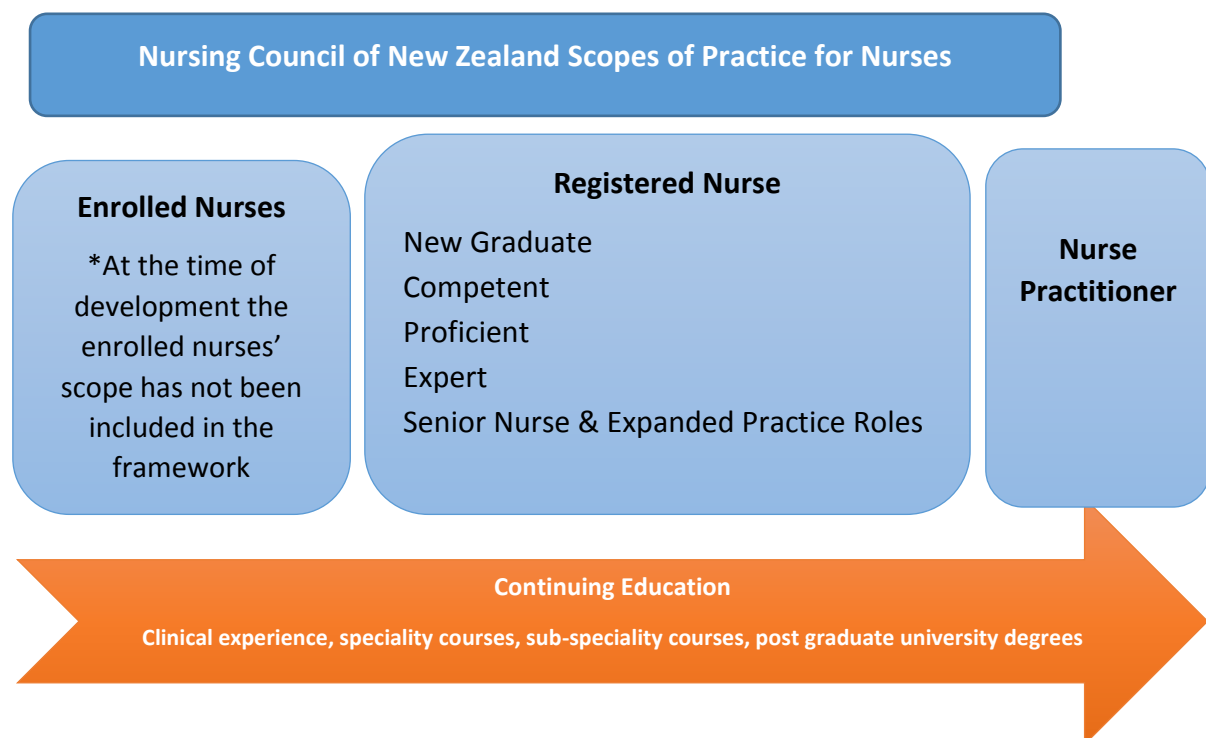


Figure 1: NCNZ Nursing Scopes of Practice

1.9 Progression of emergency nursing practice

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

Generic

ALL refers to all/any nurse registered to practice in NZ and incorporates the NZNC RN competencies. There is an expectation that ALL nurses have a broad knowledge base of health care conditions, events and experiences, but that many will go on to develop a deeper knowledge of a specific or defined area. ALL nurses are expected to have a general competency in aspects of emergency health response, such as recognition of the deteriorating patient or application of resuscitation skills (College of Emergency Nurses Knowledge and Skills Framework working group 2015b).

Emergency Nurse Speciality

ALL

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 response to crisis situations are still developing (College of Emergency Nurses Knowledge and Skills Framework working group 2015b). It is acknowledged, in line with the CENNZ position statement on Nursing Graduates in Emergency Departments that nurses in their first year of nursing practice will require targeted support in the form of ongoing education, supervision and mentorship (CENNZ 2010).

Many

MANY nurses practising in the speciality 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 focussed skills, articulate a greater degree of critical understanding and rationale for actions, and to be responsive to the rapidly changing nature of emergency care (College of Emergency Nurses Knowledge and Skills Framework working group 2015b).

Some

SOME nurses practising in the speciality 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

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 within 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, alternatively to clinical practice, specialise further into management, education, research and associated roles. Such nurses are seen to hold leadership roles within nursing and the wider health environment at a range of levels (local, national, international) (College of Emergency Nurses Knowledge and Skills Framework working group (2015b)).

Whilst New Zealand does not have a single PDRP system, this process is widely used and some employers may seek programme endorsement from the NCNZ. Most PDRP's within New Zealand are influenced by theorist Patricia Benner's work *From Novice to Expert: Excellence and Power in Clinical Nursing*, typically identifying 4 to 5 levels of practice (NCNZ, 2013). Figure 2 illustrates how these commonly designated PDRP levels might map to support the CENNZ KSF in practical application.

Emergency Speciality Nurses

All (Emergency Speciality Nurses- Includes Competencies for RNs NCNZ, 2007)	Many	Some	Few
Competent (PDRP type categories)	Proficient	Expert	Senior nursing roles
Emergency nursing experience and professional development			
Foundation knowledge and skills in emergency nursing	Consolidated knowledge and skills in emergency nursing	Focussed 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: Example of the Emergency Speciality Nurses framework

Variation in title and positions

Nursing position titles and corresponding roles may vary between workplaces. MOH ED Service Specifications and Multi Employment Collective Agreement (MECA) both contain definitions of various Senior Nurse Roles (MOH, 2013: NZNO, 2015). The NCNZ provides guidance regarding expanded practice for Registered Nurses (NCNZ, 2010), and CENNZ also provides a position statement on the role of the Emergency Clinical Nurse Specialist (CENNZ, 2013). The NCNZ Nurse Practitioner is the only advanced clinical practice role that has a defined NCNZ scope of practice with associated preparation and competency requirements which lead to formal registration (NCNZ, 2012a).

It is recognised that Emergency Nurses working in rural or more isolated environments may be required to accelerate aspects of roles and development when compared to metropolitan Emergency Departments. This is due to the nature of working in dynamic environments, often with comparatively few resources (College of Emergency Nurses Knowledge and Skills Framework working group 2015b).

Section 2: Key Aspects of Emergency Nursing Practice

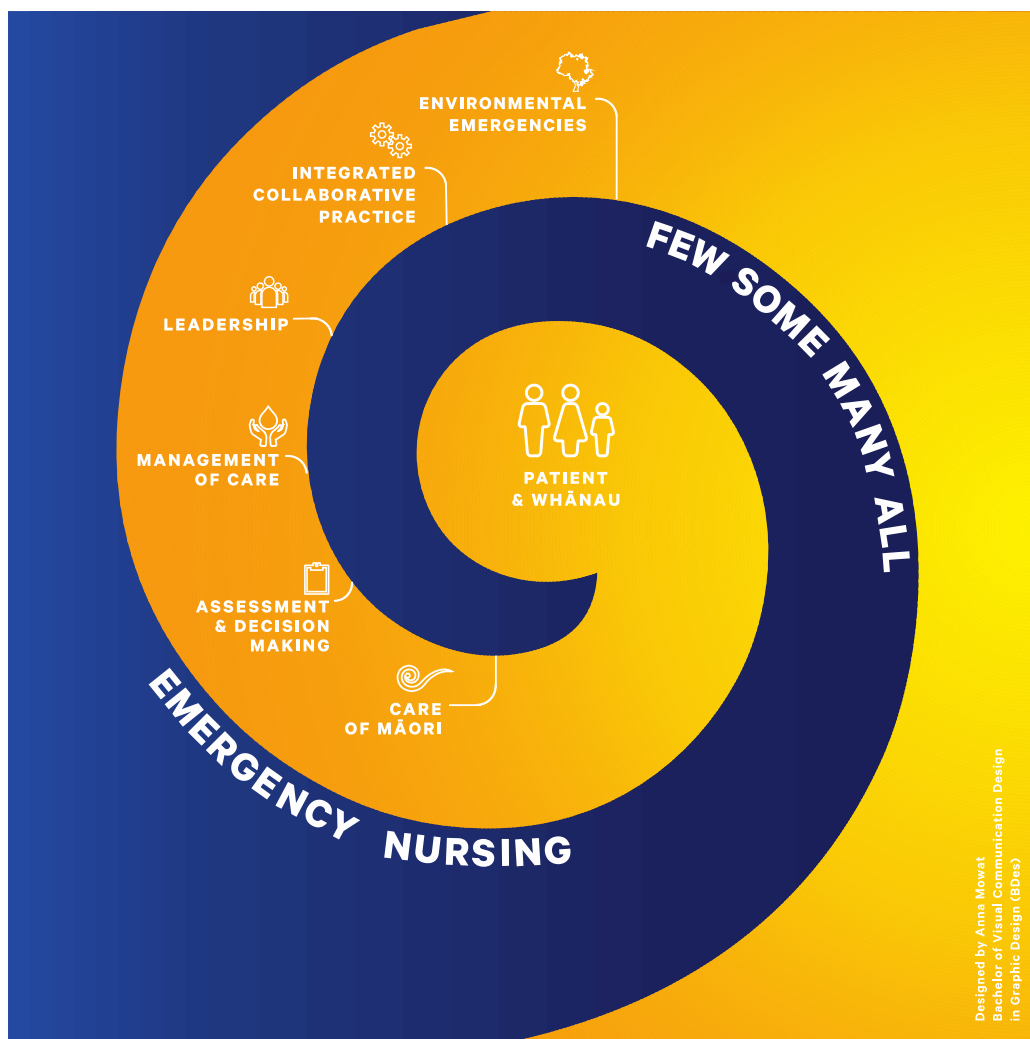


Figure 3: Key Aspects of Emergency Nursing Practice

Aspects of care

The aspects of emergency nursing presented in this framework are recognised as being 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 are inclusive of the core knowledge required within the NCNZ RN scope of practice, **'Many'** are inclusive of the core concepts identified for the 'all', **'Some'** inclusive of the 'all' and 'many' and **'Few'** inclusive of the 'all', 'many', 'some'.

Due to the extensive range of emergency nursing topics of interest and the complex interactions between them, it is not appropriate to present the knowledge and skills associated with ED nursing in terms of a body systems or disease based taxonomy. The breadth of scope associated with the disease and injury processes possible across all body systems and all stages of the lifespan make it unrealistic to address specific elements. Instead, the overall aspects of care are presented in terms of general principles. This in turn highlights 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 (for example oncology) or by reference to body systems (e.g. 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 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:

This is seen as the basic level of knowledge required to function effectively as a beginning emergency nurse; it presupposes the presence of existing registered nurse competency as required by NCNZ; 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:

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 management of 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 focussed knowledge:

Emergency nurses who have in-depth and focussed 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 judgement 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; knowledge of the local community, amongst others. This is a combination of explicit and tacit knowledge.

Critical knowledge:

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 utilising 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 processes. 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 made available on the CENNZ website.

Care of Māori

CARE OF MĀORI	Emergency Nursing in New Zealand has a specific commitment to respond to the emergent and acute health care needs of Māori, in addition to other population groups. Care is required to 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.			
K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed 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	<p>All nurses support the provision of safe and effective care for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 	<p>Many nurses support colleagues in developing skills to provide safe and effective care for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Understanding of Whānau Ora Recognition and advocacy for Māori health responses 	<p>Some nurses are role models within their workplace providing guidance across services and disciplines in supporting the provision of safe and effective care for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Understanding of Māori models of health and wellbeing and how these relate to Emergency Care delivery Act as support and resource Guide others to understand and apply knowledge 	<p>Few nurses lead services in the provision of safe and effective care for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 inclusive within each subsequent level of progression

Care of Māori- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed 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 reducing health inequities	<p>All nurses act to reduce health inequity for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Recognising stereotyping and discrimination that create barriers • Identify the role of power within health relationships • Acknowledge the influence/impact of the healthcare and nursing cultures on Māori 	<p>Many nurses support colleagues in reducing health inequity for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Understanding of 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 	<p>Some nurses are role models within their workplace providing guidance across services and disciplines in reducing health inequity for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • 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 	<p>Few nurses lead services in the integration of effective health policy aimed at reducing inequity for Māori and their whānau</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Creating processes that monitor, examine and address Māori health inequity and improve Māori health outcomes. Actively seeking consultation from and engagement with appropriate Māori representatives • Leading the application of the Equity of Health Care for Māori Framework • Participate in development of systems and processes at local, regional and national level

Core concepts from prior levels are inclusive within each subsequent level of progression

Assessment and decision making

ASSESSMENT AND DECISION MAKING	There are a number of assessment and decision making elements in emergency nursing that make this a particular focus for the specialty. Emergency nursing incorporates the broadest exposure to undifferentiated patient conditions, trauma, illness and crisis situations. Nurses working in this specialty 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. A systematic approach is required using specific structured assessments, performed within a variety of settings. Decision making skills are developed through emergency care learning and experiences. Areas of development include critical thinking, reflection, interpretation and analysis.			
K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Working with un-differentiated patients	<p>All nurses assess and plan care for patients without a definitive diagnosis</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Recognition and respond to 'red flags' during assessment and review Identification of and response to emergent conditions 	<p>Many nurses are able to identify likely potential problems for patients with undifferentiated diagnoses</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 minimize risk and increase reactive capacity 	<p>Some nurses are confident in developing a range of differential diagnoses to assist in determining assessment priorities</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 Guide others to identify and differentiate emergent and urgent patients 	<p>Few nurses coordinate the entire episode of care for patients with undifferentiated diagnoses</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Develop solutions within time critical parameters Coordinate teams to ensure timely appropriate assessment and care

Core concepts from prior levels are inclusive within each subsequent level of progression

Assessment and Decision Making- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Structured assessment	<p>All nurses utilise structured assessment processes within their practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Recognise, select and utilise appropriate structured assessments to match practice setting and presenting complaint Apply structured assessment to enable targeted health screening Apply principles of holistic care whilst utilising appropriate guidelines and pathways 	<p>Many nurses utilise, evaluate and implement structured assessment within their practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Explicit knowledge of conditions and relevant clinical guidelines Utilise knowledge gained from structured assessments to facilitate prioritisation of patient care 	<p>Some nurses are confident in applying a wide range of structured assessments, acting as role models assisting others to gain understanding of structured assessment within their practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Application of advanced, specialist and complex structured assessment frameworks Identification and analysis of complex patient presentations to enable clinical decision making 	<p>Few nurses critically review and develop structured assessments, embedding these within the wider health system</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Utilise 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 inclusive within each subsequent level of progression

Assessment and Decision Making- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Diagnostic and therapeutic interventions	<p>All nurses review basic diagnostic findings and assess for the effect of therapeutic interventions as part of their patient assessment</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Understand and evaluate the effects of treatment and initiate standard investigations and care for specific patient groups • Recognise deviance from normal findings and seek clarification/support from colleagues • Understanding of pharmacological interventions • Application of Standing Orders and Clinical Pathways 	<p>Many nurses initiate specified diagnostic interventions and evaluate diagnostic and therapeutic findings in collaboration with other colleagues within the MDT</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Initiate more focused investigations and treatment • Critically review assessment findings and integrate these into clinical reasoning and decision making • Interpret a wide range of diagnostic results to influence decisions and care • Critically review pharmacotherapeutic interventions 	<p>Some nurses analyse a range of interventions, diagnostic and/or therapeutic, in seeking to implement best practice protocols, guidelines and pathways</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • 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 RN nurse prescribing 	<p>Few nurses independently initiate a wide range of diagnostics and therapeutics within the clinical setting as independent practitioners</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Manage specific clinical case-loads either autonomously or through the utilisation 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 • Nurse prescribing (applies to NP)

Core concepts from prior levels are inclusive within 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 a holistic approach and is responsive to a broad spectrum of both known and undifferentiated needs. Within the emergency care setting there is a particular focus on the management of urgent, and life threatening situations with Emergency Nurses managing a broad range of situations, which requires a comprehensive knowledge base. This includes managing complex caseloads and the interface between the community and hospital sectors.			
KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed 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	<p>All nurses work within an environment that is subject to fluctuations in patient acuity, volume and where resources may vary</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Awareness of patient complexity and need to prioritise care within workload Understand risk identification Utilise workload management tools 	<p>Many nurses are confident reacting and responding to situations of change and support others to develop in this environment</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Recognition and response to variable demand Provide support to others 	<p>Some nurses are skilled in recognising, differentiating and managing unscheduled and varied patient demand</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Provide oversight and support for many colleagues /patients Manage rapidly changing needs for patients/staff Manage resource issues within the workplace 	<p>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</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 inclusive within each subsequent level of progression

Management of Care- KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Resuscitation and critical care	<p>All nurses respond to situations requiring resuscitation or immediate interventions</p> <p>Core concepts include:</p> <ul style="list-style-type: none"> • Application of adult and paediatric life support • Awareness and ability to apply common resuscitation protocols and algorithms • Awareness of the principles of ceiling of care and the role of Advanced Care directives 	<p>Many nurses are confident in providing resuscitative and critical care interventions</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Anticipate common patient interventions • Contribute to discussion around decision making in ceiling of care 	<p>Some nurses have expertise in the management of patients requiring resuscitative and critical care interventions</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Anticipate an advanced range of patient interventions • Guide others to understand and apply knowledge and skills • Participate in the decision making in ceiling of care 	<p>Few nurses lead responses in the management of resuscitative critical care and interventions</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Lead care in a collaborative environment • Participate in development of protocols and processes at local, regional and national level

Core concepts from prior levels are inclusive within each subsequent level of progression

Management of Care-KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Sudden, unexpected or traumatic event/death.	<p>All nurses are exposed to and care for individuals, families and communities who have experienced sudden, unexpected or traumatic event/death</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Awareness of the grief process and its impact on family/whānau/community and the ED team • Knowledge and access of organisational support services • Awareness of diversity of religious and cultural practices • Knowledge of local policy for care of the deceased • Knowledge of forensic principles, local policies and expectations 	<p>Many nurses assist colleagues in learning to respond to the experience of sudden, unexpected or traumatic event/death</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Assist patients and whanau through the experience of sudden unexpected or traumatic event/death 	<p>Some nurses are confident in responding to a range of traumatic situations and managing the processes associated with sudden, unexpected or traumatic event/death</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • 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 	<p>Few nurses have specialist skills in responding to sudden, unexpected or traumatic event/death including specialty roles and processes</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Participate in development of systems and processes at local, regional and national level

Core concepts from prior levels are inclusive within each subsequent level of progression

Management of Care- KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Across the Lifespan	<p>All nurses care for patients across the lifespan and apply knowledge and skill relating to normal development and markers</p> <p>Core concepts :</p> <ul style="list-style-type: none"> • Understanding of normal physiological values • Understanding of normal psychological and psychosocial development • Recognition of variance from the 'normal' • Knowledge of common age related emergency presentations 	<p>Many nurses develop additional interests in subspecialty areas within the emergency nursing specialty and utilise specialised knowledge and skills</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Anticipates specific targeted intervention and advocacy • Targeted age related knowledge and skills 	<p>Some nurses provide focussed resource for particular patient groups across the lifespan, and specialise in age related conditions/situations</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Act as mentors and specialty resource • Guide others to understand and apply knowledge 	<p>Few nurses are highly specialised and focussed within sub specialty areas of emergency nursing, linked to age or condition specific presentations</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • 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 inclusive within each subsequent level of progression

Management of Care- KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Broad range of nursing expertise, and technical skills	<p>All nurses respond to the common range of emergency patient presentations, whether independently or where necessary under direction</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Familiarity with common procedures and skills • Recognition of common presentations and understanding of related pathophysiology 	<p>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</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Confidence in integrating knowledge and skills • Recognition of a wider range of conditions and presentations • Familiarity with more specialised procedures 	<p>Some nurses are able to integrate a range of specialty knowledge and skills to address more complex patient presentations</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Act as support and resource • Guide others to understand and apply knowledge • Undertakes and teaches advanced procedures 	<p>Few nurses provide direct supervision and mentorship for advancing Emergency Nurses and other health professionals</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Supervision and mentorship of nurses seeking advancement • Undertake a wide range of advanced procedures • Development of systems and processes at local, regional and national level • Lead Quality Improvement initiatives that support safe and efficient outcomes

Core concepts from prior levels are inclusive within each subsequent level of progression

Management of Care- KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Contribution to the patient journey	<p>All nurses influence and enhance the patient journey within and beyond the emergency care setting</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Use of agreed pathways • Familiarity and application of local admission and discharge planning and processes • Support patient and family/whānau in building capacity to manage own health needs • Awareness local and MOH strategic documents e.g. health targets 	<p>Many nurses support others in optimising the patient journey</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Ability to anticipate patient flow constraints and opportunities • Guide others in patient flow 	<p>Some nurses are involved in coordination of larger groups of patients and improving patient flow to assist in the patient journey</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Involvement in a coordinated response to managing the patient journey • Contributes to the development and implementation of pathways 	<p>Few nurses have a global understanding of issues associated with the patient journey and manage the emergency care contribution to this</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Lead a coordinated response to managing the patient journey • Identification and initiation of new processes to improve the patient journey at local, regional and national levels

Core concepts from prior levels are inclusive within each subsequent level of progression

Management of Care-KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Violence and aggression in the workplace setting.	<p>All nurses act to minimise exposure to violence and aggression in the workplace</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Knowledge of own, patient and workplace safety strategies (eg safety alarms) • Apply de-escalation principles • Understanding of roles of external agencies e.g. Police • Awareness of the relevant legislation and local policy 	<p>Many nurses anticipate and intervene to minimise risk of violence and aggression in the workplace</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Confidence in risk recognition and de-escalation 	<p>Some nurses use specialised skills and act as a resource in regard to management of violence and aggression in the workplace</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Coordinate a response to a challenging situation • Guide others to understand and apply knowledge 	<p>Few nurses lead culture change across organisations and within the wider health sector aimed at highlighting and minimising issues contributing to violence and aggression in the workplace</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Lead a culture of recognition and response to violence and aggression in the workplace setting • Participate in development of systems and processes at local, regional and national level

Core concepts from prior levels are inclusive within each subsequent level of progression

Leadership

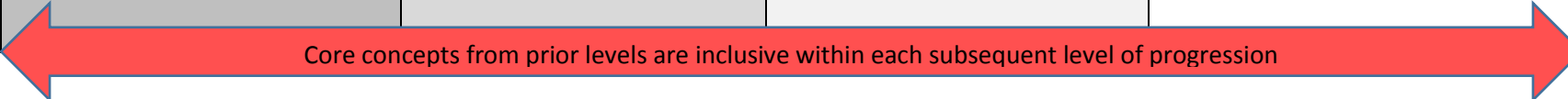
LEADERSHIP	Leadership in emergency nursing practice incorporates the coordination of care in a complex and time critical environment, to ensure the patient receives the right care at the right time by the right people in the right place. Emergency nursing leadership needs to be flexible and adaptive, supporting a proactive approach within a dynamic, ever changing setting. Leadership promotes resilience and fosters a supportive and nurturing environment for staff working within the emergency care team.			
K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Leadership of practice	<p>All nurses develop and demonstrate self-direction and autonomy in leading own practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 Engage in change processes 	<p>Many nurses extend leadership of self to direction and support of others</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Provide professional advice to colleagues regarding therapeutic interventions and best practice Initiate care and treatment independently utilising protocols and guidelines Recognise, and advocate for the need to change /alter care Generalise specific knowledge to potential future key decisions 	<p>Some nurses are leaders within the wider MDT and apply these skills in developing and initiating support systems, guidance and leadership of others</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Assist and direct others across inter-professional groups and services Develop and adapt protocols, pathways and guidelines Facilitate the introduction of new services/processes/ policies in the practice setting 	<p>Few nurses are leaders across broader systems/services and influence the work of others at local, regional and national levels</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Autonomous in practice within a collaborative framework Able to take on variety of lead roles within practice setting Direct and delegate clinical care Lead MDT meetings Conceptualise, research and establish protocols, pathways and guidelines. Lead and monitor effects of change processes

Core concepts from prior levels are inclusive within each subsequent level of progression

Leadership- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Leadership in workforce processes	<p>All nurses recognise the need to adapt to unpredictable workload</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Understand skill mix and acuity and the need for flexibility in allocating resources • Recognise and respond to changing priorities 	<p>Many nurses anticipate and respond to workforce changes</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Analyse and respond to environmental, resource and other changes • Recognise the potential impact of changes in workforce conditions on patients and other services 	<p>Some nurses adapt to unpredictable workloads and manage workforce processes</p> <p>Core concepts</p> <ul style="list-style-type: none"> • 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 • Familiarity with scope of system and available health resources eg. primary care capacity, pre-hospital pathways 	<p>Few nurses lead service responses to workforce processes</p> <p>Core concepts</p> <ul style="list-style-type: none"> • Development and initiation of risk mitigation strategies • Lead local, regional and national discussions around core workforce issues and patient impact • Global awareness of health system integration and impact of workforce issues

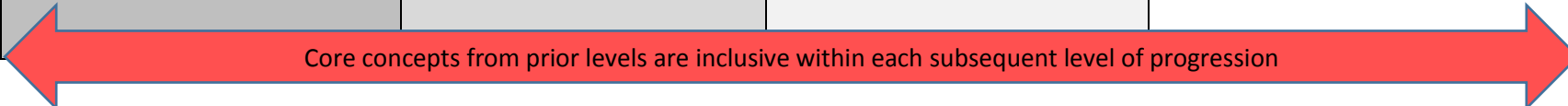
Core concepts from prior levels are inclusive within each subsequent level of progression

Leadership- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Leadership in quality and safety	<p>All nurses recognise and contribute to safety and quality measures and targets</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Engagement in patient safety initiatives and clinical audits. Identify risk and act to minimise this for staff, patients and others 	<p>Many nurses engage others to integrate quality initiatives into practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Advise, support and teach colleagues Integrate quality and safety initiatives into all aspects of practice Promote awareness of relevant issues 	<p>Some nurses initiate practice change and lead service improvements</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Monitor, champion and manage quality and safety initiatives 	<p>Few nurses lead target initiatives and coordinate service and sector responses</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Initiate, design and lead quality projects at local, regional, national levels Influence policy and raise issues at local, regional, national levels



Core concepts from prior levels are inclusive within each subsequent level of progression

Leadership- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Resilience and wellbeing	<p>All nurses recognise the importance of and contribute to a culture of respect and support within the workplace</p> <p>Core concepts</p> <ul style="list-style-type: none"> • Recognition and understanding of factors that contribute to resilience and well being • Identification of risk factors or barriers to resilience and wellbeing in the workplace, and raise awareness of these • Familiarity with service specific support systems and processes 	<p>Many nurses understand and promote the principles of resilience and wellbeing within the workplace</p> <p>Core concepts</p> <ul style="list-style-type: none"> • Proactive in identifying barriers and enablers for self and other individuals • Awareness of and response to signs of predisposing factors and distress amongst colleagues 	<p>Some nurses are leaders in developing and maintaining a resilient culture within the workplace</p> <p>Core concepts</p> <ul style="list-style-type: none"> • Act as a resource and support in developing resilience and promoting wellbeing across the workplace • Facilitate formal and informal briefing after stressful event/incident 	<p>Few nurses contribute to the wider debates around resilience and wellbeing within society</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Create and maintain processes that support resilience and promote wellbeing. • Is responsible for leading employer practices that support wellbeing of individuals and groups



Core concepts from prior levels are inclusive within each subsequent level of progression

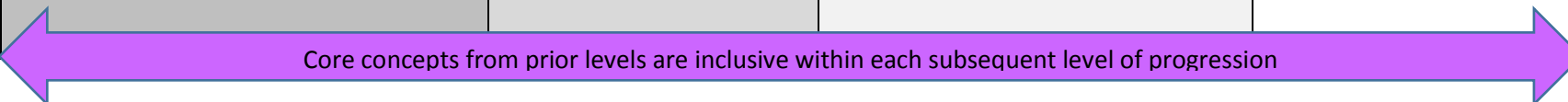
Leadership- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Development of a sustainable emergency nursing workforce	<p>All nurses recognise the importance of the emergency nursing role and its contribution within the health system</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Awareness of emergency nursing professional progression pathways • Awareness of emergency nursing training opportunities • Awareness of local PDRP programmes 	<p>Many nurses contribute to the continuing development of emergency nursing education and research</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Develop and demonstrate personal and professional goal setting • Guide and support graduates and nurses new to the field of emergency nursing 	<p>Some nurses advocate for and initiate systems to recruit, retain and support Emergency Nurses within the profession</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Advocates for workforce and professional development strategies within own workplaces • Mentor others to achieve their professional development goals 	<p>Few nurses identify areas of concern within the emergency nursing workforce and seek to address these at local, regional and national levels</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Lead work force development and professional development strategies within 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 inclusive within each subsequent level of progression

Integrated, Collaborative Practice

Aspect: Integrated, collaborative practice	<p>Emergency Nurses collaborate with patients, family/whānau as well as within and across health and related services and community networks. In addition to working within established systems and frameworks, Emergency Nurses often provide care within health care teams which are formed rapidly and are dynamic in nature. 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 available 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.</p> <p>Emergency Nurses recognise the impact of, and seek to influence wider social, political, and professional drivers.</p>			
K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed 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	<p>All nurses recognise the importance of and apply the principles of effective communication</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Share information effectively on changes in patient condition • Utilise structured communication tools (e.g. ISBAR) • Recognise role of communication on patient satisfaction and complaints • Familiar with and applies principles of effective communication 	<p>Many nurses demonstrate communication strategies in managing crises situation</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Skilled in communicating effectively in critical and stressful situations. • Anticipate patient needs and intervene early • Support colleagues in developing effective communication strategies 	<p>Some nurses apply specialised communication techniques and processes</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Utilise team management principles • Role model clear and respectful behaviour in rapidly changing and stressful environments • Recognise and respond to evidence of dysfunctional communication, burnout, and moral distress amongst colleagues • Develop patient information / education resources 	<p>Few nurses influence and lead the wider healthcare sector in developing effective healthcare communication strategies</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Build collaborative teamwork across disciplines • Participate in development of effective communication and information technologies at local, regional and national level

K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed 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	<ul style="list-style-type: none"> • Practical application of ethical concepts related to privacy in an environment of urgent need and public interest • Assist patient / family whanau to access health literacy tools to enable informed decision making relating to care management in the emergency setting • Apply emergency care information technologies into practice 		<ul style="list-style-type: none"> • Support evolving information technologies into practice 	<ul style="list-style-type: none"> • Liaises at local, regional and national levels in the development of health literacy



Core concepts from prior levels are inclusive within each subsequent level of progression

Integrated, Collaborative Practice- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Inter-professional collaboration	<p>All nurses work within a multidisciplinary environment and contribute to a collaborative practice model</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • 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 	<p>Many nurses influence and support others in their professional development and understanding of collaborative practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Role model collaborative inter-professional behaviour • Demonstrate and instil respect and support for other members of the team. • Learn from and share knowledge and skills with the inter-professional team 	<p>Some nurses recognise and contribute to the pool of expertise within the collaborative inter-professional model</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Demonstrate in depth knowledge of other health team members and seek targeted advice and expertise. • Optimise the knowledge and skills of other healthcare disciplines to provide safe and quality care. • Assist and mentor others in working collaboratively 	<p>Few nurses lead, develop, influence and strengthen inter-professional collaborations</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • 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 inclusive within each subsequent level of progression

Integrated, Collaborative Practice- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Integration within the wider healthcare system	<p>All nurses engage with a range of services, and identify the importance of discharge planning</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Understand the roles of, and links between primary and secondary care • Understand and apply discharge planning and application of local policies • Recognise and facilitate emergency care function as conduit to other services 	<p>Many nurses create workplace networks to assist in the integration of emergency care within the health system</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Anticipate patient needs, integrating the principles of early discharge planning • Identify, and negotiate access to additional health care services 	<p>Some nurses guide both patients and colleagues in processes and health service planning to maximise patient outcomes</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Act as navigator for the patient, guiding them through the health system • Act as liaison with hospital/community/other services 	<p>Few nurses influence and lead service and policy development</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Develop/ improve systems and processes at local/ regional/national levels to integrate Emergency care with the wider healthcare system • Influence and address issues of healthcare access • Independently refer on to other disciplines/specialties

Core concepts from prior levels are inclusive within each subsequent level of progression

Integrated, Collaborative Practice- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Patient/family friendly and centred care	<p>All nurses apply the theory and principles of patient/family friendly and centred care to inform their practice</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Understand and applies the principles of informed consent • Adheres to the principles of family friendly and centred care • Recognise, disseminate and advise patients/ families regarding the HDC code of patient rights • Recognises the value of communication 	<p>Many nurses integrate the theory and principles of patient/family friendly and centred care and support others in recognising and applying these</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Recognise and respond to aspects of care that fail to acknowledge the central role of patient/family • Support colleagues to reflect on practice and recognise areas for development 	<p>Some nurses guide and influence others within the MDT to utilise the patient/family friendly and centred model of care</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Act as support and resource • Advocate within the wider MDT for collaborative, coordinated approach to patient/ family friendly and centred care 	<p>Few nurses influence the wider health system and lead emergency nursing in the development of a culture of patient/family friendly and centred care</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Ensure systems that take feedback from patients and families 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 inclusive within each subsequent level of progression

Integrated, Collaborative Practice- K and S Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Recognition and response to vulnerability and difference	<p>All nurses utilise the principles of cultural safety to appropriately screen and care for those at increased risk of vulnerability</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Awareness, education in and application of core practice and interventions related to: <ul style="list-style-type: none"> Personal rights Protection issues Abuse, neglect, family, violence Patient/whanau advocacy Health Screening Awareness of differences in health literacy Awareness of social determinants of health Recognition and response to psychosocial factors Awareness of services outside of own emergency setting Actively reflects on own culture and the impact this has on those seeking healthcare 	<p>Many nurses assist colleagues to reflect on and recognise culturally safe practice and the impact of the culture of nursing</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Understanding the potential for disempowerment / increased vulnerability associated with entering the health system Identify ways of reducing these issues 	<p>Some nurses influence the culture of healthcare contributing to the development of a culturally safe nursing workplace</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 	<p>Few nurses are leaders within the profession, identifying and addressing areas of risk and vulnerability</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Creating 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 organisation for vulnerable groups

Core concepts from prior levels are inclusive within each subsequent level of progression

Environmental Emergencies

ENVIRONMENTAL EMERGENCIES	Emergency Nurses face the unique situation where they are required to respond to environmental emergencies. These may present in the form of a natural disaster, mass casualty event, pandemic or infectious disease outbreak or hazardous substance exposure. These events often occur with little forewarning, require complex, wide scale responses, and at times involve personal risk. Environmental emergencies can have psychological impacts for patients, families/whānau and staff, in particular in relation to isolation, risk and privacy.			
KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
	Competent	Proficient	Expert	Senior Nurse Roles
Major Incident Management	All nurses enact major incident strategies as directed Core concepts <ul style="list-style-type: none"> • Prioritisation of care • Knowledge of mass casualty triage • Knowledge of major incident documentation specific to their organisation /area of work • Location of emergency cache / equipment • Awareness of the psychosocial impact of isolation, risk and privacy on patients, families and staff 	Many nurses enact major incident strategies and support others Core concepts: <ul style="list-style-type: none"> • Awareness of local and regional response systems and resources • Recognise the significance of types of major incidents in terms of action plans, resource and responses • Awareness of internal and external modes of communication including back-up systems 	Some nurses are involved in the initiation of major incident response Core concepts: <ul style="list-style-type: none"> • Co-ordinating area specific or designated aspects of major incident response. • Undertake additional specialised training such as Coordinated Incident Management System (CIMS) • Undertake Mass Casualty triage • Undertake department / area co-ordination and resourcing for major incident management • Support the development of policy and procedures specific to major incident management • Recognition and direction of resources for ethical and emotional support 	Few nurses initiate and lead the major incident responses Core concepts: <ul style="list-style-type: none"> • Lead departments and participate in the development of systems at a local, regional and national levels, • Awareness and allocation of resources. • Planning of staffing anticipating needs, allocating resources as required • Developing processes and providing resources for ethical and emotional support

Core concepts from prior levels are inclusive within each subsequent level of progression

Environmental Emergencies- KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Hazardous Substance Exposure	<p>All nurses undertake directed care of patients experiencing hazardous substance exposure</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Competence in use of PPE including HAZMAT protection • Knowledge of decontamination procedures • Familiarity with local and national resources e.g. Poisons centre, TOXINZ • Awareness of the psychosocial impact of isolation, risk and privacy on patients, families and staff 	<p>Many nurses care for patients experiencing hazardous substance exposure and support others</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Knowledge of common toxidromes • Awareness of potential hazards in geographic region e.g. industrial, natural hazards 	<p>Some nurses are involved in the initiation in preparedness planning of patients exposed to hazardous substances</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Coordinate resources and education relevant to the exposure • Guide and monitor the use of HAZMAT knowledge and application • Recognition and direction to resources for ethical and emotional support 	<p>Few nurses initiate response to patients exposed to hazardous substances</p> <p>Core concepts:</p> <ul style="list-style-type: none"> • Lead department and hospital hazard response plans • Participate in the development of systems at local, regional and national levels. • Create processes that prepare health services to manage environmental hazards. • Determine and procure suitable HAZMAT equipment and materials • Planning of staffing anticipating needs, allocating resources as required • Developing processes and providing resources for ethical and emotional support

Core concepts from prior levels are inclusive within each subsequent level of progression

Environmental Emergencies- KSF Level	All (Emergency Speciality Nurses) have and apply foundational knowledge and skills	Many have and apply consolidated knowledge and skills	Some have and apply in-depth and focussed knowledge and skills	Few have and apply critical knowledge and skills
PDRP (where this is applicable)	Competent	Proficient	Expert	Senior Nurse Roles
Infectious Disease Outbreak/ Pandemic	<p>All nurses undertake directed care of patients exposed to infectious disease outbreak</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Competence with infection prevention and control procedures Competence in use of PPE Ensure non-clinicians and first responders use suitable precautions and or take remedial measures Awareness of the psychosocial impact of isolation, risk and privacy on patients, families and staff 	<p>Many nurses undertake care of patients exposed to infectious disease outbreak and support others</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Familiarity with local isolation and streaming processes for management of infectious outbreaks e.g. Influenza, SARS, Ebola, MERSV 	<p>Some nurses are involved in the initiation of preparedness planning for management of emerging infectious disease outbreak</p> <p>Core concepts:</p> <ul style="list-style-type: none"> Coordination of delivery of service care within the streaming policy Recognition and direction to resources of ethical and emotional support Provision of anticipatory training in management of infectious diseases 	<p>Few nurses Lead the response and develop policies to respond to infectious disease outbreaks and pandemics</p> <p>Core concepts:</p> <ul style="list-style-type: none"> 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 Planning of staffing anticipating needs, allocating resources as required Developing processes and providing resources for ethical and emotional support

Core concepts from prior levels are inclusive within each subsequent level of progression

Glossary of Terms

Ceiling of care	This refers to 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	<p>Is 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 is seen as involving elements of both intuitive and analytic processes.</p>
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.
Clinical practice guidelines	Guidelines are systematically developed, evidence based statements to assist in decisions about appropriate health care in specific clinical circumstances.
Coordinated incident management system (CIMS)	<p>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 each specific situation, with core elements that offer consistency. Training is provided at a number of levels, through a modular system.</p>
Critical thinking	<p>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).</p>
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	<p>Defined as 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.</p> <p>The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the</p>

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).

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 Refers to 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 inequities and Health inequalities

Inequity refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion while inequality simply refers to the uneven distribution of health or health resources as a result of genetic or other factors or the lack of resources (GlobalHealth Europe, 2009).

Health literacy Refers to the ability to obtain, process, and understand basic health information and services in order to make appropriate health decisions.

He Korowai Ora 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 Refers to patient care that incorporates the physical, emotional, social, economic, and spiritual needs of an individual; their response to illness; and the impact of the illness on their life

Kawa Whakaruruhau This model involves the delivery of culturally safe care, where culture is broad in its application and 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 the understanding of self 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 recognition and integration of The Treaty of Waitangi and its principles within the contexts of Aotearoa/New Zealand and nursing practice, and its practical application within nursing. Links need to be made between the Treaty of Waitangi and cultural safety.

Knowledge synthesis Refers to the drawing together of various forms of knowledge, the analysis and combining of evidence derived from research to guide clinical decision-making and to inform clinical practice.

Moral distress Refers to the conflict or dilemma experienced by a nurse who finds themselves in a situation 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 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, localization 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; inclusive of medico/legal, ethical decision making processes and respective of the individuals cultural background.
Protocols	An agreed framework outlining the care that will be provided to patients in a designated area of practice. They do not describe how a procedure is performed, but why, where, when and by whom the care is given.
Red flags	A set of symptoms and warning signs that may indicate a more serious condition that requires immediate medical help.
Situational awareness	Situational awareness is a term used to describe 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'.
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 itself is central to Māori culture, identity and forms part of the heritage of our country.
Tikanga	Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of 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 toxidrome is defined as a constellation of signs and symptoms (heart rate, respiratory rate, temperature, skin colour, and pupil size) that are typically produced by particular toxins.
Whānau Ora	The concept of Whānau Ora is about supporting Māori families to achieve their 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 that whānau play for many Māori, as a principal source of strength, support, security and identity.

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