



Enrolled Nurse Section
NEW ZEALAND NURSES ORGANISATION

ENROLLED NURSE SECTION NZNO

Enrolled Nurse- Supported-into Practice Programme (EN SIPP)

Enrolled Nurse Section, New Zealand Nurses Organisation

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INTRODUCTION:

The Enrolled Nurse Section NZNO (the section) has developed a proposal, for a fully funded, nationally consistent new enrolled nurse (EN) graduate programme. The programme is called the Enrolled Nurse-Supported-into-Practice Programme (EN SIPP), so it is not confused with the registered nurse (RN), Nurse-Entry-to-Practice Programme (NeTP).

The section has developed this proposal because members are hearing enrolled nurses (ENs) are not getting employment as ENs after graduation or, if they do get employment, an appropriate orientation programme has not been set up to support them, as they begin their nursing careers. The proposed EN SIPP programme would encompass district health boards (DHBs), primary health care, aged care and Māori and iwi providers.

The programme is a proposal only and can be changed and added to, to enhance it further.

In 2009, when the section responded to a Nursing Council consultation document on the EN and nurse assistant scope of practice under the Health Practitioners Competence Assurance Act (2003), the section strongly supported a NeTP. The section believed newly trained ENs needed to be supported in the workplace in the same way as RNs and doctors. The section believed allocated funding should be available for the whole health workforce, not just certain parts of it, and we still believe that.

Although the proposed programme would, hopefully, have its own allocated national funding, the section would like to see ENs and RNs share some specific study days. This would encourage new RNs to gain a greater understanding of the EN scope of practice and vice versa.

As health professionals, ENs are fully aware the nursing workforce is ageing and a high percentage of the current EN workforce will be retiring in the next 10 years or so (NCNZ, 2013). We would like to leave the nursing profession knowing our future ENs will be fully supported to enhance their nursing knowledge and gain experience to carry the true tradition of enrolled nursing well into the future.

Background

Nursing Council of New Zealand (NCNZ) (2013) statistics reveal the current EN workforce already works in a variety of healthcare settings, including:

Continuing care	Public health
Assessment, treatment & rehabilitation	Occupational health
Medical	Practice nursing
Surgical	Nursing administration & management
Palliative care	Emergency and trauma
Perioperative care	Nursing education
Mental health inpatient & community	Nursing research
Obstetrics, maternity	School health
District nursing	Addiction services
Intellectually disability	Family Planning /Sexual health
Child health	Māori and iwi Providers
Primary health care	Intensive care/Cardiac care

There is great potential for ENs to further work in district health boards (DHBs) as models of care that introduce ENs into the skill mix are developed. There are emerging examples in community nursing and primary health care. In all areas where ENs are already employed, their role can be further enhanced, in accordance with their scope of practice. NCNZ states:

“The report also shows how the reinstatement of enrolled nurse education has had a positive effect on nursing supply and the importance of incorporating enrolled nursing into future models of care, Pg 5”

The section’s national committee supports the Ministry of Health (MOH) Fact Sheet: *Have you thought of employing an enrolled nurse?* In this, the ministry states:

“Current employment practice, models of care and variable local policies can result in barriers to enrolled nurses contributing to their potential. It is important that nurse leaders and others develop models of care, orientation programmes and policies and guidelines to make the most of enrolled nurses’ skills and knowledge.”

The National Nursing Organisations’ report to Health Workforce New Zealand by the (2014) states:

“When the skill mix in the health care team includes enrolled nurses working with registered nurses, health care assistants, or other clinicians, we expect to see safe, high- quality nursing care, and improved workforce productivity. The Ministry of Health and national nursing organisations are committed to supporting enrolled nurses to work to the full extent of their scope of practice, Pg 15.”

The section believes nurse leaders should provide a supported entry- into-practice for ENs.

The section also believes the Nurse Maude Complex Restorative Care Service developed in Canterbury in 2011 is a very good model of how the EN can work in partnership with the RN and others to deliver nursing care to complex and dependent people in the community.

Case study – The Nurse Maude Complex Restorative Care Service

In Canterbury, the Nurse Maude Complex Restorative Care Service (TotalCare) is recognised as a successful model of care where ENs are supported to deliver care using all of their knowledge and skills. The TotalCare service offers hospital and rest-home-level care to complex and dependent people in the community. The service currently has three RNs and four ENs who oversee 22 full-time equivalent (FTE) support workers. The enrolled nurses provide day and evening cover every day of the week. There is a registered nurse on call for them to consult with.

In 2011, Nurse Maude employed ENs graduating from the Christchurch Polytechnic Institute of Technology (CPIT) programme into the TotalCare service. Initially, the new graduates had intensive support and teaching from the RNs and mentoring from experienced ENs within the organisation. As a result, the ENs have quickly reached a level of confidence and skill to practise at their full scope.

Enrolled nurses working in the TotalCare team have become very capable in:

- overseeing and supporting non-regulated support workers
- wound care (non-complex)
- ‘troubleshooting’ queries from support workers about a patient (eg, blocked catheter)
- assessment of patients, including deciding to call an ambulance.

Evaluation shows the TotalCare service has achieved the following outcomes:

- reduced attendance at emergency departments
- reduced hospital admissions
- reduced length of hospital stay
- improved efficiency (eg, effective use of staff time and better management of a person’s medication)
- high patient and family satisfaction with the quality of care

The ENs have become valuable members of the team, enabling RNs to work at the top of their scope of practice with more complex patients.

Insert from MOH Fact Sheet on Employment of Enrolled Nurses. “Have you thought of employing an enrolled nurse?”. Retrieved from Ministry of Health <http://www.health.govt.nz/our-work/nursing/nurses-new-zealand/enrolled-nurses>.

ENSIPP content

Pages five to nine provide examples of what the section would like to include in a fully funded, new graduate EN SIPP.

Overview of a supported into practice programme:

- The EN SIPP would provide a six-month period to enable the new graduate EN to practise safely and effectively and to enable/support quality care, through knowledge and skill development.
- By the end of the first six months the new graduate EN will have completed a level one formative EN workbook (see page 8).
- Ongoing support will be provided to the EN to continue and achieve a competent portfolio after 12 months (or earlier if appropriate).
- A certificate will be awarded on completion of the programme to acknowledge the nurse's participation in the programme.

Development Outcomes:

On completion of the EN SIPP, the EN will:

1. Demonstrate professional conduct/behaviour appropriate to context, with minimal supportive cues.
2. Demonstrate responsibility for ensuring practice and conduct meets ethical and relevant legal requirements, with minimal supportive cues.
3. Demonstrate ability to work in partnership with patients and family/whānau.
4. Demonstrate synthesis of knowledge, skills and clinical judgement to provide safe prioritised care, with minimal supportive cues.
5. Demonstrate the ability to use evidence-based knowledge/practice to make informed decisions in the delivery of safe care, in consultation with the RN and with minimal supportive cues.
6. Demonstrate professional communication with health consumers, colleagues and the health-care team using a range of techniques in a variety of contexts, with minimal supportive cues.
7. Promote and explore the nursing perspective within health-care team activities, in consultation with the RN and with minimal supportive cues.

Rationale: use a framework with which the EN graduate is already familiar and based on EN scope of practice.

Preceptorship Principles

- The first week will be an introduction to the organisation and the practice environment. The EN will be supernumerary in the clinical setting, completing generic orientation, nursing orientation and mandatory requirements.
- The new graduate EN will then be supernumerary for another **two weeks**, sharing a clinical load with a suitable preceptor (this may be an RN or an EN). The RN will provide overall direction & delegation when the EN is the preceptor.
- Following this, the EN will then work allocated shifts with an EN preceptor for **one or two weeks** (depending on need) to enable the new graduate to observe and experience EN practice. During this time, the new graduate EN is expected to transition to taking a full workload, with the EN preceptor supporting this transition.
- There may be a further week (to a total five weeks) if this is considered appropriate. The relevant nursing director will be involved in this decision, to see if additional supportive improvement goals are required.
- By the beginning of the 5th week of practice, the new graduate EN will be working rostered shifts in the practice environment, with regular access to a preceptor.

(ENs should participate in district health boards' preceptorship programmes to build on and use the current EN skills, knowledge and experience)

Minimum of five study days in the six months.

<i>Development Activities</i>	<i>Timeframe</i>
Generic orientation	Within first week of employment
Nursing orientation (including IV certificate & medication package)	Within first two weeks of employment
Mandatory training	Within first week of employment
Direction & delegation	Completed workbook within first three months of employment
New graduate EN development days	Week three and four
Complete relevant area-specific orientation package	Within first three months of employment (or as directed by practice area)

<i>Performance Development Activities:</i>	<i>Competencies</i>
Peer Review Completed by EN/RN preceptor	Self Reflection Completed by end of five months
Formative Performance Appraisal Completed by end of five months	Competent EN Portfolio Completed by end of six months Formative Workbook Completed by end of 12 months

Timeline for New Graduate Enrolled Nurses

Ideally:

- New graduate ENs will be employed on a similar start date, to enable coordination as a cohort
- Rosters will accommodate preceptor working shifts to support the new graduate's first two weeks Monday – Friday.

Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1	Nursing orientation	Mandatory training	Clinical load share	Generic orientation	Clinical load share		
2	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share		
3 as rostered	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share
4 as rostered	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share	Clinical load share
5 as rostered	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts
6 If needed	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts	Supported preceptor shifts

(The above is a suggested timetable only)

A proposed EN SIPP

Week One – supernumerary
Ward orientation
Preceptored clinical load share in clinical setting (preferably Mon- Fri)
Generic orientation
Week Two – supernumerary
Nursing, midwifery & allied health orientation
Mandatory training
Preceptored clinical load share in clinical setting (preferably Mon- Fri)
Week Three – supernumerary
Clinical load sharing with preceptor as rostered
Week Four – supernumerary
Clinical load sharing with preceptor as rostered
Resource team nurses - during weeks 2, 3 and 4 the EN will arrange meeting with unit manager, resource nurse to discuss progress / challenges
Week Five – supernumerary
Supported shifts with preceptor, transitioning to full workload
Week Six – included in roster
Supported shifts with preceptor
If needed a further week of mirrored supernumerary shifts may be considered – input from nurse director needed to identify supportive improvement goals
Week Eight
For resource team nurses - update day (clinical load sharing) incorporating specialist clinical settings, e.g. paediatrics, ED etc; review of progress / challenges
3 Months
Direction & delegation package completed
Area-specific orientation package completed
6 Months
EN formative workbook submitted (line manager or service educator) including performance appraisal (a formative workbook is one which indicates the EN has completed hospital orientation, nursing orientation, mandatory requirements, medication competency etc)
12 Months
Competent EN Portfolio submitted (Professional Development Recognition Programme)

Proposed New Graduate Enrolled Nurse Development Days:

Content includes (but not limited to)
• Wound care
• Pressure injury prevention
• Respiratory assessment
• Fluid balance
• Indwelling catheter care
• Stoma care
• Infection prevention & control – isolation; personal protective equipment
• Discharge processes
• Handover processes
• Medication management (including medication chart)
• Intravenous therapy practical
• Stroke management
• Falls prevention
• Early warning score, deteriorating patient, vital signs, ISBAR and scenarios
• Neuro observations
• Diabetes overview
• Cultural competency for health practitioners
• EN scope of practice
• Portfolio development

Study Day Sessions delivered by nurse educators or suitably experienced nurses

CONCLUSION:

The section believes a nationally consistent fully funded En SIPP is essential to the future of enrolled nursing in New Zealand because:

Our future EN workforce deserves to be supported in the workplace to gain the skills, knowledge and experience, just as RNs and doctors are supported.

- Health Workforce New Zealand (HWNZ) funds DHBs nationwide to establish NETP programmes for RNs. HWNZ provides \$7000 per graduate in a placement, to subsidise some of the DHBs' estimated costs in offering the programme. For example, the funding contributes to programme coordination, study days and development release for graduates and preceptors, and support for workload sharing between preceptor and graduate. However, the employer is required to provide an employment and remuneration package.
- Patients deserve to be nursed by a regulated nursing workforce. Without a fully funded EN SIPP, newly trained ENs are not being considered for EN positions advertised in DHBs, or the private sector because they have no experience. Newly trained ENs have told the section of being turned away or not even being considered for EN positions because they have no experience. Employers who advertise for ENs are indicating they should have at least two years' experience.
- The section has been informed that when a newly graduated EN has gained a position, she/he being given a full work load on their first day, with no area specific orientation to their place of employment, support or preceptorship by either an RN or EN. The section believes this is setting up a nurse to fail.
- Support for ENs and post-enrolment education, will help ensure ENs maintain a lifelong learning approach to safe practice and are able to meet the needs of the people they nurse.
- The section believes continued support for ENs entering the workforce through an EN SIPP programmes is essential.
- The section strongly recommends ENs working in both public and private health care are further supported in their professional development by having access to a professional development and recognition programme and opportunities for preceptorship training.

The consultation document has certainly caused some discussion, which is what the section hoped for. To date, most of the feedback we have received has been from polytechnics, DHBs and ENs, and has been very positive.

We leave you with this:

"A graduate year is about: Consolidation and learning to be a professional; being accountable for your actions and practice; and being part of a health care team."

Robyn Hewlett, chairperson, Enrolled Nurse Section NZNO, 2009-2014.

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List of submitters:

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