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Dear Professor McKenna

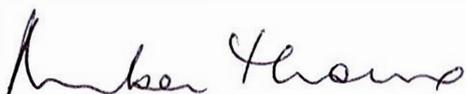
Re: draft *Enrolled nurse standards for practice*

Thank you for the opportunity to provide comment on the draft *Enrolled nurse standards for practice*.

As the key national professional organisation for all nurse leaders, including enrolled nurse leaders, ACN welcomes the work being undertaken by Monash University to review and revise the *National competency standards for the enrolled nurse*.

Please do not hesitate to contact me for further discussion of ACN's submission.

Yours sincerely



Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

2 October 2014

Draft *Enrolled nurse standards for practice*

Overarching comments

The development of the draft revised *Enrolled nurse standards for practice* (the EN standards) presents a valuable opportunity to provide explicit guidance regarding the enrolled nurse scope of practice, the delegation of care and supervision requirements. In ACN's view, each of these issues requires further consideration and clarification in light of contemporary models of care and health workforce reform.

The EN scope of practice and "core practice"

ACN notes the use of the terms "core practice standards", "core practice" and "core nursing activities" in the introduction to the EN standards for practice. The document relates each of these terms to standards of practice and scope of practice, however in ACN's view the distinction between these terms and their relationship to the EN scope of practice is unclear.

Within the scope of practice of the nursing profession, nurses have an individual scope of practice which is influenced by a variety of factors (e.g., context of practice, experience, organisational policies) and which may change over time. A particular activity is either within a nurse's individual scope of practice or it is not. If a particular activity is outside a nurse's individual scope of practice, then it should not be performed by that nurse.

ACN suggests that further consideration should be given to the terms "core practice standards", "core practice" and "core nursing activities" to ensure that the use of these terms does not create confusion regarding the scope of practice of the nursing profession or of individual nurses. If these terms are used in the final EN standards, each of these terms should be defined in the glossary.

Further, ACN notes that the definition given in the glossary of "core practice" is "The day-to-day or regular activities or policies of a health service provider that fundamentally guide the service as a whole". Given the way in which the term "core practice" is used in the introduction to the EN standards, ACN strongly suggests defining "core practice" in terms of a nurse's individual scope of practice rather than the activities and policies of health service providers.

Delegation

There is currently a lack of clarity regarding the circumstances of and requirements for the delegation of care from RNs to ENs. In ACN's view, the *EN standards for practice* provide an important opportunity to clarify the meaning of delegation. Any activity undertaken by an enrolled nurse must be within that enrolled nurse's scope of practice (i.e., they must be educated, competent and authorised to perform that activity). For this reason, ACN cautions against implying that there is a contrast between an EN's "core practice" and activities delegated to the EN by an RN or RM. By creating such a contrast, there is a risk that nurses and employers

may believe that ENs can undertake activities or functions outside their scope of practice if those activities or functions have been delegated to the EN by the RN or RM. Delegated nursing care should not be outside the EN's scope of practice.

Given that ENs can only undertake activities within their scope of practice, it is not clear when and under what circumstances an RN would delegate an activity to an EN, as opposed to an EN providing care in the context of the normal supervisory relationship between an EN and an RN, within scope of practice.

ACN also suggests that the definition of "delegation" provided in the glossary may need review. The glossary defines the delegation relationship partly in terms of experience ("A delegation relationship exists when one member of the health care team delegates aspects of care (...) to a less experienced member of the same discipline.") ACN suggests that it is not solely the relative experience of an RN and an EN which defines a delegation relationship, but also the differing skills, education and qualifications of RNs and ENs.

Supervision requirements

The EN standards should provide clear and explicit guidance with regard to supervision requirements. In ACN's view, the statement that "Core practice generally requires the EN to work under the direct or indirect supervision of the RN" creates unnecessary confusion by implying that there are exceptions to the supervision requirements for enrolled nurses without specifying the nature of or reasons for those exceptions.

ACN proposes that if an EN is working within their scope of practice, the need for supervision is questionable and needs to be considered in the review of the EN standards. Consideration could be given to "clinical oversight" of ENs by RNs, similar to the clinical oversight provided by RNs to less experienced RNs.

ACN provides comment against specific sections of the draft revised *Enrolled nurse standards for practice* below.

Introduction to the enrolled nurse standards for practice

Other unregulated health care workers: ACN suggests removing the word "other" from the following sentence: "ENs, where appropriate, educate and support other (unregulated) health care workers (however titled) related to the provision of care." The use of the word "other" may imply that ENs are unregistered health care workers, which is not the case.

Glossary

- **Multidisciplinary healthcare team:** There is inconsistent use of the terms “multidisciplinary healthcare team” and “multidisciplinary team” throughout the document. ACN suggests that only one of these terms should be used, and that a definition should be included in the glossary.
- **Decision-making framework:** The definition of “decision-making framework” should be revised. The definition provided in the glossary is “The Nursing and Midwifery Board of Australia expects all nurses and midwives to practise within the relevant standards for practice and decision-making frameworks.” ACN notes that this statement outlines the NMBA’s expectations but does not define the term “decision-making framework”.
- **Plans of care:** ACN notes that this definition may be confusing, as it conflates care plans (which include a nursing component) and nursing care plans (which are developed as part of the nursing process to guide and evaluate nursing care specifically). Further, ACN notes that the document uses the terms “care plan” and “plan of care” inconsistently. ACN suggests including definitions of both “nursing care plan” and “plan of care/care”, and that consistent terminology should be used.
- **Refer/referral:** ACN recommends re-wording this definition. The current definition states that “Referral is the transfer of primary health care responsibility to another qualified health service provider/health professional”. To avoid confusion about the meaning of “primary health care” in this sentence, ACN recommends the following rewording: “Referral is the transfer of primary responsibility for a person’s health care to another qualified health service/health professional”.

Domains

Do you have any comments to make on proposed Domain 1?

- Regarding the Standard 1 in Domain 1: “Functions in accordance with the law, policies and procedures affecting enrolled nurse practice”. ACN suggests replacing the term “affecting” with “governing” or “impacting upon”, as “affecting” suggests a less direct influence.

Do you have any comments to make on proposed Domain 2?

- Regarding the introductory sentence in Domain 2: “This domain relates to the intrinsic care of individuals or groups entrusted to the enrolled nurse.” ACN queries the use of the term “intrinsic”, which is not commonly used in the nursing profession. “Holistic care” may be an appropriate alternative.
- Regarding Standard 5 under Domain 2: “Collaborates with the healthcare team when developing plans of care”. ACN suggests including a reference to collaboration with the RN: “Collaborates with the supervising RN and the healthcare team when developing plans of care”.

Do you have any comments to make on proposed Domain 3?

- No comments.

Standards

Do you have any comments to make on proposed Standard 1?

- In relation to Standard 1.4: “Provides nursing care according to the agreed plan of care, Professional Standards, workplace policies and procedural guidelines”. ACN suggests the following change: “Provides nursing care within the EN scope of practice, in accordance with the agreed plan of care...”.
- Regarding Standard 1.5, ACN suggests including a specific reference to collaboration with the RN (see comment against Domain 2, above).
- Regarding Standard 1.6, ACN suggests replacing “...seeks guidance from the registered nurse and help as necessary” with “...seeks guidance from the registered nurse and assistance as necessary”.
- Regarding Standard 1.7, ACN suggests replacing “Respectfully refuses to undertake activities where competence has not been demonstrated...” with “Does not undertake activities where competence has not been demonstrated...”.
- Regarding Standard 1.9, requiring ENs to report “to the person in authority” is a vague guideline which may not be possible in all circumstances. ACN suggests rephrasing this Standard as “When unsafe practice occurs, reports the incident immediately in accordance with legislative requirements and institutional policies and procedures...”.

Do you have any comments to make on proposed Standard 2?

- In relation to Standard 2.3: “Demonstrates respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs”. There is a risk that this list may be incomplete and/or become outdated. ACN suggests rephrasing this Standard in more general terms to state that the diversity of all people will be respected in the delivery of care. ACN also notes that “sexual orientation” or simply “sexuality” may be more appropriate terms than “sexual preference”.
- Regarding Standard 2.6: “Maintains equitable care when addressing people’s differing values and beliefs”. ACN suggests rephrasing this Standard as “Maintains equitable care when responding to people’s differing values and beliefs”, as the EN may not be able to fully address all needs arising from people’s values and beliefs.
- In relation to Standard 2.8: “Clarifies with relevant members of the multidisciplinary team when interventions or treatments are unclear or inappropriate”. ACN suggests the following rewording: “Clarifies interventions or treatments that are unclear or judged to be inappropriate with the RN and other relevant members of the healthcare team”.
- In relation to Standard 2.9: “Reports incidents of unethical behavior immediately to the person in authority, and, where appropriate, explores ways to prevent recurrence”. As stated above in relation to Standard 1.9, the requirement to report to the “person in authority” is vague and may not be possible in all circumstances. ACN suggests replacing “person in authority” with “in accordance with legislative requirements and institutional policies and procedures”. Standard 2.9 should also provide

more detailed guidance on the types of unethical behaviour which must be reported. ACN also notes that health care professionals have an obligation not only to report unethical behaviour after the fact, but also to intervene when they witness unethical practices, whenever it is possible to do so.

Do you have any comments to make on proposed Standard 3?

- In relation to Standard 3.8: “Provides support and supervision to (...) others providing care (...) to ensure care is provided as outlined within the plan of care...”. ACN questions the use of the broad term “plan of care”. The term “nursing care plan” may be more appropriate in this context (see related comments in the glossary section of this submission).

Do you have any comments to make on proposed Standard 4?

- In relation to Standard 4.3: “Develops, monitors and maintains a plan of care with the multidisciplinary team and others.” ACN queries the use of the term “plan of care”. The term “nursing care plan” may be more appropriate. In addition, ACN suggests that this Standard should include a specific mention of the RN, and that the term “others” should be replaced with a more specific phrase. ACN suggests the following rewording: “Contributes to the development, monitoring and maintenance of the nursing care plan in collaboration with the RN, the multidisciplinary healthcare team and others involved in the person’s care”.

Do you have any comments to make on proposed Standard 5?

- ACN notes that although Standard 5 is about collaboration with the RN and the healthcare team, points 5.1 to 5.6 of the Standard refer only to the multidisciplinary team and not the RN. As the RN is the EN’s key collaborator, there should be specific mention of the RN in the Standard.
- In relation to Standard 5.3, ACN notes that the term “care plan” is used whereas elsewhere the document refers to “plan of care”. ACN suggests using consistent terminology.
- In relation to Standard 5.5: “Clarifies orders for nursing care with the registered nurse/midwife when unclear”. The term “orders” is not commonly used in contemporary nursing practice. ACN suggests using an alternate word, such as “directives” or “nursing care requirements”.

Do you have any comments to make on proposed Standard 6?

- ACN suggests including the concept of best practice in Standard 6. The Standard could be rephrased as “Provides skilled, timely and best practice care to people whilst promoting their independence and involvement in care decision-making.”
- Regard Standard 6.1, ACN suggests replacing the term “emotional needs” with “psychosocial needs”.
- The wording of Standard 6.2 is not sufficiently clear. ACN suggests the following wording: “Participates with the registered nurse in evaluating the progress of the person receiving care towards expected outcomes and in reformulating plans of care as required”.
- ACN suggests that Standard 6.8 should specify that ENs must seek timely assistance from RNs when a person’s physical or mental health is deteriorating. ACN acknowledges that facilities may have

differing protocols regarding caring for deteriorating patients. The following wording is suggested: “Recognises when the physical or mental health of a person receiving care is deteriorating, reports and seeks timely and appropriate assistance from the RN and/or in accordance with relevant protocols”.

Do you have any comments to make on proposed Standard 7?

- ACN suggests that Standard 7 should specify that the EN “Utilises information and documentation to inform and report care”. The inclusion of the term “information” reflects the use of a broad range of data to inform and report on care.
- In relation to Standard 7.2, ACN suggests that the EN should interpret and report care processes and outcomes as well as the health and functional status of individuals.
- In relation to Standard 7.3: “Uses a variety of communication methods to engage appropriately with others and documents accordingly”. It is not clear to whom the term “others” refers. ACN suggests replacing “others” with “the person receiving care and those involved in the person’s care” or a similar phrase. ACN also suggests that the intent of “documents accordingly” should be further explained.
- In Standard 7.5, ACN suggests replacing “others” with “the person receiving care and other members of the multidisciplinary healthcare team”.

Do you have any comments to make on proposed Standard 8?

- No comments.

Do you have any comments to make on proposed Standard 9?

- No comments.

Do you have any comments to make on proposed Standard 10?

- Regarding Standard 10.3, it is suggested that the EN should engage in critical reflection specifically with regard to his or her own practice. The following wording is suggested: “Identifies learning needs through critical reflection on own professional practice...”.
- In relation to Standard 10.5, ACN suggests referring to both professional and personal wellbeing. The following wording is suggested: “Uses professional supports and resources such as clinical supervision that facilitate professional and personal wellbeing”.
- ACN suggests the following amendment to Standard 10.6: “Promotes a positive professional image appropriate to the health care context and setting, which includes appearance, attire, demeanour, language and behaviour”.