Australian Nursing and Midwifery Federation submission to the

SKILLS IQ PUBLIC CONSULTATION ON THE DRAFT 2 VALIDATION OF ENROLLED NURSING QUALIFICATIONS, UNITS OF COMPETENCY, AND ASSOCIATED SKILL SET

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 295,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF has an enrolled nurse membership of over 38,000. This represents more than half of all enrolled nurses on the national register, according to the total number of 72,105 shown in the most recent Nursing and Midwifery Board of Australia (NMBA) Registrant Data (June 2020).[1] We have a critical interest in the content of the national curriculum which is the educational foundation for the preparation of enrolled nurses for safe and competent practice. The ANMF therefore welcomes the opportunity to provide feedback to SkillsIQ, under the direction of the Enrolled Nursing Industry Reference Committee, for draft 2 of the update of Enrolled Nursing Qualifications, Units of Competency (UoC) and an associated Skill Set within the HLT Training Package.

1. Nursing and Midwifery Board of Australia. (2020). Registrant Data – Reporting period: 1 April 2020 to 30 June 2020. Available at:https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx

OVERVIEW

The ANMF is pleased to see that many of the suggestions made in our submission regarding the original draft, in April, have been adopted. While this submission will primarily focus on the changes since that first version, there will be some reiteration of those recommendations that have not been incorporated, with greater explanation of why we believe their inclusion would contribute to a better prepared enrolled nurse workforce.

Our greatest concern with the qualifications as they are presented in this draft is that many of the Units have Knowledge Evidence (KE) categorised as Performance Evidence (PE). The sector defines KE as a demonstration of what a learner knows, while PE demonstrates what a learner can do, which suggests that the elements need to be achievable first. Performance Criteria (PC) should directly relate to the corresponding element/s, broken "down into tasks, roles and skills and applied knowledge that reflect the required standard of performance in the workplace…"[2] Making this distinction explicit in the validation guide, with competency hurdles appropriately allocated to the category of evidence required, would be a useful improvement.

It is essential that Diploma of Nursing (DN) students develop an understanding of the clinical tasks they will be performing, and the rationales underlying the elements of this care (including the relevant pathophysiology).

The DN qualification is designed to prepare pre-registration students with foundation knowledge and skills at an enrolled nurse entry-to-practice level. In contrast, the Advanced Diploma of Nursing (ADN) is designed to build on this foundational knowledge with more complex information for early career and more experienced enrolled nurses, specific to their area of practice. With some specialised skills in the EN curriculum, such as tracheostomy care and dialysis, understanding the theory is important for student nurses. However, being deemed competent and able to perform them will require workplace authorisation, time, specific learning, and supervision, consistent with the NMBA Decision-making framework for nursing and midwifery[3], once the graduate is employed in settings where that knowledge will be utilised in their practice.

The nominated duration of educational preparation for the DN qualification does not provide enough time for students to practice all these skills. For this reason the ANMF considers these aspects should therefore only be assessed as KE, rather than PE, and the focus of every UoC should be on developing foundational skills that produce work-ready graduates.

The ANMF is also concerned about the degree of repetition in some UoC content and assessment, particularly given the large amount of knowledge acquisition required over a comparatively short space of time for both the DN and ADN. As part of this review we recommend that best attempts be made to reduce or remove assessment repetition.

As explained in our original submission, the ANMF does not support teaching enrolled nurses to create or evaluate nursing care plans, as this is outside the EN scope of practice as determined by the NMBA. We suggest this element, which is present in many if the current draft's UoCs (e.g. HLTENN045, HLTEEN044, HLTEEN043, and the title of HLTENN038) be changed to "implement and monitor nursing care plans" to reflect this.

2. Australian Skills Qualification Authority (2014) Users' guide to standards for VET accredited courses https://www.asqa.gov.au/standards-vac/7.2
3. Nursing and Midwifery Board of Australia. (2020). Decision-making framework for nursing and midwifery. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx

SPECIFIC QUESTIONS

HLTENN039 Contribute to nursing care of a person with complex needs

The content of this Unit was merged into HLTENN043 Implement and monitor care for a person with acute health problems and HLTENN044 Implement and monitor care for a person with chronic health problems. Do the revised Units capture the necessary skills to justify the removal of HLTENN039? If not, what needs to be added?

These UoCs need some restructuring and removal of repetitious content, as detailed below. Skills that were included in HLTENN039 and are not in the draft (including neurological observations, emptying/changing urinary bags removing indwelling urinary catheters, venepuncture, performing ECGs and cardiac monitoring), should be incorporated in to HLTENN043; being able to perform these basic interventions (including through simulations) will assist graduates to be work-ready.

HLTENN043

Element 2 largely repeats the content of HLTEEN037 and, again, care planning is not an enrolled nurse role.

Element 5 should be removed – see discussion of specific Performance Criteria (PC) below.

PC 1.2 (*Explain to the person, family or carer the potential physical and psychological impacts of health problems on daily living activities*) and the second half of PC 1.3 (I*dentify the pathophysiology of the person's underlying or presenting condition,* and confirm with the person, family or carer) are not performed by enrolled nurses – the former is performed by registered nurses and/or medical officers, and the latter by medical officers and nurse practitioners.

While experienced enrolled nurses, if authorised, may care for patients with long term, established tracheostomies in non-acute settings, this is rarely the case in acute care. PC 3.1 (*Assist in providing nursing care for the person with a compromised airway, including clearing of airways and interpreting health status using monitoring devices*) should be amended to reflect this.

PC 4.2 (*Ensure pre-operative care considers the relationship between pre-operative care and post-operative complications*) is Knowledge Evidence (KE), as is PC 5.1 (*Identify and confirm the roles and responsibilities of members of the emergency response team*).

PC 5.2 and 5.3 reiterate content from HLTENN038 and HLTAID003 and are KE. In addition, advanced life support is not within the scope of an enrolled nurse, and should not form part of foundation education.

The Performance Evidence (PE) around health care planning is covered in HLTENN037, and can therefore be removed from this UoC.

Many of the complex interventions listed (including: *tracheostomy suctioning, underwater seal drainage tube management, intercostal catheter care, knowledge of a person with medical devices including… bi-level positive airway pressure*) and PICC line management are advanced skills for registered nurses, in some cases necessitating specific post-registration education and assessment. While there will be some people with established tracheostomies in non-acute settings who can have this care performed by an enrolled nurse, this is not standard; these procedures should therefore not be included in a foundational program.

They could be replaced by venepuncture, bladder scanning, trial of void, cardiac monitoring (3 lead, 5 lead and 12 lead), and oxygen therapy. These last two are also consistent with the emphasis in this UoC on pain assessment and chest pain.

As elective surgical patients are increasingly worked up prior to admission, and acute placements may be medical or surgical, the requirement to perform *nursing interventions for 1 person undergoing a surgical procedure in the workplace, including pre-operative preparation and post-operative care* will unfairly disadvantage some students. For this reason, there should be the opportunity to perform these components in simulation post-placement if students are unable to perform them in the workplace.

Including early detection of deterioration in KE would be consistent with the National Safety and Quality Health Standards and best practice, and would be appropriate in this UoC.

HLTENN044

PC 2.4 (*Gather, observe, report and document the person's reactions and responses to the provided care including variations from the normal or unexpected outcomes and concern for the deteriorating person)* is PE rather than PC.

For the most part this UoC concentrates on management of acute-on-chronic issues, rather than dealing with ongoing management of chronic illnesses. A focus on behavioural and environmental aspects, psychological support, chronic pain management, prevention of acute exacerbations, community support, and strategies to optimise independence and function would more accurately represent the priorities of chronic disease management.

Contextualising the role and impact of chronic disease more broadly, as described in this UoCs KE, is useful. While the World Health Organisation (WHO) plays some role, particularly in developing positions, the breadth of their purview means many of their recommendations relate more directly to developing countries. For this reason, the first KE for this UoC should distinguish between their work and Australia's national and state and territory management and prevention of chronic disease.

As with this UoCs PC, many of the nursing interventions prescribed (e.g. *caring for drainage tube systems associated with tubes and drains inserted into the body, inserting and removing indwelling catheters, applying isolation nursing practices, inserting and removing nasogastric tubes, performing blood specimen collection*) are complex and more relevant in acute settings. A number of facilities have restrictions on registered nurses performing male catheterisation, so while removal will be within their scope, this component relating to insertion of male catheters should be removed from the UoC.

HLTENN040 Administer and monitor medicines and intravenous therapy

In terms of the pathophysiology of medication groups, should the wording read pharmacology of medication groups or pharmacodynamics/therapeutics/kinetics of medication groups?

Pharmacodynamics/therapeutics/kinetics of medication groups more accurately describes the knowledge enrolled nurses will need in practice.

Specific mention of sites for medications should be included. However, should this apply to all routes/methods rather than just intramuscular or subcutaneous?

Yes, as understanding how different routes affect absorption, onset and duration of action, therapeutic dose, and potential for interactions will help students understand why some routes are preferred for some medications, and allow them to explain this to patients in their care.

HLTENN042 Implement and monitor care for a person with mental health conditions

PC 4.4 is about medications, and in Draft 2 this has been removed. This Unit can be delivered before students have done their medication Unit, or just as they have started their medication Unit. Hence this should be a broader criterion around treatment options and not have such a specific focus on medications, rather than expecting EN students to have such in-depth knowledge of individual medications. Does this criterion need to be replaced?

The ANMF agrees that enrolled nurses do not require detailed knowledge of these medications. However, incorporating an overview of the most commonly used mental health medication classes (e.g. antipsychotics, benzodiazepines, mood stabilisers, anticonvulsants, lithium, monoamine oxidide inhibitors, selective serotonin reuptake inhibitors, and serotonin-norepinephrine reuptake inhibitors) in HLTENN040 would be useful. Enrolled nurses who go on to work in mental health can extend their knowledge relating to medications at that time.

GENERAL QUESTIONS

Qualifications

Do the Qualifications provide a clear and accurate description of the skills outcomes for each Qualification?

Yes, provided the clarifying recommendations made by stakeholders, including the ANMF, are adopted.

Are the Qualifications structured properly so that learners can progress from the Diploma to the Advanced Diploma, if required?

Yes.

Are the core Units and the number of electives appropriate? As we've merged Units, should the number of electives be reduced by one in the relevant Qualifications' 24 Packaging Rules, as the content would be absorbed into the single Unit which sits in the core?

The core UoCs are appropriate, taking into account the ANMF's comments in both the overview and our UoC-specific discussion (which follows the question section), which include some of the elective UoCs.

Are there any imported Units which should be listed? (Note: The content of any imported Units is outside the scope of this review.)

No. While HLTRNL004 (Apply nursing practice for a person undergoing renal replacement therapy) will not be appropriate for early career enrolled nurses in most locations, this is valuable underpinning knowledge for those caring for people who may be undergoing this therapy overseen by a registered nurse. It is essential that students undertaking this UoC understand that it provides a foundational understanding of renal replacement therapy, rather than preparation to care for people whilst undergoing dialysis.

Should the Qualification Titles be updated to better reflect job outcomes?

No – the programs are designed to create an enrolled nurse, which is a protected title. Describing the qualifications otherwise would be confusing.

Suite of Units of Competency

Are all the draft Units required? Should any be deleted?

There is some overlap, as discussed in the overview section, but each UoC has relevant specific content.

Are there any additional Units of Competency required?

In light of the COVID-19 pandemic, its likely presence persisting for a number of years, and the over-representation of COVID-19 cases in nursing homes, the ANMF recommends a nursing-specific infection prevention and control UoC be developed, rather than registered training organisations adapting the generic HLTINF001.

The ANMF would welcome an expansion to the qualification to include a core unit on care of a person with disabilities (including neurocognitive deficits), as people with disability require care across all areas of the aged and health care sectors. The UoC should cover an inclusive definition of disability, the difference between congenital and acquired disability, recognition that disability may be physical and/or cognitive, an overview of statistically common disabilities and degenerative conditions (e.g. motor neurone disease, muscular dystrophy, dementia), acquired brain injuries (recognising that neurocognitive changes occur not only in the older person but also in young people), delirium (which presents and is managed very differently depending on age), and dementia.

In addition, there remains need for further revision of many of the UoCs as they stand, as indicated in our Unit-specific feedback below.

Titles and Application Statements - Units of Competency

Do the Titles reflect the skills being described? Could any Titles be changed to better indicate what the Units cover?

Yes – see Unit-specific comments for HLTENN068. In addition, elements within UoCs HLTEN035, HLTENN037, HLTENN039, and HLTENN042 should be changed to better reflect the content of the elements.

Do the Application Statements provide a clear and accurate description of the skills being described?

Yes.

Elements and Performance Criteria

Do the Elements and Performance Criteria accurately describe what people do in these roles? If not, what could be added?

Please see the Unit-specific responses below, as the ANMF has considerable feedback regarding the elements and performance criteria across a number of UoCs.

Do the Performance Criteria adequately describe the level of proficiency?

There is little direction throughout the Diploma and Advanced Diploma UoC descriptions of how proficient students should be or, in a number of aspects, precisely what information should be delivered or assessed. For example, in HLTENN038 the KE includes, under *Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit the words respiration and circulation*. There is no indication of what aspects of respiration and circulation are meant, and no context to help clarify what is required.

Performance Evidence

Would the types of evidence prove that a person is competent in all the Unit outcomes, including Performance Criteria, Foundation Skills and knowledge?

Yes. However, there are a number of PE components across several UoCs (including HLTENN039, HLTENN040, and HLTENN045) that stipulate workplace assessment where this will often not be possible. Please see the Unit-specific comments for details.

Is the suggested volume (sufficiency) of evidence appropriate?

Repetition of some assessments across and within UoCs means there remains too much assessment within the curriculum.

Are the statements clear? Would assessors understand exactly what they must do?

As noted in the Unit-specific comments, there are currently areas of ambiguity. For example, the KE for HLTENN040 includes, under *Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit* the words *Australian commission [sic] on safety [sic] and quality [sic] in Health Care National Medication Charts*, without context or direction.

Knowledge Evidence

What is the essential knowledge required of an individual in order to perform the tasks described in the Performance Criteria? Is the Knowledge Evidence requirement specific enough?

In a number of UoCs (for example, HLTENN043) KE has been misclassified as PC (in this UoC that includes PC 4.2 and 5.1).

Is there anything which should be added or deleted?

Yes – please see the Unit-specific feedback for details.

What is the breadth and depth of knowledge required? Is this described well enough to assist assessors in understanding the scope?

Clinicians performing workplace assessments are reliant on the registered training organisation's interpretation of the knowledge requirements. However, as with the PE, there are few specific, clear directives to assist assessors, resulting in lack of consistency across clinical placements, training organisations, and states and territories.

Assessment Conditions

Are the nominated environments appropriate?

In some cases, as described in the Unit-specific feedback, simulation is more appropriate than the workplace assessments specified in the UoC, where the opportunity to practice specific skills is extremely limited. In other cases, students who do not have an opportunity to perform components while on placement should be able to be assessed in a simulated environment to ensure they are able to meet the PE requirement.

Are the statements clear? Would assessors understand what they must provide for the purposes of assessment?

There should be more specific guidance as only experienced assessors, particularly those with wide clinical experience that includes working alongside and supervising enrolled nurses, would be clear about what is required.

Terminology

Are there any words or terms used in any of the Units that aren't reflective of current industry terminology?

No. However, while nursing care plans are extraordinarily useful (to assist students to translate health problems into interactions, anticipate potential problems, determine which clinical indicators reflect either successful interventions or the need to change approach, understand the nursing process, establish critical thinking, and apply evidence-based practice), as noted in our feedback on HLTENN037 and HLTENN038, industry is transitioning from care plans to clinical pathways in some states and territories, and this should be reflected in the validation document.

ADDITIONAL COMMENTS

The ANMF has some additional comments addressing specific components of UoCs.

HLTENN035 Practise nursing within the Australian health care system

Elements

The title of the first element should specify the Australian health system.

Performance criteria

1.1-1.5 inclusive are KE but listed as PC

1.6 should read *provides nursing care in accordance with Enrolled Nurses standards of care*.

1.7 requires that students *Maintain knowledge of current health issues impacting clinical practice and health policy development*. While we agree that students should develop an understanding of the need for lifelong learning, including changes to theory and practice, the ANMF is unsure how students can demonstrate, or trainers assess, maintenance of knowledge at one point in time. We therefore recommend that this performance criterion be reworded to more accurately reflect this need: *Demonstrate understanding of the importance of maintaining knowledge of current health issues impacting clinical practice and health policy development*.

2.1 and 2.2 are KE but listed as PC.

3.1-3.5 inclusive are KE.

3.4 should read *Have an understanding of and work within the enrolled nurse scope of practice*.

3.6 repeats material covered in HLTENN041 (Apply legal and ethical parameters to nursing practice); as these two UoCs are generally taught in close proximity, prior to students' first clinical placement, this repetition is not useful.

Performance evidence

The last dot point, reflecting on the 2 interactions… needs to articulate that the influence of nursing practice on patients' and residents' heath care outcomes is very different depending on context and setting.

Knowledge evidence

While there is substantial overlap between this and other UoCs (including HLTENN047, CHCDIV001 and CHCDIV002), in this UoC the information provides more of an entry level overview of aspects like considering patients' cultural background, understanding minority and marginalised communities, and the Australian context of health care delivery.

The last KE point, regarding the roles of regulatory, industrial, and professional bodies, should be covered in HLTENN047, as it is about legal aspects of practice.

Although electronic medical records and now e-prescribing are increasingly utilised throughout Australia, there is no reference in this UoC to digital health.

<u>HLTENN036 Apply communication skills in nursing practice</u>

Performance criteria

PC 1.1 requires students to [d]*emonstrate principles of effective communication*, without articulating what these are. As these principles will vary widely depending on the location of the registered training organisation and the structure of their UoC delivery, this is not able to be objectively and uniformly demonstrated.

PC 1.3 requires students to have PC assessed through performance, and would therefore be more appropriate under PE.

PC4 requires students to direct small group discussions, which is not a role of enrolled nurses; this PC should be removed from the UoC. If it is intended to refer to handover, which is very different, this PC should be changed to reflect this, and retitled *Participate in clinical handover*.

While PC6 is important, it doesn't correspond to the KE. Including this aspect of complex communication in the UoCs KE would address this discrepancy.

Knowledge evidence

The requirement regarding information technology has already been assessed in PC10.

HLTENN037 Perform clinical assessment and contribute to planning nursing care

Elements

The first element should be titled Perform admission assessment, as this more accurately captures the comprehensive nature of the element. It can be specified in PE that this element need not be assessed only when a patient or resident is admitted, as this will disadvantage students who are placed in clinical areas with low patient/resident turnover, but may be simulated with an already admitted patient or resident.

Element 2 should be titled *Perform discharge procedures for a person*, to distinguish it from element 1.

Elements 3 and 4 should be amended to begin In consultation with a registered nurse…

Performance criteria

Almost all of these PC could be shortened for clarity e.g. 1.3 *Document the person's gender, age, and cultural, religious or spiritual data*.

1.2 wholly repeats PC 6 and 10 of HLTENN036, and should therefore be removed.

1.4 should read *Assess and perform the person's vital signs* without reference to equipment, acuity or clinical condition.

Other assessments that are performed on admission (including falls risks, skin integrity and pressure injury risk, nutritional state) should be included in this element.

1.5 needs to specify which clinical measurements and assessments are required, particularly in regard to the person's developmental state, which usually refers to babies and children – if intended only for these assessments, this must be made explicit.

1.6 is ambiguous, and should more clearly describe what lifestyle factors are being referred to here: weight, diet, exercise performance and frequency, alcohol and other drug use including tobacco, and sexual behaviour, are just some. This should then be followed by a new PC about making appropriate referrals, in consultation with the registered nurse, to other members of the multidisciplinary team based on the admission/initial assessment.

1.9 would be clearer if worded: *Communicate to the registered nurse any patient health data outside the normal range, and any concern that the person's clinical condition is or may be deteriorating.*

Including a final PC about estimated discharge dates would both remind students that discharge planning starts at or before admission, and segues in to element 2. This PC should include PC 2.2, as *any issues they are experiencing which could impact on a timely discharge* should be addressed as early as possible.

Reiterate the need for consultation with a registered nurse, as amended in the element title, in PC 3.1 Note that many workplaces now use clinical pathways as the industry standard, which could affect the capacity of students to meet this PC on clinical placement.

4.1 would be clearer if worded as: *Analyse and evaluate the person's nursing care plan and progress towards the established goals*.

Performance evidence

Admissions are rare in many nursing homes, and almost all discharges occur when a resident has died. Requiring students to perform at least one of each in a clinical environment will therefore be difficult if not impossible for the overwhelming majority of students on their first placement. These should instead be performed in a simulated environment where students are given a detailed hypothetical patient to admit and discharge.

The entry for *vital signs should specify pulse, blood pressure, respiratory rate, oxygen saturation and temperature*. There is no mention of oxygen saturation in the validation for this UoC, though it is now considered a standard component of vital sign assessment, and it should therefore be included. There should also be acknowledgement that conscious state and level of sedation are noted and, if there has been change from the person's recent status, the need for formal assessment and escalation to the supervising registered nurse.

Note that *integumentary assessment* needs a separate dot point.

Knowledge evidence

While the same documentation could be viewed as both PE and KE, admissions and discharges have already been assessed as PE.

There is no mention in the PC of the *impact of infertility, human growth and development, the influences of genes and environment of development, or the impact of family on gender-specific health needs,* yet these are all listed as required KE.

The last of these, *the impact of family on gender-specific health needs*, is ambiguous – if it refers to non-binary and transgender identities this must be made explicit; if it refers to familial expectations based on sex these will vary enormously across cultures, communities, and individual families and, again, must be explicitly described.

With the exception of *how to recognise a deteriorating patient and determine levels of consciousness*, everything following this KE item has either already been assessed under PE or, from *interpretation and analysis of a person's health-related information onwards*, under PC.

We note that blood pressure has been listed separately to vital signs – either all five components should be itemised, as demonstrated in our comments of the PE for this UoC (above), or none of them.

As there are over fifty types of reflexes that can be assessed, a definition of what is meant by reflex must be specified here. If this KE refers to pupillary, verbal and physical responses (not reflexes) to stimuli they should be included in *neurological assessment*. As this assessment encompasses *level of consciousness and pupillary response* these components do not need to be listed separately.

HLTENN038 Implement, monitor and evaluate nursing care

Performance criteria

As they are distinct aspects of care, there should be separation of the elements in 1.1 (explaining *procedures, preparation required, and timeframe involved and gain the person's consent*). Element 1.2, maintaining privacy and dignity, should also be listed separately from *use a culturally appropriate approach during preparation and procedures*.

Element 2.1 falls under PE, not PC.

2.3 would be clearer if it were amended to *identify the person's nutritional, hydration and elimination needs, and apply appropriate strategies to meet these needs.*

2.4 is PE, not PC.

If 2.7 refers to clinical deterioration then this PC is covered in HLTENN035; if it refers to an environmental emergency (e.g. fire) then it is assessed in HLTWHS002. Either way, if it remains in the UoC PC the type of emergency must be made explicit.

2.8, *Use emergency procedures correctly and initiate basic life support according to organisation policy and procedures*, should be simulated and is therefore PE not PC.

3.3 should be separated, with the first component amended to read *Document concerns on the person's condition or behaviour and a new point for Report concerns on the person's condition or behaviour to the registered nurse, and report situations of risk according to organisation policy and procedures.*

The words *and collaborate* with should be removed from 4.1, as students will rarely be in a position to collaborate with interdisciplinary health team members.

As care plans must be amended by a registered nurse or medical officer, 4.3 is not a function within the enrolled nurse's scope and should therefore be removed.

Performance evidence

Note that, as mentioned in the PC for HLTENN037, care plans are being superseded by clinical pathways. Both forms of planned care delivery should be included in the PE, to reflect this shift and the nature of documentation across the wide range of facilities in which students will be placed.

The PE should be rephrased to reflect the UoCs name change, as follows: *implemented and monitored nursing care for 2 patients in the workplace and evaluated the nursing care of 1 person in the workplace or simulated environment.*

The last PE item should specify which emergency code/s were simulated. The second part of this evidence, *and performed basic life support in a simulated environment on an adult, child and infant manikin according to organisation policy and procedures*, duplicates the content and assessment of HLTAID003 (Provide first aid).

Specific aspects of care (e.g. hygiene needs – shower one person, sponge bath one person; perform oral hygiene; assist with personal grooming; apply continence aids; assist with the use of sensory and mobility aids) should be included in this section.

Knowledge evidence

Making these last changes will mean that PE overlaps with items in this UoCs KE. It is important that students are assessed when assisting patients or residents with activities of daily living, not just that they understand why these interventions are needed.

The inclusion of *respiration and circulation* is peculiar, as there is no context or explanation. If this refers to teaching and demonstrating deep breathing and coughing then this should be specified (though that doesn't affect circulation) and moved to PE.

A number of KE items in this UoC (e.g. *pain assessment and interventions, cognitive deficits, length of stay, presence of morbidity*) are assessed in HLTENN037.

It is not part of the enrolled nurse's practice to confirm *underlying medical condition*.

The components *mild to moderate allergic reactions and severe intolerances* aren't addressed in the PC for this UoC. In addition, there is a substantial difference between the symptoms and implications of mild versus moderate allergic reactions, and this should be described in greater detail. The first draft listed reactions and intolerances under risk identification, along with age, length of stay, mental health condition, pain and presence of morbidity. This makes more sense; if that category is reinstated, the ANMF suggests *presence of morbidity* be amended to presence of one or more comorbidities.

The KE *recording and reporting requirements for comprehensive clinical handovers* overlaps with content in HLTENN036.

<u>HLTENN039 Apply principles of wound management in the clinical environment</u>

Elements

Element 1 should be retitled *Prepare for wound care management*, to better reflect the content of this section.

As enrolled nurses implement but do not plan care, the first part of this sentence should be deleted in element 3.

Element 4 should be retitled *Apply wound management strategies to acute or complex wounds*.

Performance criteria

1.1 would more accurately be phrased as *Use medical terminology when reporting and recording wound assessment and management*. Similarly, 1.2 would be clearer if worded as *Implement infection control principles* (not strategies) *throughout wound managemen*t, 1.3 as *Correctly interpret wound management chart or plan*, and 1.4 as C*orrectly identifies stage of wound healing and determines appropriate wound care product*.

We recommend that 2.4 be reworded to Identify risk of infection and modes of transmission.

3.3, *Understand and identify wound management products and techniques for each identified phase of wound healing*, cannot be directly observed, and should therefore be moved to KE.

3.7 is confusing – the majority of wounds students of enrolled nursing will encounter will already have achieved homeostasis, making applying this knowledge difficult to demonstrate and assess.

4.4 could be simplified to *Adhere* to aseptic technique.

PC 4.4 can be deleted as it repeats the content of element 3.

There should be language consistency around terms describing wound categories – the validation tool uses *acute, complex,* and *challenging* as synonyms. The terminology used should differentiate between acute and chronic wounds, and between simple and complex dressings.

Performance evidence

Note that this section is sub-titled *Assessment Requirements for (HLTENN040 Apply principles of wound management in the clinical environment*)

As contemporary best practice is to leave stable acute wounds intact for 7-10 days, many students will find it difficult to meet this PE. Students should therefore have the option to perform any outstanding dressing assessments in simulation post-placement if they were allocated to a workplace that didn't offer them the opportunity to perform two simple and one complex dressing.

Knowledge evidence

The component *pain management and medication administration timeframes to wound care* duplicates the content of HLTENN040.

While *micro-organisms* (which include *common fungal infections* and *common viral infections*) inhabit infected wounds, they do not in themselves cause wounds.

Wound management terms should be listed.

The KE regarding haemorrhage control should be moved to HLTENN043 (Implement and monitor care for a person with acute health problems).

Wound debridement and laboratory result interpretation does not fall within the scope of an enrolled nurse and both should therefore be removed from this UoCs KE.

A number of the categories of wound described (e.g. malignant wounds, neuropathic ulceration wounds, burns, fistulas and sinuses, and skin grafts) are specialised and should constitute continuing professional education for enrolled nurses working in areas where these kinds of wounds require treatment.

Skin assessment has already been covered in HLTENN037.

Visceral wound management is generally a medical emergency when it occurs, and requires complex management. It therefore does not need to be included in foundational knowledge.

The KE listed under *selection of wound products* has already been assessed in PE.

HLTENN040 Administer and monitor medicines and intravenous therapy

Performance criteria

PC 1.2 would more accurately describe this PC if reworded to *Identify* the indication/s for *prescribed medicine and intravenous (IV) therapy*.

As in HLTEEN038, the elements in 2.1 (*Explain the process of medication administration or IV fluid infusion to the person and ensure their understanding and consent)* should be listed sequentially but separately, as they are discrete components.

The PC for element 2 should include the Rights of medication administration listed in this UoCs KE.

3.3 would be clearer if expressed as *Report a person's refusal of medication or IV therapy, or incomplete medication or IV therapy administration, to the supervising registered nurse.*

3.4 should list *stored, handled, and disposed* as distinct bullet points.

PC 4.1 would be as applicable but simpler if amended to *Monitor and document observations of the person's response to medications and IV fluids, including blood products*.

5.3 does not relate to the UoC as it stands; adding including medication to the end would resolve this issue.

Performance evidence

Specifying that the number of medication administration instances in simulation and the workplace refers to people ensures this PE doesn't mean a total of five medications.

Rather than repeating the requirement to perform calculations and identify and apply the use of the Rights of medication, the different routes should be listed under one sub-heading.

Intramuscular injections are performed very rarely, so this evidence should include the option to be assessed in simulation.

As with the PE for dressings in HLTENN039, students should have the option to perform blood product administration in simulation post-placement if they were allocated to a workplace that didn't offer them the opportunity to administer and monitor blood products, or if they have a conscientious objection to administering blood products (as they will be allowed to exempt themselves once qualified).

Knowledge evidence

Please clarify what students are required to know and demonstrate regarding *Australian Commission on Safety and Quality in Health Care National Medication Charts*.

The legal and regulatory frameworks should be moved to the first point, as they create the context for everything else. Please specify that students are only required to have knowledge of, and know how to, access the Drugs and Poisons Acts, Regulations and Codes of the state or territory in which they're studying, in addition to Commonwealth requirements.

Students should be required to define each of the components listed under *pharmacology of medicines*.

The listing of the Rights of medicines should be moved up to, or included in, this UoCs PC.

The KE *high-risk medications as per the Australian Commission on Safety and Quality in Health Care* should specify that these are known as APINCH, which stands for anti-infective and anti-psychotic agents, potassium, insulin, narcotic and sedative agents, chemotherapy, and heparin and other anticoagulants.

Tall man lettering should be removed from the section on calculating medication dosages, where it is not pertinent, and be included with these elements of medication safety.

The list of methods of IV medication and fluids should be moved up to and replace the components *IV injections and peripheral IV infusion, cannulation fluid*.

The sentence *peripherally inserted central catheter (PICC) pharmacodynamic effects of medicine groups*… doesn't make sense – while some therapies can only be administered via a CVAD, this is because of the size of the vessel and the reduced risk of harm to tissues from extravasation, not because the route affects pharmacodynamics compared with administration via a peripheral cannula.

Note that most workplaces require enrolled and registered nurses to undertake organisation-specific education and assessment before accessing central venous catheters (including those inserted peripherally). The addition of these routes in curriculum content may result in students believing this falls within their scope of practice. Instead, PICC and CVAD devices should be included as a HLTENN043 (Acute care) KE, creating foundational understanding that allows for possible workplace training.

Ventrogluteal does not need to be listed separately to and away from intramuscular injections, and subcutaneous is not an intravenous route.

It is not possible to prepare students for every medicine they will encounter, on placement or in practice. They need to demonstrate why and how to look up medicines they are unfamiliar with or concerned about (e.g. a familiar medicine prescribed in an unfamiliar dose or route). The list provided in the KE is too broad and should be reviewed, with a number of those used in specialty areas (including anaesthetic, antineoplastic, antiparkinsonian, antipsychotic, contraceptive and hormone agents) removed.

Anxiolytics are listed twice.

The list of units of measurement should include units and millimoles.

The words *injectable drugs* should be replaced in the calculation component of this PE with *medicines*, as the listed routes include other administration methods.

Note that paediatric dosing is based on weight rather than age.

The section listing *drugs commonly used for fluid and electrolyte imbalance* can be moved to the earlier listing of medications with which students should be familiar. Note that patient controlled analgesia is not used to manage fluid or electrolyte imbalances, and should be included in the routes of intravenous medicine administration.

HLTENN041 Apply legal and ethical parameters to nursing practice

Performance criteria

The second half of PC 1.2, *Identifies implications of non-compliance*, cannot be directly observed and is therefore KE, not a PC.

PC 1.3 (*Apply codes of ethics, codes of conduct and the content of competency in nursing practice*), and PC 2.1 (*Accurately apply concepts of negligence, duty of care and vicarious liability to professional practice as an enrolled nurse*) can only be observed if care is breached; these components should therefore be assessed as KE rather than PC. The same is true for 2.3 (*Apply principles of restraint appropriately, demonstrating the correct intent and application of restraint*), as restraint is not best practice and is used sparingly.

PC 1.4 (*Function within the scope of jurisdictional requirements for enrolled nurse practice*) and 1.8 (*Monitor and record compliance with legal obligations and requirements*), materially restate 1.1 (*Identify legal and regulatory requirements including Acts and guidelines and explain how these requirements impact own nursing practice*) and are therefore unnecessary.

To ensure that all students of enrolled nursing have a consistent understanding of the legal terminology with which they should be familiar, PC 2.4 should be prescriptive and list the required terms.

As with PC 1.7 in HLTENN035, we are unsure how students can demonstrate, or trainers assess, PC 3.3 (*Maintain awareness of contemporary ethical issues and potential conflicts of interest that may impact nursing practice*), at a fixed point in time. The ANMF therefore recommends that this performance criterion be reworded to more accurately reflect this need: *Demonstrate understanding of the importance of maintaining awareness of contemporary ethical issues*…)

PC 3.5 (*Develop and implement strategies to resolve ethical issues within own nursing practice in accordance with role parameters*) can only be demonstrated if a student faces an ethical issue, recognises it as such, and acts. This component therefore constitutes KE, as does 5.1 (*Research and reflect on the practice of open disclosure and how it applies to own role as an enrolled nurse*), as research and reflection cannot be assessed through observation.

Performance evidence

It may be useful to specify how students can demonstrate that they are working within legal and ethical parameters, using examples like maintaining privacy and confidentiality, respecting the person's physical and emotional dignity, and consistently obtaining consent before performing care.

Knowledge evidence

Please expand on what is meant by *children in the workplace* – does it mean paediatric patients, child visitors, or something else?

Note that the Nursing and Midwifery Board of Australia has retired the Australian Code of ethics for nurses and adopted the International Council of Nurses Code of ethics for nurses.[4]

4. Nursing and Midwifery Board of Australia. (2018). Professional standards: codes of ethics. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

Please replace *codes of practice* (which don't exist) with *Enrolled nurse standards for practice*.

Note that while there may be opportunities to undertake continuing professional education, continuing professional development is also a condition of registration renewal.

Note that *living will* is not a legal term, and *advanced care directives* is adequate on its own.

Does the KE component *policy frameworks for nursing practice* just mean that students need to be aware that there will be individual organisational policies for almost every aspect of nursing practice, or does this refer to something else?

Are students meant to demonstrate where to find the various Acts listed in the validation document, their contents, their objectives and purpose, or all of these?

Voluntary assisted dying covers *euthanasia* and *assisted suicide,* which can therefore be removed.

HLTENN042 Implement and monitor care for a person with mental health conditions

Elements

Element 1 (*Identify and address State/Territory mental health legislation requirements*) both overlaps HLTENN041 and is not observable; this element should be retitled *Planning care for a person with a mental health condition*.

Provide care for a person with a mental health condition more accurately captures element 2 than Respond to signs of mental health conditions.

Performance criteria

1.1 (*Identify and evaluate the key features of mental health legislation as they apply to own work practices and the health care setting*) and 1.2 (*Describe the values and philosophies that apply to mental health care*) are KE not PC.

2.3 (*Recognise biopsychosocial effects in the casualty of mental health conditions*) and the first half of 2.4 (*Recognise the impacts that discrimination, negative stereotyping and stigma can have on a person with mental health conditions)* cannot be observed and are therefore KE not PC.

As students will rarely have an opportunity to liaise with members of multidisciplinary teams, particularly as many mental health clinical placements are located in the aged care sector, meeting PC 4.1 will be difficult. This component may therefore be more usefully located in KE.

Knowledge evidence

What is meant by application of nursing theory to a mental health context? There are multiple nursing theories.

Including organic disorders, such as dementia, and delirium in this UoC doubles up the information provided in HLTENN045 (Implement and monitor care of the older person).

It would be useful for national consistency to list the *key terms associated* with *mental health conditions* that students are required to define.

It would be useful for the UoC to address that oral health is often neglected with significant mental illness, causing substantial impacts on health and wellbeing from stigma to infection risk and impaired nutrition.

HLTENN043 Implement and monitor care for a person with acute health problems

Elements

Element 2 largely repeats the content of HLTEEN037 and, again, care planning is not part of the enrolled nurse scope of practice.

Element 5 should be removed – see discussion of specific PC below.

Performance criteria

PC 1.2 (*Explain to the person, family or carer the potential physical and psychological impacts of health problems on daily living activities*) and the second half of 1.3 (*Identify the pathophysiology of the person's underlying or presenting condition, and confirm with the person, family or carer*) are not performed by enrolled nurses – the former is performed by registered nurses and/or medical officers, and the latter by medical officers.

PC 2.1 should read *Contribute to effective person-centred care discussions with registered nurse and/or other members of the health team*, as contributing is participation.

The PC for element 2 should all be moved to element 3.

While experienced enrolled nurses may care for patients with long term, established tracheostomies in non-acute settings, this is not the case in acute care. 3.1 (*Assist in providing nursing care for the person with a compromised airway, including clearing of airways and interpreting health status using monitoring devices*) should be amended to reflect this.

4.2 (*Ensure pre-operative care considers the relationship between pre-operative care and post-operative complications*) is KE.

5.1 (*Identify and confirm the roles and responsibilities of members of the emergency response team)* is KE.

5.2 and 5.3 reiterate content from HLTENN038 and HLTAID003 and are KE. In addition, advanced life support is not within the scope of an enrolled nurse, and should not form part of foundation education.

Performance evidence

Health care planning is covered in HLTENN037, and can therefore be removed from this UoC.

Knowledge evidence

Under the dot points for *have knowledge of*, move *myocardial infarction* to sit under angina.

HLTENN045 Implement and monitor care of the older person

Elements

Element 4 as written (*Identify requirements and address issues in aged care nursing practice*) is a KE.

Performance criteria

Both 1.2. (*Identify possible age-related effects of drugs and medications on the person and consult with registered nurse)* and 1.3 (*Identify age-related pathophysiological disorders and how they may affect the person and their family or carer*) are KE rather than PC. This is also the case for 3.1 (*Identify factors and common stereotypes associated with ageing and how these can adversely impact the older person*) and 3.3 (*Reflect own values, attitudes and beliefs to ensure all interventions are conducted appropriately and within scope of practice of the enrolled nurse*).

4.1 (*Identify legal requirements and possible ethical issues and other issues of concern in aged care practice, including possible signs of elder abuse*) should be included in HTEEN041.

While post-mortem care is an important part of nursing practice, not all students will experience the death of a resident or patient during their placement, even if they have placements in nursing homes and palliative care. PC 4.5 should therefore be transferred to PE, with the option for students to complete these processes in simulation if there was no an opportunity to be assessed in the workplace.

While enrolled nurses with experience and familiarity with both patients or residents and their families *Provide support and comfort for grieving family or carer within own role parameters*, this is not generally a role that students are heavily involved in when on placement. Having this as PC, rather than KE, means students may feel obligated to participate regardless of their familiarity with the patient or resident and their own level of comfort or distress.

Person-centred care focuses on the preferences of the individual; PC 5.2 should therefore read *Provide activities appropriate to the person with cognitive changes, reflecting their individual likes and dislikes*.

Knowledge evidence

As Alzheimer's disease is a form of dementia, differentiating between them (*nature of cognitive change related to Alzheimer's disease and dementia)* is confusing.

HLTENN047 Apply nursing practice in the primary health care setting

Performance criteria

1.2 (*Identify the primary health care service model and the roles and professional expertise of members of the interdisciplinary health care team*) is KE not PC, as are 2.1 (*Define health issues for the community or target group of the primary health care service, and reflect this knowledge in own work*) and 2.2 (*Identify clinical manifestations of health conditions affecting the health status of the person requiring primary health care*).

While enrolled nurses may contribute to primary health policy formation once they have experience, depending on the facility location, creation and review of policies takes months to perform, may not be underway during placement, and students are highly unlikely to be invited to participate in the process. For these reasons, PC 3.4 (*Contribute to health policy in the primary health care environment and participate in health education programs for the person and community groups*) should be removed.

Knowledge evidence

HLTEEN045 already comprehensively covers *care of a person with fluctuating organic mental confusion (acute Delirium or Dementia*), and so it need not be repeated in this UoC.

Students are required to complete HLTAID003 before their first placement, so *management of first aid and other emergency treatments specific to the community* would repeat this education – emergency management and first aid vary according to resources available rather than by setting.

HLTENN048 Apply nursing practice in the emergency care setting

Knowledge evidence

It would be more appropriate for students to demonstrate an understanding of the purposes of, indications for, and difference between the radiological investigations listed than *evaluation of the following pathology and diagnostic tests*.

HLTENN068 Provide end-of-life care and a palliative approach in nursing practice

Title

Palliative care can be initiated well in advance of the end of life, which is not reflected in this title. It would more appropriately be called *Provide a palliative approach in nursing practice and perform end of life care*.

Performance criteria

PC 1.7 (*Apply in own practice an awareness of the psychosocial impact of palliative care on the person's family or carer*) and 2.1 (*Apply principles of care for people with a life limiting condition*) are not assessable through observation, making them KE.

2.3 (A*pply a proactive approach to care coordination, planning and effective goal setting within the end of life care phase*) requires experience with end of life care. This would not be within the scope of practice of an enrolled nurse. This PC should be removed from the UoC.

It would be inappropriate for both family members and students to require students to perform 5.2 (*Apply bereavement support*), 5.5 (*Confirm support needs and resources including the accessibility and availability of resources with the family, carer or others requiring bereavement care*), and 5.6 (*Provide emotional support to the person, family or carer in relation to grief, loss and bereavement)*, so these PCs should be removed from the UoC.

Performance evidence

Note that the assessment requirements describe this as HLTENN070 Provide end of life care using a palliative approach in nursing practice, when it is HLTENN068.

PC 5.2, 5.5 and 5.6 should be KE. This would remove the obligation on students to perform *professional interactions with the family or carer* towards or at the end of life regardless of their level of familiarity with the patient or resident.

CONCLUSION

The ANMF appreciates the opportunity to provide feedback on draft 2 of this review of Enrolled Nursing Qualifications on behalf of our significant cohort of enrolled nurse and student enrolled nurse members. It is difficult but essential to strike the right balance in the national curriculum of the theoretical knowledge, laboratory practice, and clinical experience required to prepare enrolled nurses to begin their careers across a range of health care settings. Enrolled nurse education must enable students to meet the *NMBA Enrolled Nurse Standards for practice* and prepare safe and competent enrolled nurses through attainable requirements that reflect contemporary nursing practice.