

# ENROLLED NURSING TRAINING PACKAGE PRODUCTS

## ACN response to SkillsIQ consultation

The following specific questions have been developed to clarify detailed information within Draft 1 of the Enrolled Nursing Training Package Products.

### 1) HLTENN037 Perform clinical assessment and contribute to planning nursing care

- In the Performance Evidence, does there need to be any reference to Body Mass Index (BMI) or waist to hip ratio?

ACN members suggest removing the waist to hip ratio because the BMI is more common and useful. In the perioperative setting BMI can determine patient access to services due to theatre equipment, after care, and access to ICU's due to obesity. BMI is required for admitting patients especially for patients for theatre and obtaining the ratio of weight to height.

### 2) HLTENN040 Apply principles of wound management in the clinical environment

- In the Performance Criteria, criterion 5.4 states:

**'Remove sutures, clips and drains from a person and replace wound drainage bag as directed by a Registered Nurse.'** Should replacing the wound drainage bag be part of the Performance Criteria and, if so, should it be separated from removing the sutures, clips and drains?

Yes, ACN members believe that the wound drainage bag should be part of the Performance Criteria, and, yes, it should be separated from removing the sutures, clips and drains because different skills are required for this work.

### 3) HLTENN041 Administer and monitor medicines and intravenous therapy

- In the application, is the word 'interpreting' ambiguous? Should any nurses 'interpret' medication orders? Or should they instead 'read and correctly apply'?

ACN members suggest that 'read and correctly apply' is more appropriate for written instructions from an authorised prescriber, assessing the person for medication effectiveness and side effects,

and responding to an allergic pharmacological reaction. There is no interpreting of medication orders at all. If the written order is unable to be understood, this should be clarified by the Medical Officer and rewritten, not given by the nurse.

#### **4) HLTENN045 Implement and monitor care for a person with acute health problems**

- **In the Performance Evidence, when performing nursing interventions is it critical to specify ‘donning anti-embolic stockings’ or just say ‘prescribed intervention’?**

ACN suggests that it is preferable to use the term ‘prescribed intervention’. There are many situations where anti-embolic stockings are contraindicated and there is potential for different brands and policies between different health services. There are also other nursing interventions that are commonly utilised in pre and post-operative care which could be assessed. Examples of these might include pre-operative ECGs, or the use of post-operative gallowes for hand surgeries.

The Enrolled Nurse (EN) is aware of the nursing interventions, the knowledge behind them and has had education on correct application, inclusive of assessment and measurement and fitting the anti-embolic stocking, if prescribed, before undertaking the task of how to correctly fit and apply them. The EN is responsible for ensuring that their knowledge and skills are maintained through regular updates and practice.

#### **5) HLTENN046 Implement and monitor care for a person with chronic health problems**

- **In the Knowledge Evidence, is it necessary to list chronic health conditions, e.g. obesity, mental health issues or any others that may need to be added? If so, what? Or would this be better explained in the Companion Volume?**

Chronic diseases should be listed under systems as follows:

- Cardiac - heart disease
- Endocrine - diabetes and lupus
- Respiratory – asthma
- GIT - Liver disease, Ulcerative Colitis, Colon Cancer -Stomas
- Neurological - epilepsy, MS and Parkinson’s
- Cancers should be a standalone
- Mental health conditions
- Gynae - polycystic ovary disease and endometriosis
- Coeliac disease
- Migraines.

ACN members also recommend a companion volume which is in partnership with the knowledge evidence and other areas of HLTENN046.

#### **6) HLTENN047 Implement and monitor care of the older person**

- **In the Performance Criteria, should the word ‘dementia’ be replaced by ‘cognitive changes/decline’?**

ACN members suggest replacing the word ‘dementia’ with the term ‘Behavioural and

Psychological Symptoms of Dementia (BPSD)'. This wording reflects the whole person as we look at the communication, functioning and progressive decline; and it involves the carer, family and persons with their care throughout the decline process.

**7) • Should the National Framework for Action on Dementia be mentioned in the Knowledge Evidence of the Unit? Would this be better placed in the Companion Volume?**

ACN members suggest that the National Framework for Action on Dementia should be placed in the Companion Volume.

**8) HLTENN052 Apply nursing practice in the rehabilitation care setting**

• **In the Performance Evidence, it states:**

**'... providing nursing interventions for each of the following conditions:**

- **person who has suffered a cerebral injury**
- **person with a spinal cord injury**
- **person suffering from a progressive or degenerative condition**
- **person with dementia showing signs of confusion and acute aggression'.**

**Is it practical to expect a learner to be exposed to all these conditions in a single workplace in order to be assessed?**

ACN members do not think it is practical to expect a learner to be exposed to all these conditions in a single workplace in order to be assessed. Workplaces are not specific to these conditions. There is no single workplace where all of these can be assessed. It is not practical to expect a learner to be exposed to all the conditions listed in all rehabilitation settings.

**9) HLTENN058 Apply nursing practice in the cardiovascular care setting**

• **In the Performance Criteria, does interaction with family and carers comprise part of the skill required to competently carry out nursing interventions? Should it be part of the assessment?**

For nurses working in the paediatric or neonatal setting, family centred care is fundamental. These patients are not able to make their own decisions about care, and there are a lot of complexities involved in incorporating families into care and care decisions. Nursing interventions are carried out in liaison and with communication to/ with carers and family members. Otherwise they should be communicated with the patient (for consumer centred care) if there are no family or carer present. Care needs to be provided with the patient, carer to ensure that goals of care and nursing interventions are carried out with patient awareness and consent. It is difficult for ENs to achieve these performance criteria. ACN members suggest modifying them to suit the role of an EN in an acute cardiac setting such as recognising arrhythmias, collecting information to contribute to cardiovascular assessment, monitoring patient status and reporting appropriately.

**10) HLTENN059 Implement and monitor care for a person with diabetes**

- **In the Knowledge Evidence, reference is made to ‘weight loss/gain (Body Mass Index or waist to hip ratio)’. Does this reference need to be removed?**

ACN’s members are of the view that weight loss/gain (Body Mass Index) needs to be removed. However, as previously stated, it is preferable to utilise only Body Mass Index as the more universal measurement.

It is important for the EN to understand that a nutritional diet needs to be available. Education needs to be provided inclusive of weight loss/gain and dietary choices to maintain a healthy weight.

**The following series of general questions has been developed to guide feedback for Draft 1 of the Enrolled Nursing Training Package Products.**

### **Qualifications**

- 11) • Do the qualifications provide a clear and accurate description of the skills outcomes for the qualification?**

Qualifications provide a clear description of the skills outcomes for qualifications. Though the timeframe for the course needs to be extended to ensure skills are embedded and produce a graduate that is practice ready. Qualifications must be designed and accredited to enable graduates to demonstrate the learning outcomes expressed as knowledge.

- 12) • Are the qualifications structured properly so that learners can progress from the Diploma to the Advanced Diploma and so on, if required?**

Diploma qualifications enables student enrolled nurses to apply integrated technical and theoretical concepts in a broad range of concepts/ contexts to undertake advanced skilled work as a pathway to further learning such as the Advanced Diploma.

- 13) • 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’ packaging rules, as the content would be absorbed into the single Unit which sits in the core?**

Diabetes should be a core included in HLTENN045 and HLTENN046. They should be Core Units and electives as they keep combining and expanding. The timeframe of the course could be expanded to meet the demands on the nursing course.

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

Paediatrics should be listed because it becomes difficult to transition into a paediatric setting with little to no real knowledge of those patients. Aged Care is another important Unit.

- 15) • Should the qualification names be updated to better reflect job outcomes?**

ACN members believe the qualification names should be changed to Diploma of Enrolled Nursing and Advanced Diploma of Enrolled Nursing.

## Suite of Units of Competency

### 16) • Are all the draft Units required? Should any be deleted?

The Unit HLTENN049 Contribute to health policy in the primary health care environment should not be included in the EN training. Awareness and education on health and nursing policy should be added. HLTENN041 should be removed as this education regarding IV medications should be part of the Advanced Diploma or as an adjunct to the Diploma of Nursing course - Endorsed Enrolled Nurse. HLTENN054 should be removed as this seems to overlap with content from core Unit HLTENN037.

### 17) • Are there any additional Units of Competency required?

Paediatrics and Aged Care.

## Titles and Application Statements - Units of Competency

### 18) • Do the titles reflect the skills being described? Could any titles be changed to better indicate what the Units cover?

ACN members believe the titles reflect the skills being described.

### 19) • Do the Application Statements provide a clear and accurate description of the skills being described?

ACN members believe the Application Statements provide a clear and accurate description of the skills being described.

## Elements and Performance Criteria

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

The Unit HLTENN039 does not appear to effectively cover critical areas of nursing practice such as patients with specific nutrition / hydration needs, constipation, continence, respiratory, stoma and post-surgical. ACN members recommend removing performing blood specimen collection (venepuncture) as this is not a core EN skill.

### 21) • Do the Performance Criteria adequately describe the level of proficiency?

The Performance Criteria describe the performance needed to demonstrate achievement of the element.

## Performance Evidence

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

Yes, though some may require refining of wording.

### 23) • Is the suggested volume (sufficiency) of evidence appropriate? Too little, too much?

The Unit HLTENN0065 should be removed from the performance evidence - non-compliance with medication may be seen as judgemental and subjective rather than objective. The Unit HLTENN058 Bipap/CPAP set up of the machines such as oxygen therapy equipment should be included. There is sufficient volume of evidence for performance.

**24) • Are the statements clear? Would assessors understand exactly what they must do?**

Yes, ACN members believe the statements are clear and assessors would understand what they must do.

### Knowledge Evidence

**25) • 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?**

The Knowledge Evidence should be referred to in order to perform the tasks described in the Performance Criteria. Anything further should be linked to the Companion Volume - recommended reading or links to evidenced based outcomes/assessment modalities.

**26) • Is there anything which should be added or deleted?**

The Unit HLTENN039 states a list of equipment which perhaps could be listed in the Companion Volume instead.

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

An in-depth knowledge of anatomy and physiology should be required.

### Assessment Conditions

**28) • Are the nominated environments appropriate?**

Yes, ACN members believe the nominated environments are appropriate.

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

Yes, the statements are clear, and, yes, assessors would understand what they must provide for the purposes of assessment.

### Terminology

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

In the Unit HLTENN065 reference to non-compliance with medication should be removed as this is subjective and may be discriminatory.