

Australian Nursing and Midwifery Federation Submission to the

PUBLIC CONSULTATION ON 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 280,000 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 63,835 shown in the most recent Nursing and Midwifery Board of Australia (NMBA) Registrant Data (December 2019)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, regarding this comprehensive review of both the Diploma and Advanced Diploma of Enrolled Nursing.

¹ <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>



Consultation Questions

Specific units

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?

Waist to hip ratio is a better indicator of obesity² and weight-related health risk, from cardiac disease to cognitive impairment and infertility, than BMI,³ yet it is still used in some settings (including Waterlow risk assessments and when monitoring weight change in conditions such as anorexia nervosa). Students should therefore be taught about both measures, with emphasis that BMI is a risk screening tool rather than a diagnostic or indicative tool that is primarily performed by dietitians.

HLTENN040 Apply principles of wound management in the clinical environment

Re Performance Criterion 5.4 - 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?

To reduce the risk of introducing infection, wound drainage bags are rarely replaced. This component of wound care would therefore be better included as a simulation assessment, or even theory, rather than a placement assessment. If included this component should be separate from the other elements of suture, clip and drain removal. The ANMF notes that drains, staples and sutures are often removed after discharge, due to reduced length of stay. Our members have reported that access to these clinical activities can be limited for students whose placements are in less acute facilities, where shorter admissions are common.

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'?

Read and correctly apply – ambiguous prescriptions should be rewritten.

² Swainson MG, Batterham,AM, Tsakirides C, Rutherford ZH, and Hind K. 2017. Prediction of whole-body fat percentage and visceral adipose tissue mass from five anthropometric variables. PLOS ONE 12 (5): e0177175

³ World Health Organisation. 2018. Waist circumference and waist-hip ratio: report of a WHO expert consultation, Geneva, 8–11 December 2008.



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’?

Prescribed intervention – anti-embolic stockings are being used less often than previously, in favour of anticoagulant therapy. We would also suggest that the performance evidence state: ‘perform nursing interventions as prescribed by the treating team’.

HLTENN046 Implement and monitor care for a person with chronic health problems

In the Knowledge Evidence (KE), 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?

Describe what chronic illnesses and conditions are, with detail in the Companion Volume – the list of chronic conditions is close to infinite, and the more that are included in the KE the greater the assessment requirements.

HLTENN047 Implement and monitor care of the older person

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

While “cognitive changes/decline” captures a wider cohort of the aged population, including people with mental ill health (particularly depression), infections, medication interactions, and undiagnosed dementias, we suggest the word ‘dementia’ should instead be changed to ‘major neurocognitive disorder’ to align with correct diagnosis terminology under the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders.⁴ The Framework should be referenced in the Companion Volume.

⁴Grossberg, GT. 2015. The DSM-5 and Neurocognitive Disorder: Diagnosis and Treatment Options. Psychiatry and Behavioral Health Learning Network. <https://www.psychcongress.com/article/dsm-5-and-neurocognitive-disorder-diagnosis-and-treatment-options>



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?

There are few students who will encounter all these conditions, particularly spinal cord injury – see comments above for this unit. We suggest adding ‘or’ at the end of each statement so at least the student is able to apply nursing practice to one of these conditions.

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?

Interaction with family and carers is a key component of all health care delivery, regardless of setting. This should be addressed in two or three general placements (e.g. aged care, acute care, complex) rather than more specialised areas.

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?

Weight loss/gain should be sufficient.

Qualifications

Do the qualifications provide a clear and accurate description of the skills outcomes for the qualification?

Yes.



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

Yes to an Advanced Diploma, less sure that the Advanced Diploma articulates to a Bachelor of Nursing any better or more easily than the Diploma does. We would also like to see ENs have the opportunity of transition to practice programs. Queensland, for example, has no allocated places, let alone programs.

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?

It's a lot of information and assessment for a very short period – giving students a little longer to absorb and understand some of the more complicated aspects of other units would contribute to better prepared graduates.

Are there any imported Units which should be listed?

(Note: The content of any imported Units is outside the scope of this review.)

Yes, the core units: CHCDIV001 (Work with diverse people), CHCDIV002 (Promote Aboriginal and/or Torres Strait Islander cultural safety), CHCPRP003 (Reflect on and improve own professional practice), HLTAAP002 (Confirm physical health status), HLTAAP003 (Analyse and respond to client health information), HLTINF001 (Comply with infection prevention and control policies and procedures), and HLTWHS002 (Follow safe work practices for direct client care).

Should the qualification names be updated to better reflect job outcomes?

No, this is not necessary.

Suite of Units of Competency

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

Is there need for a whole unit on stoma care, rather than this being contained within wound management (as previously)?

Hyperbaric nursing is very specialised – we therefore question the extent of demand for this specific area.



Are there any additional Units of Competency required?

No, but a greater focus on critical evaluation would be useful throughout the programs of study.

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?

Perhaps greater distinction between Diploma and Advanced Diploma units that cover similar ground (e.g. HLTENN044 Apply a palliative approach in nursing practice and HLTENN070 Provide end of life care and a palliative approach in nursing practice; HLTENN062 Apply nursing practice in the paediatric care setting and HLTENN069 Apply, implement, and monitor nursing care in a contemporary paediatric setting). Alternatively, perhaps the less substantial units of competency (HLTENN044 and HLTENN062) could be removed.

HLTENN038 Implement monitor and evaluate nursing care plans

The ANMF does not support teaching enrolled nurse's evaluation of nursing care plans as this remains outside the EN scope of practice as determined by the NMBA. We suggest the title be changed to either "Implement, monitor and evaluate nursing care" or "Implement and monitor nursing care plans" to reflect this, and that the performance evidence item "evaluated at least 1 nursing care plan in the workplace or in a simulated environment" be changed to "contributed to the creation or revision of at least 1 nursing care plan in the workplace or a simulated environment."

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?

Yes.

Do the Performance Criteria adequately describe the level of proficiency?

Yes.



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?

Demonstrate beginner level competency, rather than prove.

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

It is difficult to achieve a balance between immersion in placement and focus on achieving task-based assessments; while some competencies can be simulated (providing the RTO has adequate resources), many require the complex conditions only available in a clinical environment. For the most part this package manages to balance these needs, but there are a handful of exceptions which are outlined in the following two sections.

NEEDS MORE/DIFFERENT ASSESSMENT

HLTENN037 Perform clinical assessment and contribute to planning nursing care

As the current wording is ambiguous, the Performance Evidence should clarify that admissions and discharges must each be performed twice, not necessarily with the same patient. As this may not be possible in residential aged care settings, perhaps this performance evidence should be moved to a Unit of Competency that occurs later in the program, or assessed in simulation.

Both the Unit of Competency and the assessments should incorporate clinical risk assessments (e.g. falls, skin integrity, alcohol and other drug screening), and vital signs should be added to the performance evidence requirement.

HLTENN039 (Contribute to nursing care of a person with complex needs).

The lack of workplace assessments for this unit does not reflect the significant role that caring for complex patients will play in their clinical practice, regardless of the area in which enrolled nursing students will work following registration. The inclusion of respiratory assessment, including oxygen saturation, would be useful here. This could replace the requirement to assess reflexes as part of neurological assessment, as this is rarely performed by enrolled nurses. As unnecessary interruptions in the closed system poses significant risk to the patient, the final performance evidence assessment, changing a catheter bag, should be restricted to simulation, if assessed at all.



HLTENN042 (Apply legal and ethical parameters to nursing practice)

Requiring reflection, rather than just documentation of two ethico-legal situations would improve students' understanding of this complicated and important area of nursing practice.

HLTENN045 Implement and monitor care for a person with acute health problems

In the entirety of aspects required in acute care, having only one assessment required to be in the workplace doesn't strike an appropriate balance between ensuring students have enough clinical experience and addressing the evaluation burden of placements. Making pre- and post-operative care the sole placement assessable component will be difficult for students placed on non-surgical units to meet.

It is noted that the simulation or workplace assessments are:

- Analyse health information and the clinical presentation of one person to reach an accurate conclusion on possible health care planning and nursing interventions related to their acute health condition, and
- Implement nursing interventions in the workplace or in a simulated environment specific to care of one person with acute health problems.

Either of these would be more appropriate as workplace assessments, while pre- and post-op management could be simulated.

HLTENN059 Implement and monitor care for a person with diabetes

Although the assessment conditions specify a glucometer, the performance evidence for this unit only requires students to have cared for two people with diabetes; there is no requirement that the care of a person with diabetes be in any way related to diabetes. It may seem evident that students need to perform blood glucose levels under supervision, but that's not specified. The performance evidence for this unit should therefore be amended to include students performing and recording two blood glucose levels in a work setting.

NEEDS LESS ASSESSMENT

The ANMF has concerns about the availability of patients with all the requirements for some units of competency, specifically:

HLTENN040 Apply principles of wound management in the clinical environment

There is a discrepancy between the performance evidence (three dressings in the workplace) and assessment conditions (workplace or simulation). Performing three dressings on placement may be difficult to achieve, depending on the type of placement and the patient cohort.



HLTENN051 (Apply nursing practice in the orthopaedic care setting)

- musculoskeletal injury where the person requires continuous passive motion therapy (CPM)
- amputation where the person requires assistance with a prosthetic aid or device

We also note that the unit does not address application, care or patient/family education of plaster/fibreglass casts. As the availability of patients with casts will be variable, this skill will not necessarily be able to be assessed in the workplace, so any performance evidence regarding plaster/fibreglass cast application, care, and patient education should be assessed in simulation.

HLTENN052 (Apply nursing practice in the rehabilitation care setting)

- person with a spinal cord injury

HLTENN057 Apply nursing practice in the respiratory care setting

- assist with the insertion or removal of pleural and intercostal or under water seal drains

As these assessments are required to be performed on placement, student success is heavily reliant on the presence of patients with specialised, often uncommon conditions or interactions. To prevent disadvantaging students, they should therefore be taught in the theory component, and assessed in simulation, rather than in the workplace.

HLTENN066 Apply nursing practice in the rural and remote setting

The placement requirements total 11 separate placement assessments – achieving this should not be difficult for students, but documenting and reflecting on this many interactions may be unduly time consuming, requiring a task-based approach to what should be an immersive clinical experience.

HLTENN067 Research and report on nursing trends and practice

The requirement is that students “plan, conduct and use at least two research projects to contribute to the continuous improvement of nursing practice at a systemic or organisational level in at least one workplace.” One research project would be a significant undertaking for someone undertaking a tertiary level qualification; requiring two when the Advanced Diploma spans only six months, as just one of ten units, seems unattainable.

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

Yes.



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?

Yes.

Is there anything which should be added or deleted?

HLTENN036 Apply communication skills in nursing practice

Given the changing face of health care documentation, this unit should include nursing informatics, information technology, and electronic medical health records. Element 4 requires students to lead small group discussions, which is not a common role for early career enrolled nurses. Many of the performance criteria could be met by the more appropriate activity of clinical handover. As ISBAR (introduction, situation, background, assessment, and request) is increasingly used as the standard format for handover, this model should be included in this Unit of Competency.

HLTENN062 Apply nursing practice in the paediatric care setting

This unit has no mention of play, an essential component of paediatric care. Performance criteria 1.6 of element 1 reads: "Identify when the acuity of a paediatric person is beyond own skills and knowledge and promptly consult with registered nurse and relevant interdisciplinary health care team members." The ANMF agrees this is important and should be specified in all units.

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

Yes.

Assessment Conditions

Are the nominated environments appropriate?

The capacity of students to achieve placement performance evidence for HLTENN044 Apply a palliative approach in nursing practice, is going to be heavily contingent on having patients or residents admitted for and transitioned to a palliative pathway during the students' placement. While this will not be problematic for students place in a palliative care setting, those allocated to acute or aged care may have difficulty meeting these requirements.



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

Yes.

Terminology

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

Care prescribed by other health practitioners (e.g. medications prescribed by a doctor, or exercises prescribed by a physiotherapist) should not be referred to as 'ordered' or 'orders,' as this usage counters the autonomous decision-making involved in planning and delivering nursing care.

HLTENN041 Administer and monitor medicines and intravenous therapy

This unit uses the word "refused"; in line with patient autonomy, "declined" is more appropriate language, as it reflects that there are many reasons why someone may decide against taking the medication as prescribed.

Additional comments

HLTENN044 Apply a palliative approach in nursing practice

Some of the element and performance criteria numbering is inconsistent or incorrect.

CONCLUSION

The ANMF appreciates the opportunity to provide feedback on this comprehensive review of the Diploma and Advanced Diploma of Enrolled Nursing 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 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.