



Enrolled Nurse Support into Practice Programme Handbook 2022-2023

Te Whatu Ora
Health New Zealand

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Introduction

New Zealand Enrolled Nurse Scope of Practice

Enrolled nurses (EN) practice under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in the community, residential or hospital settings.

Enrolled nurses **contribute to** nursing assessments, care planning, implementation and evaluation of care for health consumers and/or families/whanau.

The registered nurse (RN) maintains overall responsibility for the plan of care.

Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers' conditions and **report these to the registered nurse**, administer medicines and undertake other nursing care **responsibilities appropriate to their assessed competence**.

In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions.

In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse.

In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner*. In these situations, the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning.

Enrolled nurses are accountable for their nursing actions and must practice competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whanau and multidisciplinary teams.

The Nursing Council's [Competencies for Enrolled Nurses](#) describe the skills, knowledge and activities of enrolled nurses.

*A health practitioner is a person who is registered under the Health Practitioners Competence Assurance Act 2003 – for example, a midwife, medical practitioner, or occupational therapist.

Source:

https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Enrolled_nurse/NCNZ/nursing-section/Enrolled_nurse.aspx Downloaded 23/09/2019

Enrolled nurses graduating in New Zealand

Enrolled nurses who qualify in New Zealand must:

1. Successfully complete an 18-month programme in enrolled nursing at level 5 on the National Qualifications Framework and accredited by the Nursing Council; **and**
2. Pass an assessment by an approved provider of the Nursing Council's competencies for enrolled nurses; **and**
3. Pass an examination for enrolled nurses.



Welcome to Capital, Coast and Hutt Valley ENSIPP Programme

Purpose Statement

The Enrolled Nurse Support into Practise programme (ENSIPP) adheres to the principle of working in partnership with nurses to provide quality education whilst promoting the enhancement of professionalism through an on-going supportive learning process. By completing the expected requirements and producing a professional portfolio, the Graduate EN will be able to demonstrate competent practice.

ENSIPP Outcomes

On completion of the Enrolled Nurse Support into Practise Programme the EN will:

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

The learning outcomes will be met through individually set clinically based activities, self-directed learning activities, attendance and participation at workshops,/study days, group work, and the submission of a professional EN portfolio (Competent level) within 12 months in practice.

Clinical Load Sharing

WEEK 1-2	Share clinical workload with primary (supernumerary)
	Develop goals & sign contracts
requirements	Complete Capital, Coast and Hutt Valley nursing & generic orientation
WEEK 3-4	Increase personal clinical workload with preceptor supervision
package	Complete Capital, Coast and Hutt Valley competencies and local learning
WEEK 4-6	Working independently under D&D of an RN with mirrored preceptor shifts
WEEK 6-12	Working independently under D&D of an RN with mirrored preceptor shifts
	Complete 1x Tanner Reflection on Practice
6-12 Months	Complete 2 nd Tanner Reflection on Practice: Oral or written
	Complete x2 self-reviews against Nursing Council New Zealand competencies for EN's
	Complete PDRP competent level Portfolio for assessment

The first two weeks will be an introduction to the organisation and the practice environment. The EN will be supernumerary in the clinical setting completing generic Pathway, nursing Pathway and mandatory requirements, and working with a preceptor sharing a clinical load.

Following this they will work mirrored shifts with an Enrolled Nurse (or RN) preceptor for 1 week to enable the new graduate to observe and experience EN practice. There may be a further week (to total 6 weeks) if this is considered appropriate. The relevant ACNM/CNE/NM will be involved in this decision, to see if additional supportive improvement goals are required.

By the beginning of the 6th week of practice the new graduate EN will be working rostered shifts in the practice environment with regular access to a preceptor.

Preceptors

Clinical preceptorship is an educational relationship that provides role modelling, clinical support, clinical teaching and socialisation into the work environment. Preceptors strengthen the application and use of knowledge in clinical situations. Preceptors must be Registered or Enrolled nurses who have successfully undertaken preceptorship training as per the accepted national framework for preceptor training. Preceptors must have regular and consistent access to the graduate nurse during clinical practice, especially during the clinical load sharing period.

Preceptorship can be provided by a team. The Preceptorship team may include the Charge Nurse/Team Leader/Nurse Manager, Nurse Educator and other staff in the work environment. Their roles and responsibilities are outlined in the national framework for preceptor training. **A named primary preceptor must be identified for each graduate enrolled nurse** to ensure accountability for negotiating and evaluating learning outcomes.

Preceptors must have:

1. A current annual practicing certificate in the Registered Nurse or Enrolled Nurse scope of practice (May 2010)
2. Registration with the NCNZ 'in good standing' (i.e., with no restrictions on that registration that would negatively impact on their ability to perform as a clinical preceptor)
3. Successfully completed a preceptor training programme within the last four years.
4. Completed the Direction and Delegation E learning prior to preceptoring an Enrolled Nurse
5. Demonstrated commitment and a willingness to support and encourage a graduate nurse through their role as a preceptor
6. Knowledge of the EN Diploma of Nursing programme, EN Scope of Practice (May 2010) and PDRP requirements
7. Experience within the clinical service area where they are providing preceptorship
8. An ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice
9. Evidence of positive role modelling
10. A commitment to provide feedback to the graduate nurse and receive feedback on their performance as a preceptor.

Assessment

The assessment process should be a positive experience for all involved - a time when a New Graduate's contribution to practice and professional growth can be measured and celebrated. It is vital that you take time to adequately prepare and complete assigned pieces of assessment work to ensure that your developing EN practice is accurately reflected. All expected outcomes are met within the set timeframes on the ENSIP programme.

This assessment work is to be provided in your competent professional development and recognition pathway(PDRP) portfolio when it is submitted by		Programme Outcomes
Two clinical practice reflections (Tanner) Written or Oral.		1, 3, 4, 5, 6, 7
Capital, Coast and Hutt Valley Generic Pathway, Nursing, Midwifery, Allied Health Training and Mandatory Resuscitation and Safe Handling training		1, 5, 7
Specific Pathway programme in allocated clinical area		1, 2, 7
Performance Reviews – Self and Charge Nurse Manager or Nurse Educator		1, 3, 5, 6, 7
5-6 month mid-year performance review		
5-6 month self-assessment		
12 month performance review		
PDRP for Competent EN – includes record of professional development/education and work hours		
Competent portfolio		

Enrolled Nurse Support into Practice Requirements

At the end of the first six weeks of employment the New Graduate will have:

- ✓ Completed clinical setting mandatory requirements and Pathway workshops / packages under the direction of the Nurse Educator and Charge Nurse Manager
- ✓ Completed 4 weeks of clinical load sharing with Preceptor and 2 weeks of supported practice
- ✓ Identified and documented the 6 weeks clinical load sharing and goals on the templates provided in Handbook. Copies are to be forwarded to the clinical area Nurse Educator.
- ✓ Commenced work on any clinical area self-directed learning packages.
- ✓ Completed organisational core requirements

After 6 months the New Graduate will be able to demonstrate that they have:

- ✓ Had monthly meetings with Nurse Educator
- ✓ A six monthly meeting with Charge Nurse Manager/Associate Charge Nurse Manager/Unit Manager
- ✓ Completed a 6 monthly interim Self-Review against the NCNZ competencies for Competent EN and discussed with Nurse Educator
- ✓ Completed two written Reflections on Practice, utilising Tanner's Clinical Judgement Model discussed with your Nurse Educator and loaded onto connect me

After 12 months the New Graduate EN will be able to demonstrate in their EN Competent Level PDRP portfolio that they have:

- ✓ Had continuing monthly meetings with NE.
- ✓ Completed a Performance Appraisal with CNM/ACNM/NE.
- ✓ Completed the requirements for EN Competent Level PDRP

Self-Directed Learning



Below is the range of self-directed learning programs that are organizational required (6 weeks) as per Capital and Coast connect me and Hutt Valley Ko Awatea dashboard. Some self-directed learning activities may change - relevant to organizational requirements and clinical setting requirements







E learning



Face to face

Activity	Criteria	Time	Completed sign off.
First 6 weeks			
Corporate Generic Pathway (including online and face to face) Te Ra Whakatau Capital and Coast Welcome and Nursing and Midwifery includes: speaking up for safety, direction and delegation and PDRP or Hutt Valley Orientation Day or Mental Health, Addictions and Intellectual Disabilities Day		8 hours	
Tikanga Maori	 	1 hour	
Mandatory Training – (Core resuscitation) Face to Face + E learning	 	4 hrs	
Safe handling	 	8 hours	
Fire and Emergency Management	 	90 minutes	
Five moments of hand hygiene (online)		30 minutes	
Code of conduct		30 minutes	
Privacy and Health Information		30 minutes	
Trend care use for all users		30 minutes	
Blood Glucose Monitoring point of care testing		30 minutes	
Blood Ketone Monitoring –point of care testing		30 minutes	
Administering Medicine Safety		2 hours	
Early Warning score (EWS)		30 minutes	
ICT Training Includes MAP, ConnectMe and Email-outlook).		2 hours	

Self-directed learning hours		30 hours	
3 months			
Falls Prevention		1 hour	
Pressure Injury Prevention		2 hours	
ISBAR	 	1 hour	
Smoking Cessation ABC quit card provider	 	1 hour	
Infection Prevention and Control Standard and transmission precautions		30 minutes	
Patient Admission to Discharge Plan (PADP)		1 hour	
Direction & Delegation Self Directed Learning Package		30 minutes	
Self-directed learning hours		7 hours	
6 months			
Nursing Council of NZ code of conduct		4 hours	
Disability Responsiveness		30 minutes	
Observation and Engagement		30 minutes	
Aseptic Non touch technique (ANTT)		1 hour	
Self-Directed Learning Time		6 hours	
Total self-directed learning hours		43 hours	
Additional after 6 months			
Any appropriate skills required for your work area. E.g. catheterization (male/female)			
Wound care Fundamentals :E learning + study day	 	8 hours	
Violence Intervention Programme	 	8 hours	
Delirium Cares Resource		30 minutes	
Te Roopu Whakatau(Challenging Incident training)		8 hours	

Enrolled Nurse Competent Portfolio

Portfolio Assessors

Competent Level EN Portfolio's are assessed by your area nurse educator and the NE for the Enrolled nurse support into practice programme (ENSIPP). If an extension is required, apply in writing to your Nurse Educator or the Nursing and Midwifery Office PDRP coordinator.

If assessment of PDRP portfolio is unsuccessful

If at the end of the assessment process the enrolled nurse has not met the criteria for the PDRP level being applied for, there are two options:

- Work on areas requiring further evidence/development and re-submission within one month; or
- Appeal the decision –the appeal process for the Competent Level PDRP Portfolio will mirror the PDRP appeal and disputes process as outlined on the PDRP webpage in the handbook for Enrolled and Registered nurses.
- <https://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery/nursing-at-ccdhb/professional-development/professional-development-and-recognition-programme/>

Moderation

Internal

The PDRP Programme has its own moderation process. See PDRP Process guide for this. Facilitated education days relating to the EN Programme yield self-reflections of learning outcomes. Key Stakeholders will be invited to evaluate aspects of the EN Support into Practise Programme during and on completion.

Remedial Assistance

If further assistance to achieve EN New Graduate Programme Outcomes is identified, the EN New Graduate will follow the guidelines as directed from the Quality Programme and the organisations performance issues Policy.

Performance

New graduate nurses who do not meet ENSIPP requirements (clinical or written) at any stage will have a **strategy for success plan developed** to assist them in meeting the academic and/ or clinical requirements of the programme.

This process will involve meeting with the EN new graduate nurse (and support person if desired), Charge Nurse Manager (CNM), Nurse Educator (NE) of the area, and the ENSIPP Nurse Educator. It will include identification of goals and setting timeframes for achievement. Outcomes of the meeting are documented.

If the Enrolled Nurse Support into Practise programme or clinical requirements are not met, a **Performance Improvement Plan** will be initiated. Professional supervision is available.

Misconduct

The new graduate EN is expected to comply with the Nursing Council of New Zealand Code of Conduct and relevant Professional Boundary and Social Media policies of her/his employer.

If the EN new graduate nurse is involved in anything which constitutes a breach of such codes, the process for correcting this will be followed by the CNM and Nurse educator in conjunction with the Human Resources Department of the employing organisation.

Complaints Process

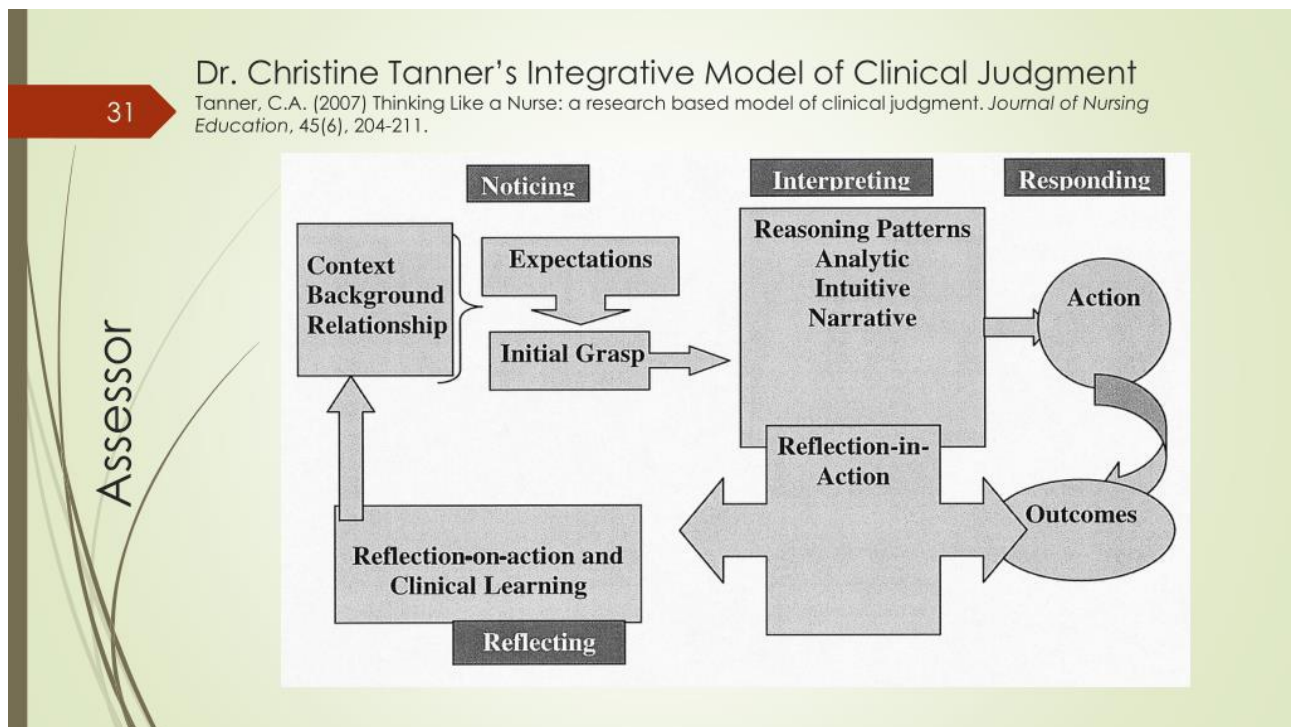
Complaints received about the ENSIP programme from any stakeholder will follow the Capital, Coast and Hutt Valley Complaints policy and procedures

Reflective Model

Guide for Reflection using Tanner's (2006) Clinical Judgement Model

This guide for reflection is intended to help you think about a given clinical situation you have encountered during your last few clinical shifts and your nursing response to that situation. The situation can be a specific physiological patient problem, such as temperature elevation, respiratory difficulty or electrolyte imbalance. You may choose to describe a situation involving a patient's family. The situation can be a description of your role in interdisciplinary problem solving. The reflection situation may describe an ethical issue you encountered in practice. Use the guide for reflection as a way to help you tell the story of the situation you encountered. The reflection may be written or oral and discussed with your ACNM/CNE/NM.

The guide provides you with a way of thinking about care that supports the development of your clinical judgment. Although there are many ways of organizing your thinking about patient care and professional nursing practice. Tanner's (2006) Clinical Judgment Model provides the framework for the questions in this study guide. Your professional development is further supported with feedback from your coordinators.



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Appendix

Appendix 1: Clinical Judgement Template Example

Introduction

Describe a nursing situation you have encountered recently

Background

- Describe your relationship to the patient at the time you noticed the situation (e.g., previous contact with patient and/or family, the quality of your relationship).
 - Consider experiences you have had that helped you provide nursing care in this situation.
 - Describe your formal knowledge (e.g. Physiology, psychology, and communication skills), previous nursing experience with a similar problem, and/or personal experiences that helped guide you as you worked with the patient.
 - Describe your beliefs about your role as the nurse in working on the situation.
 - Describe any emotions you had about the situation.
-

Noticing

- What did you notice about the situation initially?
 - Describe what you noticed as you spent more time with the patient and/or family.
-

Interpreting

- Describe what you thought about the situation (e.g., its cause, potential resolutions, patterns you noticed).
 - Describe any similar situations you have encountered in practice before. Describe any similarities and differences you observed when compared with the current situation.
 - What other information (e.g., assessment data, evidence) did you decide you needed as you considered the situation? How did you obtain this information? What help with problem solving did you get from your preceptor?
-

- Your conclusion: What did your observations and data interpretation lead you to believe? How did they support your response to the situation? Include pertinent pathophysiology and/or psychopathology.

Responding

- After considering the situation, what was your goal for the patient, family, and/or staff? What was your nursing response, or what interventions did you do? List all actions that you took.
- Describe stresses you experienced as you responded to the patient or others involved in the situation.

Reflection-in-Action

- What happened? How did the patient, family, and/or staff respond? What did you do next?

Reflection-on Action and Clinical Learning

- Describe three ways your nursing care skills expanded during this experience.
 - Name three things you might do differently if you encounter this kind of situation again.
 - What additional knowledge, information, and skills do you need when encountering this kind of situation or a similar situation in the future?
 - Describe any changes in your values or feelings as a result of this experience.
-

Appendix 2: Tanner's (2006) Clinical Judgement Model Template

Please use this template. Reflection on Practice (Complete 2 of these by the dates set on Year Planner)

Introduction

Background

Noticing

Interpreting

Responding

Reflection-in-Action

Reflection-on Action and Clinical Learning

Appendix 3: New Graduate Enrolled Nurse Learning Contract

By signing this learning contract Capital Coast District Health Board expects the New Graduate nurse will take responsibility for their learning needs including:

- Successful completion of the Capital Coast District Health Board, Enrolled Nurse Support into Practise Programme requirements
- Setting personal learning goals with your preceptor or Nurse Educator
- Successful achievement up to EN Competent Level on the Professional Development and Recognition Pathway (PDRP) within the programme.

I _____ (please print your name) agree to participate

In the ENSIPP requirements and receive preceptorship support from:

_____ (please print preceptor's name/s). (Preceptorship timeframe is: 6 months

I agree to take responsibility for the following:

- ✓ Negotiation of personal learning goals and timeframes for completion with my preceptor
- ✓ Actively participate in clinical learning experiences provided
- ✓ Acknowledgment of my own skill and knowledge levels
- ✓ Seeking out support and information as required
- ✓ Be receptive to constructive feedback provided by the preceptor and Charge Nurse Manager/Associate Charge Nurse Manager
- ✓ Participation in support groups/education sessions
- ✓ Participation in EN New Graduate Workshops and Specialty study days
- ✓ Acceptance of increasing responsibility in the role of Enrolled Nurse
- ✓ Taking the opportunities provided to develop my nursing skills
- ✓ Participation in workplace meetings
- ✓ Seeking and discussing feedback from peers
- ✓ Offering feedback to peers
- ✓ Reflecting on my clinical practice and demonstrating self-awareness
- ✓ Collection of evidence to create a professional portfolio reflecting clinical practice and achievements

Signature _____ Date _____

(New Graduate Enrolled Nurse)

Signature _____ Date _____

(Nurse Educator or Charge Nurse Manager of Clinical Area)

Please retain a copy of the signed contract in the personal file in the clinical area.

Appendix 4: Learning Goals Templates for Weeks 1-6

LEARNING GOALS FOR WEEK 1-2

Goals should be SMART (specific, measurable, achievable, realistic, and timely).

Goals (EN self-assessed learning need)	Action Plan	Achieved: Date

New Graduate Nurse Name:

Signature

Preceptor Name:
Date:

Signature

LEARNING GOALS FOR WEEK 3-4

Goals should be SMART (specific, measurable, achievable, realistic, and timely).

Goals (EN self-assessed learning need)	Action Plan	Achieved: Date

New Graduate Nurse Name:

Signature

Preceptor Name:

Date:

Signature

LEARNING GOALS FOR WEEK 5-6

Goals should be SMART (specific, measurable, achievable, realistic, and timely).

Goals (EN self-assessed learning need)	Action Plan	Achieved: Date

New Graduate Nurse Name:

Signature

Preceptor Name:

Date:

Signature

Appendix 5: Appraisal, Goals and Review Six and 12 months

Please retain a copy of the signed contract in the personal file in the clinical area.

Six- and 12-month Review with the CNM/NE

Please use the templates provided on the Capital, Coast & Hutt Valley PDRP webpage for enrolled nurses

<https://www.ccdhb.org.nz/working-with-us/nursing-and-midwifery/nursing-at-ccdhb/first-year-of-practice-programmes/#ensipp>

New Grad EN Name: _____

Workplace: _____

Goal Setting Date (Within 3 Months): _____

Nurse Educator/ Preceptor Name: _____

Goals Review Date at 6 Months: _____

Nurse Educator/Preceptor Name: _____

Goals Setting Process:

- The goal setting process is an opportunity to review the progress of the New Grad Enrolled Nurse and to discuss practice development and learning needs.
- Please arrange to meet with your Nurse Educator/preceptor to ensure this process occurs.
- Goals are set at the start of your placement within the first 3 months; and then reviewed and reset at 6 months. They are again reviewed and reset at the time of the Peer Review at 12 months.
- It is intended that goals are met by the time of each review, for the subsequent round.

Goal Setting: In the first three months of practice the EN will set four comprehensive goals and relate them to one of the four NCNZ domains of nursing.

Six month Goal Review: The previous goals will be reviewed, comments written and goals identified as having been achieved, or not and why. New goals will be developed.

For Goals that have **not** been completed, a plan will be developed outlining how these will be achieved by the time the performance reviews are due in.

Twelve-month self and Peer Performance Review: The previous goals are reviewed, new ones are made, using the Enrolled Nurse Performance Review Form.

Note: The New Grad EN, Nurse Educator and/or Clinical Nurse Manager will complete comments on how the Enrolled Nurse is progressing in the clinical area, clearly identifying what is going well, and areas of practice for further development.

On Completion of 6 Month Goal Review:

- Graduate Enrolled Nurse: **Photocopy Goal document when completed and signed by all parties.**
- The original Goal document must be sent to the Nurse Educator of your clinical area by the due date specified in the Supported Pathway calendar.

Originals are held in your Personnel file

Appendix 6: 3 and 6 Month Goals Template

	What you will Achieve/ Goals	How and When you will Achieve Goal	NZNC Domain goal relates to	Date Achieved
Goal 1				
Goal 2				
Goal 3				
Goal 4				

	What you will Achieve/ Goals	How and When you will Achieve Goal	NZNC Domain goal relates to	Date Achieved
Goal 1				
Goal 2				
Goal 3				
Goal 4				