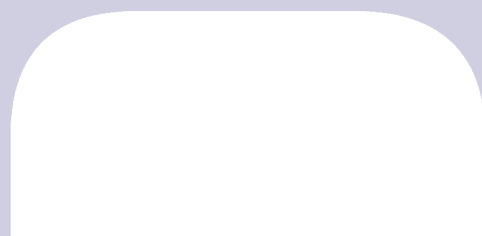
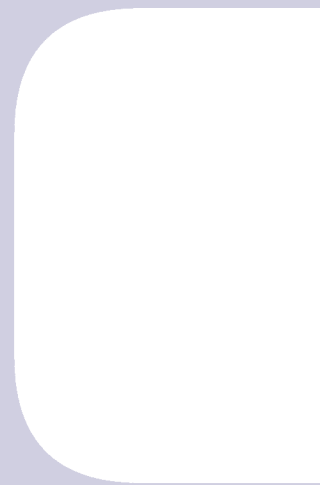


Advanced Skill Enrolled Nurse Classification Guide



Overview



This guide outlines the classification process for Enrolled Nurses aiming to achieve the Advanced Skill Enrolled Nurse (ASEN) level. The classification process is based on competency progression, which replaces the previous promotion system. The Liquor Hospitality Miscellaneous Union (LHMU) and the Department of Health, Western Australia have agreed to the competency progression and it is part of the Industrial Agreement (2004) covering Enrolled Nurses.

The Workforce Development of the *Liquor, Hospitality and Miscellaneous Union (LHMU) Enrolled Nurses and Nursing Assistants, Department of Health, Industrial Agreement 2004* (www.health.wa.gov.au/AwardsAndAgreements/docs) provided for a review of the classification structure of enrolled nurses. This review yielded the following changes:

- promotion to the Advanced Skilled Enrolled Nurse (ASEN) classification by competency progression
- a further incremental step added to the ASEN classification
- progression from ASEN I to ASEN II by an annual increment.

Enrolled Nurses seeking to be classified to the ASEN level should request a copy of the *Advanced Skill Enrolled Nurse Competencies Workbook* from their Nurse Manager or download it in Word or PDF format from the Office of the Chief Nursing Officer website www.ocno.health.wa.gov.au The applicant should complete the Workbook providing written evidence of how they demonstrate the competencies. Once completed, the Workbook and supporting evidence should be submitted to their Nurse Manager.

The Nurse Manager will convene a classification panel to review the application and make a recommendation to the Director of Nursing. If endorsed, the application will be forwarded to the Area Chief Executive for final approval. Formal notification will be provided to the applicant in writing.

I take this opportunity to thank you for your valuable contribution to the Western Australian workforce and wish you the best for a successful career.



Adj Professor, Dr Phillip Della
Chief Nursing Officer
March 2007



Table of Contents

	Page
Overview	i
Section One: Introduction	3
Section Two: Application Process	6
Section Three: Advanced Skill Enrolled Nurse Competencies	10
Section Four: Guide to Completing the <i>Advanced Skill Enrolled Nurse Competencies Workbook</i>	13
Appendices	
Appendix One: Template for Applicants with Post Registration Qualifications	28
Appendix Two: Abbreviations, Definitions, Useful Links and Sources of Information	31



Section one - Introduction

The following information is contained in the Operational Direction regarding Enrolled Nurses Classification Structure. The full instruction can be downloaded from intranet.health.wa.gov.au/circularsnew

Clause 8. Workforce Development of the Liquor, Hospitality and Miscellaneous Union (LHMU) Enrolled Nurses and Nursing Assistants, Department of Health Industrial Agreement 2004 required the parties to undertake a review of the classification structure applicable to Enrolled Nurses. The objective of the review was to establish what changes may be required to ensure the structure reflects appropriate relativities between Nursing Assistants, Enrolled Nurses and Registered Nurses.

Agreement has been reached with the LHMU on a new Classification Structure for Enrolled Nurses. The structure outlined below is to be implemented effective from 1 September 2006.

The following replaces clauses 15(1), 15(2) and 15(3) of the current Industrial Agreement (2004).

Classification structure

Enrolled Nurses

(1) The classification structure for Enrolled Nurses shall be as follows:

- (a) “Enrolled Nurse Level 1” is an Enrolled Nurse in the first year of employment.
- (b) “Enrolled Nurse Level 2” is an Enrolled Nurse in the second year of employment.
- (c) “Enrolled Nurse Level 3” is an Enrolled Nurse in the third year of employment.
- (d) “Enrolled Nurse Level 4” is an Enrolled Nurse in the fourth year of employment.
- (e) “Advanced Skill Enrolled Nurse Level 1” (ASEN 1) is an Enrolled Nurse who has:
 - (i) (A) at least 3 years experience; and
 - (B) a post registration qualification of at least 6 months duration, relevant to their area of clinical practice.

Or

- (ii) (A) at least 4 years experience; and
 - (B) sufficiently demonstrated competencies, relevant to their area of clinical practice.
- (f) Advanced Skill Enrolled Nurse Level 2 (ASEN 2) is an Advanced Skill Enrolled Nurse in the second year of employment as an Advanced Skill Enrolled Nurse.

- (2) (a) “sufficiently demonstrated competencies” means the employee has satisfied the competencies process contained in the *Advanced Skill Enrolled Nurse Competencies Workbook*.
- (b) The “*Advanced Skill Enrolled Nurse Competencies Workbook*” will be as agreed from time to time between the Employer(s) and the LHMU.

Applicants with Post Registration Qualifications


Applicants who have obtained a post registration qualification of at least 6 months duration, relevant to their area of clinical practice may apply for reclassification by submitting a formal request to their nurse manager. A copy of the post registration qualification should be attached to the written application. A template request can be found in Appendix One which may be used for the request for classification.

Applicants With No Formal Post Registration Qualifications

Applicants must have at least 4 years experience and need to complete the *Advanced Skill Enrolled Nurse Competencies Workbook*. Instructions on how to complete the Workbook are contained in this Guide and assistance may also be sought from the Nurse Manager, Staff Development Nurse or nursing peers.

Transferring Between Areas of Clinical Practice

- (1) If an ASEN transfers to an area of clinical practice for which they do not meet the competencies requirements, then:
 - (a) If the transfer is voluntarily initiated by the ASEN:
 - (i) the ASEN will upon transfer be classified as Enrolled Nurse Level 4; and
 - (ii) the EN will be re-classified as ASEN Level 1 for that area of clinical practice when they meet the competencies requirements (post registration qualification or sufficiently demonstrated competencies) to be classified as an ASEN Level 1 in that area of clinical practice; and
 - (iii) if the EN elects to use the ASEN Competencies Workbook, they need only address the Domain 2 competencies (Competency Standards 2.1 - 2.5) in order to meet the “sufficiently demonstrated competencies” requirement to be classified as an ASEN Level 1.
 - (b) If the transfer is initiated by the employer:
 - (i) the ASEN will maintain their classification as an ASEN; and
 - (ii) the employer will provide the ASEN with opportunities to gain ASEN competencies relevant to the new area of clinical practice. The ASEN will participate in obtaining the new competencies.

- 
- (2) Enrolled nurses transferring to an area of clinical practice for which they have previously met the requirements to be classified as an ASEN, shall be immediately classified as ASEN. The ASEN must demonstrate current competencies or complete Domain 2 competencies in the Workbook.

Transition

This new agreement establishes a lower entry rate to that currently applying to ASENs, so existing ASENs will, on transition to this structure, move to the new ASEN 2 rate effective from 1 September 2006.

Enrolled Nurses may make application for appointment to ASEN 1 by completing the requirements of the *Advanced Skill Enrolled Nurse Competencies Workbook*. Enrolled Nurses who submit a completed Workbook within (3) three months of the date of the operational direction, and who are assessed as meeting the requirements for appointment to ASEN 1, will be appointed from the 1 September 2006. The operative date for any subsequent, successful application will be the date on which the completed workbook was submitted.

Section two - Application process

The following process applies to an *Advanced Skill Competencies Workbook* application:

(i) Application

The Enrolled Nurse initiates the classification process by completing the *Advanced Skill Enrolled Nurse Competencies Workbook*, providing the relevant supporting evidence and submitting this to their Nurse Manager (NM). The date of submission will remain the application date for all purposes.

Evidence supporting the application can be in the following forms:

- Copies of attendance certificates, certificates of completion, memberships etc in relation to development, courses, committees etc; or
- Performance evidence - a recent performance appraisal (within the last 12 months); or
- Direct observations of the performance of the applicant as assessed by a Assessor. Direct observation requires the assessor to observe the applicant's performance, compare it against the competency and document their observations on the Direct Observations section of the workbook. The documentation should include both clinical skills and behaviours. The form should be signed and dated by the assessor and submitted with the Workbook.

The Nurse Manager shall provide an Enrolled Nurse with a copy of the *Advanced Skill Competencies Workbook and this Advanced Skill Enrolled Nurse Classification Guide* within two working days of the request.

(ii) Nurse Manager Convenes Classification Review Panel

Within 10 working days of receiving the Workbook, the Nurse Manager should convene a Classification Review Panel (CRP) consisting of a Clinical Nurse Specialist (or equivalent), an ASEN (or where no ASEN is available an EN of at least 4 years experience) and a Nurse Manager. Each member of the panel should be provided with copies of the Workbook.

(iii) Classification Review Panel Assesses Application

Within 10 working days of being convened, the CRP assesses the application against the competency in the Workbook and evidence requirements, records a recommendation and forwards the Workbook and recommendation to the Director of Nursing (DON).

The decision of the CRP as to whether or not an applicant has met the competency requirements contained in the Workbook shall be by majority. The Chairperson of the CRP will record written reasons for each determination.

(iv) Director of Nursing Endorses Recommendation

Within five working days of receiving the Workbook, the DON endorses the CRP's recommendation and either forwards the Workbook to the Area Chief Executive (ACE) or refers unsuccessful applicants to NM, SDN or educator for further development.

(v) Successful Applicants - Area Chief Executive Endorses Recommendation

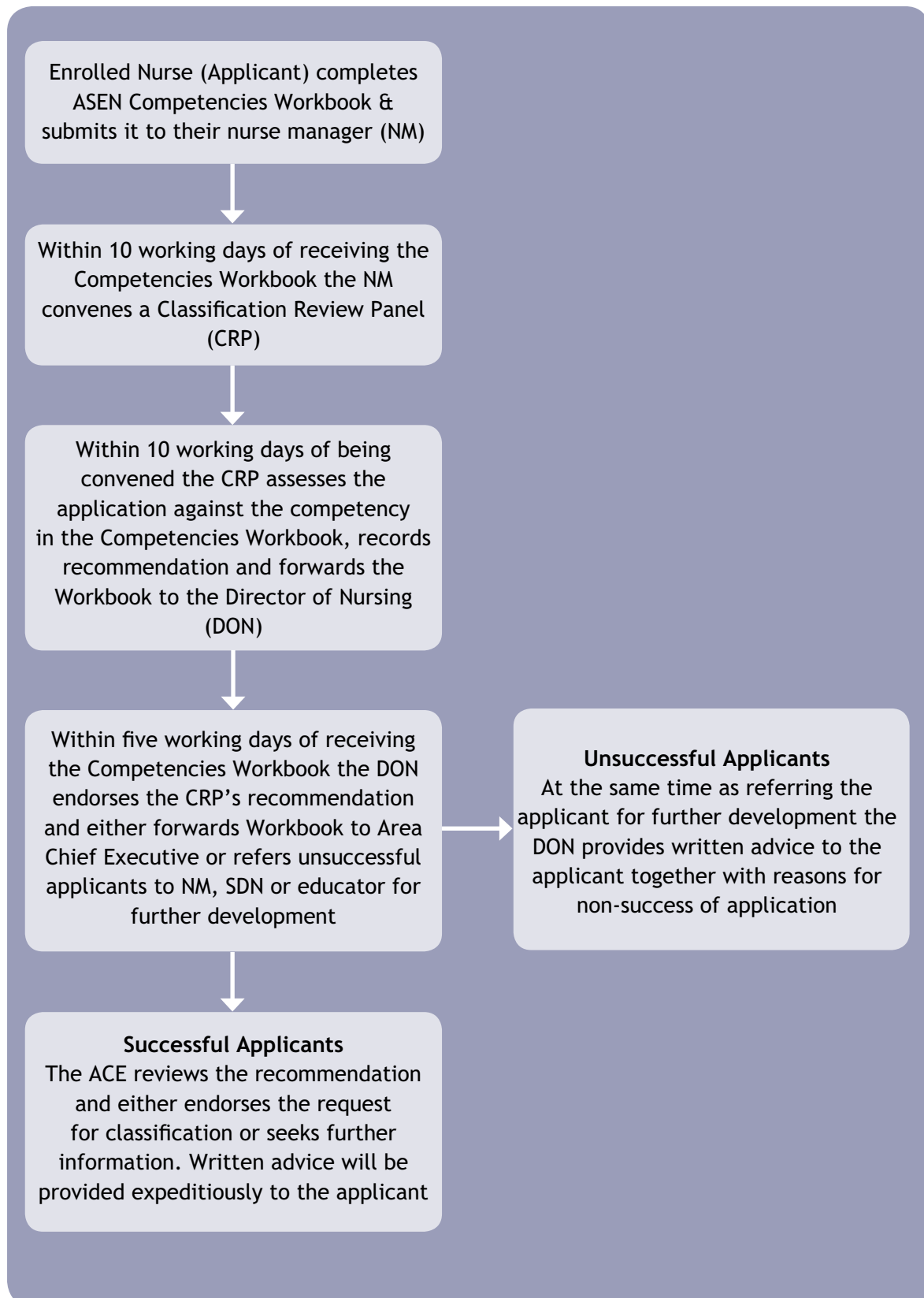
The ACE reviews the recommendation and either endorses the request for classification or seeks further information. Written advice will be provided expeditiously to the applicant.

(vi) Unsuccessful Applicants - Director of Nursing Refers for Further Development

At the same time as referring the applicant for further development, the DON provides written advice to the applicant, together with reasons for non-success of application. Unsuccessful applicants may re-apply after three months.

Note: A flow diagram on the next page outlines the process.

Competencies workbook application process: flow diagram



Dispute settlement procedure

An applicant, the Department of Health or the LHMU may initiate the following dispute procedure at any time:

- (i) If the matter is not readily resolved through initial contact, a meeting of the representatives of the parties shall be convened within three working days of such contact; and
- (ii) Either party may refer the dispute to the Western Australian Industrial Relations Commission (WAIRC) for conciliation and/or arbitration.

Responsibilities and rights

The Applicant is responsible for:

- Providing the classification panel with a comprehensive and complete application package and supporting evidence in relation to the competency.

The Applicant has the right to:

- Confidentiality in the assessment process
- Expect that the due process of natural justice will apply
- A fair, equitable and comprehensive assessment
- Request that an alternative panel or panel member be appointed if the applicant considers that there may be a conflict of interest.
- Information about the procedures for reclassification process
- Withdraw at any time during the assessment period on submission of a written request
- Have the assessment process completed within the designated timeframe
- Seek assistance from the LHMU or other resources in relation to procedural matters.

The Classification Panel is responsible for:

- Reviewing all evidence provided by the applicant
- Compiling a fair, equitable and comprehensive assessment
- Providing constructive feedback and advice to applicant
- Making a recommendation on the endorsement or non-endorsement of the ASEN status based on the information supplied by the applicant in reference to the competencies and evidence contained in the Workbook.

The Classification Panel has the right to expect:

- Applications will be complete and contain all the relevant documentation
- The panel may seek assistance from a Human Resource Manager or other authority resource in relation to procedural matters.

Section three - advanced skill enrolled nurse Competencies

The Advanced Skill Enrolled Nurse (ASEN) Competencies have been adopted from the *Competency standards for the advanced enrolled nurse*¹. Modifications to employment classifications have been made to represent the Western Australian health care industry.

Domain 1: Professional Development

This competency domain reflects active engagement in ongoing learning and their collaboration with others in education as a basis for practice.

Competency Standard 1.1

Initiates and undertakes ongoing professional development.

- Identifies professional development needs through reflection on practice;
- Seeks out learning opportunities to extend knowledge and skills according to professional goals;
- Undertakes specialist and/or ongoing education; and
- Actively participates in the profession through membership of professional organisations or nursing networks.

Competency Standard 1.2

Contributes to education of others.

- Orients new staff to local practices; and
- Preceptors or mentors new graduate enrolled nurses and/or student enrolled nurses.

¹ Adrian, A., (2005). *Competency standards for the advanced enrolled nurse*.

Domain 2: Provision of Clinical Care

This competency domain reflects an ability to provide more comprehensive clinical care in a focused or specialised area of practice. This may include providing care to individuals and groups with complex needs both within and outside of health care settings, with a greater degree of indirect registered nurse supervision.

Competency Standard 2.1

Practices using specialised or more comprehensive knowledge and skills.

- Applies specific knowledge and skills such as in wound or continence management or dementia or child or family health care in the provision of care
- Applies a broad knowledge base, and wide experience of the care environment and processes in the provision of care; and
- Uses in-depth knowledge of community resources to inform management of care.

Competency Standard 2.2

Modifies practice to accommodate patient/client health care needs of individuals and groups in different environments.

- May provide care in homes or community settings as well as health care settings
- Identifies risks and potential outcomes during assessment
- Identifies and implements appropriate harm minimisation strategies
- Independently responds to clinical situations
- Practises guided by clinical standards and guidelines; and
- Provides care for groups as well as individuals.

Competency Standard 2.3

Assists in providing care to individuals and groups with complex conditions.

- Prioritises care appropriately
- Undertakes complex nursing procedures in the provision of care; and
- Independently responds to clinical situations.

Competency Standard 2.4

Uses comprehensive assessment skills to make reliable clinical decisions.

- Uses a systematic approach to assessment
- Identifies risks and potential outcomes during assessment; and
- Bases clinical decisions on assessment.

Competency Standard 2.5

Develops care plans for individuals and groups and evaluates outcomes of own practice.

- Initiates review and modification of care plans.

Domain 3: Management of Self and Others

This competency reflects broader experiences, knowledge and skills that enable a more comprehensive scope of delegated responsibility and greater degree of indirect registered nurse supervision.

Competency Standard 3.1

Participates in the development, implementation and review of organisational policies, programs and procedures.

- Is involved in committees and working parties within and external to the work unit
- May be involved in unit/ward orientation and/or ongoing support for staff and students; and
- Contributes to the review and the development of clinical standards and guidelines.

Competency Standard 3.2

Coordinates delegated activities of other staff under the guidance and direction of the Registered Nurse.

- Is involved in committees and/or working parties within and beyond the work unit
- Guides and supports activities of other enrolled nurses and student enrolled nurses; and
- May be involved in ward/unit orientation and ongoing support for staff and students.

Competency Standard 3.3

Acts as a resource to others in an area of clinical practice.

- Participates in education of individuals, groups and staff
- Includes identification of risks and potential outcomes when undertaking an assessment
- Coordinates and guides activities of other enrolled nurses and student enrolled nurses
- May take responsibility for equipment/maintenance schedules, budgets, rosters, stock control; and
- May be involved in unit/ward orientation and ongoing support for staff and students.

Competency Standard 3.4

Actively participates in team leadership and decision-making.

- Contributes to the performance management/appraisal of others
- Is involved in committees and working parties within and beyond the work unit
- Coordinates and supervises activities of enrolled nurses and student enrolled nurses
- May take responsibility for equipment/maintenance schedules, budgets, rosters, stock control; and
- Participates in quality improvement activities.

Section four - Guide to completing the *Advanced Skill Enrolled Nurse Competencies Workbook*

This Guide provides assistance to the Enrolled Nurse applicant on completing the *Advanced Skill Enrolled Nurse Competencies Workbook*. Cues and examples are provided for each competency. Please note: these are suggestions only and other types of evidence may also be used to support an application.

The Applicant

The applicant is responsible for ensuring the Workbook is completed and supporting evidence is provided. It is important that each competency is addressed in a clear and concise manner and is supported by relevant examples of activities or events.

The applicant should describe how the examples meet the competency in each of the three domains: Professional Development, Provision of Clinical Care and the Management of Self and Others. Each domain has a number of competencies and each competency has a number of performance guides. The performance guides in each of the competency should not be considered to be exhaustive or prescriptive, as they are provided as examples only. When addressing each of the competency, the applicant should consider:

- How can the competency standard be demonstrated?
- Provide an example
- List activities that have been undertaken to support this.

It is preferable to provide a range of examples when documenting the evidence for achieving the competency standards. The applicant may choose to refer to examples from either their recent or previous experience.

An applicant may also request that their performance be assessed against the competency standards. This would include direct observations of the applicant's performance by an assessors. The assessors would then compare the applicant's performance against the competency and document the observation on the Direct Observation section of the workbook. The documentation should include both clinical skills and behaviours. The sections should be signed and dated by the assessor and submitted.

The Assessment Panel

The assessment panel will review the submitted ASEN Competencies Workbook together with all supporting evidence. The panel examines each of the competency to make an assessment as to whether the applicant demonstrates that competency. If the majority of the panel agrees that there is sufficient supporting evidence, then the chair should initial the competency. An applicant who demonstrates to be competent in all domains should be recommended for reclassification to ASEN. Applicants who do not demonstrate all competency should be recommended for further development and a development plan should be commenced. The development plan must include details of areas that the applicant did not demonstrate competence, how they can achieve the competency and what learning opportunities are available. The majority of panel members should sign the final assessment.

Examples of responses to the competency standards

Domain 1. Professional development		
<p>This competency domain reflects active engagement in ongoing learning and their collaboration with others in education as a basis for practice.</p> <p>You must address each competency standard and provide evidence supporting your statements. Attach additional pages if you do not have enough space.</p>		
<p>Competency Standard 1.1 Initiates and undertakes ongoing professional development.</p>		
<p>Performance Guide Examples of ASEN behaviours that demonstrate the competency standard</p>		
<ul style="list-style-type: none"> ■ Identifies professional development needs through reflection on practice ■ Seeks out learning opportunities to extend knowledge and skills according to professional goals ■ Undertakes specialist and/or ongoing education; and ■ Actively participates in the profession through membership of professional organisations or nursing networks. 		
<p>Evidence to Support Competency Standards</p>		
<p>Cues <i>To address this competency you should include your involvement in professional development activities that enhance your clinical practice. This must include more than a list of activities and it must demonstrate how the professional development activities relate to and benefit your work area. You may also include membership of professional nursing organisations or nursing speciality groups.</i></p> <p>Activities can include, but are not limited to:</p> <ul style="list-style-type: none"> ■ Short courses that relate to your clinical area i.e. clinical assessment of acute patients ■ Formal qualifications i.e. Certificate of Medication Competency ■ Attendances at conferences/seminars i.e. Enrolled Nurse conference ■ Attending study days or in-services i.e. CPR in-service ■ Membership of the Enrolled Nurses Association: ■ Involvement with nursing speciality groups i.e. Wound Management. 		
Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		
Comment		

Competency Standard 1.2

Contributes to education of others.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Orientates new staff to local practices; and
- Preceptors or mentors new graduate enrolled nurses and/or student enrolled nurses.

Evidence to Support Competency Standards

Cues

To address this competency provide examples of occasions when you have orientated or preceptor new staff.

Activities can include, but are not limited to:

- Orientation of new staff to your clinical area including students, enrolled nurses and registered nurses. For example "I provide orientation to newly employed enrolled nurses to my ward area including the geographical layout and the nursing policies and procedures."
- On occasions when you have undertaken preceptorship, please identify the position of the individuals e.g., student nurse, enrolled nurse. For example, "I have preceptored junior enrolled nurses in a collegial manner that has assisted them to advance their clinical practice."

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Domain 2. Provision of clinical care

This competency domain reflects an ability to provide more comprehensive clinical care in a focused or specialised area of practice. This may include providing care to individuals and groups with complex needs both within and outside of health care settings, with a greater degree of indirect registered nurse supervision.

You must address each competency standard and provide evidence supporting your statements. Attach additional pages if you do not have enough space.

Competency Standard 2.1

Practices using specialised or more comprehensive knowledge and skills.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Applies specific knowledge and skills such as in wound or continence management or dementia or child or family health care in the provision of care
- Applies a broad knowledge base, and wide experience of the care environment and processes in the provision of care; and
- Uses in-depth knowledge of community resources to inform management of care.

Evidence to Support Competency Standards

Cues

To provide evidence of this competency you should be able to demonstrate knowledge gained through professional development that enhances your clinical practice. These examples can relate to any speciality.

Activities can include, but are not limited to:

- Assistance in the planning of patients' discharge, including referrals to community services such as Silver Chain or Outpatient services.
- Incorporating intra-venous medication into your clinical practice through the knowledge obtained from in-service education.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 2.2

Modifies practice to accommodate patient/client health care needs of individuals and groups in different environments.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- May provide care in homes or community settings as well as health care settings
- Identifies risks and potential outcomes during assessment
- Identifies and implements appropriate harm minimisation strategies
- Independently responds to clinical situations
- Practises guided by clinical standards and guidelines; and
- Provides care for groups as well as individuals.

Evidence to Support Competency Standards

Cues

To provide evidence of this competency standard document how you provide nursing care to patients with specific care needs.

Activities can include, but are not limited to:

- *Incorporating patient risks in care plans in order to minimise potential harm, as identified in patient assessment, such as risk of patient falling, risk of development of pressure ulcers, patient's altered mental state..*
- *You may choose to state how you identify clinical standards and/or guidelines that govern your clinical practice and how you utilise them; for example wound management guidelines and an example of their application.*

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 2.3

Assists in providing care to individuals and groups with complex conditions

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Prioritises care appropriately
- Undertakes complex nursing procedures in the provision of care; and
- Independently responds to clinical situations.

Evidence to Support Competency Standards

Cues

To support your demonstration of this competency standard you should provide examples of how you provide complex care in all aspects of patient management.

Activities can include, but are not limited to:

- First-line response to patients in an emergency; i.e. commenced CPR
- Management of a patient with complex behavioural issues
- Working with high dependency patients i.e. care of dialysis patients or ventilated patients
- Nursing care in clinical speciality areas i.e. work in a medical speciality ward such as neurosurgical.

More than one example may be required to demonstrate this competency standard.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 2.4

Uses comprehensive assessment skills to make reliable clinical decisions.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Uses a systematic approach to assessment
- Identifies risks and potential outcomes during assessment; and
- Bases clinical decisions on assessment.

Evidence to Support Competency Standards

Cues

To illustrate this competency standard you should demonstrate how your knowledge and skills are used in clinical assessment.

Activities can include, but are not limited to:

A case study, scenario or reflection of your practice, which illustrates how you incorporate your experience in the clinical assessment of patients. For example, details of a scenario of where your assessment skills led to a change in the patient's care plan. Assessment may include physical assessment, mental assessment, and clinical assessment including observations.

More than one example may be required to demonstrate this competency standard.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 2.5

Develops care plans for individuals and groups and evaluates outcomes of own practice.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Initiates review and modification of care plans.

Evidence to Support Competency Standards

Cues

To demonstrate evidence for this competency standard provide examples of care plans you assisted in developing or modifying.

Activities can include, but are not limited to:

- Examples of de-identified patient care plans you have developed or assisted with could either be attached or listed as examples.
- Examples of where you have suggested changes or modifications to patient care plans.

More than one example may be required to demonstrate this competency standard.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Domain 3. Management of self and others

This competency reflects broader experiences, knowledge and skills that enable a more comprehensive scope of delegated responsibility and greater degree of indirect registered nurse supervision.

You must address each competency standard and provide evidence supporting your statements. Attach additional pages if you do not have enough space.

Competency Standard 3.1

Participates in the development, implementation and review of organisational policies, programs and procedures.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Is involved in committees and working parties within and external to the work unit
- May be involved in unit/ward orientation and/or ongoing support for staff and students, and
- Contributes to the review and the development of clinical standards and guidelines.

Evidence to Support Competency Standards

Cues

To demonstrate evidence of this competency standard provide a list of committees and/or working parties that you are a member of and provide examples of your contributions.

Activities can include, but are not limited to:

- Member of ward-based quality assurance committee
- Participating in a working party that reviewed pressure ulcer guidelines
- Assisting in developing the unit's orientation program.

More than one example may be required to demonstrate this competency standard.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 3.2

Coordinates delegated activities of other staff under the guidance and direction of the registered nurse.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Is involved in committees and/or working parties within and beyond the work unit
- Guides and supports activities of other enrolled nurses and student enrolled nurses; and
- May be involved in ward/unit orientation and ongoing support for staff and students.

Evidence to Support Competency Standards

Cues:
To provide evidence of achieving this competency standard detail how you provide guidance and support to other nurses. This may include ward-based in-service or orientation programs.

Activities can include, but are not limited to

- *Membership of the wards/ units nursing procedures committee*
- *Orientation of new nurses to the clinical area*
- *In-service education, which may be informal or formal, on clinical skills that you have provided; i.e. wound management, demonstration of new equipment or a specific nursing procedure.*

More than one example may be required to demonstrate this competency standard.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 3.3

Acts as a resource to others in an area of clinical practice.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Participates in education of individuals, groups and staff
- Includes identification of risks and potential outcomes when undertaking an assessment
- Coordinates and guides activities of other enrolled nurses and student enrolled nurses
- May take responsibility for equipment/maintenance schedules, budgets, rosters, stock control; and
- May be involved in unit/ward orientation and ongoing support for staff and students.

Evidence to Support Competency Standards

Cues

This competency requires you to provide evidence on how you have assisted other nurses in their clinical practice, which may include promoting knowledge, demonstrating new skills and/or coordinating activities. You may also provide evidence of management areas including rostering or equipment maintenance, or the safe operation of equipment.

Activities can include, but are not limited to:

- Provision of information on new skills to other nurses
- Construction of the ward roster
- Coordinating a section of the ward/ clinical unit.

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Competency Standard 3.4

Actively participates in team leadership and decision-making.

Performance Guide

Examples of ASEN behaviours that demonstrate the competency standard

- Contributes to the performance management and appraisal of others
- Is involved in committees and working parties within and beyond the work unit
- Coordinates and supervises activities of enrolled nurses and student enrolled nurses
- May take responsibility for equipment/maintenance schedules, budgets, rosters, stock control; and
- Participates in quality improvement activities.

Evidence to Support Competency Standards

Cues

This competency standard requires a demonstration of your leadership ability and/or team decision-making.


Activities can include, but are not limited to:

- *Contributing to the performance management of others; this may be as an individual or member of a panel*
- *Member of a quality assurance committee*
- *Involved in working parties to review clinical policies and/or procedures*
- *Drafting rosters for a ward or clinical area*
- *Equipment maintenance schedules.*

Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
	Assessor's Initials	Assessor's Initials
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		

Comment

Example of completed workbook by direct observation

Competency Standard 2.1 Practices using specialised or more comprehensive knowledge and skills.		
Performance Guide Examples of ASEN behaviours that demonstrate the competency standard		
<ul style="list-style-type: none"> ■ Applies specific knowledge and skills such as in wound or continence management, dementia, child or family health care in the provision of care ■ Applies a broad knowledge base, and wide experience of the care environment and processes in the provision of care; and ■ Uses in-depth knowledge of community resources to inform management of care. 		
Evidence to Support Competency Standards		
Cues <ul style="list-style-type: none"> ■ <i>I have been working on medical ward for 5 years and carry out complex wound dressings as per hospital policies.</i> 		
Direct Observation (To be completed by the Assessor)	Competent	Developing Competency
On 3/6/07 I observed Mary Smith perform a ulcer dressing, with aseptic technique as per wards procedure manual. Mary demonstrated consideration for the patients comfort and privacy.	Assessor's Initials	Assessor's Initials
		
Classification Review Panel To Complete	Panel Chair Initials	Panel Chair Initials
The chair of the classification panel initials the competency. If the competency standard is not demonstrated at this time the reason should be documented in the development plan.		
Comment		

Final assessment

The final assessment is to be completed by the **Chair** in consultation with all classification panel members. The applicant should be deemed competent or identified as needing further development to demonstrate the ASEN Competencies. Therefore, the two options available to **Panel** are as follows:

- If the majority of the panel recommends that the applicant is competent, then the **Panel** members in support of the recommendation should sign the **Competent** recommendation and the **Chair** should forward the recommendation to the Director of Nursing.

Competent			
The applicant has demonstrated all the competencies contained in this Workbook and is recommended to be reclassified to the ASEN level.			
Signature of Chair:		Date:	
Signature of Panel Member:		Date:	
Signature of Panel Member:		Date:	

OR

- If the panel recommends that the applicant needs further development, then the **Panel** members in support of the recommendation should sign the **Not Competent** recommendation and the **Chair** should forward the recommendation and reasons for the decision to the Director of Nursing. A development plan should then be initiated.

If the applicant does not demonstrate the ASEN Competencies contained in the Workbook a development plan should detail the following:

- Identification of the exact competency standard where development is required
- Specific details of how the competency standard can be addressed.

Not competent - areas to be included in the development plan.

The applicant has **not** demonstrated all the competencies contained in this Competencies Workbook and is **not** recommended to be reclassified to the ASEN level at this time.

Areas requiring development:

Competency Standard:	Areas requiring development:		
Signature of Chair:		Date:	
Signature of Panel Member:		Date:	
Signature of Panel Member:		Date:	

Note: Attach additional pages if you do not have enough space.

Appendix one - Post registration qualification

Application template

The applicant should complete their details below and attach a copy of their certificate of completion in relation to the relevant qualification. Once completed, this should be signed and dated and given to the Nurse Manager, who should progress the application as per the post registration qualification application process (see flow diagram on the next page). **Please keep a copy for your own records.**

Applicant

Full Name:			
Area of Clinical Practice:		Years of Experience as an EN:	
Details of Qualification (attach certificate of completion etc):			
	Name of Qualification	Provider	
Course Content (please provide details or attach additional pages)			
	_____ Signature		_____ Date

Endorsements

Nurse Manager

Name:		
Recommendation:	<input type="checkbox"/> Qualification meets requirement	<input type="checkbox"/> Qualification does not meet requirement
	_____ Signature	_____ Date

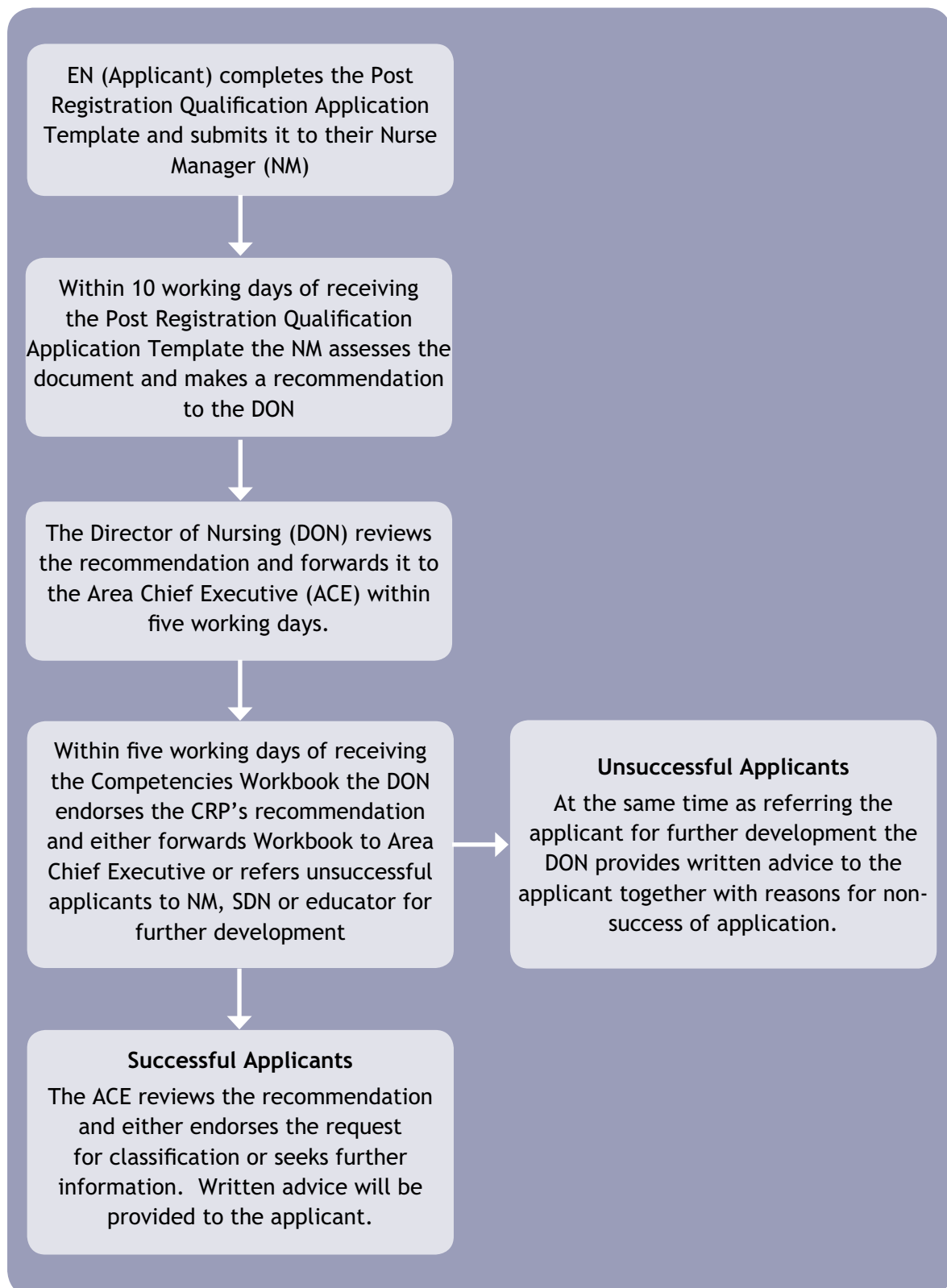
Director of Nursing

Name:		
Endorsement:	<input type="checkbox"/> Application successful (progress to ASEN)	<input type="checkbox"/> Application refused (refer for further development)
	_____ Signature	_____ Date

Area Chief Executive

Name:		
	_____ Signature	_____ Date

ASEN Post registration qualification application process - Flow diagram



Appendix two - Abbreviations/definitions useful links and sources of information

Abbreviation	Description
	Advanced Skill Enrolled Nurse
ASEN 1	<p>“Advanced Skill Enrolled Nurse Level 1” (ASEN 1) is an Enrolled nurse who has:</p> <p>(i) (A) at least 3 years experience; and (B) a post registration qualification of at least 6 months duration, relevant to their area of clinical practice.</p> <p>OR</p> <p>(ii) (A) at least 4 years experience; and (B) sufficiently demonstrated competencies, relevant to their area of clinical practice</p>
ASEN 2	Advanced Skill Enrolled Nurse in the second year of employment as an Advanced Skill Enrolled Nurse.
EN	Enrolled Nurse registered with the Nurses and Midwives Board of Western Australia as an Enrolled Nurse.

Term	Definition
Assessor	A Staff Development Nurse, Registered Nurse or Nurse Manager
Competency Standards	Consists of competency units and competency elements
Competence	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a profession/ occupational area.
Complex Care	Complex care involves the effective integration of theory, practice and experience along with increasing degrees of autonomy in professional judgements and interventions.

Abbreviation	Description
Development Plan	A development plan includes the exact competency standard where development is required and specific details of how the competency standard can be addressed.
Groups	A group of patients, which includes but is no limited to a group of allocated patients.
Mentorship	A relationship between an experienced nurse and a less experienced nurse whereby the experienced nurse may provide advice and/or assistance, which is likely to be career-orientated rather than clinical.
Organisational policy	A health service policy, procedure or standard. These are usually located in the clinical area in manuals i.e. the Nursing Policy Manual.
Orientation	A formal process whereby a new nurse employee is assisted in becoming familiar with the work environment.
Preceptorship	A expert nursing clinician who engages in one-to-one teaching of the learner in an actual setting; who teaches through demonstration of knowledge and skill and by verbal explanation and questioning; who models the appropriate professional behaviours encompassed in the advanced practice roles; and who models collaborative practice behaviours (Flynn, 1997).
Professional Development	The activities that include the provision of development opportunities and activities to extend and broaden the scope of professional capabilities in relation to their role and responsibilities.
Reflective Practice	A mode that integrates thought and action, with reflection. Thinking about and critically analysing one's actions with the goal of improving professional action.
Specialist Education	The completion of a post registration course in a clinical speciality such as operating room. The course may be either at a Hospital, Registered Training Organisation, TAFE or University.
Sufficiently Demonstrated Competencies	Means the employee has satisfied the competencies process contained in the ASEN Competencies Workbook
Systematic Approach	The assessment, interventions and evaluation of nursing care.

Useful links	Web address
Department of Health	www.health.wa.gov.au
Office of the Chief Nursing Officer	www.ocno.health.wa.gov.au
LHMU	www.lhmu.org.au
Enrolled Nurse Association	www.enawa.org.au
Nurses and Midwives Board of Western Australia	www.nbwa.org.au
Australian Nursing and Midwifery Council	www.anmc.org.au

Resource material

Adrian, A., (2005). *Competency standards for the advanced enrolled nurse*

Della, P., (2005). *Scope of enrolled nurse practice policy*. Department of Health: Western Australia.

Della, P., & Fraser, A. (2005). *Survey of enrolled nurses in Western Australia*. Department of Health: Western Australia.

Flynn, J.P., (1997). *The role of the preceptor: a guide for nurse educators and clinicians*. Springer: New York.

Nurses Board of Western Australia. (2004). *Scope of Nursing Practice Decision-Making Framework*. Perth.



Notes:



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