



Advanced Skill Enrolled Nurse Classification Guide



Foreword

Congratulations on your decision to seek reclassification to the Advanced Skill Enrolled Nurse (ASEN) level. This guide outlines the process you will need to follow to advance to this higher level. The reclassification process accords with the terms of the *WA Health – LHMU – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2011 (the 2011 Industrial Agreement)* and is through either:

- The possession of a post-registration qualification of at least six months duration relevant to the applicant's area of clinical practice and at least three years experience as an enrolled nurse (see Appendix One).

or

- Sufficiently demonstrated competency progression. This replaces the previous system of promotion.

For the purposes of reclassification to ASEN, “sufficiently demonstrated competencies” means you have satisfied the competencies process contained in *the Advanced Skill Enrolled Nurse Competencies Workbook*, as agreed between the employer and United Voice (the Union) within the designated timeframe.

Clause 25 of *the 2011 Industrial Agreement* deals with workforce development and provided for the establishment of a joint reference group to review the process of completing the *Advanced Skill Enrolled Nurse Competencies Workbook* (the workbook) and satisfying the competencies contained therein.

You can view the Industrial Agreement at: www.health.wa.gov.au/awardsandagreements

The reference group was constituted as an industry consultative committee and had an agreed number of members nominated by the Employers and the Union.

A second joint reference group was established to develop appropriate mental health competencies to be included in the workbook.

This review yielded the following changes:

- the introduction of Advanced Skill Enrolled Nurse competencies in the mental health area
- the development and implementation of a communication strategy to facilitate and support enrolled nurses to complete the workbook, particularly in the rural setting
- a review of the workbook and *ASEN Classification Guide*.

In seeking reclassification to the ASEN level you should obtain a copy of the workbook from your line manager (as defined in Appendix Two) or download it from the Nursing and Midwifery Office website, www.nursing.health.wa.gov.au. The workbook is available in PDF format.

You should then complete the workbook, providing written evidence or direct observational evidence of how you have demonstrated the competencies. It is not necessary to complete both the written evidence and direct observational evidence — only one form of evidence is needed. Once you have completed your workbook, submit it and your supporting evidence to your line manager.

Your line manager will then convene a classification review panel to assess your application and make a recommendation to the Director of Nursing/Midwifery or Area Chief Executive delegate for endorsement and final approval. You will be notified of the outcome in writing.

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

Nursing and midwifery: great care is our business



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July 2012

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Section one: Introduction

In 2004, a review of the classification structure for enrolled nurses was undertaken which resulted in the *LHMU Enrolled Nurses and Nursing Assistants Industrial Agreement 2004*. The review had been designed to determine what changes were needed to ensure the classification structure reflected appropriate relativities between assistants in nursing, enrolled nurses and registered nurses. Through the review, agreement was reached on the classification structure for enrolled nurses. Its implementation commenced on 1 September 2006.

In accordance with Clause 25 (Workforce Development) of the *2011 Industrial Agreement*, the *Advanced Skill Enrolled Nurse (ASEN) Competencies Workbook* (the workbook) has been revised and now includes mental health competency standard examples for mental health enrolled nurses.

Advanced skill enrolled nurse applicants with post-registration qualifications

Applicants with at least three years experience and a post-registration qualification of at least six months' duration — relevant to their area of clinical practice — may apply for reclassification by submitting a formal request to their line manager. A copy of the post-registration qualification should be attached to the written application. A template request can be found at Appendix One of this guide and may be used for the reclassification request.

Applicants with post-registration qualifications are not required to complete the workbook.

Advanced skill enrolled nurse applicants with no formal post-registration qualifications

These applicants must have at least four years experience and are required to complete the workbook. Instructions on how to complete the workbook are contained in this guide. Applicants may also seek assistance completing the workbook from their line manager, staff development nurse, senior registered nurse or nursing peers.

Transferring between areas of clinical practice

If an ASEN transfers to an area of clinical practice for which they do not meet the competency requirements, and initiated the transfer voluntarily they will:

- upon transfer, be classified as Enrolled Nurse Level 4
- be reclassified to ASEN 1 for that area of clinical practice once they have met the competency requirements (post-registration qualification or sufficiently demonstrated competencies) to be classified as an ASEN 1 in that area of clinical practice
- be required to address Domain 2 competencies only (competency standards 2.1 – 2.5) to meet the “sufficiently demonstrated competencies” requirement if they choose to seek reclassification using the workbook.

If an ASEN transfers to an area of clinical practice for which they do not meet the competency requirements, and the transfer is initiated by the employer:

- the ASEN will maintain their classification as an ASEN
- the employer will provide the ASEN with opportunities to gain ASEN competencies relevant to the new area of clinical practice and the ASEN will participate in obtaining the new competencies.

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 (like-to-like transfer).

ASEN in mental health

In 2011, the inclusion of mental health competencies was established through negotiations between WA Health and United Voice in the *Enrolled Nurses, Assistants in Nursing and Aboriginal Health and Ethnic Health Workers Industrial Agreement 2011*. This inclusion enables general trained enrolled nurses working in mental health to advance to the ASEN level.

Enrolled nurses may apply for an appointment to ASEN 1 in mental health by completing the requirements of the workbook. Enrolled nurses who submit an application for ASEN in mental health within six months of the date of the completion of the workbook review, and who are assessed as meeting the requirements for appointment to ASEN 1, will be appointed from 5 May 2011. The operative date for any subsequent successful application will be the date on which the application was lodged.

Differentiation of industrial agreements

Enrolled mental health nurses working under the *Registered Nurses, Midwives and Enrolled Mental Health Nurses – Australian Nursing Federation – WA Health Industrial Agreement 2010* are not eligible for the ASEN classification.

Section two:

Application process using the ASEN competencies workbook

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

1. Application

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

Evidence supporting the application can be in the following forms:

- **Written Evidence of Performance**

A completed workbook using written evidence of performance or a recent performance appraisal (within the past 12 months). This can include — but is not limited to — copies of attendance certificates, certificates of completion and memberships in relation to development, courses and committees.

or

- **Direct Observation of Performance**

A completed workbook using an assessor's direct observations of the applicant's performance. Direct observation requires the assessor to observe the actual performance of the applicant and compare it to the competency standards in this guide, the *Advanced Skill Enrolled Nurse Classification Guide*. The assessor should document their observations in the Direct Observations section of the workbook. Their documentation should include both clinical skills and behaviours. The form should be signed and dated by the assessor and submitted with the workbook.

The line manager should provide the applicant with a copy of the workbook within two working days of the enrolled nurse applicant's request.

The applicant should make a copy of the completed workbook for their own records before submitting it to their line manager.

2. Line manager convenes classification review panel

The line manager must convene a classification review panel within 10 working days of receiving the workbook. The panel will consist of the line manager, another senior registered nurse and an ASEN (or an enrolled nurse of at least four years experience if an ASEN is not available). Each member of the panel should be given copies of the completed workbook.

3. Classification review panel assesses application

Within 10 working days of being convened, the panel assesses the application against the competencies and evidence requirements in the workbook. It then makes a recommendation, which it forwards along with the workbook to the Director of Nursing/Midwifery (DON/M) or DON/M delegate.

The decision of the panel is by majority. The panel's chairperson will record written reasons for each determination.

4. DON/M endorses recommendation

Within five working days of receiving the workbook, the DON/M or Area Chief Executive (ACE) delegate will endorse and approve the submission, or refer unsuccessful applicants to the staff development nurse or educator for further development.

5. Successful applicants – DON/M or ACE endorse recommendation

The DON/M or ACE delegate will review the recommendation and either endorse the request for reclassification or seek further information. Written advice will be provided expeditiously to the applicant.

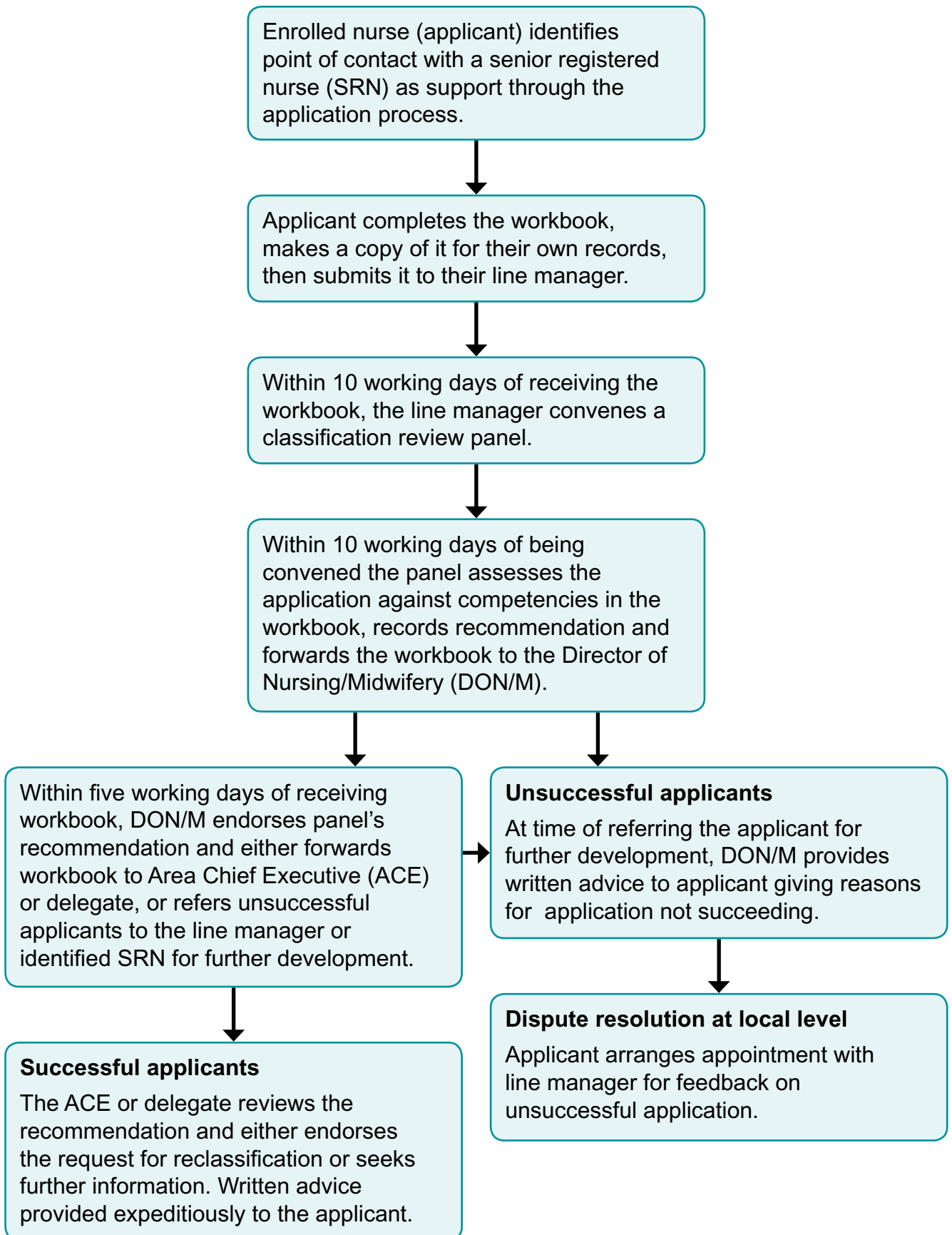
6. Unsuccessful applicants – DON/M refers for further development

At the time of referring the applicant for further development, the DON/M will provide the applicant with written advice, including why they were unsuccessful.

Unsuccessful applicants may re-apply after three months or contest the decision through the dispute resolution process.

Note: A flow diagram, on page 5, outlines the application process.

Workbook application process flow diagram



Dispute settlement procedure

An applicant, the Department of Health or United Voice may, at any time, initiate the following dispute procedure as per the *WA Health – LHMU – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Care Workers Industrial Agreement 2011*:

- 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
- Any of the parties may refer the dispute to the Western Australian Health Industrial Relations Commission for conciliation and/or arbitration.

Refer to Appendix Three for the EBA dispute procedure for consideration.

Responsibilities and rights

The Applicant is responsible for:

Providing the classification review 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, including conflict of interest correspondence
- 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
- withdraw at any time during the assessment period on submission of a written request
- have the assessment process completed within the designated timeframe
- seek help from United Voice or other resources in relation to procedural matters.

The classification review panel is responsible for:

- reviewing all evidence provided by the applicant
- compiling a fair, equitable and comprehensive assessment
- providing constructive feedback and advice to the applicant
- making a recommendation on the endorsement or non-endorsement of the ASEN status, based on information supplied by the applicant with reference to the competencies and evidence contained in the workbook
- abiding by the timeframes established within this guide
- ensuring confidentiality is maintained at all times.

The classification review panel has the right to expect:

- applications will be complete and contain all the relevant documentation
- assistance from a human resources manager or other authority resource in relation to procedural matters.

Section three:

ASEN competencies

The ASEN competencies have been adopted from the competency standards for the advanced enrolled nurse¹. Modifications to employment classifications have been made to represent the Western Australian healthcare industry.

Domain 1: Professional development

This competency domain reflects active engagement in ongoing learning and collaboration with others in education and development 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
- actively participates in the profession through membership of professional organisations or nursing networks.

Competency standard 1.2

Contributes to the education of others:

- orientates new staff to local practices
- preceptors or mentors new graduate enrolled nurses, student enrolled nurses and assistants in nursing
- assists with the development of ward-based educational material.

Domain 2: Provision of clinical care

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

The enrolled nurse must continue to work within their scope of practice and under the supervision of a registered nurse.

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

Competency standard 2.1

Practices using specialised or additional comprehensive knowledge and skills:

- applies specific knowledge and skills in the provision of clinical care such as wound care, continence management, dementia, or child/family health care
- applies a broad knowledge base and wide experience of the care environment and processes to the provision of care
- uses in-depth knowledge of community resources to plan management of care
- liaises with community mental health workers on admission and discharge of mental health patients.

Competency standard 2.2

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

- may provide care for individuals and/or groups in homes or community settings as well as healthcare settings
- uses advanced assessment skills to modify patient care
- practises according to clinical standards and guidelines
- demonstrates the ability to perform ongoing risk assessment through the use of tools such as the Mental State Exam and Clinical Risk Assessment and Management.

Competency standard 2.3

Assists in providing care to individuals and/or groups with complex conditions:

- prioritises care appropriately and responds to clinical situations independently, escalating care as necessary
- undertakes complex nursing procedures in the provision of care
- responds to rapidly changing situations involving deteriorating patients
- recognises the different care required with the complex mental health patient and initiates appropriate multidisciplinary care plans.

Competency standard 2.4

Uses comprehensive assessment skills to make reliable clinical decisions:

- using a systematic approach, identifies risks and potential outcomes to assessment
- bases clinical decisions on assessment
- provides mental health clinical risk assessments and management strategies through the use of tools such as the Mental State Exam and Clinical Risk Assessment and Management.

Competency standard 2.5

Develops care plans for individuals and/or groups and evaluates outcomes of own practice:

- initiates review and modification of care plans where appropriate
- develops and implements care plans for individuals and/or groups with multiple co-morbidities or care requirements
- provides comprehensive mental health management plans in consultation with patients/clients and carers.

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/or external to the work unit
- may take responsibility for equipment/maintenance schedules, budgets, rosters, and stock control
- participates in quality improvement activities.

Competency standard 3.2

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

- coordinates and guides activities of other enrolled nurses, student enrolled nurses and assistants in nursing
- contributes to the review and the development of clinical standards and guidelines.

Competency standard 3.3

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

- participates in education of individuals, groups and staff as appropriate
- 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 and appraisal of other staff members
- demonstrates advanced interpersonal skills
- supports team leadership roles and responds to changing priorities.

Section four:

Guide to completing the workbook

This guide is designed to assist the enrolled nurse applicant to complete the *Advanced Skill Enrolled Nurse Competencies Workbook* (the workbook). Cues and examples are provided for each competency. The enrolled nurse must demonstrate their competency by providing written evidence under each competency statement.

The enrolled nurse (applicant) is responsible for:

- addressing, in a clear and concise manner, each competency of the three domains
 - professional development
 - provision of clinical care
 - management of self and others
- supporting each competency by using relevant examples of activities or events. This guide gives examples of ASEN behaviours that demonstrate competencies
- providing a range of examples from either recent or past experience
- ensuring examples are not exhaustive or all inclusive
- considering, when addressing each of the competencies:
 - how the competency can be demonstrated
 - examples that might be provided
 - activities undertaken that support the competency.

Demonstrating the competencies by direct observation

The applicant will be observed carrying out the competencies in the three domains:

- professional development
- provision of clinical care
- management of self and others.

The applicant's performance is to be observed by an assessor, and compared against the competency.

The assessor will document, sign and date their observations in the *Direct Observation* section of the workbook.

The assessment should include both clinical skills and behaviours.

Examples of responses to the competency standards when applying by written evidence

Domain 1: Professional development

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

The applicant must address each competency standard and provide evidence supporting their statements. Attach additional pages if you need more space.

Competency standard 1.1

Initiates and undertakes ongoing professional development

Cue

To address this competency the applicant should include their involvement in professional development activities that enhance their clinical practice.

The applicant must provide more than a list of activities and must demonstrate how the professional development activities related to, and benefitted, their work area.

The applicant may also include membership of professional nursing organisations or nursing speciality groups.

Examples of evidence to support competency standards

- Identifies professional development needs through reflection on practice:
e.g. short courses that relate to your clinical area ie clinical assessment of acute patients.
- Seeks out learning opportunities to extend knowledge and skills according to professional goals:
e.g. certificate of medication competency.
- Undertakes specialist and/or ongoing education:
e.g. attendance at conferences/seminars.
- Actively participates in the profession through membership of professional organisations or nursing networks:
e.g. membership with Enrolled Nurses Association of Western Australia.

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's initials	Panel Chair's 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 the education of others****Cue**

To address this competency the applicant must provide examples of occasions when they have orientated or preceptored new staff.

Examples of evidence to support competency standards

- Orientates new staff to local practices:
e.g. I provide orientation to newly employed enrolled nurses to my ward area including the geographical layout and the nursing policies and procedures.
- Preceptors or mentors new graduate enrolled nurses, student enrolled nurses and assistants in nursing:
e.g. I have preceptored junior enrolled nurses in a collegial manner that has assisted them to advance their clinical practice.
- Assists with the development of ward-based educational material.

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

<p>Direct observation (To be completed by the assessor)</p>	<p>Competent</p>	<p>Developing competency</p>
	<p>Assessor's initials</p>	<p>Assessor's initials</p>
<p>Classification Review Panel to complete</p>	<p>Panel Chair's initials</p>	<p>Panel Chair's initials</p>
<p>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.</p>		
<p>Comment</p>		

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/or groups with complex needs both within and/or outside of healthcare settings, with a greater degree of indirect registered nurse supervision.

The applicant must address each competency standard and provide evidence supporting their statements. Attach additional pages if you need more space.

Competency standard 2.1

Practices using specialised or more comprehensive knowledge and skills

Cue

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

Examples of evidence to support competency standards

- Applies specific knowledge and skills in the provision of clinical care:
e.g. wound or continence management, dementia, child or family health care.
- Applies a broad knowledge base, and wide experience of the care environment and processes, to the provision of care.
- Uses in-depth knowledge of community resources to plan management of care.
- Liaises with community mental health workers on admission and discharge of mental health patients:
e.g. provided assistance in the planning of a patient's discharge, including referrals to community services such as Silver Chain.

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's initials	Panel Chair's 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 healthcare needs of individuals and/or groups in different environments

Cue

To provide evidence of this competency standard, the applicant must document how they provide nursing care to patients with specific care needs.

Examples of evidence to support competency standards

- May provide care for individuals and/or groups in homes or community settings as well as healthcare settings.
- Uses advanced assessment skills to modify patient care:
e.g. incorporating patient risks in care plans to minimise potential harm, as identified in patient assessment, such as risk of patient falling, risk of patient developing pressure ulcers or patient’s altered mental state.
- Practises according to clinical standards and guidelines:
e.g. 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.
- Demonstrates the ability to perform ongoing risk assessment through the use of tools such as the Mental State Exam and Clinical Risk Assessment and Management.

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's initials	Panel Chair's 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/or groups with complex conditions

Cue

To demonstrate this competency standard the applicant should give examples of how they provide complex care in all aspects of patient management.

Examples of evidence to support competency standards

- Prioritises care appropriately and responds independently to clinical situations, escalating care as necessary:
e.g. first-line response to patients in an emergency.
- Undertakes complex nursing procedures in the provision of care:
e.g. management of a patient with complex medical/mental health issues.
- Responds to rapidly changing situations involving deteriorating patients:
e.g. liaises with the multidisciplinary team to plan and review appropriate patient care plans.
- Recognises the different care required with the complex mental health patient and initiates appropriate multidisciplinary 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's initials	Panel Chair's 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****Cue**

To illustrate this competency standard the applicant should demonstrate how their knowledge and skills are used in clinical assessment.

Examples of evidence to support competency standards

- Using a systemic approach, identifies risks and potential outcomes to assessment.
- Bases clinical decisions on assessment.
- Provides mental health clinical risk assessments and management strategies through the use of tools such as the Mental State Exam and Clinical Risk Assessment and Management: e.g. a situation where the applicant's assessment skills led to a change in the patient's care plan. Assessment may include physical assessment, mental health assessment or 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's initials

Panel Chair's 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/or groups and evaluates outcomes of own practice

Cue

To demonstrate this competency the applicant must provide examples of care plans that they helped to develop or modify.

Examples of evidence to support competency standards

- Initiates review and modification of care plans where appropriate:
e.g. the applicant could detail — or attach — de-identified patient care plans that they developed or helped to develop.
- Develops and implements care plans for individuals and/or groups with multiple co-morbidities or care requirements.
- Provides comprehensive mental health management plans in consultation with patients/clients and carers:
e.g. develops holistic care plans in consideration of patients’ needs.

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’s initials	Panel Chair’s 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.

The applicant must address each competency standard and provide evidence supporting their statements. Attach additional pages if you need more space.

Competency standard 3.1

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

Cue

To demonstrate evidence of this competency standard the applicant must list committees and/or working parties to which they belong and provide examples of their contributions.

Examples of evidence to support competency standards

- Is involved in committees and working parties within and/or external to the work unit: e.g. member of ward-based quality-assurance committee.
- May take responsibility for equipment/maintenance schedules, budgets, rosters and stock control.
- Participates in quality improvement activities: e.g. participated in a working party that reviewed pressure ulcer guidelines.

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's initials	Panel Chair's 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 a registered nurse

Cue

To provide evidence of achieving this competency standard the applicant must show how they have provided guidance and support to other nurses.

Examples of evidence to support competency standards

- Coordinates and guides activities of other enrolled nurses, student enrolled nurses and assistants in nursing:
e.g. supports staff in coordinating a section of the ward/clinical unit.
- Contributes to the review and the development of clinical standards and guidelines.

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's initials	Panel Chair's 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****Cue**

This competency requires the applicant to provide evidence of how they have assisted other nurses in their clinical practice, which may include promoting knowledge, demonstrating new skills and/or coordinating activities.

Examples of evidence to support competency standards

- Participates in education of individuals, groups and staff as appropriate:
e.g. provides information on new skills to other nurses. Conducts in-service sessions on new equipment.
- May be involved in unit/ward orientation and ongoing support for staff and students:
e.g. orientates new staff to the ward/area, communicating ward protocols.

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 completePanel Chair's
initialsPanel Chair's
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

Cue

This competency standard requires the applicant to demonstrate their leadership ability and/or team decision-making.

Examples of evidence to support competency standards

- Contributes to the performance management and/or appraisal of other staff members: e.g. this may be as an individual or member of a panel.
- Demonstrates advanced interpersonal skills: e.g. uses good communication skills in conflict resolution.
- Supports team leadership roles and responds to changing priorities: e.g. works well within a team and demonstrates autonomy when required.

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

<p>Direct observation (To be completed by the assessor)</p>	Competent	Developing competency
	Assessor's initials	Assessor's initials
<p>Classification Review Panel to complete</p>	Panel Chair's initials	Panel Chair's initials
<p>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.</p>		

Comment

Example of completed workbook by direct observation

Competency standard 2.1

Practises using specialised or more comprehensive knowledge and skills

Cue

I have been working on medical ward for five years and carry out complex wound dressings as per hospital policies.

Examples of evidence to support competency standards

- Applies specific knowledge and skills in the provision of clinical care, for example; wound, continence management, dementia, mental illness or child and family health care.
- Applies a broad knowledge base, and wide experience of the care environment and processes, to the provision of care.
- Uses in-depth knowledge of community resources to plan management of care.
- Liaises with community mental health workers on admission and discharge of mental health patients.

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

Direct observation (To be completed by the assessor)	Competent	Developing competency
<i>On 3/6/07 I observed Mary Smith perform a complex ulcer dressing, using specific technique as per the ward's procedure manual.</i>	Assessor's initials	Assessor's initials
	HS	Jake initials
Classification Review Panel to complete	Panel Chair's initials	Panel Chair's 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.	HS	Jake initials

Comment

Nil

Final assessment

The final assessment is to be completed by the Chair in consultation with all classification review panel members. The applicant can be deemed “competent” or “in need of further development to demonstrate the ASEN competencies”. Therefore, two options are available to the panel – competent or in need of further development.

Competent

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/Midwifery.

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:	

Needing further development

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/Midwifery. A development plan should then be initiated.

This development plan should:

- identify each competency standard for which development is required
- specify details of how the competency standard can be achieved.

Not competent – areas to be included in the development plan

The applicant has not demonstrated all the competencies contained in this 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 more space is required.

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, dated and given to the applicant’s line manager, who should progress the application as per the post-registration qualification application process (see flow diagram on page 29). Applicants are advised to keep a copy of this form for their own records.

Applicants seeking reclassification with a post-registration qualification need NOT complete the workbook.

Applicant

Full name		
Area of clinical practice		
Years of experience as an enrolled nurse		
<input type="checkbox"/> Details of qualification (attach certificate of completion etc) <input type="checkbox"/> Course content (please provide details or attach additional pages)		
Name of qualification		
Provider/institution		
	Signature	Date

Endorsements

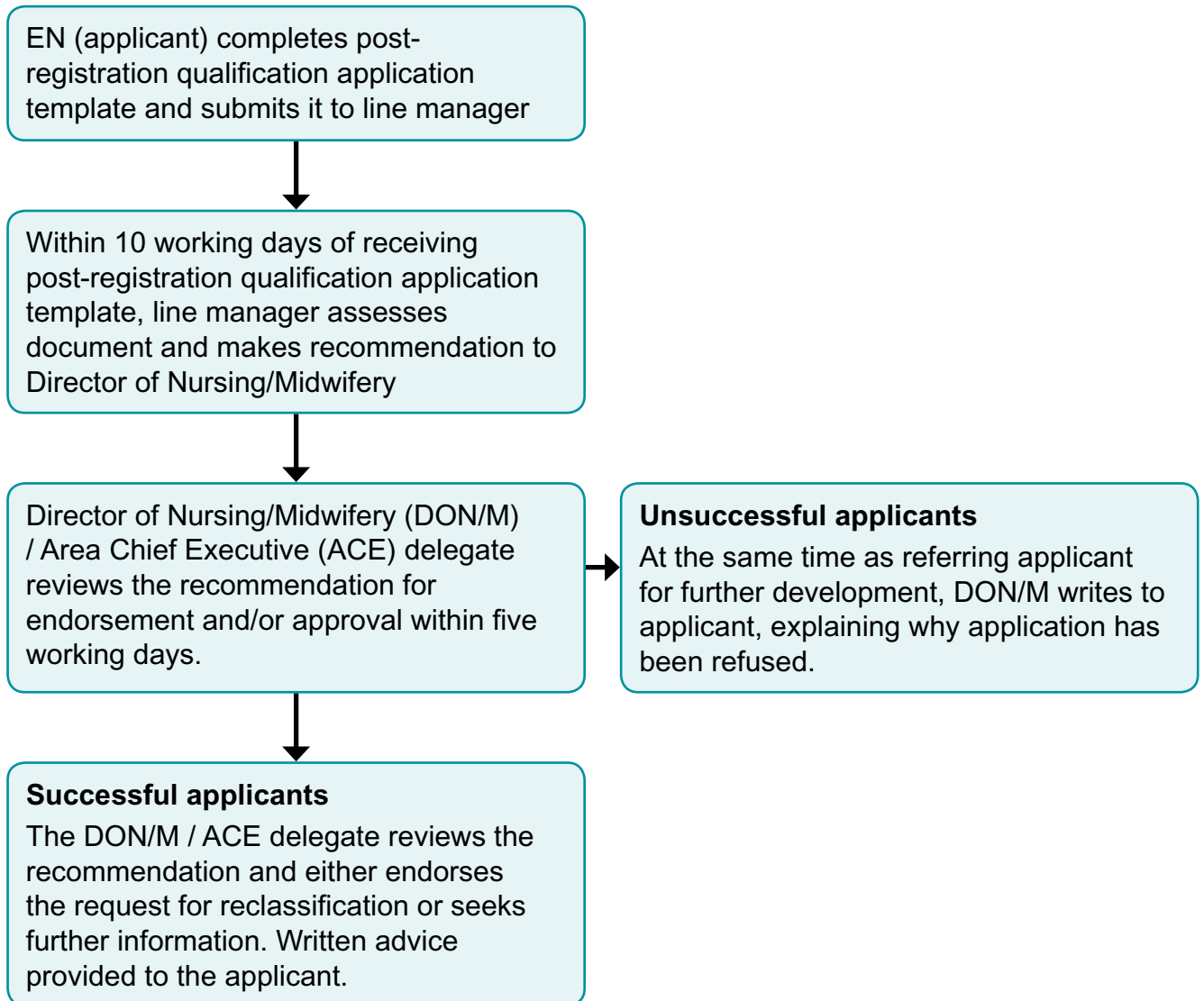
Line manager

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

Director of Nursing/Midwifery or Area Chief Executive Delegate

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

Appendix two: Post-registration qualification application process flow diagram



Appendix three:

Industrial agreement 2011 dispute settlement procedure

Procedure

1. Any grievance, complaint or dispute arising under the Agreement, or in the course of the employment of employees covered by the Agreement, will be dealt with in accordance with this clause.
2. The employee/s and the manager with whom the dispute has arisen will discuss the matter and attempt to find a satisfactory solution within three working days. An employee may be accompanied by a union representative.
3. If the dispute cannot be resolved at this level, the matter will be referred to and discussed with the relevant manager's superior and an attempt made to find a satisfactory solution, within a further three working days. An employee may be accompanied by a Union representative.
4. If the dispute is still not resolved, it may be referred by the employee/s or Union representative to the Chief Executive Officer or his/her nominee.
5. Where the dispute cannot be resolved within five working days of the Union representatives' referral of the dispute to the Chief Executive Officer or his/her nominee, either party may refer the matter to the Commission for conciliation and arbitration as required.
6. The period for resolving a dispute may be extended by agreement between the parties.
7. At all stages of the procedure the employee may be accompanied by a Union representative.
8. Notwithstanding the above, the Union may raise matters directly with representatives of the employer. In each case the union and the employer will endeavour to reach agreement. If no agreement is reached either party may refer the dispute to the Commission for conciliation and/or arbitration.

Access to the Commission

The settlement procedures contained within this clause will be applied to all manner of disputes, including those arising under this agreement, referred to in subclause 66.1, and no party, or individual, or group of individuals, will commence any other action, of whatever kind, which may frustrate a settlement in accordance with its procedures. Observance of these procedures will in no way prejudice the right of any party in dispute to refer the matter for resolution in the Commission, at any time.

The status quo (i.e. the condition applying prior to the issue arising) will remain until the issue is resolved in accordance with the procedure outlined above.

Appendix four: Abbreviations, definitions, useful links and sources of information

Abbreviation	Description
ASEN 1	Advanced Skill Enrolled Nurse Level 1 (ASEN 1) is an enrolled nurse who has: <ul style="list-style-type: none"> • at least three years' experience; and • a post-registration qualification of at least six months' duration, relevant to their area of clinical practice or <ul style="list-style-type: none"> • at least four years' experience; and • sufficiently demonstrated competencies, relevant to their area of clinical practice.
ASEN 2	Advanced Skill Enrolled Nurse in the second year of employment as an Advanced Skill Enrolled Nurse.
EN	Nurse registered with the Nursing and Midwifery Board of Australia as an enrolled nurse.

Term	Description
Assessor	A staff development nurse, registered nurse or ANF – WA Health Industrial Agreement classified Senior Registered Nurse (Level 3 or above). May include: line manager, nurse manager, clinical nurse manager, clinical nurse specialist, clinical nurse consultant, nursing director/co-director.
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	The effective integration of theory, practice and experience along with increasing degrees of autonomy in professional judgements and interventions.

Abbreviation	Description
Development plan	A plan that identifies competency standards that an enrolled nurse needs to develop and provides details of how the enrolled nurse can achieve these competency standards.
Groups	A group of patients, which includes but is not limited to a group of allocated patients.
Line manager	A senior registered nurse who may be in a position titled nurse manager, clinical nurse manager, clinical nurse specialist, clinical nurse consultant, human resource consultant or staff development educator, nursing director or co-director.
Mentorship	Relationship between an experienced nurse and less experienced nurse in which the experienced nurse provides advice and/or assistance that 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 <i>Nursing Policy Manual</i> .
Orientation	A formal process whereby a new nurse employee is assisted in becoming familiar with the work environment.
Preceptorship	An 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	Development opportunities and activities that extend and broaden the scope of a person's professional capabilities.
Reflective practice	Integrating thought and action, with reflection. Thinking about and critically analysing one's actions with the goal of improving professional action.

Senior registered nurse (SRN)	An employee — registered by the Nursing and Midwifery Board of Australia as a registered nurse or midwife — who holds a current practising certificate and any other qualification required for working in the employee’s particular practice setting, and who is appointed as such by a selection process or by reclassification from a lower level in the circumstances that the employee is required to perform the duties detailed in this subclause on a continuing basis.
Specialist education	The completion of a post-registration course in a clinical speciality such as operating room. The course may be at a hospital, registered training organisation, university or in the vocational education and training sector.
Sufficiently demonstrated competencies	Means the employee has satisfied the competencies process contained in the <i>ASEN Competencies Workbook</i> .
Systematic approach	The assessment, interventions and evaluation of nursing care.

Useful links	Web addresses
WA Department of Health	www.health.wa.gov.au
Nursing and Midwifery Office	www.nursing.health.wa.gov.au
United Voice	www.unitedvoice.org.au
Enrolled Nurse Association	www.enawa.org.au
Australian Health Practitioner Regulation Agency	www.ahpra.gov.au
Australian Nursing and Midwifery Council	www.anmc.org.au
Nursing and Midwifery Board of Australia	www.nursingmidwiferyboard.gov.au

Resource material

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

Australian Nursing and Midwifery Council (2007). *National Framework for the development of decision-making tools*.

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.

Notes

Notes

This document can be made available
in alternative formats on request for
a person with a disability.

Produced by Nursing and Midwifery Office
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