

Tuhinga whai tohutohu | Consultation document

Enrolled Nurse education standards Amendments to Registered Nurse education standards

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Ngā pātai whaitohutohu | **Consultation questions**

Name of organisation/submitter: Heather Woods NZRN;BN;CCPC;Dip.Coun

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Please keep this response confidential

Subject	Consultation questions	Your response
Generic set of education standards for nursing programmes leading to registration	<p>Do you agree with a generic set of education standards for all nursing programmes?</p> <p>If so, why?</p> <p>If not, why not?</p> <p>What changes would you suggest to this proposal to make it more meaningful for nursing education providers and programmes?</p>	<p>Yes. To provide consistency in Nursing Practice and expectations.</p> <p>HOWEVER: Emphasis MUST be on teaching the APPLICATION OF KNOWLEDGE TO PRACTICE (which the tutor considered “irrelevant” when I was completing my BN, thus I never used any of this knowledge, and found the original practice - based Nursing Diploma extremely useful, adaptable, and effective in developing competence as an RN to an advanced level.</p>
Standard One	<p>Do you agree with standard one and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes. HOWEVER: The need for specific nursing intervention must be determined by the group of people it is designed for, not by pakeha educators.</p> <p>The purpose of Standard one is TO ENABLE .</p>
Te Tiriti o Waitangi	<p>Do you think standard one will enable nursing education providers and programmes to meet their Te Tiriti o Waitangi obligations?</p> <p>What changes would you suggest to standard one to make it more meaningful for nursing education providers and programmes?</p>	<p>Maybe. Firstly nursing education providers and programs must DEFINE how they interpret these obligations. These specific definitions must include consultation with the populations which these nursing standards are presumed to benefit.</p> <p>PERSON CENTRED CARE must be the foremost intention, so that Maori are enabled to recognize and participate in their own health care.</p>
Standard Two	<p>Do you agree with standard two and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes. It includes all the things that I consider to be relevant, productive, and useful in enabling Maori to participate in the leadership, development, and provision of health and nursing care to their communities.</p>
Safe care for the public	<p>Do you think standard two will ensure nursing education programmes’ focus on safe and socially accountable practice?</p> <p>What changes would you suggest to standard two to make it more meaningful for nursing education programmes?</p>	<p>Yes, providing “safe and socially accountable practice” is DEFINED according to the health outcome expectations of the Maori consumers.</p> <p>Rather than Pakeha imposed expectations being used, with no Maori input , because they may be very different.</p> <p>Change in focus to reflect what Maori want and need from Health Care- THEIR priorities.</p>
Standard Three	<p>Do you agree with standard three and its criteria?</p>	<p>I agree with the principles stated. HOWEVER I would like to see each Head of Nursing have a</p>

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	<p>If so, why?</p> <p>If not, why not?</p>	<p>Maori deputy, who is knowledgeable and skilled in understanding the needs, expectations, and willingness to participate in health care of this client group. Then it is true partnership, and may also encourage more Maori to become Registered Nurses. They need to own their stake in health care, not have it imposed upon them.</p>
<p>Academic governance, leadership and partnership</p>	<p>Do you think standard three will ensure nursing education programmes' focus on safe and socially accountable practice?</p> <p>What changes would you suggest to standard three to make it more meaningful for nursing education programmes?</p> <p>Do you think criteria 3.1 reflects the positioning of the Head or Lead of nursing to enable quality outcomes from the nursing education programme?</p>	<p>As long as "safe and socially accountable practice" is defined in consultation with Maori communities, educators, nurses, and other health professionals working with Maori, on Maori's terms.</p> <p>Not just lip service to Pakeha expectations.</p> <p>No, not without an active deputy of Maori descent, who has an excellent understanding of health needs, expectations, and ability to participate in their own health and nursing care.</p>
<p>Standard Four</p>	<p>Do you agree with standard four, that includes individual schedules for EN and RN programmes of study, and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Yes, PROVIDING THAT the emphasis of any program of study must be the appropriate application of knowledge to nursing practice, clearly demonstrated and recorded. And Maori as defined by Maori.</p> <p>Both nurses and patients must have clearly defined and attainable expectations of the care provided.</p>
<p>Enrolled Nurse schedule</p> <p>Programme of Study</p>	<p>Do you think standard four will ensure nursing education providers and programmes enable graduates to achieve safe and competent practice?</p> <p>What changes would you suggest to standard four to make it more meaningful for nursing education providers and programmes?</p> <p>Do you agree with the proposed change to ākongā/students completing a minimum of 700 clinical hours and 900 hours if required?</p> <p>If the number of clinical hours is reduced, what measures would the Nursing Council use to evaluate EN</p>	<p>No, not without more emphasis on the cornerstones of nursing:</p> <p>Communication and listening skills; development of a therapeutic relationship; evaluation of the total health status of each patient; attention to the importance of PERSONAL CARE INCLUDING FOOT CARE.</p> <p>NO to reduction of clinical hours, because this is where the application of theory to practice takes</p>

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	ākonga/students quality learning experiences?	place, creating a competent nurse. Support for the increased hours mentioned below.
Registered Nurse schedule Programme of Study	<p>Do you think standard four will ensure nursing education providers and programmes enable graduates to achieve safe and competent practice?</p> <p>What changes would you suggest to standard four to make it more meaningful for nursing education providers and programmes?</p> <p>Do you agree with the proposed change to RN ākonga/students completing a minimum of 1,000 clinical hours and 1,400 hours if required?</p> <p>If the number of clinical hours is reduced, what measures would the Nursing Council use to evaluate RN ākonga/students quality learning experiences?</p>	
Standard Five	<p>Do you agree with standard five and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>Mostly. HOWEVER Cultural Safety needs to be used in its broadest sense, and taught so that students can apply its principles to ALL areas of diversity:</p> <p>Eg ALL different cultural values, from all races, not just Maori. E.g. to different religions; different gender interpretations; different social circumstances; different age related situations.</p>
Ākonga/Student Experience	<p>Do you think standard five will ensure students are appropriately supported?</p> <p>What changes would you suggest to standard five to make it more meaningful for nursing education providers, programmes, and students?</p>	<p>In theory yes.</p> <p>For education providers to liaise closely with the facilities providing the clinical experience, to ensure that each student has a mentor available to provide the clinical instruction required. Not to be used merely as another pair of hands, where no specific learning linked to existing knowledge is gained.</p>
Standard Six	<p>Do you agree with standard six and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p>	<p>No, not specific enough: could be modified as 6.1: .. learning <i>outcomes and application of knowledge to practice</i>....</p>

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		6.2....associated <i>clinical & theoretical</i> assessments...
Ākonga/Student assessment	<p>Do you think standard six will ensure assessments are robust and effectively demonstrate graduates meet the competencies?</p> <p>What changes would you suggest to standard six to make it more meaningful for nursing education providers and programmes?</p>	<p>Providing the application of knowledge to nursing practice can be demonstrated and evaluated successfully. Including basic Personal Care Tasks such as trimming of fingernails & toenails, as there are no longer enough Podiatrists available in NZ to do this basic nursing task. Podiatrists these days expect Nurses to provide basic nail and foot care, leaving the Podiatrists free to provide advanced foot care.</p> <p>Podiatrists will offer EN's a Foot Care Assistant role.</p>
Standard Seven	<p>Do you agree with standard seven and its criteria?</p> <p>If so, why?</p> <p>If not, why not?</p> <p>What changes would you suggest to standard seven.</p>	<p>Yes, however not all clinical experience can be gained by simulation, because the overall experience of the patient needs to be modified and adapted to.</p>
Emergency Events	<p>Do you think standard seven will enable nursing ākonga/students to contribute during emergencies to support communities?</p> <p>What changes would you suggest to standard seven?</p>	<p>Students need to be under the supervision of Registered Nurses in order to contribute successfully and safely, for all concerned.</p> <p>Failure to provide appropriate supervision can result in a negative experience for the student, even leading to them dropping out of their study.</p>
General Questions	<p>Do you have any additional comments you would like to make regarding the consultation?</p>	<p>Thank you for giving a wide variety of nurses the opportunity to contribute to this consultation.</p>