



Professional Association of Nurses in
Developmental Disability Australia Inc.

Professional Portfolio

ENROLLED/DIVISION 2 NURSE

Registration Number:	
Year Registered:	
Name:	
Address:	
Phone:	
Email:	
Qualifications:	
Place of employment:	

Introduction

The Australian Health Practitioner Regulation Agency (AHPRA), through the Nursing and Midwifery Board of Australia (NMB), has developed national standards for the regulation of the nursing and midwifery professions within Australia.

These standards have been developed in relation to current regulatory and legislative environments that govern healthcare in Australia.

Nurses are required to demonstrate maintenance of competence to practise as a nurse within their specialty or field of employment.

The Australian Nursing and Midwifery Council (ANMC) has developed the National Competency Standards for the Enrolled Nurse (2002) and the Continuing Competence Framework (2009), which offer a structure to assist nurses systematically evaluate their practice. This includes an evaluation of the competency standards, identification of learning and development needs, documentation of ongoing education, and evidence of recency of practice.

This portfolio provides a framework that enables nurses working in the area of intellectual disabilities to document the requirements of The Australian Nursing and Midwifery Council (ANMC).

The portfolio is divided into three sections.

1. Recency of Practice

- Nurses must meet the recency of practice requirements as set out in the respective state/territory legislation

2. Assessment

- Annual self assessment of performance in current role against the relevant ANMC competency standards
- Annual professional review
- Annual self declaration of competence

3. Continuing Professional Development (CPD)

- Annual completion of 20 hours of relevant education

Nurses must meet all the framework requirements to be eligible for renewal of registration.

NOTE Your portfolio can be maintained in hard copy or electronic form. This document must be updated annually and can be requested at anytime by The Australian Nursing and Midwifery Council for review.

1. Recency of Practice

Practice is defined as any role in which an individual nurse uses nursing or midwifery skills and knowledge. It should be noted that, for the purposes of the National Continuing Competence Framework, practice is not restricted only to the provision of direct clinical care. Being “in practice” includes: using nursing or midwifery knowledge in direct relationship with clients and families; working in nursing or midwifery management, administration, education, research, professional advice, regulatory or policy development roles; and any other roles which have an impact on effective nursing or midwifery service delivery. (ANMC, Continuing Competence Framework, 2009)

Please refer to Australian Nursing and Midwifery Council Continuing Competence Framework.

To maintain nursing registration you currently have to work 420 hours every 5 years. (Approximately one, 8 hour shift every 4 weeks).

Evidence:

- Keep your Portfolio and Curriculum Vitae current
- Copies of pay advice
- Records of service from employer’s pay office or manager
- Records of ongoing education in nursing

Please attach Curriculum Vitae

NOTE Information on how to develop a CV is on the following page.

How to develop your Curriculum Vitae

Your CV is a written reflection of your nursing career. It is an individual document but should include the following headings.

Personal Details

- Name
- Address
- Contact details – phone numbers and email address
- APRHA nursing registration number and year of initial registration

Memberships of Professional Organisations

- Career Summary – you begin by naming current position and commencement date
- Work backwards in time listing the dates commenced and date completed every work position you have had
- Ideally, each position should list 'duties responsible'

For example – April 2007 to December 2010 – Enrolled Nurse (Health Service)

Responsible for:

- Delivery of physical care to clients within unit
- Liaising with unit management re duties and client outcomes
- Writing client reports, care plans and observation charts
- Supporting RN in supervision of AINs
- Administration of medications on unit

Professional Qualifications

- Again list from most recent qualification back in time

Continuing Professional Development (CPD) sessions, with dates:

- Each year your CPD should be recorded and collated so that a summary of education and development throughout your nursing career is maintained

Professional Achievements

- Record involvement in committees
- Project involvement
- Special projects

Communication Skills

- Demonstrate ability to communicate and liaise with people at all levels by:
 - Active participation in multidisciplinary team meetings
 - Writing reports
 - Computer Skills

Professional Referees

- Identify two professional referees. One of these should be your current manager

2. Assessment

Component 1. ANMC National Competency Standards

The ANMC National Competency Standards for the Enrolled Nurse (2002) list the competencies below. Each competency should be reflected upon in relationship to your area of practice.

NOTE You can use the same evidence for multiple competencies.

Annual self assessment of performance in current role against ANMC Competency Standards.

Competencies sourced from: Australian Nursing and Midwifery Council (October 2002). National Competency Standards for the Enrolled Nurse. Retrieved 10 January, 2011: www.anmc.org.au/userfiles/competency_standards/Competency_standards_EN.pdf

PROFESSIONAL AND ETHICAL PRACTICE

1. Functions in accordance with legislation, policies and procedures affecting enrolled nursing practice

1.1	Demonstrates knowledge of legislation and common law pertinent to enrolled nursing practice: Identifies policies, acts and legislation in which the enrolled nurse is named either by inclusion or exclusion. Describes the common law requirements of enrolled nurse practice. Able to discuss the implications of acts and legislation governing the practice of other health professionals with whom enrolled nurses work. Discusses the legal issues relevant to nursing practice. Acts in accordance with enrolled nurse responsibilities under legislation. Reports to the appropriate person when actions or decisions by others are believed to be not in the best interests of individuals or groups.
1.2	Demonstrates knowledge of organisational policies and procedures pertinent to enrolled nursing practice: Identifies policies and procedural guidelines impacting on enrolled nursing practice. Provides nursing care according to organisational policies and guidelines. Identifies organisational policies and procedures pertinent to other health professionals with whom enrolled nurses work.
1.3	Fulfils the duty of care in the course of enrolled nursing-practice: Acts in accordance with own competency level and recognised standards of enrolled nursing practice. Identifies and clarifies enrolled nurse responsibilities for aspects of care in consultation with the registered nurse and other members of the health care team. Performs nursing interventions in accordance with organisational policy. Performs nursing interventions according to the agreed plan of care.
1.4	Acts to ensure safe outcomes for individuals and groups by recognising and reporting the potential for harm: Identifies situations in the provision of nursing care where there is potential for harm and takes appropriate action to minimise or prevent harm to self and others. Seeks consent of individuals and groups before providing nursing care. When incidents of unsafe practice occur, the enrolled nurse reports immediately to the registered nurse or other relevant person and where appropriate explores ways to prevent re-occurrence.
1.5	Reports practices that may breach legislation, policies and procedures relating to nursing practice to the appropriate person: Identifies and reports breaches of law, policies and procedures related to nursing practice to the individual concerned. Identifies and reports breaches of law, policies and procedures related to nursing practice to responsible registered nurse, line manager, nursing authorities or other appropriate authority.
Examples of current evidence to consider: Any training including workplace professional development relating to legal and ethical practice, updates, changes. Naming of documents read such as legislation updates, policy and procedure changes, drafts reviews. Minutes that shows your regular attendance and participation at staff meetings. Sample report to your current supervisor. Participation in case conferences. Contribution to client assessments using approved workplace tools. Routine professional development in OHS, duty of care, individual planning, risk management, empowerment. Samples of completed incident or hazard reports. Any involvement/role description in working party/committee/body participation such as ethics committee, values and standards. Your current job description. Examples of advocacy undertaken. Participation in lobby groups eg. "Every Australian Counts".	

I fulfill the above competency by:

Attach any documents/work samples that provide evidence of the elements and performance criteria listed above (Attachment 1).

2. Conducts nursing practice in a way that can be ethically justified

2.1	Acts in accordance with the nursing profession's codes: Discusses the application of the nursing profession's codes to own practice.
2.2	Demonstrates an understanding of the implications of these codes for enrolled nursing practice: Demonstrates acceptance of individuals and groups to whom care is provided regardless of race, culture, religion, age, gender, sexual preference, physical or mental state. Maintains an effective process of care when confronted with differing values and beliefs.
Examples of current evidence to consider: Copy of supervision record/appraisal sessions with Manager. Position description. Examples of implementation of programs/plans made in consultation with specialists eg. therapy, behaviour support, allied health. Delivery or implementation of client and stakeholder education/training. Participation/attendance at cultural awareness training. Evidence of supervision of AIN or similar within delegation. Any involvement/role description in working party/committee/body participation such as ethics committee, values and standards. Routine professional development in ethical conduct, empowerment, advocacy. Participation in case conferences. Implementation and application of individual communication systems.	

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 2).

3. Conducts nursing practice in a way that respects the rights of individuals and groups

3.1	Practises in accordance with organisational policies relevant to individual/group rights in the health care context: Confidentiality of health records and interactions with others in the health care setting is maintained. Discussions concerning individuals/groups are restricted to the health care setting, learning situations and/or relevant members of the health care team.
3.2	Demonstrates an understanding of the rights of individuals/groups in the health care setting: Acknowledges and accommodates preferences of individuals/groups appropriately in the provision of nursing care. Promotes independence of individuals/groups within the health care setting by involving individuals/groups as active participant(s) in care. Provides nursing care in a way that is sensitive to the needs and rights of individuals/groups.
3.3	Liaises with others to ensure that the rights of individuals/groups are maintained: Liaises with the registered nurse when uncertain about the rights of individuals/groups within the health care setting or when rights are overlooked or compromised. Negotiates with the registered nurse changes to care when individuals seek to change or refuse prescribed care. Includes individuals/groups in consultation with registered nurse to resolve conflict.
3.4	Demonstrates respect for the values, customs, spiritual beliefs and practices of individuals and groups. Participates in research: Assists individuals/groups within the health care setting to maintain spiritual beliefs and practices. Responds in a morally appropriate way so as not to impose own values and attitudes when confronted with differing values customs, spiritual beliefs and practices.
3.5	Liaises with others to ensure that the spiritual, emotional and cultural needs of individuals/groups are met: Seeks assistance from other members of the health team to provide care and resources which are sensitive to the needs of individuals/groups.
3.6	Contributes to the provision of relevant health care information to individuals and groups: Consults with the registered nurse and other members to the health care team to facilitate the provision of accurate information to, protect rights of, and enable informed decisions by, individuals and groups.

Examples of current evidence to consider:

Training records in client support, person centered approaches, values, rights.
 Supervision, client routines, shift reports.
 IP coordination.
 Networking/contact with client support network eg. day program, therapy, OPG, family.
 Networking/mentoring from RNs.
 List how your workplace maintains client confidentiality.
 Educates self to gain information about client culture or spiritual beliefs.
 Naming of documents read such as legislation updates, policy and procedure changes, drafts reviews.
 Recount example of conflict or need to negotiate/advocate on a client's behalf.

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 3).

4. Accepts accountability and responsibility for own actions within enrolled nursing practice

4.1	Recognises own level of competence: Acts in accordance with enrolled nurse educational preparation. Recognises responsibility for ensuring that nursing care provided to individuals/groups is within own level of competence. Consults with responsible registered nurse to ensure that tasks and responsibilities delegated by the registered nurse are commensurate with own level of competence.
4.2	Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unregulated care workers: Recognises differences in accountability and responsibility of the registered nurse and enrolled nurse in the provision of nursing care. Clarifies enrolled nurse role and responsibilities in the context of healthcare settings. Demonstrates awareness that other members of the health team have different responsibilities and levels of accountability for practice.
4.3	Differentiates the responsibility and accountability of the registered nurse and enrolled nurse in the delegation of nursing care: Recognises the registered nurse's responsibility and accountability for delegation of nursing care. Accepts responsibility and accountability for delegated care within own level of competence.
Examples of current evidence to consider: Position description. Training records. Supervision records.	

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 4).

CRITICAL THINKING AND ANALYSIS

5. Demonstrates critical thinking in the conduct of enrolled nursing practice

5.1	Uses nursing standards to assess own performance: Undertakes regular self-evaluation of nursing practice. Reflects on the consequences of own practice for others. Recognises the importance of evidence base. Practises in accordance with contemporary health care developments as guided by the registered nurse. Recognises the registered nurse as a point of reference to assist enrolled nurse decision-making and practice.
5.2	Recognises the need for and participates in continuing self/professional development: Seeks additional knowledge/information when presented with unfamiliar situations. Identifies learning needs through consideration of practice in consultation with colleagues. Participates in ongoing educational development.
5.3	Recognises the need for care of self: Identifies and uses networks and resources that facilitate personal wellbeing. Promotes a positive self-image.

Examples of current evidence to consider:

Maintains records of continuing professional development.
 Participates in self assessment and workplace appraisal.
 Position description.
 Supervision records.
 List of workplace and external support networks eg., wellbeing committee, EAPS, PANDDA.

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 5).

MANAGEMENT OF CARE

6. Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups

6.1	<p>Accurately contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups: Accurately collects information on the health and functional status of individuals and groups. Uses health care technology appropriately. Uses a range of data-gathering techniques including, observation, interview, physical examination and measurement. Documents information regarding the health and functional status of individuals accurately and clearly according to organisational guidelines. Reviews information about the health and functional status of individuals and groups in the context of previous information. Reports changes in health and functional status to the registered nurse or appropriate members of the health team.</p>
6.2	<p>Participates with the registered nurse and individuals and groups in identifying expected health care outcomes. Contributes to the development of care plans in conjunction with the registered nurse and individuals/groups.</p>
6.3	<p>Participates with the registered nurse in evaluation of progress of individuals and groups toward expected outcomes and reformulation of care plans: Collects relevant data to evaluate the progress of individuals/groups toward expected outcomes as guided by the registered nurse. Contributes to the review of care plans in conjunction with the registered nurse and individuals/groups.</p>

Examples of current evidence to consider:

Care plans.
 Shift reports.
 Data collection tools such as seizure management, ABC, skill development plans.
 Attendance and feedback reporting from health care appointments.
 Case conference/review participation.
 IP coordination.
 List of regularly used resources, research and information provided to clients.

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 6).

7. Manages nursing care of individuals and groups within the scope of enrolled nursing practice

7.1	<p>Implements planned nursing care to achieve identified outcomes: Implements planned nursing care as outlined in care plans. Provides nursing care to address immediate health care needs and progress toward expected outcomes. Promotes independence whilst assisting with activities of daily living. Clarifies roles and responsibilities for planned care with other members of the health care team.</p>
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7.2	<p>Recognises and reports changes in the health and functional status of individuals/groups to the registered nurse: Observes for changes in the health and functional status of individuals/groups in the course of nursing practice. Reports changes in health and functional status of individuals/groups to the registered nurse in a timely manner. Collects, documents and reports appropriate data to the registered nurse regarding the health and functional status of the individual/groups. Provides information to support observations of change in health and functional status of individuals and groups. Documents and reports accurate information regarding changes in health and functional status of individuals/groups. Participates in team meetings and case conferences.</p>
7.3	<p>Ensures communication, reporting and documentation are timely and accurate: Communicates information to individuals/groups accurately and in accordance with organisational policies regarding disclosure of information. Clarifies written orders for nursing care with the registered nurse when unclear. Documents nursing care in accordance with organisation policy. Documents nursing care in a comprehensive, logical, legible, accurate, clear and concise manner, using accepted abbreviations and terminologies when appropriate. Demonstrates awareness of legal requirements governing written documentation and consults with the registered nurse to ensure these requirements are met.</p>
7.4	<p>Organises workload to facilitate planned nursing care for individuals and groups: Prioritises nursing care of individuals and groups appropriately. Manages own workload in accordance with the nursing care plan. Works with other members of the health team to carry out planned nursing care for individuals and groups. Prioritises the delivery of nursing care to individuals/groups as guided by the registered nurse.</p>
<p>Examples of current evidence to consider: Examples of workplace reporting tools used to identify change in need/status. Position description. Participation in team meetings. Participation in client reviews. Shift duties record. Supervision/appraisal records. Training attended/qualifications eg. team work.</p>	

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 7).

ENABLING

8. Contributes to the promotion of safety, security and personal integrity of individuals and groups within the scope of enrolled nursing practice

8.1	<p>Acts appropriately to enhance the safety of individuals and groups at all times: Identifies potential risks/hazards to individuals/groups associated with health care environments. Functions within own level of competence to promote the safety of self and others in all aspects of nursing practice. Adheres to no lift/manual handling policies and procedures to optimise the safety of self and others. Anticipates the safety needs of individuals/groups and takes measures to promote safety and prevent harm. Adheres to standards and procedures related to restraint, infection control and the administration of therapeutic substances. Applies relevant principles to ensure the safe administration of therapeutic substances.</p>
8.2	<p>Establishes maintains and concludes effective interpersonal communication: Forms therapeutic relationships with clients. Recognises when health and functional status affects the ability of individuals and groups to communicate and modifies actions accordingly. Uses appropriate resources to communicate with individuals/groups. Explains nursing care to individuals and groups. Introduces self to individuals and groups and explain enrolled nurse role in the provision of health care. Communicates appropriately with families and significant others within own level of competence.</p>

8.3	Applies appropriate strategies to promote the self-esteem of individuals and groups: Facilitates independence of individuals/groups in the provision of nursing care. Encourages and supports participation by individuals/groups in self care. Consults with the individuals/groups to ascertain the degree of assistance required.
8.4	Acts appropriately to maintain the dignity and integrity of individuals and groups: Provides nursing care to individuals and groups in a manner respectful of privacy and integrity. Respects the cultural and social context of individuals/groups when providing nursing care.
This is a list of how this competency can be demonstrated within your practice area: Can identify risk in the work place and reports it. Works within safety guidelines/policies/laws. Encourages independence of clients. Uses appropriate communication with clients. Respects clients' privacy. Respects cultural and social aspects of clients care.	

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 8).

9. Provides support and care to individuals and groups within the scope of enrolled nursing practice

9.1	Provides for the comfort needs of individuals and groups experiencing illness or dependence: Consults with individuals/groups to determine comfort needs and preferences for nursing interventions.
9.2	Collaborates with the registered nurse and members of the health care team in the provision of nursing care to individuals and groups experiencing illness or dependence: Consults with the registered nurse and other members of the health care team to provide for the comfort of individuals/groups when the nursing care required is outside of own level of competence.
9.3	Contributes to the health education of individuals or groups to maintain and promote health: Provides accurate and appropriate education to individuals/groups related to the maintenance and promotion of health in consultation with the registered nurse. Provides education to individuals/groups as appropriate.
9.4	Communicate with individuals and groups to enable therapeutic outcomes: Explains nursing care to individuals/groups to whom care is provided. Determines understanding by seeking feedback on information given.
Examples of current evidence to consider: List of workplace tools used to record client needs and preferences. Minutes of team meeting participation. Case conference minutes. Shift reports. Position description. Examples of information provided to client and family. Examples of consultation with RN and other team members to plan and provide care. Records client feedback.	

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 9).

10. Collaborates with members of the health care team to achieve effective health care outcomes.

10.1	Demonstrates an understanding of the role of the enrolled nurse as a member of the health care team: Provides care to individuals/groups as part of the health care team, under the supervision and direction of the registered nurse.
10.2	Demonstrates an understanding of the role of members of the health care team in achieving health care outcomes: Supports the therapeutic activities of other health care team members in the provision of health care. Promotes positive working relationships with members of the health care team.

10.3	Establishes and maintains collaborative relationships with members of the health care team: Provides assistance to other members of the health care team in provision of care to individuals/groups.
10.4	Contributes to decision-making by members of the health care team: Provides other members of the health care team with accurate and relevant information to assist in decision making and provision of care to individuals/groups.
Examples of current evidence to consider: Supervision records. Case conference/review participation. Training records/qualifications in communication, decision making, empowerment, team work. Awards for conduct and performance. List of support staff roles both internal and external. Position description.	

I fulfill the above competency by:

Attach any documents/evidence that provide evidence of above (Attachment 10).

Component 2. Annual Professional Review

This is your annual performance review. Principles of the Assessment of National Competency Standards for Nurses should be read and understood before any manager undertakes evaluation of nurse.

NOTE Attach copy of annual professional review.

Component 3. Annual Self-Declaration of Competence

Write in your own words how you meet the competencies to practise as an Enrolled/Division 2 Nurse.

I declare that I meet all the competencies required to practice as an Enrolled/Division 2 Nurse.

Signature:

Date:

3. Continuing Professional Development (CPD)

As stated in the ANMC (2009) Continuing Competence Framework, a minimum of 20 hours of professional development must be attended each year.

(1 hour of active learning equals one CPD point)

For nurses who hold multiple registrations, learning must occur in each area the nurse wishes to maintain registration, eg., general nurse 20 hours of CPD + psychiatric nurse 20 hours of CPD = 40 hours/year.

Documentation must be provided of any CPD activities, and should include active learning of new skills or knowledge.

NOTE Participation in mandatory regular in-service education such as basic life support training or manual handling should not be counted as CPD unless new learning has taken place.

CPD activities can occur in a variety of ways and settings. For example:

Self Directed Learning

- Personal identified gap in knowledge which nurse investigates and learns information

Formal CPD Programs

- Professional organisation
- Learning endorsed by professional organisation, eg. conference, seminar

For every session of CPD attended, complete the following.

Title:	
Hour/s of Training:	
Why did you choose to attend this training? What is your identified learning need?	
On reflection, what value or impact on practice did you achieve by attending this training?	
Total number of hours this year:	

References

Australian Nursing and Midwifery Council (2009). Continuing competence framework, Retrieved 10 January 2011 from: www.nevicdgp.org.au/icms_docs/73727_Continuing_Competence_Framework.pdf

Australian Nursing and Midwifery Council (2002). National competency standards for the enrolled nurse. Retrieved 10 January 2011 from: www.anmc.org.au/userfiles/competency_standards/Competency_standards_EN.pdf

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