



OTAGO POLYTECHNIC

**New Zealand Diploma in
Enrolled Nursing**

NURS4415

**Foundations for Enrolled
Nursing Practice**



CLINICAL WORKBOOK



Student name:

Student ID:



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INTRODUCTION

The purpose of this clinical workbook is to provide you with a tool that enables you to focus on your learning and ensure that you are meeting NURS4415 Foundations for Nursnig Practice learning requirements.

It is also a record of your learning experience in the clinical area and provides documented evidence of how you are progressing during your placement.

Please ensure you:

- Bring your workbook every day to your clinical placement.
- Have it available for your kaiako | clinical lecturer so they can provide you with regular feedback.
- Keep your workbook tidy by storing it in a folder or clear file.

Course Coordinator: Victoria Munro

Email: Victoria.munro@op.ac.nz

CLINICAL HOURS

You will be rostered either morning or afternoon shifts as per the roster schedule organised by the facility. You can only work a maximum of 8 hrs. per day (this excludes your meal break, which is 30 minutes, this is not included in your clinical hours). You are unable to work weekend shifts and public holidays. If you are absent from clinical due to being unwell you will need to make up for your clinical hours in the catch-up week. You will need to discuss your clinical catch-up hours with the facility and your kaiako | clinical lecturer.

NOTE: If you are going to be absent or late you must inform your kaiako | clinical lecturer and the care facility.

STANDARD OF BEHAVIOUR

While you are on your clinical placement it is expected that you will be respectful of Otago Polytechnic regulations and the clinical placements policies and procedures. It is also expected that you will comply with the Otago Polytechnic uniform policy

Confidentiality should be always maintained as per The Health Information Privacy Code 2020. Standard of behaviour should also meet Nursing Councils Code of Conduct, Guidelines for Professional Boundaries and Social Media and Health and Disability Code of Rights. You can access these documents and guidelines on your Moodle course page.

ETHICAL CONSIDERATIONS

Tauira must wear name badges, photo identification cards and introduce themselves to the recipient of care. The recipient of care has the right to know the name and professional status of the tauira | student.

Recipients of care have the right to decide whether they agree to care being given to them by a tauira | student. The tauira must abide by the recipient of cares decision.

ORIENTATION CHECKLIST

You are expected to complete the orientation checklist by the end of week one of your placement. It is important that you complete the checklist and that you are familiar with the clinical placement areas' policies and procedures in relation to emergency situations as well as health and safety.

INCIDENT REPORTING

If you injure yourself in any way during your clinical placement, you are required to follow the policy and procedure guidelines of the facility. You also need to contact your clinical lecturer and inform them so that they can provide support and guide you through completing an Otago Polytechnic vault incident report if required.

TUTORIALS AND CLINICAL VISITS

Tutorials will be held online via Microsoft Teams on Monday afternoons with your kaiako | clinical lecturer. During these sessions, you will:

- Discuss your answers to the directed learning activities
- Share and reflect on your clinical experiences with your tutorial group

Please remember to:

- Maintain confidentiality when discussing clinical situations
- Join the tutorial from a quiet, private space to support a respectful and focused learning environment

Your kaiako | clinical lecturer will visit you once a week during your clinical placement. These visits are an opportunity to:

- Receive support with your learning
- Debrief and reflect on your clinical experiences
- Discuss your progress and areas for growth

Your kaiako will also provide formative feedback and help you develop meaningful learning goals to guide your ongoing development.

COURSE WORK REQUIREMENTS

Your clinical workbook will be reviewed by your kaiako | clinical lecturer, who will provide ongoing feedback throughout your placement to support your learning and development.

Please ensure you bring the completed hard copy of your workbook to your summative assessment. Your workbook will be scanned by your kaiako so that you can upload it to your Moodle portfolio.

The following documents are included in your workbook:

- Orientation checklist (must be completed in week 1)
- Skills list (at least 6 skills must be signed off as completed by RN/EN preceptor)
- Weekly learning record and formative feedback
- Resident Consent Form
- Health Assessment Template (Marjory Gordon's Functional Health Patterns)
- Nursing Care Plan Template
- Medication Profile Template

ORIENTATION CHECKLIST

	Notes	Tick when complete
Aged care facility key team members Facility Manager Clinical Manager Preceptor Other:		
Aged care facility daily/weekly/monthly routine Shift handover Drug round Resident meal times Doctors rounds Vital signs Weighs Meetings Family visiting hours		
Call bell system How does the call bell system work? What is the emergency call bell?		
Facility procedure in event of a fire Read the facility fire policy Where are the fire exits? Where are the fire alarms? Where are the fire hoses? Where is the fire extinguisher? What do you need to do in the event of a fire? Where is the fireboard? Where are the evacuation assembly points?		
Incident reporting Read the facility policy in relation to incident reporting Where are the forms kept? What is considered? What do you do if you injure yourself?		
Occupational health and safety Read the facility policy in relation to health and safety Where is the hazard register located? What do you do if you notice a hazard?		
Infection control What PPE is available? How do you use the sluice? Where does soiled linen go? How do you dispose of infectious waste? Who is responsible for cleaning up body fluids? Where is the hazard spill kit? Who do you notify when there is a blood spill?		
Emergency situations What should you do in the following situations: Resident fall Resident collapse Unwell resident		
Documentation Become familiar with the following:		

Progress notes Care plans Handover sheet (if available) Fluid balance chart Bowel chart Behaviour chart Wound assessment and care plan Pain assessment Restraint chart		
Restraint What is the policy in relation to restraint? What is used to restrain residents? What checks are required when a resident is restrained? How often should checks be made?		
Student Self Care Am I feeling supported? Who can I access if worried or need to debrief? Am I confident I know the expectations for this placement? What is one self-care activity I can incorporate in my life to help me manage stress? Have I got strategies in place in case: <ul style="list-style-type: none"> • My family or I are unwell • I get overwhelmed Process for notifying absence		
Treasure Hunt Can you find the following items?		
Emergency Trolley (not all facilities have an emergency trolley)		
Emergency Trolley re-stock items		
Emergency Bells in patient rooms and patient lounge		
Reception		
Pressure Relieving Cushions		
Stationary supplies		
Clinical Managers Office		
Treatment Room		
Oxygen Cylinders		
Nikki Pumps		
Pharmacy Return Box		
Sluice Room		
Infection Control supplies		
Continence Products		
Wash bowls, Commode Bowls & Urinals		
Wound Products		
Lifting belts		
Hoists – Standing/Sling & Ceiling		
Scales		
Glucometers		
Linen cupboards		
Commode Chairs		
Communication Book		
Vital Signs Equipment		
Staff Room & Staff Toilet		
Map of facility		
Policy and procedure guidelines		

Tauira | Student name and signature: _____

Date: _____

Preceptor name and signature: _____

Date: _____

WEEK ONE: LEARNING RECORD AND FORMATIVE FEEDBACK

Dates:

1. Reflective Practice

What did I achieve or do well this week?

(Think about a moment you were proud of, something that stood out, or a skill you used confidently.)

What could I improve on or do differently next time?

What feelings or thoughts came up for me during clinical this week?

2. Goals and Strategies for Improvement

What do I want to achieve next week?

How will I work toward this? (Strategies)

3. Linking to the 5 Pou for Enrolled Nursing Practice

How did I demonstrate or develop standards (pou) of competence this week?

Pou 1: Māori health

Pou 2: Cultural safety

Pou 3: Whanaungatanga, partnership and communication

Pou 4: Pūkengatanga and knowledge-informed practice

Pou 5: Mana hautū, professional accountability and responsibility

4. Formative Feedback from Kaiako | Clinical Lecturer

(To be completed during the weekly clinical visit)

Kaiako Signature: _____ Date: _____

Tauira Signature: _____ Date: _____

WEEK TWO: LEARNING RECORD AND FORMATIVE FEEDBACK

Dates:

1. Reflective Practice

What did I achieve or do well this week?

(Think about a moment you were proud of, something that stood out, or a skill you used confidently.)

What could I improve on or do differently next time?

What feelings or thoughts came up for me during clinical this week?

2. Goals and Strategies for Improvement

What do I want to achieve next week?

How will I work toward this? (Strategies)

3. Linking to the 5 Pou for Enrolled Nursing Practice

How did I demonstrate or develop standards (pou) of competence this week?

Pou 1: Māori health

Pou 2: Cultural safety

Pou 3: Whanaungatanga, partnership and communication

Pou 4: Pūkengatanga and knowledge-informed practice

Pou 5: Mana hautū, professional accountability and responsibility

4. Formative Feedback from Kaiako | Clinical Lecturer

(To be completed during the weekly clinical visit)

Kaiako Signature: _____ Date: _____

Tauira Signature: _____ Date: _____

WEEK THREE: LEARNING RECORD AND FORMATIVE FEEDBACK

Dates:

1. Reflective Practice

What did I achieve or do well this week?

(Think about a moment you were proud of, something that stood out, or a skill you used confidently.)

What could I improve on or do differently next time?

What feelings or thoughts came up for me during clinical this week?

2. Goals and Strategies for Improvement

What do I want to achieve next week?

How will I work toward this? (Strategies)

3. Linking to the 5 Pou for Enrolled Nursing Practice

How did I demonstrate or develop standards (pou) of competence this week?

Pou 1: Māori health

Pou 2: Cultural safety

Pou 3: Whanaungatanga, partnership and communication

Pou 4: Pūkengatanga and knowledge-informed practice

Pou 5: Mana hautū, professional accountability and responsibility

4. Formative Feedback from Kaiako | Clinical Lecturer

(To be completed the weekly clinical visit)

Kaiako Signature: _____ Date: _____

Tauira Signature: _____ Date: _____

WEEK FOUR: LEARNING RECORD AND FORMATIVE FEEDBACK

Dates:

1. Reflective Practice

What did I achieve or do well this week?

(Think about a moment you were proud of, something that stood out, or a skill you used confidently.)

What could I improve on or do differently next time?

What feelings or thoughts came up for me during clinical this week?

2. Goals and Strategies for Improvement

What do I want to achieve next week?

How will I work toward this? (Strategies)

3. Linking to the 5 Pou for Enrolled Nursing Practice

How did I demonstrate or develop standards (pou) of competence this week?

Pou 1: Māori health

Pou 2: Cultural safety

Pou 3: Whanaungatanga, partnership and communication

Pou 4: Pūkengatanga and knowledge-informed practice

Pou 5: Mana hautū, professional accountability and responsibility

4. Formative Feedback from Kaiako | Clinical Lecturer

(To be completed during the weekly clinical visit)

Kaiako Signature: _____ Date: _____

Tauira Signature: _____ Date: _____

WEEK FIVE: LEARNING RECORD AND FORMATIVE FEEDBACK (ONLY IF APPLICABLE – CLINICAL CATCH-UP WEEK)

Dates:

1. Reflective Practice

What did I achieve or do well this week?

(Think about a moment you were proud of, something that stood out, or a skill you used confidently.)

What could I improve on or do differently next time?

What feelings or thoughts came up for me during clinical this week?

2. Goals and Strategies for Improvement

What do I want to achieve next week?

How will I work toward this? (Strategies)

3. Linking to the 5 Pou for Enrolled Nursing Practice

How did I demonstrate or develop standards (pou) of competence this week?

Pou 1: Māori health

Pou 2: Cultural safety

Pou 3: Whanaungatanga, partnership and communication

Pou 4: Pūkengatanga and knowledge-informed practice

Pou 5: Mana hautū, professional accountability and responsibility

4. Formative Feedback from Kaiako | Clinical Lecturer

(To be completed during the weekly clinical visit)

Kaiako Signature: _____ Date: _____

Tauira Signature: _____ Date: _____

MARJORY GORDON HEALTH ASSESSMENT AND CARE PLAN (FORMATIVE)

Resident Selection and Consent Process

- **Resident Selection:**
You are required to select an appropriate resident at your placement facility to complete this assessment. Before proceeding, discuss your choice with the **Registered Nurse (RN)** or **Enrolled Nurse (EN)** who is supervising you. They will help determine whether the resident is suitable for this task.
- **Informed Consent:**
You must obtain **informed consent** from the resident before collecting any information. Use the **Resident Consent Form** provided for this purpose. The form must be signed by:
 - The supervising RN or EN
 - Your clinical lecturer
 - You also need to sign the form
- **Confidentiality:**
It is essential to maintain confidentiality at all times. **Do not use names or any identifying details** in your documentation or discussion.

Using the Workbook Template

- Use the **template provided in your workbook** to complete a **draft assessment and care plan**.
- This draft is an opportunity for your **clinical lecturer (kaiako)** to provide **formative feedback** to support your learning and help you strengthen your assessment and care planning skills.
- Your **final summative submission** must be **typed** and **uploaded to your portfolio** by the due date.

What You Are Required to Complete

Use the template provided in your workbook as a draft assessment and care plan. This draft will also provide the opportunity for your clinical lecturer/kaiako to provide you with feedback to help support you develop your assessment and care planning skills. You will be required to type up your final summative submission and upload this to your portfolio

1. Health Assessment

Complete a nursing assessment using **Marjory Gordon's Functional Health Patterns**. Collect your information from:

- The resident (via interview and observation)
- Whānau/family (if appropriate)
- Clinical records
- The care team

2. Medication Profile

Choose **three medications** the resident is currently prescribed. For each medication, provide:

- **Therapeutic action** (what the medication is used for)
- **Common side effects**
- **Relevant nursing considerations** (e.g., frequency, dose, route of administration, monitoring requirements, administration advice, or safety precautions)

3. Nursing Care Plan

- From your assessment, **identify one actual or potential health problem**.
- Develop a care plan for this **key problem**, which includes:
 - A clearly stated **goal**
 - At least **three nursing interventions**, each with a **rationale**
 - A plan for **evaluation**:
 - If the outcome cannot be evaluated during your placement, describe how you would evaluate the effectiveness of care if time allowed.



Declaration of Verbal Informed Consent

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I (your name)confirm that verbal permission has been sought from the client/resident to complete this learning activity and that they are aware that no identifying information will be included in my work.

Tauira Name:

Signature:

Verifying Nurse – RN/EN:

Signature:

Date

Prompt	Assessment Data
Admission Details and Demographic data: Why was the resident admitted? When were they admitted? Resident's perceptions regarding being in a care facility Age Gender	
Social History: Significant others, support network, previous occupation, hobbies/interests, pets cultural/religious/spiritual needs, languages spoken Recent change to life circumstances e.g. moving to an aged care facility, bereavement, new diagnoses	
Medical/Surgical History: Current and past health history – includes surgical procedures and medical diagnosis, residents' perception of current condition and reason for being in a care facility	
Current Medications (list all, including PRN medication), Allergies, and/or Sensitivities	

Vital signs Temp, pulse, colour, extremities, any signs of oedema, blood pressure respiratory rate, oxygen saturation, cough, shortness of breath, on any oxygen therapy <i>(Please take the vital signs yourself and note any deviations from the resident's normal range and inform preceptor)</i>	
Nutritional–Metabolic Pattern Food and fluid intake, preferred foods, dietary requirements, and the use of supplements, general nutritional status, swallowing difficulties, nausea/indigestion, Skin integrity issues, dry, lesions, wounds, Oral health, dentures measurements height, weight, BMI + MNA score (if available)	
Elimination Pattern Bowel, bladder, and skin excretion patterns, noting regularity, use of aids or routines, incontinence, and any disturbances (e.g., constipation, diarrhoea, odour). Check if fluid or bowel charts are in use.	
Activity–Exercise Pattern Levels of daily activity, exercise, and leisure pursuits, any factors that limit participation (e.g., pain, respiratory or cardiac symptoms, mobility	

<p>concerns).</p> <p>History/potential of falls, range of motion, mobility aids/support, assistance required, falls risk score</p> <p>Specify the type and extent of assistance needed for hygiene and activity.</p>	
<p>Sleep–Rest Pattern</p> <p>Daily sleep and rest patterns, including duration and quality of rest, the resident’s perception of their energy levels, and any aids or routines used to promote sleep.</p>	
<p>Cognitive–Perceptual Pattern</p> <p>Sensory abilities and aids(vision, hearing, taste, touch, smell), pain perception and management, pain scale and COLDSPA assessment if applicable). Cognitive function (memory, decision-making, orientation). Include results from any cognitive assessments, specifying the tool and score if available.</p>	
<p>Self-perception-self-concept pattern</p> <p>Attitudes about themselves, perception of abilities (cognitive, affective, or physical), body image, identity, general sense of worth, and general emotional pattern, mood, anxiety, how do they cope with stress</p> <p>Body posture and movement, eye contact, voice and speech pattern</p>	
<p>Role-relationship pattern</p>	

<p>Individual's perception of the major roles and responsibilities in current life situation. Satisfaction or disturbances in family, or social relationships and responsibilities Communication, languages</p>	
<p>Sexuality-reproductive pattern Individual's perceived satisfaction or disturbances in his or her sexuality.</p>	

Medication Profile

(Please access information regarding medications from Medsafe and or the NZ Formulary online.)

Medication Name	Therapeutic Action <i>(what the medication is used for)</i>	Common Side Effects	Relevant Nursing Considerations <i>(frequency, dose, route of administration, monitoring requirements, administration advice, or safety precautions)</i>

Care Plan

Section	Details
Nursing Diagnosis <i>(Use 3-part format: Problem or potential problem + Related to + As Evidenced By signs and symptoms)</i>	
Nursing Goal <i>(SMART – Specific, Measurable, Achievable, Realistic, Timely)</i>	
Intervention and rationale <i>(Outline at least three interventions including the rationale)</i>	

Evaluation

*(Was the goal met?
include changes,
improvements, or
continued concerns)*

*If unable to
determine this then
outline how you
would assess this)*

CLINICAL SKILLS

Complete a minimum of six (6) clinical skills with RN/EN preceptor or Clinical Lecturer present by the end of your placement

Skill	Date, Preceptor Signature & Designation
Medication storage and administration with RN or EN	
Subcutaneous injection administration with RN or EN	
Wound care with RN or EN	
Catheter specimen of urine	
Empty or change catheter bag	
Oral Hygiene or Special Mouth care	
Oxygen therapy with RN or EN	
Eye Care	
Skin Care	
Denture Care	
Personal Hygiene – Shower	
Personal Hygiene – Bath or Bed Bath	
Pressure Area Prevention	
Transfer Patient – Hoist	
Using Slide Sheet to roll person	
Urinalysis / Obtaining a specimen	
Vital Signs recordings with RN or EN	
Neurological observations with RN or EN	
Other skills: (approved by preceptor)	

Standards of competence for enrolled nurses

There are five pou (standards) for the enrolled nurse standards of competence. These pou describe the competence required to practise safely as an enrolled nurse in New Zealand.

Evidence of safety to practise as an enrolled nurse is demonstrated when the following pou are met.

