



ENSIPP Handbook for Specialist Mental Health Services

September 2024 - 2025

Te Whatu Ora
Health New Zealand
Waitaha Canterbury

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- 1014-2025 Overview of the ENSIPP year
- ENSIPP Checklist for programme components/completion criteria.

1. Introduction

Welcome to the Enrolled Nurse Support into Practice Programme (ENSIPP). This Learning Framework will guide and inform you of the programme and completion requirements.

Background

In 2010 the New Zealand the Enrolled Nurse (EN) scope of practice changed to enable EN's to make a broader contribution to health services and give greater support to registered nurses (RN's). Subsequently, the employment and orientation of ENs has been variable between regions and organisations within New Zealand.

Having a well-planned and supportive entry to practice programme improves safety for the new graduate, the employer and the communities we serve. Successful transition to practice through a supported entry to practice programme also improves recruitment and retention of the nurse; and has a positive impact on the wider nursing workforce.

National ENSIPP Specification

The ENSIPP programme Specifications (2020) outline the key components and implementation of the programme.

The programme is supported by the Ministry of Health (MoH), Te Whatu Ora and MoH funded providers, Nursing Council of New Zealand (NCNZ), or others by agreement with the Te Whatu Ora – Waitaha Canterbury and partnering organisations, and National and Organisational policies and strategic priorities.

ENSIPP integrates the principles of the Te Tiriti o Waitangi into practice to promote equity of outcomes for Maori. ENSIPP facilitates practice in a culturally safe manner with all client groups¹.

The Competencies for Enrolled Nurses (2012) interfaced with the key ENSIPP components will enable nurses on the ENSIPP to achieve Competent EN level on the Regional Professional Development and Recognition Programme (PDRP), at the completion of the ENSIPP programme.

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1.1 Canterbury ENSIPP Programme Aim

The Canterbury Region ENSIPP programme provides education and learning opportunities. Nurses are employed into a clinical practice environment that is safe and supportive, enabling the ENSIPP EN to consolidate their skills and knowledge; and gain confidence in delivering quality care and integrating cultural awareness into their practice.

The importance of ongoing learning, collaboration, communication and reflection fostered in this programme, will encourage innovation, enthusiasm and a commitment to nursing as a profession in the Specialist Mental Health and Addictions service.

1.2 Programme Content

The programme consists of:

- a) Orientation to the Specialist Mental Health Service and mental health nursing practice
- b) ENSIPP Clinical component
- c) ENSIPP Theory component
- d) Preceptor support - trained preceptors are provided in each clinical workplace

¹ Service specification-Enrolled Nurse Supported into Practice Programme (ENSIPP) Feb 2020, p.3

- e) Ara post graduate Level 5 paper – Understanding Mental Health and Illness -ENHI501

2. ENSIPP Programme Requirements

The new to mental health enrolled nurse will be required to:

- be working **full time** (or 0.7 / 0.8 by prior approval) in an area of mental health nursing
- participate in **tutorials / study days**
- Submit 6 month Learning goals
- pass their Ara paper
- submit a **Competent Level Portfolio (PDRP)** by the end of the programme
- work closely with trained preceptors, who will provide support and education within the clinical setting and facilitate ENSIPP nurses in meeting the clinical requirements of the programme

3. ENSIPP Programme – Clinical Component

ENSIPP nurses will be assigned a preceptor by their CNM/CM. The preceptor, along with the ENSIPP Nurse coordinator and SMHS Nurse educator, will support and guide the ENSIPP nurse's learning and development throughout the clinical experience. The ENSIPP nurse and their preceptor should be rostered together to enable consistent support, accurate assessment of practice and to ensure that regular feedback on progress occurs where possible.

Supernumerary time: Upon commencement in a clinical workplace, at least 10 shifts supernumerary time is provided (the exact length of time will be determined by the manager) for the purposes of orientation and familiarisation with routines and practise in that area.

ENSIPP nurses are released from workplaces to attend mandatory training, ENSIPP study days, and NESP study days. These will be within rostered days. If these dates fall on the ENSIPP nurse's days off, other days off will be rostered; this will be organised by the CNM/CM. It is the ENSIPP nurse's responsibility along with their manager to ensure they are correctly rostered off from their workplace to attend study days.

Rosters: ENSIPP nurses are primarily rostered to work across morning and afternoon shifts (and could be required to undertake night shift) alongside their preceptors if they are working in an inpatient setting. Any concerns regarding rosters are expected to be raised with the line manager in the first instance.

Learning Agreement

Learning agreements are utilised between the ENSIPP EN and the assigned preceptor in each clinical placement to formalise roles within this relationship.

The purpose of a learning agreement is to ensure the preceptor and the ENSIPP EN are aware of the responsibilities and commitment (both personal and professional) associated with this teaching and learning relationship. The Learning agreement will be shared with the ENSIPP EN who will upload onto the healthLearn ENSIPP site.

The learning agreement is to be completed at the start of the ENSIPP ENs programme and shared with the ENSIPP Nurse Coordinator.

Goal Setting

The goal setting process is an opportunity to review the progress of the ENSIPP EN and to discuss practice development and learning needs. Goals are to be developed and reviewed in collaboration with the ENSIPP ENs preceptor and CNM/ACNM. Other nursing staff may also provide feedback as appropriate through this process.

All ENSIPP ENs are expected to undertake:

1. Goal setting at 3 months.
2. Goal review and resetting at 6 months (to be submitted on healthLearn).
3. Goal review and resetting at 10-12 months (within Performance Review).

Goals should align with Nursing Council New Zealand EN Competencies which are available on both the Nursing Council of New Zealand and the Waitaha Canterbury PDRP websites.

Due dates for goals will be included within individual education and training calendar.

Completed goal forms are to be submitted via the healthLearn ENSIPP Page on the due date specified in the ENSIPP programme calendar. A copy will be saved into your electronic file.

PDRP E-Portfolio

The ENSIPP EN will be required to submit a professional nursing portfolio for assessment near the end of their 12-month ENSIPP programme.

The ENSIPP EN must achieve 'Competent Level' of the Te Kāhui Kōkiri Mātanga PDRP to successfully meet the completion criteria for the ENSIPP programme and to be eligible to complete the programme.

The checklist for the EN Competent PDRP Guidelines includes:

- Copy of current Annual Practising Certificate
- Hours of practice
- Performance Appraisal (which includes a self-assessment and a preceptor/line-manager assessment, assessed against the NCNZ EN competencies)
- Hours of professional development
- Three reflections on professional development

Further details and information on the PDRP e-portfolio process are provided during the ENSIPP programme. The application guidelines for PDRP competent level can be found on the PDRP website:

<http://www.cdhb.health.nz/PDRP>

Performance Appraisal

A performance review against the NCNZ EN competencies is undertaken and submitted as part of an EN competent e-portfolio. This is a requirement for completion of the ENSIPP programme. The ENSIPP EN and preceptor must give clear examples of clinical practice for each of the NCNZ competencies for the EN scope of practice demonstrating that these are met, as this provides key evidence of nurses' professional competence.

Submission Process

- Documentation is to be submitted via healthLearn (follow the prompts). This includes the Learning Agreement, 6-month Goal Review and final appraisal.
- PDRP e-portfolios are submitted via healthLearn.
- Submission of assessment requirements for Ara papers are managed by Ara. However, confirmation of successful completion of the Ara paper will be forwarded to the Nurse Coordinator for ENSIPP by the Ara course facilitator.
- If the ENSIPP EN is unable to submit their 6 month goals and e-portfolio by the due date, they must formally apply to the SMHS Nurse educator -ENSIPP for an extension.

- **Please note:** extensions are only granted when there are clear reasons or mitigating circumstances.
- Any piece of work the ENSIPP EN submits for any assessment that is identified as containing plagiarised material may receive 0%. Disciplinary measures may follow, which could include failure to successfully complete the programme. When including work from other sources, appropriate referencing must be included using APA format (6th Edition).
- The ENSIPP EN has the right to appeal any decision made on assessed work.

4. ENSIPP Programme – Theory Component

SMHS Study Days

Full attendance at the study days is mandatory. Leave will not be granted at these times and any partial or full absence needs to be conveyed directly to the ENSIPP team immediately.

Professional requirements

Specified training, including online learning packages, need to be completed as part of the orientation period to the ENSIPP programme and the Specialist Mental Health Service. The responsibility for attendance and completion of this training falls jointly with the ENSIPP nurse and their CNM/CM.

All bookings for mandatory training are undertaken in consultation with the CNM/CM. To book these courses please log on to the Healthlearn website and use the login details that would have been provided by email around the time of your employment. Your current work email address must be used for your Healthlearn account. The website is <https://www.healthlearn.ac.nz/>. Use the codes outlined in the checklist at the end of this document.

5. ENSIPP - Preceptorship

Preceptors strengthen the application and use of nursing knowledge in clinical situations. Using constructive feedback, and facilitating critical and reflective practice, preceptors support practice development, clinical reasoning and skill development in the NESP nurse.

Preceptorship is a clinical educational strategy where both the preceptor and preceptee work together in the workplace. The process of preceptorship involves teaching, learning and orientation to the clinical area. The preceptorship experience is an educational relationship that provides role modelling, clinical support, clinical teaching and learning as well as socialisation into the workforce. It is expected that preceptors will help build on the application and use of knowledge in clinical situations.

In addition to the preceptor, support and guidance is provided by the CNM/CM, CNS, Nurse Coach (where available), ENSIPP Nurse Educator, NESP Coordinator and other staff within the area.

A primary preceptor will be identified by the CNM/CM and supported to ensure accountability for negotiating and evaluating learning outcomes and coordination of formal feedback to the preceptee over the course of the programme.

The preceptor role is pivotal to the successful transition of the ENSIPP nurse into their new responsibilities, and therefore they must have regular and consistent time together throughout the clinical placements. This is especially important during the initial orientation which occurs during the first few weeks.

6. Clinical Supervision

Clinical supervision is an essential component of professional practice that assists in the development of ethical and professional practice; as well as the competence of nurses working in the mental health and addiction sector. It involves time away from the practice environment to meet at an agreed time with an experienced practitioner to engage in guided reflection on current ways of practicing.

Professional supervision supports the continued development of the professional competency of a nurse supervisee. It is a facilitated reflective process aimed at developing the effectiveness of a nurse in whichever context they practice. The content is driven by the nurse supervisee's needs and occurs within the context of a sustained confidential relationship.

As part of participation within ENSIPP it is strongly recommended that nurses participate in clinical supervision. On commencement of employment, the Nurse Educator will inform the Nurse Consultants responsible for each EN and request that a clinical supervisor is assigned. The EN will receive an email from their Nurse Consultant once they have been matched with a supervisor, and it is the responsibility of the EN to contact the supervisor to arrange a time for the initial meeting. After the initial meeting the EN will decide if they are happy to continue to engage in supervision with that supervisor and complete a supervision contract with them. If the EN is not happy with the match, they can contact their nurse consultant to discuss this and be re-matched with a different supervisor. It can take some time for a supervisor to be assigned so do not be alarmed if you do not receive contact about this in your first month or two of practice.

7. ENSIPP – Completion Criteria

Successful completion of the Programme involves:

1. All performance reviews completed (6 month goals & full performance appraisal – EN Competent PDRP)
2. Completion of the mandatory and online education and training requirements for SMHS
4. A *Pass* grade in the Ara grad cert paper.
5. Achievement of a *Competent* level portfolio in the Professional Development and Recognition Programme (PDRP), ensuring presentation for assessment is completed before the programme concludes.

8. Employment Matters and Support

Performance concerns

Performance issues can arise for ENSIPP nurses for a variety of reasons e.g. workplace challenges or private matters that may impact on work and study. The line manager is the usual first port of call if issues do arise.

Competency or safety matters will be responded to as per CDHB and WCDHB policy. A ENSIPP nurse not meeting the clinical requirements of the programme will be subject to the organisation's normal performance management process.

Resignation from ENSIPP

An ENSIPP nurse intending to resign from employment is encouraged to talk with their Charge Nurse Manager and their Nurse Educator in the first instance. If resignation proceeds the Charge Nurse Manager and the ENSIPP Nurse Coordinator will need to be notified by a formal letter of resignation (in accordance with the collective employment agreement terms).

The return of uniform, security ID cards and keys and completion of an exit form is undertaken with the line manager.

Study Day expectations

All ENSIPP nurses are bound by the CDHB *Codes of Conduct* and Employment Conditions, which are integral to the programme. Participants must adhere to the following standards and expectations, including at study days. This includes:

Attendance and Punctuality

- Know when the study days occur and arrive at least ten minutes early, ready to begin on time
- Advise Nurse Educator immediately of unexpected absence or lateness
- Sign the attendance register for each session

Code of Conduct, Confidentiality and Privacy

- Adhere to Te Whatu Ora Code of Conduct
- Maintain consumer and colleague confidentiality in study day discussions
- Ensure a respectful and safe environment for information sharing is maintained

Dress Code

- Tidy/casual
- Appropriate footwear on clinical component days

Learning Environment

- Self-responsibility to liaise with CM/CNM to ensure study day release is rostered correctly
- Respect the views, beliefs and values of others to maintain a culturally safe environment
- If feedback is sought please ensure this is provided in a constructive manner

Personal Appointments, Childcare, and Leave

- Schedule personal appointments/commitments (including childcare) outside study day hours. Study days are to be given the same priority as rostered and rotating shifts. **Leave will not be approved for days that fall on ENSIPP study days.**

Guest Speakers

- ENSIPP nurses are expected to respect guest speakers' expertise and knowledge and contribute to interactive discussions. Study day feedback (via discussion or Survey Monkey) is important for providing feedback to speakers and ensures continuous quality improvement.

Overview of ENSIPP education and training

Week	Clinical & Theoretical Components	
Week 1 & 2	<ul style="list-style-type: none"> • Supernumerary Time and Orientation (10 shifts) • Introduction to the clinical practice setting • Completed clinical department orientation • Commence Healthlearn core competencies training • Submit Learning Agreement to Preceptor and Line Manager (provide copy on Healthlearn -ENSIPP) 	<p>ENSIPP study days to be attended over the 12-month ENSIPP Programme.</p> <ul style="list-style-type: none"> • Three days Orientation • 2 study days completing the Ara Level 5 Grad cert Paper • 5 x ENSIPP study days. <p>Individualised education and training plans with specific dates to be generated.</p>
Week 3 & 4	<ul style="list-style-type: none"> • Clinical Load Sharing Time - The ENSIPP EN works alongside the preceptor, sharing the preceptors clinical load. • Complete Healthlearn Fluid and medication Foundation 1,2 and 3 courses. • Reflection meetings may take place. • Attend SPEC training as per orientation schedule 	
Weeks 5 & 6	<ul style="list-style-type: none"> • Clinical Load Sharing Time continues • Increasing responsibility with case load management alongside preceptor 	
Week 7	<ul style="list-style-type: none"> • Rostered shifts with access to preceptor • Independent management of light clinical load appropriate to EN scope of practice 	
Week 12	<ul style="list-style-type: none"> • Set goals to be completed and reviewed at 6 months. • Goals are set in discussion with Preceptor, Nurse Educator, and Line Manager/ACNM. 	
Week 24	<ul style="list-style-type: none"> • Review goals set at 3/12. • Set goals to be completed and reviewed at 10-12 months. • Goals are set in discussion with Preceptor, Nurse Educator, and Line Manager/ACNM. Submit copy of goals to Healthlearn. 	
Week 40	<ul style="list-style-type: none"> • Completed full performance appraisal with Line Manager against each of the Nursing Council Competencies for ENs • Completed the requirements for the EN Competent Level PDRP and submit PDRP Portfolio 	
End of the 12 months	<ul style="list-style-type: none"> • Graduation from the programme 	

NB: The above is a GUIDE ONLY. Calendars for each ENSIPP EN will be developed and guided by the ENSIPP Nurse Educator and their respective clinical areas individual needs.

SMHS ENSIPP Checklist for programme components:

Completion criteria- ENSIPP		
Clinical orientation to work place	Learning agreement – Submit to HealthLearn	
6 Month goals	Submit to HealthLearn	
Ara grad cert paper	Understanding Mental Health & Illness ENHI501	
EN competent PDRP portfolio/ e-portfolio.	Performance appraisal	
Face to face training- Booked via HealthLearn		
CAMH001	CPR for SMHS (Canterbury) – Either inpatient or outpatient nurse CPR training depending on work area SAP/Emeds /Éclair/HCS/Medchart/Patientrack/Trendcare	
CAMH114	Safe Practice effective communication (SPEC) – inpatient nurses	
CAMH115	Personal Safety – outpatient nurses	
CAMH129	Eliciting Suicide information	
CAMH110	SMHS Risk Assessment and Management Framework	
CAMH112	Talking therapies – Motivational approaches for Behaviour change (MABC)	
CAMH020	Falls prevention and Safe Manual Handling	
CAMH108	Health of the Nation Outcome Scale (HoNOS)	
	Fire/Emergency Training	
CAMH112	Motivational Approaches for Behaviour Change	
Online training		
RGOR000 & CAEN001	Health system Orientation and new staff information	
RGIC001	5 Moments of hand hygiene	
RGPH101	ABC smoking cessation	
CAMS5405	New Zealand Early warning score	
CAMD011	Patientrack eObservations Web application	
RGMD005	ISBAR – Communication Framework	
RGEN001 Medication and fluid foundation 1 Programme – 4 courses		
RGMC016	Medication safety	
RGMC001	Clinical calculations	
RGMC018	Oral Medication	
RGMS019	Sub-Cut medication	