

# The state enrolled nurse in the community

**Anthony J. Carr**

At long last the 'Report of the Working Party on the Education and Training in District Nursing for the State Enrolled Nurse' has been published.

The report is written in two parts. Part 1 conforms to the terms of reference, which were: 'To devise an improved syllabus or curriculum for the district training of the enrolled nurse without prejudice to the implementation of the Briggs Report on Nursing.' Our detailed reasoning leading to the course of study we have proposed is contained in Part 1 of the report. Part 2 deals with those matters such as grading of the state enrolled nurse, change of designation of qualifications, mandatory training and ratios of district nurses to district enrolled nurses.

## **Difficult report**

It has been a difficult report to write because the present rôle and function of the state enrolled nurse in district nursing is in most cases vague. I personally believe that the rôle of the state enrolled nurse in hospital is equally ill defined.

The first task of the working party, after receiving written evidence from 127 organisations and individuals (which still consisted of over 80 pages when condensed), was to define both the rôle and function of the state enrolled nurse. We identified the state enrolled nurse as a full contributing member of the primary health care team with the district nurse (SRN/RGN) taking overall responsibility for all patients. It was in the nursing team within the primary health care team that the working party saw the full rôle and function of the SEN being fulfilled. Our definition is therefore: 'The state enrolled nurse is a member of the district nursing team. She is accountable to the district nurse (SRN/RGN) for carrying out part or all of the nursing care programme for individual patients and their families, recording her find-

ings and reporting back to the district nurse (SRN/RGN).'

We go on to explain that statement by saying: 'Therefore, her professional role (the part she plays in relation to others) is working with and to the district nurse (SRN/RGN). Her function (the work she does) is carrying out either the whole individual patient care programme, or parts of it, as assessed and planned by the district nurse (SRN/RGN) after appropriate consultation. We have assumed that on the occasions when the district nurse (SRN/RGN) is absent from duty for any reason another district nurse (SRN/RGN) will undertake the supervision of the state enrolled nurse.'

I do hope that all state enrolled nurses will understand fully what is meant by these statements. It is important to understand that it is not status that is being mentioned in this section, it is looking critically at basic pupil nurse training and seeing what particular part the qualified state enrolled nurse with additional training has to play in caring for patients in the community.

## **Aim and content of new course**

The state enrolled nurse's contribution is very important and the emphasis on the basic nursing skills aspect show that the working party's view the state enrolled nurse is qualified by training and good post-basic experience to undertake many of the aspects of the nursing process in the community under the overall guidance of the district nurse (SRN/RGN).

It would be a great pity if some state enrolled nurses saw our definition as taking away duties and responsibilities which rightly belong to them. Where state enrolled nurses already do the work of registered nurses, this is the fault of the nurse management and not that of the state enrolled nurse. Also, the pressure of staff organisations for a senior grade on an ad hoc basis has not helped this

situation, but I hope that what is proposed in Part 2 of our report will solve this problem permanently.

The aim of the course is two-fold. The first is to see that the state enrolled nurse is 'competent to undertake delegated nursing duties within the community under the direction of a district nurse (SRN/RGN)'. Secondly, to be 'held personally accountable for the nursing standards of such delegated duties'. I believe these aims will allow the state enrolled nurse to expand her role significantly in the clinical area as a professional nurse and in consequence should lead to a satisfying job of work.

We identified eleven key tasks that the state enrolled nurse should undertake and from them proposed four objectives. These were:

1. To assist in meeting the nursing needs of patients and their families in the community.
2. To impart appropriate skills and knowledge by formal and informal methods as an integral part of the nursing care plan.
3. To be skilled in communications in order to establish and maintain good relationships with the patient and his family, and to maintain effective verbal and written communications as a contributing member of the primary health care team.
4. To be skilled in the management of patient care within the care programme and in co-operating with appropriate services.'

We have laid great emphasis on the use of the nursing process. It is the district nurse (SRN/RGN) that fully identifies and assesses the needs of the patient, arranges a plan of care, either supervises or gives care and evaluates the care given. Only when this type of system is in operation can different levels of care be identified and the skills of the state enrolled nurse be matched with the programme of care. It is not fair to the

state enrolled nurse, even when she has taken this new course, to allocate work without a previous evaluation of the patient by the district nurse (SRN/RGN).

In the appendices we have given both an outline and detailed curriculum. The outline curriculum identifies ten skills. These are:

1. Collection of information
2. Recognition of fundamental nursing needs
3. Organising own work within agreed care plan
4. Giving nursing care
5. Monitoring patient care
6. Interpersonal relationships
7. Communication
8. Reporting and recording
9. Health teaching
10. Use of social provisions

Matching knowledge and attitudes are also described.

### Entry requirements and length of course

The entry requirements do not request either 'O' levels or CSE grades but a careful assessment of ability should be made. We have recommended two years post qualification general nursing experience. The reasons are that her task is basically practical, and she will often work alone, supervised at a distance. The written, verbal and numeracy skills also need to be tested.

The proposed length of the course is 16 weeks, exclusive of annual leave. A shorter time than this will not in our opinion be sufficient for the student to absorb the content of the course satisfactorily. No set theory to practice ratios are laid down but, because the course is a demanding one, we have proposed that the state enrolled nurse is a full-time student for the whole of the training programme. A two-hour examination paper will be taken at the end of the course and each student will prepare either a care study or project. Both course work and practical work will be assessed.

### Other proposals

In part 2 of our report we propose that the qualification held by registered nurses, presently designated NDN Certificate (NDN Cert.), remain unchanged. All enrolled nurses holding, at present, district nursing qualifications, or future ones, shall be entitled to the 'National District Enrolled Nurse Certificate' (NDEN Cert.). We propose that the registered

nurse holds the title 'district nurse' and the enrolled nurse 'district enrolled nurse'. To our mind this separates more clearly the work of the two types of nurse. This does not alter local arrangements whereby registered nurses are called sister or charge nurse.

The grading of the 'district enrolled nurse' is important. Although the Nurses and Midwives Whitley Council must decide this matter we believe that the training should be mandatory and that all state enrolled nurses while taking the course should receive the salary of a state enrolled nurse. Upon qualification as a 'district enrolled nurse' we propose that a higher salary should be given to recognise the higher level of work they perform with supervision carried out at a distance. In the light of this recommendation I repeat here that I do hope all district enrolled nurses will fully understand that the working party held their work at a very high level. So when we talk of the district enrolled nurse as being 'under supervision' we are talking of 'function' and not 'status'. Function is the work that should be done, status is reflected in salary and title. We have given the state enrolled nurse a new title and

proposed a higher salary to go with that new title.

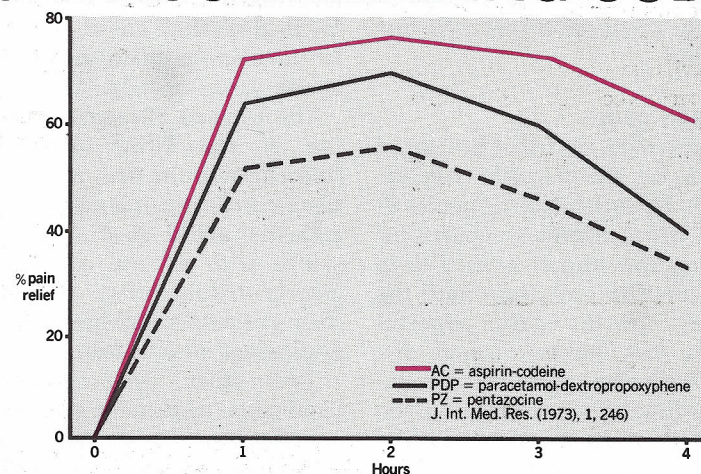
### Overall responsibility

With the district nurse (SRN/RGN) having the overall responsibility of patients we have proposed that only two other staff be attached to her, that is, district enrolled nurses and/or nursing auxiliaries. More than that number will not allow a proper working relationship to be established.

The report is now published and it is up to the profession to make a judgement for itself. I am fortunate in having been appointed to the chairmanship of both working parties (SRN and SEN) in district nursing and I hope that what has been proposed is both acceptable and effective so that in the late 1980's it can be clearly demonstrated that patients are nursed more effectively and that both district nurses and district enrolled nurses are totally fulfilled in their own individual work.

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