

# **Institute of Health and Wellbeing Bachelor of Nursing / Bachelor of Midwifery Clinical Placement Guidelines 2024**

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## Welcome to Clinical Placement at Federation University

### Important Contact Information

#### **The Work Integrated Learning Team**

The Work Integrated Learning team consists of Clinical Placement Officers and Professional Experience staff in Victoria. This team allocates the clinical placements and can help you with any questions in regards to preparing for and attending a clinical placement. You can contact staff via phone or email. When sending an email to the [health.placements@federation.edu.au](mailto:health.placements@federation.edu.au) address please use your student email address and include your student number and campus in the title.

#### **Manager, Work Integrated Learning**

**Sharyn Crawford**

**Email:** [Health.Placements@federation.edu.au](mailto:Health.Placements@federation.edu.au)

#### **Work Integrated Learning Office / Clinical Administrators**

**Steve Linane, Ann May, Kerri-Ann Neale, Brenda Oostendorp, Cat Vinke, Brenton Ryan**

**Email:** [Health.Placements@federation.edu.au](mailto:Health.Placements@federation.edu.au)

#### **The Academic Team**

The Academic Team includes the Discipline Lead (Nursing), Unit Coordinators and the Clinical Coordinators. Your Unit Coordinator contact details will be included in the Clinical Unit Moodle Page and Unit Descriptor.

#### **Discipline Lead Nursing (Acting) and Director Health Placements**

Georgina Willetts [g.willetts@federation.edu.au](mailto:g.willetts@federation.edu.au)

T +61 3 5122 6259

#### **Berwick Campus**

Clinical Coordinator: Remya Georgekutty

[r.georgekutty@federation.edu.au](mailto:r.georgekutty@federation.edu.au) T +61 387805734

Course Coordinator: Cath Wilson [cath.wilson@federation.edu.au](mailto:cath.wilson@federation.edu.au)T

+61 3 5122 6352

**Churchill Campus**

Clinical Coordinator: Laura Marino [laura.marino@federation.edu.au](mailto:laura.marino@federation.edu.au)

T +61 3 5122 6332

Course Coordinator: Louise Allen [l.allen@federation.edu.au](mailto:l.allen@federation.edu.au) T + 613  
51228272

**Mt Helen Campus**

Clinical Coordinator: Nissy Thomas [ns.thomas@federation.edu.au](mailto:ns.thomas@federation.edu.au)

T +61 3 5327 8472

Course Coordinator: Swapnali Gazula [s.gazula@federation.edu.au](mailto:s.gazula@federation.edu.au)

## SECTION 1: INTRODUCTION

### 1.1 Work Integrated Learning (WIL)

Clinical placement, which can also be referred to as Work Integrated Learning (WIL) or Professional Experience Practice (PEP), is a mandatory component of your Course of study, providing you with the opportunity to develop skills and integrate theoretical knowledge within your discipline. Completion of the theoretical and clinical learning requirements of your Course is essential to be eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA) and relevant discipline board.

The information in this document outlines the guidelines for clinical placement for the Nursing and Midwifery clinical programs within the Institute of Health and Wellbeing. It is important that you familiarise yourself with this information, which should be read in conjunction with the Institute and University handbooks. While it is expected that attendance at clinical placements will require you to reorganise some aspects of your personal life, it is anticipated that you will find this component of the Course most rewarding as it provides you with a range of experiences and opportunities.

**Clinical placements occur throughout the entire calendar year including semester breaks, school and public holidays.** Therefore, you are advised to not organise personal commitments until final clinical allocations for your clinical Unit have been published by the Work Integrated Learning (WIL) Office.

Clinical placement allocation may be subject to change as a result of health advice from the Federal or State governments, industry partners and or University directives.

Clinical placements and allocations are managed according to University and Health agency contractual agreements. Students are **not permitted to contact or organise their own clinical placements with external health agencies.**

Clinical placements are determined by processes and availability within remote, rural, regional and metropolitan Victoria and interstate agencies. **Students will be allocated to locations anywhere within Victoria.** Interstate and International placements, when available, will be advertised, and details available on the Institute of Health and Wellbeing Clinical Moodle Shell. Students will then have the opportunity to express interest in one of these options.

Students will be allocated to a variety of clinical areas ensuring opportunities to consolidate practice in diverse settings. Clinical placements and venues are subject to change due to circumstances that are outside of the University's control.

### 1.2 Academic Prerequisites to Undertake Clinical Placement

Students are required to complete all academic and clinical preparation laboratories prior to undertaking clinical placement, this may include students obtaining a PASS in a clinical OSCE / Clinical Skills assessment.

Students are required to also carry their mandatory documentation while attending all clinical placements, documentation can be requested by a clinical venue at any time. Failure to provide mandatory documentation may result in a student being asked to leave the clinical placement.

Clinical placement is a graded **HURDLE** assessment task in all clinical Units. Therefore, all clinical placement requirements must be successfully completed to pass the associated Unit. Failure to successfully complete clinical placement will lead to failure of the Unit. Students who do not successfully complete the theoretical component of a Unit will be removed from clinical placement.

Students will be required to attend a clinical placement orientation (face to face or online) prior to the allocated clinical placement days. Orientation may be located on site at an agency, hospital or healthcare facility and is a mandatory prerequisite of clinical placement. This may include online competencies,

orientation modules and Occupational Health & Safety modules. Failure to attend the scheduled orientation or complete the orientation modules will result in the cancelation of the placement and will lead to failure of the Unit.

Further information can be found on Federation University Website, or in the Institute of Health and Wellbeing clinical placement Moodle shell.

### **1.3 Placement Allocation Process**

Allocation to a health care agency for clinical placement is determined by the objectives of your clinical Unit, and year level. The WIL Office allocates appropriate placements that enable you to apply theory into practice and meet the objectives of the Unit. You will be emailed notification of your placement allocation via InPlace.

Please refer to the Work Integrated Learning policy and procedure for more information about allocation processes.

#### **1.3.1 Inherent Requirements**

Federation University is committed to ensuring equality of access to all programs and Units and will provide reasonable adjustments to the learning environment to meet the needs of a diverse range of students. For example, students with a disability, and students with caring responsibilities.

However, Federation University acknowledges that there are some situations where reasonable adjustment is not possible. In such cases, Federation University will provide information on such restrictions to enable students to make an informed decision in relation to their Course and Unit options in the form of inherent requirements.

Inherent requirements refer to the fundamental attributes, skills and abilities that you must be able to achieve in order to demonstrate the essential learning outcomes of the degree you are studying.

Please refer to the Institute of Health and Well being Inherent requirement document.

#### **1.3.2 Special Consideration for Clinical Placement Allocation**

If you have circumstances that meet the criteria for Special Consideration, you are required to alert your Clinical / Course Coordinator before clinical placement allocations are finalised. Please do not wait until you have received your placement allocation before notifying of your circumstances. Special Consideration forms are located on the Federation University website. Please follow the instructions for submission.

Under the Federation University equity and diversity framework, protected attributes are considered during the clinical placement allocation process. The protected attributes under the Fair Work Act include:

Protected attributes under the Fair Work Act include:

- race
- colour
- sex
- sexual orientation
- age
- physical or mental disability
- marital status

- family or carer's responsibilities – NB. Please note differences between being a carer and having children that you care for
- pregnancy and breastfeeding
- religion
- political opinion
- national extraction
- social origin.

Students who require reasonable adjustments for protected attributes must notify the Clinical/ Course Coordinator on their campus, at the commencement of the semester, or as soon as circumstances are known eg. pregnancy. Please note, while all efforts are made to make reasonable adjustments, clinical placements are a necessary requirement to undertake a Health Degree and therefore students must meet the inherent requirements to enrol in the degree and complete the requisite clinical placements.

### Criteria for Special Consideration

Applications for Special consideration will only be considered on the following grounds;

1. Medical reasons - includes hospitalisation, serious injury or illness.
2. Compassionate grounds - includes death of significant other, significant relationship breakdown.
3. Hardship/trauma - includes victim of crime, sudden loss of income or employment, severe disruptions to domestic arrangements.
4. Other - includes service to emergency services such as Country Fire Authority, military or jury service.

Please note: Circumstances within the student's control (e.g. returning home, holidays, social or family occasions, usual demands of employment, difficulties with the English language) and minor ailments (eg. headaches, colds, sleeplessness) will not be accepted as grounds for special consideration.

**Please note: approval for special consideration means that reasonable adjustments will be made to support your situation. An example of this may be deferment of placement due to serious illness. In such cases, students will be allocated to the next available clinical placement. Should this situation occur, students must accept that the expected completion of their degree may be extended.**

#### 1.3.2 Students who are pregnant

Students cannot attend clinical placement in the 6 weeks prior to their expected due date or 6 weeks after the birth date of their baby. Students require a medical certificate from their medical practitioner stating they are fit for practice and their expected due date. Students are to inform the Clinical/Unit Coordinator if they are pregnant prior to undertaking placement and follow the process of special consideration.

#### 1.3.3 Fit to Practice

Enrolment into a Unit for which clinical placement is the hurdle task means that the student is able and prepared to complete a placement within that semester. Therefore, students who identify prior to the commencement of the semester that they are unfit or unable to complete a clinical placement within the semester of study, will not be eligible to and should not attempt to enrol in that Unit.

Students who encounter medical issues during the semester that impact on their ability to undertake clinical placement, will need to apply for special consideration to defer this assessment until such time they can provide a fit to practice certificate from a medical practitioner.

### 1.3.4 Rosters

The university does not participate in the generation of clinical placement rosters.

Not all health agencies provide rosters prior to clinical placement commencing. Some agencies may provide rosters on your first day of placement. Rosters that are available will be emailed to you, using your Federation University email account. As changes to rosters often occur in the clinical environment, amended rosters will also be emailed to you. It is your responsibility to check your student email regularly. **You are expected to attend all rostered shifts including morning, afternoon, night duty, weekend shifts and public holidays. A clinical week is from Monday to Sunday for all year levels.** It is your responsibility to fulfil the requirements of the allocated clinical placement and to familiarise yourself with health agency policies.

First day details are advertised on the InPlace system under the shared documents tab. Visit the InPlace site to check for information prior to each clinical placement.

Shift changes and requests are discouraged and most facilities do not allow change once the roster has been completed. Student placement rosters are created for equity, ensuring that each student has appropriate time with their clinical educators, to facilitate consistency in experiences and assessment. Placement providers are not obligated to provide rostering to suit individual personal circumstances.

### 1.3.5 Missed Days/Non-Completion of Required Clinical Placement Hours

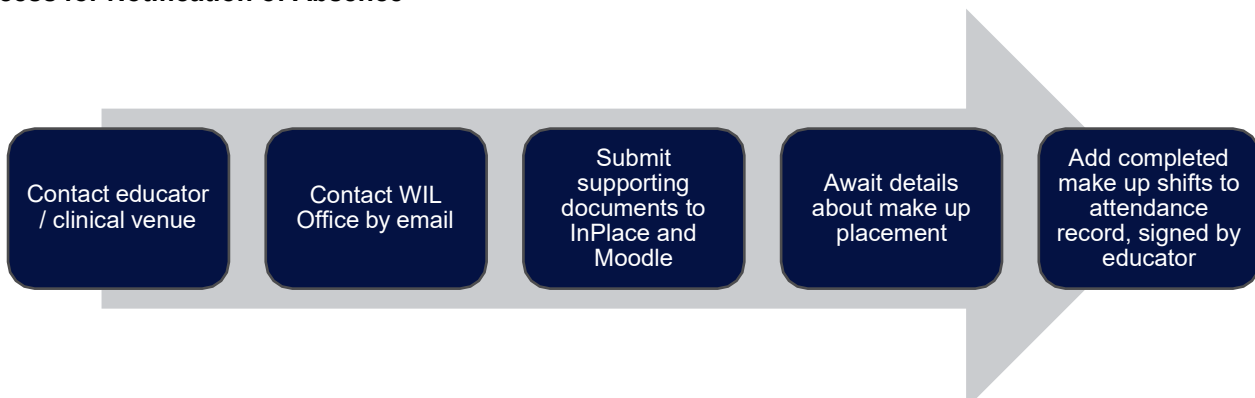
The Australian Health Practitioner Regulation Agency (AHPRA) mandates the clinical hours required for registration for health disciplines:

- Bachelor of Nursing students must complete a **minimum of 800 hours** of clinical placement.

The WIL Office will maintain a record of your clinical placement hours however it is expected that students will demonstrate accountability with tracking their completed hours. Non-attendance at an allocated clinical placement without notification to the WIL Office and the health service without grounds for special consideration may lead to failure of the Unit. **The student is required to notify the placement provider/ health care facility and the WIL office via email for each day they do not attend placement.** Supporting evidence, such as medical/health certificates for absences should be forwarded to the WIL office.

Makeup shifts which will be organised by the WIL office. Attendance on a make-up shift must be added to the Attendance Record for that clinical placement and must be signed by your clinical educator/supervisor and uploaded to InPlace and Moodle. The process for notification for any missed days is outlined below.

#### Process for Notification of Absence





## SECTION 2: CLINICAL PLACEMENT REQUIREMENTS

### 2.1 Mandatory Documentation

The Victorian Government, Health agencies and the University mandate that you provide the following documents, which are available on InPlace:

- Current Police Check
- Current Working with Children Check
- Overseas criminal history check IF you have, after the age of 16:
  - (a) Been a citizen or permanent resident of any country other than Australia; or
  - (b) Resided continuously in any single country other than Australia for 12 months or more.
- Aged Care Check
- Immunisation Status
- Consent Form to Hold and release student information
- Flu Vaccination (yearly)
- Student Placement Agreement
- Work integrated Learning Declaration
- Hand Hygiene certificate
- NDIS Clearance Check
- COVID vaccination certificate and boosters according to current university and ATAGI guidelines
- Mask Fit Testing
  - Submit current mask fit test (valid for 12 months)

Students are required to take all documents to clinical placement at all times presented in a professional manner e.g. folder.

#### IMPORTANT NOTE:

**Students who do not submit their mandatory documents to InPlace by the Census date of the placement semester will be removed from the placement allocation group on InPlace and will fail the Unit as a result.**

## **2.2 Student Responsibilities**

### **2.2.1 Personal Issues**

Clinical placement is a compulsory component of your Unit and needs to take priority in your planning. We are unable to arrange clinical placements around individual work, financial and family commitments including Weddings, or pre-booked holidays.

Working shift work and undertaking long commutes is an unsafe practice and is strongly discouraged. As such, subsidised student accommodation is often available in regional and rural clinical placement locations.

Federation University does not support students undertaking regular shifts in outside work whilst undertaking clinical placement.

### **2.2.2 Financial Issues**

Students are responsible for the associated costs of clinical placement, including travel, parking and accommodation. Scholarships and placement grants are available to provide financial support to eligible students, for clinical placement costs.

### **2.2.3 Documentation**

Clinical educators / supervisors will monitor your attendance and performance during clinical placement. Students are required to email copies of the Australian Nursing Standards Assessment Tools (ANSAT) to the clinical placement venue at the beginning of placement. Follow the ANSAT guidelines outlined in the below steps.

[https://fedflix.federation.edu.au/media/Clinical%20Assessment%20Paperwork/1\\_3424r4r3](https://fedflix.federation.edu.au/media/Clinical%20Assessment%20Paperwork/1_3424r4r3)

1. Students download the ANSAT Formative, Summative & Attendance Record
2. Students to complete personal details, course code and placement location.
3. Student saves the documents as one PDF File.
4. When placement commences, student emails the PDF file to the Clinical Educator at the facility.
5. Clinical Educator completes the ANSAT and Attendance Record (this can be done in writing or digital format)
6. Once placement finished the Clinical Educator completes the ANSAT and Attendance Record and its emailed back to the student in a locked PDF Format for student to complete the reflection.
7. Student then submits the ANSAT and Attendance Record to Inplace and Moodle.

**ANSAT's are required to be submitted for marking, within 7 days of completion of the placement.**

ANSATs that are not uploaded on time cannot be marked and this may lead to failure of the placement and the Unit.

#### **2.2.4 Post-clinical debriefing**

While on clinical placement you may be offered an opportunity to attend a clinical debriefing session. Debriefing is an opportunity to reflect in a constructive way on the positive and sometimes challenging issues or experiences you may have encountered during your day/week whilst on clinical placement. It is also an opportunity to support other students, ask questions and to prepare for the next day. Attendance at clinical debriefings is compulsory. If you require support on placement, it is advisable to contact your clinical educator as soon as possible. Alternatively, you can contact your clinical coordinator to discuss issues relating to the placement.

### **2.2.5 Feedback**

Feedback is integral to improving a student's knowledge, skills, and behaviours, and creates opportunities to reinforce optimal practices and motivate the student to achieve desired outcomes. You are advised to seek daily feedback from buddy health professionals, preceptors, and educators whilst on clinical placement, critically reflect and be open to receive this feedback to assess and improve your own performance.

## **2.3 Professional Behaviour**

Federation University registers all Health students with AHPRA and as such all students must comply with discipline specific code of Ethics, Code of Conduct, Scope of Practice, and social media policy. Students must also comply with all Federation University policy and procedures, as well as individual Clinical Placement Provider requirements.

### **2.3.1 Punctuality**

Punctuality is essential for professional practice and is integral to your clinical learning experience. Any situation impacting on the students' ability to attend placement / orientation on time must be communicated to the clinical venue and the university. It is expected that students arrive 15 minutes early to their placement venue in order to be fully prepared to commence work. Students arriving late for work are not meeting the Australian Nursing Standards and their ability to continue with or be allocated to further placements is at risk. Students who do not comply with the Standards of practice, will be commenced on a Clinical Support Agreement.

### **2.3.2 Presentation**

Whilst on placement, your personal presentation and hygiene should be reflective of a student representing the University and be compliant with OH&S and Infection Control guidelines. Clearly wear student identification. The official uniform must be worn to and from clinical placement unless otherwise directed. Improper attire may result in students being asked to leave the venue and recorded as absent for that day unless it is a designated "non-uniform" placement as specified by the clinical venue. Students are also expected to carry a pen and other relevant accessories depending on the facility.

If attending clinical placements which stipulate 'non-uniform' – for example at some mental health agencies – neat, clean professional clothes with closed-toe, leather upper shoes must be worn. In the event that your professional appearance is inappropriate, students will be dismissed from placement, and recorded as absent for that day.

Hair must be clean. Long hair must be neat and off the collar. Students must be cleanly shaven to attend clinical requirements (to meet the mask fitting requirements). Fingernails should be clean, short, and free of nail polish, shellac and acrylic nails. Ornamental jewellery is not to be worn, with the exception of a plain wedding band, plain earrings, sleepers or small studs and a fob watch with a second hand. Any jewellery associated with body piercing should be removed or covered. Wrist watches with a second hand may be worn depending on the venue policy. Bracelets are not to be worn whilst on clinical placement. The facility may remove you from placement if the above information has not been adhered to.

Cardigans must only be worn to and from placements and must not be worn whilst on duty. Sleeveless black/navy Federation vests can be worn whilst undertaking placement. Students are not to wear long-

sleeved skivvies under their shirts (unless for religious reasons) and these must be rolled up beyond the elbow whilst undertaking patient care.

Students must regularly launder their uniforms after each clinical shift, as you are working with in proximity of patients and other clinical staff and for infection control purposes. Please pay attention your personal hygiene (e.g.: body odour).

UNIFORM REQUIRMENTS	
Scrubs	First and Second Year Students: Scrubs can be purchased and ordered from the Fed Store Third years: Can choose to either purchase the Federation University scrubs or continue with previous uniform.
Cardigans	Navy / black cardigan, and/or navy V-neck long sleeved jumper (these can only be worn to and from placement)
Socks	Navy or black only
Shoes	Black leather closed toed shoes with a non-slip sole.
Head attire	Head scarf / hijab or turban may be worn for religious reasons. Natural plain colours are recommended.

### 2.3.3 Conduct

Students must maintain safe, helpful and therapeutic relationships at all times within the International Code of Ethics, professional boundaries determined by each discipline board and standards of care as per the National Safety and Quality Health Standards. This includes but is not limited to:

- Gain informed consent from patients / clients – I.e. identify self as student
- Maintain confidentiality
- Accountability for all relevant aspects of health care within the scope of practice as determined by the Unit you are currently undertaking
- Respectful interactions with colleagues, supervisors, patients/residents, carers and their families
- Seeks feedback and accepts feedback professionally with the understanding that all feedback is an opportunity for professional and clinical improvement
- Complies with health agency policies and procedures

Whilst you are on placement you are accountable for your conduct to your clinical educator / supervisor and health agency staff. This includes conduct within use of student accommodation associated with the health service as well. The clinical coordinator is ultimately responsible for the management of clinical placement performance issues, in conjunction with the relevant clinical assessor/s.

The following examples of conduct will result in immediate withdrawal from the clinical placement and this may lead to failure of the Unit:

- Behaviour in the clinical setting that jeopardises people's safety
- Unprofessional behaviour
- Acting outside of the scope of practice
- Conduct that brings the health discipline and/or the University into disrepute. A disciplinary hearing may be held as set out in the University Handbook under Statute 6.1 Student Discipline.

#### **IMPORTANT NOTE:**

**In the event that you have been negligent, the University insurance policy does not protect you from either the health agency and/or the patient/client/resident/consumer taking legal action against you.**

Specific information about conduct while on clinical placement is as follows:

#### **2.3.4 Alcohol / Drugs**

Students presenting for clinical placement under the influence of alcohol and/or drugs will be withdrawn from placement, and this will lead to failure of the Unit. This offence will be reported to AHPRA as per mandatory reporting guidelines.

#### **2.3.5 Confidentiality**

Students need to be familiar with and comply with the Privacy Act. As such students must maintain confidentiality and privacy of information.

Discussions and/or photographs relating to patients, clients, staff or agencies via electronic social networking sites including Facebook or in public spaces are examples of breaches of confidentiality. All students must be familiar with and comply with Federation University Social Media Guidelines:

**Breaches of confidentiality may result in instant termination of your clinical placement and a subsequent disciplinary hearing.**

#### **2.3.6 Electronic Devices**

Mobile phones must be turned off/silent/vibrate during placement. You are not permitted to carry a phone while in the clinical setting or working with patients / clients. Please note that in some clinical settings you may be required to leave your mobile phone deposited in a secure area.

In some circumstances, students may seek approval from clinical venues for the appropriate use of electronic devices (i.e. not at the patients' bedside). Examples of appropriate use of electronic devices may include the following, only when approved by clinical educators / supervisors:

- Use of Calculator for medication administration
- Use of internet as a Clinical Resource – clinical guidelines, medication information.

- Use of telephone to contact Clinical Coordinator

**Inappropriate use of electronic devices during clinical placement will result in dismissal from placement for that day and the clinical coordinator / university will be contacted and may lead to failure for that Unit.**

**ANMAC link- <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/codes-guidelines/social-media-guidance.aspx>**

### **2.3.7 Scope of Practice**

Students must only perform skills that have been taught within their current program. Regardless of skill and confidence level, students must seek direct supervision for all care provided. Please see Appendices for an outline of the scope of practice for each discipline.

### **2.3.8 Infection Control**

Students need to be familiar and comply with the Australian Commission on Safety and Quality in Healthcare Guideline for the Prevention and Control of Infection in Healthcare 2019, University guidelines and follow the instructions set out by the Chief Medical Officer at all times. When attending to patients / clients care students are required to follow the guidelines of Aseptic Non-Touch Technique (ANTT). Clinical venues may require students to provide a current hand hygiene certificate and evidence of compliance to infection control education and training, for example COVID-19 infection control training, Australian Government.

### **2.3.9 Manual Handling**

Students are responsible for ensuring competency and compliance with safe manual handling techniques and manual handling equipment while on clinical placement.

### **2.3.10 Documentation**

Students must comply with health agency policies and standards for documentation of patient / client care. All care provided by students must be documented and countersigned by a clinical educator / supervisor.

### **2.3.11 Injuries Whilst on Placement**

In the event of an incident/ injury whilst on clinical placement, please complete the Federation University [Occupational Health and Safety Injury Report form](#), in conjunction with the Clinical Educator. Please email the completed form to your relevant campus Clinical Coordinator for further guidance.

### 2.3.11 Summary

#### Students will not:

##### **Act outside Federation University guidelines**

- ✧ *Swap* their placement with other students
- ✧ *Attend* a placement without the knowledge and consent of the course coordinator and WIL, if they have been advised by the University that the placement has been cancelled
- ✧ *Make public comment* on behalf of a Institute or the University without the written authorisation of the Executive Dean (Institute of Health and Wellbeing). This does not include circumstances in which the student is required to provide evidence in a court of law or is otherwise legally obliged or authorised by law.
- ✧ *Remove or misuse* any resources from either the University or placement facility.

##### **Be Unprofessional**

- ✧ *Act* outside the professional codes of conduct and scope of practice as defined by AHPRA
- ✧ *Undertake* patient/client care without being supervised by a registered health care professional.
- ✧ *Participate* in any activities that misrepresent their status or level of skill or knowledge.
- ✧ *Work outside* their scope of practice.
- ✧ *Take part* in behaviours that may cause injury to others.
- ✧ *Be involved* in any conduct or behaviour that could be reasonably interpreted as harassment, discriminatory, offensive or embarrassing to others.
- ✧ *Take part* in any relationship in which there is any potential for taking advantage of the trust relationship inherent in the health or human service professional. Consent by the patient/client or the fact that they started the conduct or behaviour is not a defence.

## **SECTION 3: CLINICAL PLACEMENT / Work Integrated Learning (WIL)**

### **3.1 Clinical Supervision**

There are a number of models of clinical supervision: clinical educators (these can be employed by the



hospital / venue or the university), facilitators, preceptors and clinical supervisors. All have similar roles, to provide support and supervision for students while on clinical placement.

Responsibilities of a clinical educator / supervisor include negotiating with hospital / venue staff to ensure that you are allocated a workload aligns with your progress and level of competence within the Course and enables you to meet relevant Unit objectives. The clinical educator / supervisor may have a group of students to supervise at any one time and or you may be allocated to work with another supervisor or preceptor. The clinical educator / supervisor will oversee your placement and may provide debriefings and work with you individually throughout the Unit of the placement. Your clinical educator / supervisor will liaise with the clinical staff in relation to your progress on clinical placement. They are also responsible for assessing your progress and completing the student clinical assessment tools specific for your discipline at the completion of placement.

### **3.2 Assessment of Clinical Performance**

Students are required to meet the Professional Standards for Practice for your discipline during your clinical placement which form the basis of the assessment tool. Clinical Educators/Supervisors will assess student progress and will complete the assessment tool, at the end of the placement, and will determine a satisfactory or unsatisfactory grade. However, ultimately the final grade for your clinical placement, overall decisions regarding student progression in the Course is the responsibility of your clinical Coordinator, Unit coordinator and Federation University.

Prior to commencement of clinical placement, students are required to complete learning objectives appropriate for their placement, noting the assessment requirements to successfully complete the Unit.

### **3.3 Problems arising during Clinical Placement**

Should students experience any problems during clinical placement, the following supports are available:

Please contact the following if the problem is related to:

- The clinical placement - the Clinical Coordinator at your campus
- The Unit content - the Unit Coordinator at your campus
- The Course - the BN Course Coordinator at your campus

### **3.4 Performance Management**

Health services have the right to request for the Clinical Coordinator to intervene where a student is not performing at the expected level.

Examples may include:

- Language barrier,
- Knowledge deficit,

- Poor time management,
- Unprofessional conduct
- Failure to convert theory to practice

In such circumstances, a clinical support agreement maybe recommended to set specific learning/performance objectives to ensure that the student is provided with every opportunity to demonstrate competence.

Please refer to the Appendices of this document for the guidelines for a Clinical Support Agreement and template.

### **3.5 Summary**

**The Facilitator and/or Preceptor, RN or Clinical Nurse Educator (Placement Supervisor) will:**

#### **Demonstrate professional behaviour**

- ✧ *Act* as a role model introducing students to acceptable professional behaviour.
- ✧ *Maintain* standards of professional practice.
- ✧ *Abide* by relevant Codes of Professional Conduct.
- ✧ *Ensure* students are made aware of legislative, health and safety, security, workplace confidentiality and privacy conditions and any other workplace policies and procedures related to their placements.

### Provide Clinical Support

- ✧ *Arrange* for and obtain patient/client's consent for students to provide health or human services to them and to have access to their records. Consent may be freely withheld.
- ✧ *Ensure* that students who have access to patients/clients are competent to perform their allotted tasks and that they conduct themselves in a safe and professional manner.
- ✧ *Contact* the NUM or the course coordinator if there are clinical or professional issues that they are concerned about
- ✧ *Contact* the NUM or the course coordinator if the student is not willing or committed to the work required
- ✧ *Ensure* that all assessment documentation is completed and correctly signed on time
- ✧ *Adopt* the role of helper and facilitator of learning and provide a variety of learning experiences in keeping with the needs of the placement.
- ✧ *Provide* a positive learning environment. This includes reinforcement of orientation to various settings, including individual patient/clients, briefing and debriefing the students.

### Provide Learning Support

- ✧ *Understand* the University's requirements of placements as laid out in documents and information
- ✧ *Actively join* in the learning process with the student and take responsibility for supporting learning
- ✧ *Discuss* clinical objectives and expected learning outcomes with the student early in the placement
- ✧ *Arrange* a plan with the student for signing of clinical assessment documents
- ✧ *Arrange* regular and sufficient meetings with the student to discuss goals, progress and/or difficulties.
- ✧ *Regularly clarify* what is expected with the student and make adequate observations of their work. Provide ongoing verbal and written feedback, to ensure continuous learning progress throughout the placement.
- ✧ *Provide* constructive feedback to the student on all aspects of their performance
- ✧ *Report* on student progress/undertake assessment using documentation provided and notify NUM and Unit examiner immediately if the student is having difficulties meeting the objectives.
- ✧ *Provide* feedback to the University about placements that could improve the learning Course in the long term.

## APPENDICES

1. Clinical Support Agreement
2. Related University Policies
3. Bachelor of Nursing clinical skills list
4. Clinical placement attendance record
5. ANSAT Assessment Tool
6. ANSAT Formative Interim report
7. ANSAT Summative Final report
8. ANSAT Behavioural Cues – guide

## 1. Clinical Support Agreement

The Clinical Support Agreement (CSA) has been prepared for use with students studying in the Institute of Health and Wellbeing. When the clinical educator / supervisor becomes aware that there is a problem with an individual student, the clinical educator/ supervisor must contact Clinical coordinator in the Institute of Health and Wellbeing. Ideally this should occur by the end of the student's first week of placement or as soon as an issue has been identified. A Clinical Support Agreement is to be implemented after consultation with the University coordinator and after all steps of the "Clinical Placement Flowchart" have been followed.

The following guidelines are used when areas of student responsibility are not fulfilled. This can be where a performance concern has been identified or where a student is unfit or unprofessional. Initial communication with the student and university representative is very important. The flowchart below is to assist in addressing concerns and providing support and guidance to the student and the facility.

These charts act as a guide for student management issues however each concern is managed independently based on what is required. For concerns that are serious a more complex decision guide is used. This needs to be conducted with the University and Health Facility collaboratively.

### Setting Learning Objectives

The following guidelines are designed to direct the clinical educator/supervisor and student through the process of setting SMART learning objectives for the educational management of students who may be unsafe, not meeting their clinical objectives, or who in some way are at risk of failing their clinical placement experience.

After consultation with the Unit coordinator/ clinical coordinator, the clinical educator/supervisor must then discuss their documented concerns with the student in a confidential meeting. A Clinical Support Agreement will then be devised with the student and will be completed within a specified and reasonable time frame.

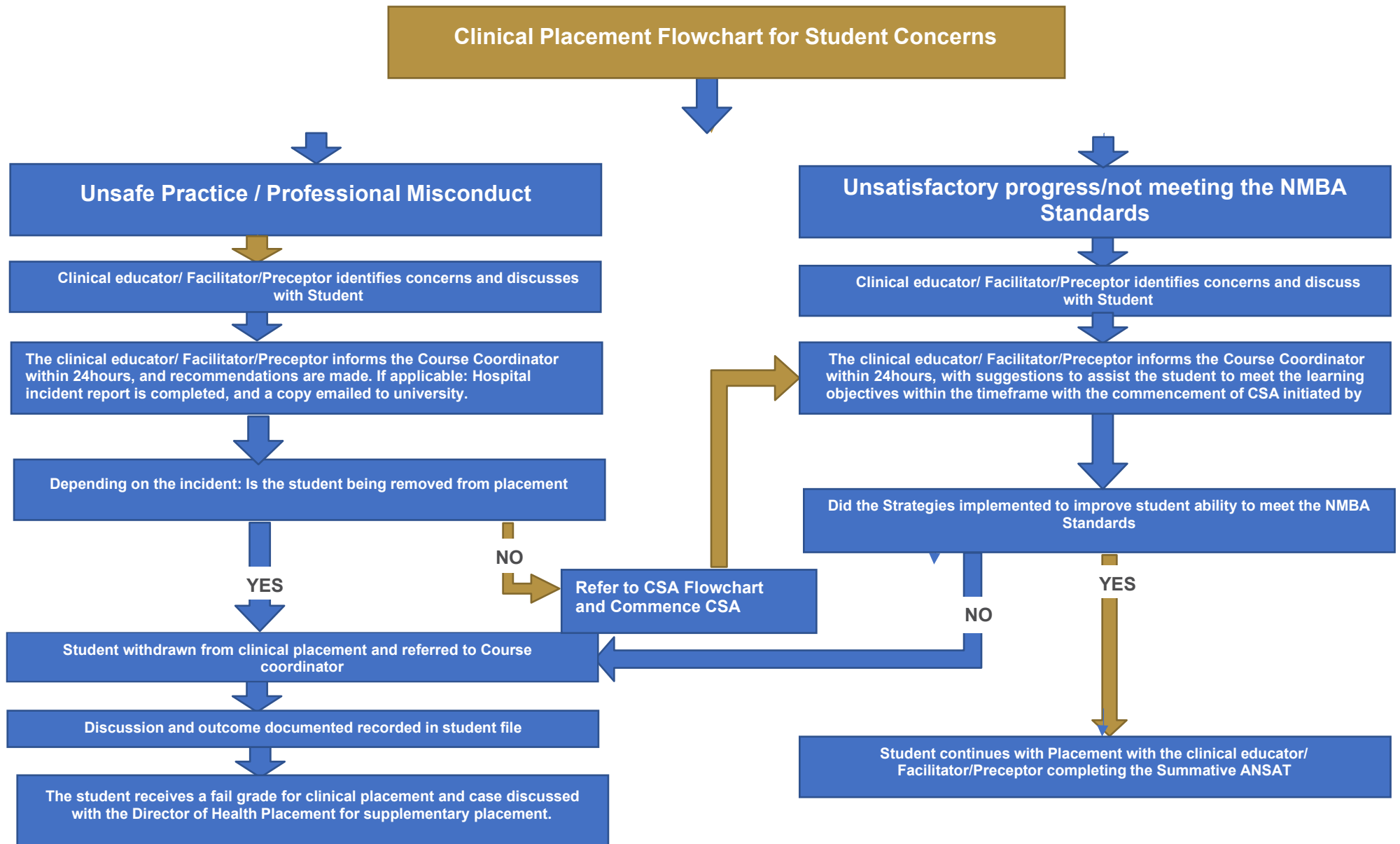
### Student Role in the Clinical Support Agreement Process

The student is required to sign and date the Clinical Support Agreement prior to commencement and to demonstrate their understanding and agreement to the implementation of the CSA with the clinical educator/supervisor. The objectives are to be shared with the student's preceptor if necessary. The student and educator are to keep a copy of the CSA and a copy is also provided to the University. The student will then be allocated an appropriate patient/client load (dependent upon the acuity/ treatment of the patients/client and year level of the student) to achieve the objectives and learning deficits of the CSA within a specified time frame.

During the CSA, the student is expected to demonstrate knowledge of their patients/clients, including relevant interventions diagnosis, diagnostic procedures and or pharmacology management. The student is expected to be able to interpret the significance of relevant pathology, vital signs and other tests and investigations relevant to their scope of practice and in doing so, relate theory to practice. The student is expected to demonstrate prioritisation of care and display management of their time throughout the challenge. At all times, the student is to be engaged and monitored during this process and every opportunity provided to the student to engage with any aspect of the agreed CSA .

If the student continues to demonstrate an inability to meet the specified learning objectives in the Clinical Support Agreement, the clinical educator/supervisor must notify the Unit coordinator/clinical coordinator immediately for further discussion and action.

### Clinical Placement Flowchart for Student Concerns



## **Institute of Health and Wellbeing – Clinical Support Agreement**

This Clinical Support Agreement has been prepared for use with students studying the Bachelor of Nursing, based on the NMBA Registered Nurse Standards for Practice and the learning objectives outlined within the ANSAT Assessment Tool.

### **Clinical Support Agreement Guidelines**

When the Clinical Educator or preceptor becomes aware that there is a problem with an individual student you must contact the Clinical Coordinator. Ideally this should occur by the end of the students first week of placement or as soon as an issue has been identified.

A Clinical Support Agreement is to be implemented after consultation with the University Clinical Coordinator and after all steps of the “Clinical Placement Flowchart for Students of Concern” have been followed.

The following guidelines are designed to direct the Clinical Educator and student through the process of setting learning objectives for the educational management of students who may be unsafe, not meeting their clinical objectives, or who in some way are at risk of failing their clinical placement experience.

After consultation with the Clinical Coordinator the Clinical Educator must then discuss their documented concerns with the individual student in a confidential meeting. A Clinical Support Contract will then be devised with the student and will be completed within a specified and reasonable time frame.

- **The Clinical Support Agreement which will be agreed to in consultation with the student will formally identify the following**  
The unsatisfactory level of performance related to the ANMC competency criteria in the Clinical performance report;
- Learning objectives based on the domain(s) of the competency criteria to be met within a specified time frame in order to PASS the clinical challenge;
- Strategies identified to support the student in achieving the objectives; and
- Clear identification of whether the identified learning objectives were achieved in the stipulated time frame.

The student is required to sign and date the clinical support contract prior to commencement and to demonstrate their understanding and agreement to the implementation of the contract with the Clinical Educator. The objectives of the contract are to be shared with the students’ preceptor. The student and educator are to keep a copy of the contract and a copy is also provided to the unit and clinical coordinator.

The student will then be allocated an appropriate patient load (dependent upon the acuity of the patients and year level of student) to achieve the objectives and learning deficits of the clinical challenge within a specified time frame.



During the clinical support agreement the student is expected to demonstrate knowledge of their patients including relevant nursing interventions, diagnostic procedures, and pharmacology management. The student is expected to be able to interpret the significance of relevant pathology, vital signs and other tests and investigations relevant to their scope of practice and in doing so relate theory to practice. The student is expected to demonstrate prioritization of care and display management of their time throughout the challenge.

If the student continues to demonstrate inability to meet the specified learning objectives in the clinical support agreement, the Clinical Educator must notify the Clinical Coordinator ASAP for further discussion and action.

At all times the student is to be engaged and monitored during this process and every opportunity provided to the student to engage with any aspect of the agreed clinical support agreement.

**Federation University Bachelor of Nursing Student Clinical Support Contract**

**Student Name:**

**Student Number:**

**Date:**

**Clinical Unit:**

**Health Facility:**

**Clinical Nurse Educator Name:**

**Clinical Coordinator:**

<u>NMBA Registered Nurse Standards for Practice</u>	<u>Specific Learning Objectives and Achievements</u>
<ol style="list-style-type: none"> <li>1. <b>Thinks critically and analyses nursing practice</b></li> <li>2. <b>Engages in therapeutic and professional relationships</b></li> <li>3. <b>Maintains the capability for practice</b></li> <li>4. <b>Comprehensively conducts assessments</b></li> <li>5. <b>Develops a plan for nursing practice</b></li> <li>6. <b>Provides safe, appropriate and responsive quality nursing practice</b></li> <li>7. <b>Evaluates outcomes to inform nursing practice.</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Thinks critically and analyses nursing practice:</b> Use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks</li> <li>2. <b><i>Engages in Therapeutic and Professional Relationships:</i></b> Practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.</li> <li>3. <b><i>Maintains capability for practice</i></b> As regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about other health professionals' capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.</li> <li>4. <b><i>Comprehensively conducts assessments:</i></b> Accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.</li> </ol>

5. ***Develops a plan for practice***

Responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the RNs appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

6. ***Provides safe, appropriate and responsive quality nursing practice***

provide and may delegate, quality and ethical goal directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

7. ***Evaluates outcomes to inform nursing practice***

take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly

<p><b>Identified Concerns with Clinical Performance</b></p> <p><b>Knowledge Deficit</b> (Standard 1, 3, 4, 5, 6 &amp; 7)</p> <p><b>Time Management</b> (Standard 4, 5, 6 &amp; 7)</p> <p><b>Professionalism</b> (Standard 2, 3, 6 &amp; 7)</p> <p><b>Performance</b> (Standard 1, 2, 3, 4, 5, 6 &amp; 7)</p>	<p><b>Clinical Coach/Clinical Facilitator/Preceptor Comments</b></p>
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<p><b>Action plan</b></p> <p><b>Knowledge Deficit</b></p> <p><b>Time Management</b></p> <p><b>Communication</b></p> <p><b>Professionalism</b></p> <p><b>Performance</b></p>	<p><b>Timeframe for Improvement</b></p> <p><b>Contact the Unit Coordinator/Clinical Coordinator at any point in time.</b></p>
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<p><b>Defined criteria for successful achievement</b></p> <p>The student is required to meet the objectives as outlined within the action plan. The student is expected to demonstrate appropriate skills and knowledge relevant to their level of study and scope of practice.</p>	<p><b>Clinical Nurse Educator Comments</b></p>
<p><b>Follow up/Evaluation meeting dates and times</b></p>	

**The implementation of a learning contract must occur between the Student, Clinical Nurse Educator and Clinical Coordinator collectively.**

This Clinical Support Contract identifies:

- an unsatisfactory level of performance related to the ANMC Competency criteria as outlined in the ANSAT
- learning objectives based on the ANSAT criteria to be met within a specified time frame in order to be successful in meeting the terms the clinical support agreement
- Strategies identified to support the student in achieving the objectives outlined within the Action Plan
- Clear identification of whether objectives were achieved in the stipulated time frame as part of the final evaluation

▪ **I have read, understood and agree to the conditions of the Clinical Support Contract**

Name/Dates	Implementation	Initial Review	Final Evaluation
<b>Student Name (Print):</b>	Signed/dated	Signed/dated	Signed/dated
<b>Clinical Nurse Educator Name &amp; Designation (Print)</b>	Signed/dated	Signed/dated	Signed/dated  <b>Successful</b> <input type="checkbox"/> <b>Unsuccessful</b> <input type="checkbox"/>
<b>Clinical Coordinator Name &amp; Designation (Print)</b>	Signed/dated	Signed/dated	Signed/dated

Please ensure signed copies of the completed Clinical Support Contract are provided and forwarded directly to the Student and Clinical Coordinator

## **2. Related Policies**

[Student Code of Conduct Policy](#)

[Academic Integrity Policy](#)

[Harassment and Discrimination Complaint Resolution for Students Policy and Procedure](#)

[Student Complaint and Appeal Policy](#)

[Work Health and Safety](#)

[Injury Notification Procedure](#)

[Compassionate and Compelling Circumstances Policy](#)

[NMBA Professional Codes, Standards & Guidelines](#)

[Australian Nursing Standards Assessment Tool \(ANSAT\)](#)

### 3. Bachelor of Nursing Clinical Skills

#### **First Year Clinical Skills**

##### **Semester 1 – includes the following**

- Infection control principles and hand hygiene
- Bed making – occupied and unoccupied & assessment of the clinical environment, Hospital waste management.
- Documentation & clinical handover- written (documentation template) & verbal – Introduction, Situation, Background, Assessment, Recommendation (ISBAR).
- The Nursing Process – History taking/Health interview
- Physical Assessment Techniques – History, Inspection, Palpation, Percussion & Auscultation (HIPPA). Primary Assessment -Danger, Response, Airway, Breathing, Circulation & Disability (DRABC).
- Vital sign measurements (TPR, SaO<sub>2</sub>, BP), Level of consciousness – Alert, Respond to Voice, Responds to Pain, Unconscious (AVPU), use and documentation of clinical findings on the Adult Deterioration Detection System (ADDS) chart.
- Basic Life Support theory and practical skills introduction based on Danger, Response, Airway, Breathing, Circulation (DRABC).
- Nutritional Assessment. Assisting patients/residents with nutrition. Nutritional requirements across the lifespan. Anthropometric measurements; height, weight, body mass-index (BMI). Fluid Balance Charts (FBC) documentation and practical application.
- Assisting with hygiene needs and activities of daily living for the dependent patient. Instruction on; Bed sponge technique; showering, perineal hygiene, mouth, eyes & skin care needs.
- Multi skill lab incorporating Week 1-11 skills to enable practice, revision and consolidate the learning of skills from the semester period.

##### **Semester 2- Includes the following skills and those completed in the previous semester**

- Introduction to safe patient handling techniques, manual handling & positioning of patients (use of slide sheets, patient hoists & mobility aids), assisting with mobility & range of movement. Falls Risk Assessment.
- Wound management – aseptic non-touch technique (ANTT) – simple wound dressings, pressure sore risk assessment screening – Braden scale.
- Neurological Assessment - Glasgow Coma Scale (GCS) & Blood Glucose Level (BGL) Measurement.
- Respiratory Assessment- assessment of the thorax using; inspection, palpation, percussion and auscultation (IPPA). Normal lung sound review. Oropharyngeal suction techniques. Oxygen administration via face-mask & nasal prong therapy.
- Cardiovascular Assessment – assessment using; using; inspection, palpation, percussion and auscultation (IPPA). Method and basic lead for cardiac monitoring.
- Abdominal Assessment – abdominal assessment using; using; inspection, palpation, percussion and auscultation (IPPA). Normal bowel sound review. Method of administration for enemas and suppositories. Faecal specimen collection process.
- Urine Assessment; urinalysis – full ward test (FWT), Midstream specimen of urine (MSU), Catheter specimen urine (CSU). Indwelling catheter (IDC) care.
- Preparing the deceased body – end-of-life care principles.
- Correct documentation and the use of drug charts. The five rights for drug administration. Procedure for oral, topical & drop medication administration.
- Achievement of learning outcomes and graduate capabilities.
- Mask fit testing certification



## **Second Year Clinical Skills**

### **Semester 1 - Includes the following skills and those completed in first year**

- Basic life support (BLS) – airway management & oxygen delivery using bag & mask (air viva), safety principles and use of Automated External Defibrillator (AED). Management of patient in simulated BLS scenarios.
- Professional handover and application of communication principles using -Introduction, Situation, Background, Assessment, Recommendation (ISBAR).
- Identification of common clinical indicators and method for instigating a Medical Emergency Team (MET) call, clinical documentation and early patient management strategies.
- Performing an advanced cardiovascular assessment. Nursing management of chest pain. Performing a 12 lead ECG and interpretation of basic cardiac rhythms.
- Preparing, calculating and performing - intramuscular & subcutaneous injections
- Preparation, calculating and administration of intravenous antibiotics.
- Preparing, calculating and administration of intravenous fluids.
- Performing an advanced respiratory assessment and basic chest x-ray interpretation.
- Patient application and use of various oxygen delivery devices based on flow and % of oxygen delivery.
- Performing basic airway clearance suction via yankeur and catheter suction.
- Managing fluid balance charts and understanding fluid summaries (significance of input/output).
- Performing a neurological assessment
- Performing a neurovascular assessment
- Care of the person with a musculoskeletal immobilisation devices (Plaster of Paris, Internal and External Fixation & Traction).
- Insertion and care of the person with a Nasogastric Tube and Percutaneous Endoscopic Gastronomy (PEG) tube inclusive of administration of nutrition and medications.
- Nursing colostomy care for patients.

### **Semester 2 - Includes the following skills and those completed in the previous semesters**

- Care of the surgical patient including removal of sutures, surgical staples and surgical drain tubes. Application of the aseptic non-touch technique (ANTT) and complex dressings. Use of sterile gloves.
- Management of diabetic emergencies (hyperglycaemia and hypoglycaemia) and insulin infusions.
- Performing venepuncture.
- Insertion of an indwelling urinary catheter (IDC) for both male & female patients.
- Care of the person requiring continuous bladder washout.
- Performing a bladder scan.
- Introduction to central venous access devices management (central lines, PICCs) – accessing, administration of medications, fluids, drawing of blood and dressing changes.
- Cytotoxic, standard contact precautions.
- Administration and care of the person with a blood transfusion.
- Mental health status examination & risk assessment
- Preparation of person-centred mental health recovery plan
- Achievement of learning outcomes and graduate capabilities.

## **Third Year Clinical Skills**

**Includes the following skills and first and second year skills.**

- Basic Life Support application to more complex clinical scenarios. Introduction to Advanced Life Support therapy - drawing up and bolus IV injection medication administration, defibrillation and safety principles. Documentation of MET/Code Blue activity. Application of Introduction, Situation, Background, Assessment, Recommendation (ISBAR) handover to the clinically deteriorating patient. Application of chest-pain nursing management principles to clinical scenarios.
- Airway management and oxygen therapy. Insertion of oral airway, suctioning via oral airway, Tracheostomy care & suctioning, Preparation for adult intubation. High-flow oxygen therapy devices and nebuliser use for the hypoxic patient. Underwater sealed drainage.
- Equipment and patient preparation for IV cannulation. IV medication administration for patients on continuous infusions, reconstitution of antibiotic therapy. Care of patients on Patient Controlled Analgesic (PCA) infusions. Care of patients on Narcotic Infusions. Epidural assessment and patient care principles, methods of bolus medication administration, documentation.
- Basic Electrocardiograph (ECG) rhythm interpretation and application to more complex clinical scenarios.
- Spinal immobilisation care and patient management strategies (application of hard and soft collars, log rolling technique).
- Introduction to haemodynamic monitoring- arterial (ART) lines and central venous catheter (CVC) lines. Care of, set up and readings, dressing changes for CVC/Peripherally Inserted Central Catheter (PICC). Medication administration techniques for a CVC. Introduction to total parenteral nutrition (TPN) therapy and process for administration including line and bag changes.
- Health assessment, planning person-centred nursing care, implementing and evaluating professional nursing care, appropriate documentation and follow-up. Managing care, supervising and delegating nursing care. Achievement of learning outcomes and graduate capabilities.

\*Third year clinical practicum involves consolidation of all skills taught throughout the nursing Course and practical application of critical thinking and assessment processes based on the NMBA RN Standards for Practice (2016).

## 4. Learning Objectives for Clinical Units

### **FIRST YEAR: NURBN 1017**

#### **Learning**

#### **Outcomes**

#### **Knowledge**

- K1. Demonstrate the relationship between a comprehensive systematic nursing physical, psychosocial mental wellbeing assessment and effective, safe, person-centred nursing clinical judgement and management
- K2. Develop a beginning level understanding of the purpose and application of nursing care plans
- K3. Demonstrate the role of critical reflective practice in nursing
- K4. Explore delirium, dementia & depression in the aged population
- K5. Develop and assess nursing graduate attributes and Standards of Practice allocated to this Unit

#### **Skills**

- S1. Demonstrate a capacity for beginning level clinical-reasoning skills in the provision of a lifespan appropriate, holistic, person-centred comprehensive assessment
- S2. Employ critical and clinical decision-making skills in planning, implementing and evaluating evidence based nursing interventions, to promote the health of patients/clients
- S3. Demonstrate application, at a beginning level, of the theoretical principles and psychomotor techniques for physical assessment, documentation and communication skills

#### **Application of knowledge and skills**

- A1. Integrate theory to practice by applying knowledge from biomedical and psychosocial sciences in the provision of quality care across a range of clinical settings and clients
- A2. Utilise therapeutic communication and interaction principles in the assessment and care of patients/clients
- A3. Practice in accordance with the NMBA Registered Nurse Standards of Practice (2016); and other relevant legal professional standards requirements and Clinical care standards of National Safety Aged care Quality Standards and Quality Health Service (NSQHS) Standards (2017)

## **SECOND YEAR: NURBN 2022**

### **Learning**

#### **Outcomes**

### **Knowledge**

- K1. Analyse and identify nursing care needs for patients/clients/residents across the lifespan related to alterations in health priority areas via a person-centred care approach
- K2. Explore the role of the nurse in health care settings related to the Registered Nurse Standards for Practice (2016), and identify the elements of safe and effective nursing practice
- K3. Identify needs of patients/clients/residents in relation to specific requirements to promote health wellbeing, such as discharge planning, advocacy, and health education
- K4. Critically analyse and explain the significance of evidence-based practice in relation to areas of clinical skills development

### **Skills**

- S1. Analyse a range of clinical skills essential for nursing practice and demonstrate competency in identified clinical skills
- S2. Analyse and explain the legal requirements of nursing practice including administration of medication and documentation requirements
- S3. Analyse and explain the importance of establishing and maintaining a therapeutic relationship
- S4. Investigate and explain inter-professional communication techniques to assist with the transfer of necessary information between healthcare professionals

### **Application of knowledge and skills**

- A1. Demonstrate knowledge and skills gained in relation to assessment skills in clinical settings
- A2. Demonstrate knowledge and clinical reasoning to effectively plan, deliver and evaluate nursing care in a variety of clinical settings
- A3. Apply nursing process to delirium care
- A4. Document nursing care, applying knowledge and skills gained in clinical settings
- A5. Apply and assess nursing graduate attributes and Standards of Practice allocated to this Unit

## **SECOND YEAR: NURBN 2024 (MENTAL HEALTH)**

### **Learning**

#### **Outcomes**

### **Knowledge**

- K1. Discuss the concepts of mental health and contemporary mental health nursing practice with a lifespan, inclusive and recovery-focussed approach to mental health care
- K2. Describe a range of mental disorders including, but not limited to, mood disorders, psychotic disorders, personality disorders, anxiety disorders, with associated behavioural interventions (including medications), across the lifespan
- K3. Examine the principles of recovery-focussed care in contemporary mental health services with respect to the new Mental Health Act, Vic (2014) and explore the importance of client and family participation and self-determination as a perspective of the recovery paradigm

### **Skills**

- S1. Promote positive images and challenge discriminatory stereotypes of people with mental illness by demonstrating the ability to practice in a way that acknowledges the dignity, culture, values, belief and rights of individuals and groups; (NSQHS Standards: Aged care Quality Standards)
- S2. Communicate effectively with people who are experiencing disturbances of thoughts, feelings and behaviour, and demonstrate cultural sensitivity and safety in mental health practice
- S3. Integrate mental health concepts into the nursing assessment, including conducting a mental health status examination through a comprehensive and systematic nursing assessment
- S4. Develop beginning practice skills of therapeutic communication to clients with mental illnesses

### **Application of knowledge and skills**

- A1. Use a recovery-based approach to assess, plan, implement, evaluate, accurately document and communicate evidence-based nursing care for the client with a mental illness
- A2. Demonstrate a fundamental knowledge of the Mental Health Act, Vic (2014) and the roles and functions of the members of the mental health workforce encompassing cultural, spiritual, social, biological and psychological features of illness and health.

## **SECOND YEAR: NURBN 2026**

### **Learning**

#### **Outcomes**

### **Knowledge**

K1. Analyse and identify nursing care needs for patients/clients/residents across the lifespan, related to acute and subacute alterations in health status, including acute exacerbations of chronic conditions

K2. Critically examine and explain the role of the nurse in acute health care settings, related to registered nurse responsibilities, accountability for nursing practice, and the development of safe and effective nursing practice across the lifespan

K3. Analyse and explain needs of patients/clients/residents in relation to specific requirements to promote health wellbeing, such as discharge planning, advocacy, and health education

K4. Critically examine the use of evidence-based practice in relation to patient management in acute and subacute care settings

### **Skills**

S1. Further develop a range of clinical skills, essential for contemporary nursing practice, and demonstrate competency of identified clinical skills across the lifespan

S2. Demonstrate an understanding of the legal requirements of nursing practice, including administration of medications and documentation requirements relating to acute and subacute care settings

S3. Demonstrate an understanding of the importance of establishing and maintaining therapeutic communication in meeting the needs of a person with altered health needs in acute and subacute care settings across the lifespan

S4. Examine communication techniques to assist with the transfer of necessary information between healthcare professionals in acute and subacute care settings

### **Application of knowledge and skills**

A1. Apply the knowledge and skills gained in relation to health and mental wellbeing assessment in acute and sub-acute care settings

A2. Apply the knowledge and skills associated with clinical reasoning to effectively plan, deliver and evaluate nursing care in acute and sub-acute care settings

A3. Apply the knowledge and skills associated with clinical reasoning required to develop clinical skills in acute and sub-acute care settings



## **THIRD YEAR: NURBN 3030**

### **Learning Outcomes**

#### **Knowledge**

- K1. Demonstrate in-depth knowledge of a range of complex health problems experienced by patients throughout the lifespan in stages of clinical deterioration; (Aged care Quality Standards, Paediatric Quality Standards)
- K2. Explore and evaluate the clinical application of nursing research and theoretical literature to the care of patients with complex health issues
- K3. Critically analyse the nursing application of diagnostic, therapeutic and preventative techniques associated with caring for a patient with complex health needs in line with National Safety Quality Health Service Standards (especially Standards 8), Aged Care Quality Standards, Paediatric Quality Standards

#### **Skills**

- S1. Undertake a systematic approach to person-centered assessment and plan effective strategies in prioritising and managing patients' needs from the interpretation of the data
- S2. Demonstrate comprehensive, safe, clinical evidence-based practice with consideration of current theoretical knowledge and be able to recognise report and provide timely care to patients whose condition is deteriorating
- S3. Demonstrate collaborative and therapeutic practice as part of the multidisciplinary team in the provision of quality patient care and employ clinical and critical decision-making skills to identify, analyse and resolve problems in various environments

#### **Application of knowledge and skills**

- A1. Develop and implement holistic person-centred health-care plans for patient deteriorating states and critical health situations that developed in partnership with peers and members of multi-disciplinary team
- A2. Utilise therapeutic communication and interaction principles in the assessment and care of acutely ill patients and their carers
- A3. Practice in accordance with NMBA Registered Nurse Practice Standards (2016), NMBA code of ethics (2018), and NMBA code of conduct for Registered Nurses (2018)

## **THIRD YEAR: NURBN3034**

### **Learning Outcomes**

- K1. Recognise through self-reflection areas of personal and professional growth that are open to development in order to achieve the NMBA Registered Nurse Standards for Practice (2016)
- K2. Summarise the concept of globalisation of healthcare and how it impacts upon nursing and to the provision of safe and quality nursing care to diverse vulnerable populations including but not limited to those: of younger or older age, physical or mentally impaired, from various cultural and minority groups
- K3. Evaluate the diverse roles of the professional nurse whilst practising within the NMBA professional boundary, code of ethics for nurses (2018) and code of conduct (2018) to achieve the Registered Nurse Standards for Practice (2016)
- K4. Further, explore delirium, dementia & depression in the aged population (Aged care Quality Standards)
- K5. Recognise and manage child sexual abuse/domestic violence and mandatory reporting in multicultural Australian society.

### **Skills**

- S1. Practice in accordance with the expectations of the NMBA Registered Nurse Standards for Practice (2016) at the level of a beginning practitioner
- S2. Demonstrate the way in which the NMBA Registered Nurse Standards for Practice (2016) can be used as a framework for safe, quality person-centred nursing care in a range of diverse clinical settings with a diverse population across the life span
- S3. Relate contemporary professional nursing practice of vulnerable populations in diverse contexts
- S4. Demonstrate consolidation of cultural safety and patient safety in evidence-based nursing practice in an inter-professional healthcare team

### **Application of knowledge and skills**

- A1. Apply the NMBA Registered Nurse Standards for Practice (2016) to the provision of evidence-based, multicultural person-centred care in a diverse clinical setting
- A2. Apply the theoretical and clinical skills knowledge obtained across the Course to undertake a comprehensive person-centred assessment in a diverse clinical setting at the level of an advanced beginner
- A3. Apply advanced assessment, nursing care management and evaluation of person-centred care in diverse settings and enhance inter-professional learning and practice
- A4. Consolidate and assess nursing graduate attributes and Practice Standards.



## 4. Clinical Placement Attendance Record

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Unit Code: \_\_\_\_\_ Clinical Venue: \_\_\_\_\_

Student to complete these sections				Preceptor name & signature
Date	Start time	Finish time	Hours attended	
<b>Week 1</b>				
<b>Week 2</b>				
<b>Week 3</b>				
<b>Week 4</b>				
<b>Week 5</b>				

Week 6				
<b>Total hours completed</b>				

## 5. ANSAT Australian Nursing Standards Assessment Tool

The ANSAT assessment tool is to be used by students as a record of your progression while on placement. There are two documents, the first is the formative or interim report, this is used at the midway point of the placement and should identify areas which need to be improved and highlight ways in which a student is forming well. The Summative report is the final placement report and is completed by the clinical educator / supervisor at the completion of the placement. Both the Formative and Summative reports then need to be uploaded into InPlace and students should also retain a copy for their own records. The behavioural cues document provides examples of the seven domains in which a student needs to achieve in order to successfully complete each placement these include:

1. Thinks critically and analyses nursing practice
2. Engages in therapeutic and professional relationships
3. Maintains the capability for practice
4. Comprehensively conducts assessments
5. Develops a plan for nursing practice
6. Provides safe, appropriate and responsive quality nursing practice
7. Evaluates outcomes to inform nursing practice

## ANSAT Formative Interim report

Student Name:		Student ID:	
Unit Name / Code:		Year Level:	
Clinical Setting / Ward:		Placement Dates:	
Assessment type / date:	Formative	Student Email:	

**Code:** 1 = Expected behaviours and practices not performed  
 2 = Expected behaviours and practices performed below the acceptable/satisfactory standard  
 3 = Expected behaviours and practices performed at a satisfactory/pass standard  
 4 = Expected behaviours and practices performed at a proficient standard  
 5 = Expected behaviours and practices performed at an excellent standard  
 N/A = not assessed

**\*\*Note:** a rating 1 &/or 2 indicates that the STANDARD has NOT been achieved

Assessment item	Circle one number								
<b>1. Thinks critically and analyses nursing practice</b>									
• Complies and practices according to relevant legislation and local policy	1	2	3	4	5	N/A			
• Uses an ethical framework to guide decision making and practice	1	2	3	4	5	N/A			
• Demonstrates respect for individual and cultural (including Aboriginal and Torres Strait Islander) preference and differences	1	2	3	4	5	N/A			
• Sources and critically evaluates relevant literature and research evidence to deliver quality practice	1	2	3	4	5	N/A			
• Maintains the use of clear and accurate documentation	1	2	3	4	5	N/A			
<b>2. Engages in therapeutic and professional relationships</b>									
• Communicates effectively to maintain personal and professional boundaries	1	2	3	4	5	N/A			
• Collaborates with the health care team and others to share knowledge that promotes person-centred care	1	2	3	4	5	N/A			
• Participates as an active member of the healthcare team to achieve optimum health outcomes	1	2	3	4	5	N/A			
• Demonstrates respect for a person's rights and wishes and advocates on their behalf	1	2	3	4	5	N/A			
<b>3. Maintains the capability for practice</b>									
• Demonstrates commitment to life-long learning of self and others	1	2	3	4	5	N/A			
• Reflects on practice and responds to feedback for continuing professional development	1	2	3	4	5	N/A			
• Demonstrates skills in health education to enable people to make decisions and take action about their health	1	2	3	4	5	N/A			
• Recognises and responds appropriately when own or other's capability for practice is impaired	1	2	3	4	5	N/A			
• Demonstrates accountability for decisions and actions appropriate to their role	1	2	3	4	5	N/A			
<b>4. Comprehensively conducts assessments</b>									
• Completes comprehensive and systematic assessments using appropriate and available sources	1	2	3	4	5	N/A			
• Accurately analyses and interprets assessment data to inform practices	1	2	3	4	5	N/A			
<b>5. Develops a plan for nursing practice</b>									
• Collaboratively constructs a plan informed by the patient/client assessment	1	2	3	4	5	N/A			
• Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes	1	2	3	4	5	N/A			
<b>6. Provides safe, appropriate and responsive quality nursing practice</b>									
• Delivers safe and effective care within their scope of practice to meet outcomes	1	2	3	4	5	N/A			
• Provides effective supervision and delegates care safely within their role and scope of practice	1	2	3	4	5	N/A			
• Recognise and responds to practice that may be below expected organisational, legal or regulatory standards	1	2	3	4	5	N/A			
<b>7. Evaluates outcomes to inform nursing practice</b>									
• Monitors progress toward expected goals and health outcomes	1	2	3	4	5	N/A			
• Modifies plan according to evaluation of goals and outcomes in consultation with the health care team and others	1	2	3	4	5	N/A			
GLOBAL RATING SCALE - In your opinion as an assessor of student performance, <i>relative to their stage of practice</i> , the overall performance of this student in the clinical unit was:									
Unsatisfactory	<input type="checkbox"/>	Limited	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>

DISCUSSED:      YES    NO                      ADDITIONAL PAPERWORK:      YES    NO  
 DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*Complete this section ONLY if this is a summative assessment**

**Passed: YES NO**

**ASSESSOR FEEDBACK:**

1. What is the student doing well and how can this be sustained?

2. What can be improved and how will this be achieved?

3. Plans for learning and timeframes for achievement (add more pages if more space is required).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT COMMENTS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scoring rules:**

- Circle N/A (not assessed) ONLY if the student has not had an opportunity to demonstrate the behaviour.
- If an item is not assessed, it is not scored and the total ANSAT score is adjusted for the missed item
- Circle **ONLY ONE** number for each item
- If a score falls between numbers on the scale the higher number will be used to calculate a total
- Evaluate the student's performance against the **MINIMUM** practice level expected for their level of education

## ANSAT Summative Final report

Student Name:		Student ID:	
Unit Name / Code:		Year Level:	
Clinical Setting / Ward:		Placement Dates:	
Assessment type / date:	Summative	Student email:	

**Code:** 1 = Expected behaviours and practices not performed  
 2 = Expected behaviours and practices performed below the acceptable/satisfactory standard  
 3 = Expected behaviours and practices performed at a satisfactory/pass standard  
 4 = Expected behaviours and practices performed at a proficient standard  
 5 = Expected behaviours and practices performed at an excellent standard  
 N/A = not assessed

**\*\*Note:** a rating 1 &/or 2 indicates that the STANDARD has NOT been achieved

Assessment item	Circle one number					
<b>1. Thinks critically and analyses nursing practice</b>						
• Complies and practices according to relevant legislation and local policy	1	2	3	4	5	N/A
• Uses an ethical framework to guide decision making and practice	1	2	3	4	5	N/A
• Demonstrates respect for individual and cultural (including Aboriginal and Torres Strait Islander) preference and differences	1	2	3	4	5	N/A
• Sources and critically evaluates relevant literature and research evidence to deliver quality practice	1	2	3	4	5	N/A
• Maintains the use of clear and accurate documentation	1	2	3	4	5	N/A
<b>2. Engages in therapeutic and professional relationships</b>						
• Communicates effectively to maintain personal and professional boundaries	1	2	3	4	5	N/A
• Collaborates with the health care team and others to share knowledge that promotes person-centred care	1	2	3	4	5	N/A
• Participates as an active member of the healthcare team to achieve optimum health outcomes	1	2	3	4	5	N/A
• Demonstrates respect for a person's rights and wishes and advocates on their behalf	1	2	3	4	5	N/A
<b>3. Maintains the capability for practice</b>						
• Demonstrates commitment to life-long learning of self and others	1	2	3	4	5	N/A
• Reflects on practice and responds to feedback for continuing professional development	1	2	3	4	5	N/A
• Demonstrates skills in health education to enable people to make decisions and take action about their health	1	2	3	4	5	N/A
• Recognises and responds appropriately when own or other's capability for practice is impaired	1	2	3	4	5	N/A
• Demonstrates accountability for decisions and actions appropriate to their role	1	2	3	4	5	N/A
<b>4. Comprehensively conducts assessments</b>						
• Completes comprehensive and systematic assessments using appropriate and available sources	1	2	3	4	5	N/A
• Accurately analyses and interprets assessment data to inform practices	1	2	3	4	5	N/A
<b>5. Develops a plan for nursing practice</b>						
• Collaboratively constructs a plan informed by the patient/client assessment	1	2	3	4	5	N/A
• Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes	1	2	3	4	5	N/A
<b>6. Provides safe, appropriate and responsive quality nursing practice</b>						
• Delivers safe and effective care within their scope of practice to meet outcomes	1	2	3	4	5	N/A
• Provides effective supervision and delegates care safely within their role and scope of practice	1	2	3	4	5	N/A
• Recognise and responds to practice that may be below expected organisational, legal or regulatory standards	1	2	3	4	5	N/A
<b>7. Evaluates outcomes to inform nursing practice</b>						
• Monitors progress toward expected goals and health outcomes	1	2	3	4	5	N/A
• Modifies plan according to evaluation of goals and outcomes in consultation with the health care team and others	1	2	3	4	5	N/A

GLOBAL RATING SCALE - In your opinion as an assessor of student performance, *relative to their stage of practice*, the overall performance of this student in the clinical unit was:

Unsatisfactory  Limited  Satisfactory  Good  Excellent

DISCUSSED: YES NO ADDITIONAL PAPERWORK: YES NO

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*complete this section ONLY if this is a summative assessment**  
**Passed: YES NO**

**SUMMATIVE ASSESSOR FEEDBACK:**

1. What has the student done well throughout this placement?

2. What strategies can the student use to advance their learning in future placements?

3. Any further comments?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT COMMENTS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scoring rules:**

- Circle N/A (not assessed) ONLY if the student has not had an opportunity to demonstrate the behaviour
- If an item is not assessed it is not scored and the total ANSAT score is adjusted for the missed item
- Circle ONLY ONE number for each item
- If a score falls between numbers on the scale the higher number will be used to calculate a total
- Evaluate the student's performance against the MINIMUM practice level expected for their level of education

## ANSAT Behavioural Cues – Guide

### ANSAT Behavioural Cues

#### 1. THINKS CRITICALLY AND ANALYSES NURSING PRACTICE

➤ Complies and practices according to relevant legislation and local policy

- Follows policies and procedures of the facility/organisation (e.g. workplace health and safety / infection control policies)
- Maintains patient/client confidentiality
- Arrives fit to work
- Arrives punctually and leaves at agreed time
- Calls appropriate personnel to report intended absence
- Wears an identification badge and identifies self
- Observes uniform/dress code
- Maintains appropriate professional boundaries with patients/clients and carers

➤ Uses an ethical framework to guide their decision making and practice

- Understands and respects patients'/clients' rights
- Allows sufficient time to discuss care provision with patient/clients
- Refers patients/clients to a more senior staff member for consent when appropriate
- Seeks assistance to resolve situations involving moral/ethical conflict
- Applies ethical principles and reasoning in all health care activities

➤ Demonstrates respect for individual and cultural (including Aboriginal & Torres Strait Islander) preference and differences

- Practices sensitively in the cultural context
- Understands and respects individual and cultural diversity
- Involves family/others appropriately to ensure cultural/spiritual needs are met

➤ Sources and critically evaluates relevant literature and research evidence to deliver quality practice

- Locates relevant current evidence (e.g. clinical practice guidelines and systematic reviews, databases, texts)
- Clarifies understanding and application of evidence with peers or other relevant staff
- Applies evidence to clinical practice appropriately

- Participates in quality activities when possible (e.g. assists with clinical audit, journal club)
- Shares evidence with others

➤ Maintains the use of clear and accurate documentation

- Uses suitable language and avoids jargon
- Writes legibly and accurately (e.g. correct spelling, approved abbreviations)
- Records information according to organisational guidelines and local policy

#### 2. ENGAGES IN THERAPEUTIC AND PROFESSIONAL RELATIONSHIPS

➤ Communicates effectively to maintain personal and professional boundaries

- Introduces self to patient/client and other health care team members,
- Greets others appropriately
- Listens carefully and is sensitive to patient/client and carer views
- Provides clear instructions in all activities
- Uses a range of communication strategies to optimise patient/client rapport and understanding (e.g. hearing impairment, non-English speaking, cognitive impairment, consideration of non-verbal communication)
- Communication with patient/client is conducted in a manner and environment that demonstrates consideration of confidentiality, privacy and patient's/client's sensitivities

➤ Collaborates with health care team and others to share knowledge that promotes person-centred care

- Demonstrates positive and productive working relationships with colleagues
- Uses knowledge of other health care team roles to develop collegial networks
- Demonstrates a collaborative approach to practice
- Identifies appropriate educational resources (including other health professionals)
- Prioritises safety problems

➤ Participates as an active member of the healthcare team to achieve optimum health outcomes

- Collaborates with the health care team and patient/client to achieve optimal outcomes
- Contributes appropriately in team meetings
- Maintains effective communication with clinical supervisors and peers
- Works collaboratively and respectfully with support staff

➤ Demonstrates respect for a person's rights and wishes and advocates on their behalf

- Advocates for the patient/client when dealing with other health care teams
- Identifies and explains practices which conflict with the rights/wishes of individuals/groups
- Uses available resources in a reasonable manner
- Ensures privacy and confidentiality in the provision of care

#### 3. MAINTAINS THE CAPABILITY FOR PRACTICE

➤ Demonstrates commitment to lifelong learning of self and others

- Links course learning outcomes to own identified learning needs
- Seeks support from others in identifying learning needs
- Seeks and engages a diverse range of experiences to develop professional skills and knowledge
- Supports and encourages the learning of others

➤ Reflects on practice and responds to feedback for continuing professional development

- Reflects on activities completed to inform practice
- Plans professional development based on reflection of own practice
- Keeps written record of professional development activities
- Incorporates formal and informal feedback from colleagues into practice

➤ Demonstrates skills in health education to enable people to make decisions and take action about their health

- Assists patients/clients and carers to identify reliable and accurate health information



ANSAT Behavioural Cues

- Patient/client care is based on knowledge and clinical reasoning
- Refers concerns to relevant health professionals to facilitate health care decisions/delivery
- Provides information using a range of strategies that demonstrate consideration of patient/client needs
- Prepares environment for patient/client education including necessary equipment
- Demonstrates skill in patient/client education (e.g. modifies approach to suit patient/client age group, uses principles of adult learning)
- Educates the patient/client in self-evaluation

▶ Recognises and takes appropriate action when capability for own practice is impaired

- Identifies when own/other's health/well-being affect safe practice
- Advises appropriate staff of circumstances that may impair adequate work performance
- Demonstrates appropriate self-care and other support strategies (e.g. stress management)

▶ Demonstrates accountability for decisions and actions appropriate to their role

- Provides care that ensures patient/client safety
- Provides rationales for care delivery and/or omissions
- Sources information to perform within role in a safe and skilled manner
- Complies with recognised standards of practice

**4. COMPREHENSIVELY CONDUCTS ASSESSMENTS**

▶ Completes comprehensive and systematic assessments using appropriate and available sources

- Questions effectively to gain appropriate information
- Politely controls the assessment to obtain relevant information
- Responds appropriately to important patient/client cues
- Completes assessment in acceptable time
- Demonstrates sensitive and appropriate physical techniques during the assessment process
- Encourages patients/clients to provide complete information without embarrassment or hesitation

▶ Accurately analyses and interprets assessment data to inform practice

- Prioritises important assessment findings
- Demonstrates application of knowledge to selection of health care strategies (e.g. compares findings to normal)
- Seeks and interprets supplementary information, i.e.g. accessing other information, medical records, test results as appropriate)
- Structures systematic, safe and goal oriented health care accommodating any limitations imposed by patient's/client's health status

**DEVELOPS A PLAN FOR NURSING PRACTICE**

▶ Collaboratively constructs a plan informed by the patient/client assessment

- Uses assessment data and best available evidence to construct a plan
- Completes relevant documentation to the required standard (e.g. patient/client record, care planner and assessment, statistical information)
- Considers organisation of planned care in relation to other procedures (e.g. pain medication, wound care, allied health therapies, other interventions)

▶ Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes

- Collaborates with the patient/client to prioritise and formulate short and long term goals
- Formulates goals that are specific, measurable, achievable and relevant, with specified timeframe
- Advises patient/client about the effects of health care

**6. PROVIDES SAFE, APPROPRIATE AND RESPONSIVE QUALITY NURSING PRACTICE**

▶ Delivers safe and effective care within their scope of practice to meet outcomes

- Performs health care interventions at appropriate and safe standard
- Complies with workplace guidelines on patient/client handling
- Monitors patient/client safety during assessment and care provision

- Uses resources effectively and efficiently
- Responds effectively to rapidly changing patient/client situations

▶ Provides effective supervision and delegates safely within their role and scope of practice

- Accepts and delegates care according to own or other's scope of practice
- Seeks clarification when directions/decisions are unclear
- Identifies areas of own or other's practice that require direct/indirect supervision
- Recognises unexpected outcomes and responds appropriately

▶ Recognise and responds to practice that may be below expected organisational, legal or regulatory standards

- Identifies and responds to incidents of unsafe or unprofessional practice
- Clarifies care delivery which may appear inappropriate

**7. EVALUATES OUTCOMES TO INFORM NURSING PRACTICE**

▶ Monitors progress towards expected goals and health outcomes

- Refers patient/client on to other professional/s
- Begins discharge planning in collaboration with the health care team at the time of the initial episode of care
- Monitors patient/client safety and outcomes during health care delivery
- Records and communicates patient/client outcomes where appropriate

▶ Modifies plan according to evaluation of goals and outcomes in consultation with relevant health care team and others

- Questions patient/client or caregiver to confirm level of understanding
- Updates care plans/documentation to reflect changes in care
- Uses appropriate resources to evaluate effectiveness of planned care/treatment