Title: Clinical Placement Resource Manual for Health Facilities, 2018

Faculty: Engineering, Health, Science and the Environment

Acknowledgements: Director of Clinical Education, Clinical Coordinator, Preclinical Coordinator, the Clinical and Placement teams past and present.

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Welcome

Thank you for welcoming Charles Darwin University (CDU) Bachelor of Nursing students into your Facility.

Practice placements are a vital part of the education process. Every practitioner shares responsibility to support and teach the next generation of nurses and midwives. Practical experience is crucial in preparing students for their future role as Registered Nurses. This experience provides students with the opportunity and support to develop key practical skills in a clinical setting; consolidate knowledge and apply learned theory to practice. The nursing program at CDU is designed to prepare students for registration with the Nursing and Midwifery Board of Australia.

The purpose of this manual is to be the first point of reference for a Health Facility when hosting CDU nursing students. The information contained in this manual is not intended to be exhaustive. However, we have endeavoured to include frequently asked questions and essential information.

CDU students receive a version of this manual that is tailored to their needs. Nonetheless, you are welcome to discuss this Resource Manual with the CDU students in your Facility.

We encourage you to contact CDU if you have any questions about the CDU program.

Again, thank you for welcoming our students to your Facility.

This manual is current at the date of publication and is updated each year. If you see an omission or error, it would be greatly appreciated if you would advise via clinicaleducation@cdu.edu.au or clinicalcoordination@cdu.edu.au to ensure correction for the following year’s edition.
# Charles Darwin University Contact list for 2018

<table>
<thead>
<tr>
<th>Section</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY AFTER HOURS CONTACT NUMBER</strong></td>
<td>0429 490 022</td>
</tr>
</tbody>
</table>
| **PLACEMENT OFFICE:**                      | CDU switch board 08 8946 6666
Ask for Bachelor of Nursing Placement Officer for relevant state or territory. |
|                                            | Email: nurplac@cdu.edu.au                                                           |
| **DIRECTOR CLINICAL EDUCATION:**           | Email: clinicaleducation@cdu.edu.au                                                |
| **CLINICAL COORDINATOR:**                  | Email: clinicalcoordination@cdu.edu.au                                             |
| **PRE CLINICAL COORDINATOR:**              | Email: Preclinical@cdu.edu.au                                                     |
| **NUR125 UNIT COORDINATOR:**               | Email: nur125unitcoord@cdu.edu.au                                                  |
| **NUR244 UNIT COORDINATOR:**               | Email: nur244unitcoord@cdu.edu.au                                                  |
| **NUR343 UNIT COORDINATOR:**               | Email: nur343unitcoord@cdu.edu.au                                                  |
| **NUR344 UNIT COORDINATOR:**               | Email: nur344unitcoord@cdu.edu.au                                                  |
| **NUR346 UNIT COORDINATOR:**               | Email: nur346unitcoord@cdu.edu.au                                                  |
Overview of Clinical Placement

A clinical placement is defined as an authorised block of time (hours) in which students attend a clinical setting for a structured clinical experience as part of a specific unit. Charles Darwin University (CDU) students are placed in metropolitan, rural and remote facilities throughout Australia. Many CDU students study via distance education, completing their theory units online and attending placement at Health Facilities in their local area.

Often students report this to be the most rewarding and challenging part of the degree. CDU is very proud of its placement program and CDU endeavours to ensure students have a positive learning experience while on placement.

There are five clinical placement units in the Bachelor of Nursing (Pre-registration) course that require specific clinical placements. These are outlined below.

Summary of clinical placement units

<table>
<thead>
<tr>
<th>Title of Clinical Placement Unit</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR125: Nursing Practice1</td>
<td>Theory 40 hours simulation block 160 hours clinical placement in sub-acute setting</td>
</tr>
<tr>
<td>NUR244: Nursing Practice 2</td>
<td>Theory 40 hours simulation block 160 hours clinical placement in an acute setting</td>
</tr>
<tr>
<td>NUR343: Nursing Practice 3</td>
<td>Theory 40 hours simulation block 160 hours clinical placement in an acute setting 80 hours in a mental health setting</td>
</tr>
<tr>
<td>NUR344: Nursing Practice 4</td>
<td>Theory 160 hours clinical community setting</td>
</tr>
<tr>
<td>NUR346: Transition to Practice 2</td>
<td>Theory 160 hours clinical placement in a primary, secondary or tertiary setting</td>
</tr>
</tbody>
</table>

Prior to attending practicum the student must

- Be enrolled in a clinical unit of study;
- Meet all pre-clinical requirements;
- Attend the 5 day simulation block (SB) prior to 1st year, 2nd year and 3rd year placements and successfully meet all SB assessment requirements;
- 1st, 2nd and 3rd year students must successfully complete an online medication test.
Overview of Simulation Blocks

There is a mandatory Simulation Block (SB) for each year-level of the nursing course and each of these must be successfully completed prior to students attending clinical placement.

Each SB is a five day intensive program held on campus in purpose built laboratories which provides students with an opportunity to practice specified nursing interventions, integrate theory into practice and develop an understanding of the requirements of professional nursing practice according to the NMBA RN Practice Standards (2016). It is also a great opportunity for students to meet each other, form friendships and study groups and get to know the lecturers who teach in the SB.

Appendix A outlines the Scope of Practice for 1st, 2nd and 3rd year CDU nursing students. Students should become very familiar with this table; it is an essential guide to student practice and expectations. This table is linked directly to the core theory units at CDU and the clinical skills which will be taught and assessed in the SB. Students must only perform nursing interventions in a clinical setting when the linked theory has been assessed and the student has had the opportunity to perform that skill in a SB.

Assessment and requirements of the Simulation Block
Throughout the SB a variety of assessments determine student readiness to undertake the clinical placement. Students must achieve a Pass grade in these assessments. Please refer to the flow chart for SB (See Appendix C) which this outlines the pathway to a Pass/Fail.

1. **Medication Test:** Prior to their SB students in 1st, 2nd and 3rd year must successfully complete a Medication Calculations’ test. Students must gain 100% in order to progress to the SB.

2. **Objective Structured Clinical Assessments (OSCA):** These assessments are designed to assess student competence in specified nursing interventions based on the Scope of Practice at each year level.

3. **Attendance:** Students must attend the entire SB. They must be prepared to start on time and remain until the end of each day’s session. A 100% attendance record is required. **Dress:** Students must present to SBs professionally attired and in uniform as per page 21 of this manual each day of the SB. If a student’s dress doesn’t meet these standards the student will not be permitted to complete the SB.

The SB is an integral component of three clinical units: NUR125, NUR244, and NUR343. Undertaking placements for NUR346 and NUR344 is dependent on successful completion of the NUR343 Unit SB.
Pre-Clinical Documentation

All students who plan to enrol in to a clinical unit must meet all the pre-clinical documentation requirements set by CDU. This ensures compliance with State / Territory legislation and Health Facility requirements. This is a strict process and tightly monitored by CDU. Students that do not complete all required pre-clinical documentation by the given deadline will not be assigned to a SB and will be unable to enrol in to a placement unit.

Pre-clinical documentation prior to placement
CDU employs a Pre-Clinical Coordinator to assist students with this process, (see page 5 for contact details). Students will not attend placement unless all requirements are met.

Documents to be submitted and checked;

- CDU Checklist;
- CDU Student Placement Agreement;
- National Police Check; valid for 12 months (calendar year);
- First Aid Certificate, valid for 3 three years from date of issue;
- CPR Competency certificate, valid for 12 months from date of issue;
- State/Territory Specific criminal history checks and forms;
- Completed Evidence of Immunity Form with certified copies of supporting documentation;
- Fitness to Practice Form
- Student ID card
- Hand Hygiene and Equal Opportunity Training Certificates
- Specific requirements mandated by individual Health Facilities if CDU is notified officially of this being a requirement.

It is the student’s responsibility to be aware of expiry dates of all pre-clinical documents and update and forward certified copies to the Pre-clinical Coordinator prior to expiry.

Students who conscientiously object to having immunisations or health screening are required to sign a conscientious objection form. Health Facilities will be advised of conscientious objection and retain the right to withdraw the placement.

Clinical placements will be cancelled if students fail to meet all pre-clinical requirements.

More information about CDU pre-clinical documentation requirements can be found at;

http://www.cdu.edu.au/health/ugpreclinical-requirements
Pre-clinical documentation requirements during clinical placement

Students are advised they must produce evidence that they meet pre-clinical documentation requirements to the appropriate person in the Health Facility on request. Therefore, students should be directed by the Health Facility to present pre-clinical documents to the appropriate representative on the first day of placement.

The Facility has the right to suspend or cancel placement if the student cannot produce evidence of meeting their requirements upon request. Students who do not bring their pre-clinical documents with them on the first day of placement will be sent home and will not be able to continue the placement; students may be awarded a fail grade for the unit.

Clinical Placement

Organisation of Clinical Placement

Several processes are involved in the organisation of clinical placements. The administrative processes are managed by the Placement Office, and the academic processes are managed by the clinical Unit Coordinators in consultation with the Clinical Coordinator, the Director of Clinical Education and the Bachelor of Nursing Program Manager. The Placement Office and the academic team work together very closely to ensure students have a quality clinical experience.

Placement Office

The role of the Placement Office is to negotiate and arrange clinical placements for students in their allocated states, liaise with health facilities, act as a first point of contact for students and Health Facilities for administrative matters and maintain the practice agreements between Health Facilities and CDU.

At an organisational level, CDU enters into practice agreements with every Health Facility in which a student is placed. These agreements usually cover the purpose of placements, how placements are to be arranged, insurance coverage, dispute resolution and responsibility for pre-clinical requirements.

Once agreements are in place, Placement Officers will contact the Facility to discuss the purpose of the placement. At this stage, generic information is provided that is indicative of the level of placement (i.e. 1st, 2nd, or 3rd year) and the required clinical context (e.g. acute, medical, mental health, primary health care).

It is important to understand that the Placement Officers are the only people authorised to make clinical placement arrangements. Students and CDU academic staff must always contact the Placement Office to request or modify a placement. Preceptors, Lecturers, Clinical supervisor/teachers and Nurse Unit Managers organise placements through the Placement Office. Clinical placement is not confirmed until the Placement Office provides the student and the Health Facility with a confirmation notice. CDU will not recognise the student attendance if it has not been authorised by the Placement Office.

Any change to a clinical placement requires confirmation by the Placement Office. See section on page 24 for information on students who requests to change rosters or placement timing.

Note: Placement Officers are not academic staff and therefore questions about assessment requirements must be directed to the Unit Coordinator.

Students are not permitted to arrange their own placements or make up shifts. If a Health Facility has a student asking for placements they are to direct the student back to the University Placement Office.
**Academic Clinical Team**

**Unit (Subject) Coordinator**: This is the academic staff member who has responsibility for the delivery and quality of specific units. This is the first point of call for queries about the academic objectives for a clinical placement, assessment, general placement questions and feedback. Contact details can be found on the relevant Learnline site.

**Clinical Coordinator**: The academic staff member and contact person for problems which cannot be resolved at a health facility level, or resolved with the Unit Coordinator and delegate for the unit coordinator in their absence.

**Director of Clinical Education**: The academic staff member responsible for the overall direction and management of the clinical component of the course and the strategic management of the placement program at CDU. Contact person if clinical coordinator unavailable. Issues not resolved at the Clinical coordination level are escalated to the Director of Clinical Education.

**Bachelor of Nursing Program Coordinator**: The academic staff member who has responsibility for the coordination of the Bachelor of Nursing program.
Responsibilities of Student, University and Health Facility

Responsibility of the Student

- Ensure all preclinical documentation requirements are met prior to placement and ensure documents remain current during all placements;

- Read the University and Facility charters and Student Manuals;

- Familiarise themselves with all documentation handbooks and assessments related to each unit of study (these are correlated to practice placements and will include assessment of practice documentation);

- Recognise the purpose of the placement experience and ensure you are clear about the expectations of the placement provider;

- Explore the placement’s history, mission and location including instructions about parking, uniforms etc.;

- Comply with the CDU Code of Conduct;

- Ensure all assessment documentation for clinical placement is complete and accurate;

- Contact the placement and mentor prior to starting the placement (if requested to do so in confirmation email provided by Placement Office);

- Notify preceptor of any support needs;

- Act professionally with regard to punctuality, attitude and behaviour and display a professional image that is dress according to CDU uniform policy;

- Maintain confidentiality at all times in relation to patient and Health Facility information including patient records;

- Maintain effective professional communication with patients, preceptors, and link personnel from both the Health Facility and Charles Darwin University.


Responsibility of the University

Charles Darwin University has a responsibility to ensure support is put in place for the student, and preceptor through allocated roles. Charles Darwin University will;

- Ensure a practice agreement is in place with the Health Facility providing the placement;

- Provide adequate insurance cover for students on placement;

- Organise the administrative requirements of placement;

- Work collaboratively to support clinical staff;

- Support the Health Facility with regular contact via phone, in–person or via email;

- Ensure a communication system is in place to deal with student issues or questions;
• Communicate any changes about the course or assessment in a timely manner to placement staff;
• Put an effective evaluation system in place to assess the student’s and facilities’ experiences.

Responsibility of the Health Facility

• Ensure that preceptors are prepared appropriately for the role;
• Provide a safe placement environment for the student;
• Allow time for preceptors to meet with their students to undertake and record assessment activities and outcomes;
• Perform interim and final assessments and provide regular constructive feedback to students about their progression;
• Allocate preceptors time to reflect, give feedback and keep records of student achievement;
• Ensure that preceptors have appropriate and ongoing support in practice;
• Work collaboratively with the University;
• Provide learning opportunities for students that reflect the nature of the service.
Overview of Assessment

While on clinical placement the student’s ability to meet the NMBA RN Practice Standards (2016) is assessed. The Clinical Assessment Portfolio records these assessments and guides student and assessors through aims and objectives of the placement. Students will need to print a copy of the Clinical Assessment Portfolio prior to beginning the placement and familiarise themselves with the objectives and requirements of the placements.

The relevant sections of the Portfolio must be signed by a Registered Nurse who directly observes the student’s practice. This is usually the Preceptor, Clinical supervisor/teacher or Nurse Unit Manager. It is the responsibility of the Registered Nurse who signs the Portfolio to provide a professional judgment on the student’s current level of competence. The Registered Nurse who completes the Portfolio is responsible for providing an accurate reflection of student practice proficiency and professional behaviour throughout the entire placement. All signatures on the Portfolio must be that of a Division One Registered Nurse. Other clinical or administrative staff must not sign the Portfolio.

The Clinical supervisor/teacher or Preceptor is responsible for ensuring that any problems encountered during the clinical placement are reported to the Unit Manager and to Charles Darwin University. If Health Facility staff hold any concerns about student behaviour or documentation they must consult the Unit Coordinator.

The Clinical Assessment Portfolio is graded upon return to CDU and forms part of the overall grade assigned to the clinical unit of study. Students are reminded that each clinical unit has a number of assessments that must be completed in order to pass the unit. Passing or failing the unit is determined by the Unit Coordinator. In arriving at a decision to pass or fail a student, the Unit Coordinator relies heavily on the judgment reported in the Clinical Assessment Portfolio by Preceptors and/or the supervisor/teacher.

Special note on assessment and maintaining records: The Clinical Assessment Portfolio is the assessment document CDU uses to ensure all clinical hours are complete and the student has met all the NMBA RN Practice Standards (2016). If the Clinical Assessment Portfolio is lost, the student will have to repeat the practicum.

Students must keep a certified copy for their own records as CDU will not return this document. When students apply for graduate positions this document is often required by the facility as part of the application.

Special note for third year students: Third year students who attend a placement for NUR346 and/or NUR344 and are deemed ‘unsafe’ in their clinical practice may not attend any further third year clinical placements until such time as the student as entered into, and successfully completed, remedial activities such as repeating the NUR343 SB. CDU has a responsibility to protect the public.
Student responsibility

It is the student’s responsibility to show the Clinical supervisor/teacher or Preceptor the Clinical Portfolio on the first day of placement and ensure that it is filled out correctly and in a timely manner. It is the student’s responsibility to make sure the documentation is complete and that they take it on placement each day. It is also the student’s responsibility to submit the documentation to CDU as per CDU guidelines and time frames.

Preceptor / Clinical supervisor/teacher responsibility

The supervision of students on placement is crucial to a student’s learning outcomes. Effective supervision empowers the student and enhances the student’s learning and reflection through constructive and objective feedback about their performance. Feedback should be framed by reference to the NMBA RN Practice Standards (2016).

The Clinical Assessment Portfolio is designed to facilitate regular feedback between Preceptor / Clinical supervisor/teacher and the student. The earlier problems are identified the greater the opportunity the student has to understand deficits and meet expectations. This is greatly helped Preceptor and supervisor/teachers give both positive and negative feedback. It can be difficult to give negative feedback, and many Preceptors and supervisor/teachers find it very difficult to give negative feedback. Nonetheless, in order to learn, students need to receive both positive and negative feedback.

Irrespective of their past experience students must always work under the supervision of a Preceptor / Clinical supervisor/teacher and whenever possible work the same shifts as their Preceptor.

CDU expects that the Preceptor / Clinical supervisor/teacher will:

- Be professional and ethical in their conduct toward students. This includes honesty in constructive feedback about expected performance;
- Create a safe and positive environment for the student;
- Provide support that contributes to student learning objectives commensurate with the level of progression within the program (i.e. 1st, 2nd or 3rd year);
- Encourage student to develop safe, competent and professional practice; including in particular, orientation to local emergency procedures;
- Identify and facilitate learning opportunities;
- Provide regular constructive feedback; in particular, to identify areas of weaknesses and strengths;
- Assist student to integrate theory into practice;
- Provide documented assessment of practice proficiency, both formative (interim) and summative (final).

CDU is committed to further education and we are keen to support the Health Facilities that commit to our students. If your organisation would like more information and education surrounding the preceptorship of students, please contact the Director of Clinical Education or Clinical Coordinator.
Assessments in Clinical Assessment Portfolio

1. **Attendance record:** This must be accurate and complete. Any absences must be reported to the Health Facility and the CDU Placement Office prior to the shift commencing. 100% attendance is required to pass the practicum. All make up time must be negotiated between the Placement Office and the Health Facility.

2. **Clinical Objectives:** The student is responsible for setting their own clinical objectives for placement and should consider them prior to the commencement of placement. The student must set two objectives per week. These objectives, the strategies and the demonstrated evidence that objectives have been met, are graded. Students who do not meet their objectives may not achieve a successful grade for the unit. The objectives and their associated strategies should fit within the student’s Scope of Practice and be relevant to the unit’s Learning Outcomes and the ward or team in which the placement occurs. They should also progress from ‘neophyte to advanced beginner’ (Bondy, 1983). The objectives must be realistic, achievable and measurable.

3. **Feedback & Assessment:** The students and preceptor are expected to provide documented Formative Feedback (Interim) and Summative Assessment (Final). This feedback and assessment instrument is based on the NMBA RN Practice Standards (2016). The student’s practice proficiency MUST be assessed according to each NMBA RN Practice Standards. Students are assessed according to their specified Scope of Practice.

The ANSAT assessment instrument is based on Bondy’s work (1983). Below is an outline of how to grade the student.

**Grading scale for ANSAT Practice Standards:**

<table>
<thead>
<tr>
<th>Students must attain a minimum of (3) or Satisfactory level at the end of placement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1)</strong> Expected behaviours and practices not performed</td>
</tr>
<tr>
<td>Unsatisfactory: unsafe. Not achieving minimum acceptable level of performance for the expected level of practice. Demonstrate behaviours infrequently / rarely. Continuous verbal &amp; / or physical direction required.</td>
</tr>
<tr>
<td><strong>(2)</strong> Expected behaviours and practices below acceptable/satisfactory standard</td>
</tr>
<tr>
<td>Limited: Not yet satisfactory. Demonstrates behaviours inconsistently. Needs guidance to be safe. Continuous verbal &amp; / or physical direction required. Requires close supervision.</td>
</tr>
<tr>
<td><strong>(3)</strong> Expected behaviours and practices performed at a satisfactory/passing standards</td>
</tr>
<tr>
<td>Satisfactory: This is the passing standard. Demonstrates behaviours consistently to a satisfactory and safe standard. Occasional supportive cues required.</td>
</tr>
<tr>
<td><strong>(4)</strong> Expected behaviours and practices performed at a proficient standard</td>
</tr>
<tr>
<td>Proficient: The student is comfortable and performs above the minimum passing standard with respect to an item. Practice performed at a safe standard. Infrequent supportive cues required. The student’s performance is consistent, reliable and confident.</td>
</tr>
<tr>
<td><strong>(5)</strong> Expected behaviours and practices performed at an excellent standard</td>
</tr>
<tr>
<td>Excellent: Demonstrates most behaviours for the item well above minimum passing standard. Demonstrates greater independence in practice with safety a high priority. Supportive cues rarely required. Exhibits a level of excellence / sophistication with respect to an item.</td>
</tr>
</tbody>
</table>

Source: Australian Nursing Standards Assessment Tool www.ansat.com.au
Student who fail to meet NMBA Standards for Practice

A student who is either not progressing, or failing to meet the required standard, needs early identification so that opportunities can be provided for the student to recognise their ‘deficits’ and work to remedy these. Unfortunately some students may also not meet NMBA standards of Ethics and Professional behaviour. (See later section on conduct).

Duffy (2004 p. 16) outlines why good assessment is an essential part of a mentor’s role: “Potentially clinical assessment of student nurses can safeguard professional standards, patients and the general public. It is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students.”

The named Preceptor / Clinical supervisor/teacher is responsible for making the final assessment and is accountable for documenting that the student has / has not achieved the required NMBA RN Practice Standards (2016). The final documentation must be an accurate and objective reflection of the student’s practice proficiency during the placement. It is crucial that the Preceptor / Clinical supervisor/teacher keeps sufficient anecdotal and final records to support and justify their decisions on whether a student is or is not proficient.

The following list of behaviours (Maloney et al.1997; Duffy & Hardicre 2007) may assist in identifying students that are at risk of not meeting their clinical objectives.

- Inconsistent clinical performance;
- Does not respond appropriately to constructive feedback;
- Appears unable to make changes in response to constructive feedback – therefore clinical skills do not improve;
- Exhibits poor preparation and organisational skills;
- Has limited interactions or poor communication skills, experiences continual poor health; say they feel depressed; appear angry, uncommitted, withdrawn, sad, or are emotionally unstable, tired or listless.

It will be necessary to provide extra support and supervision when a student fails to achieve their learning objectives or meet the necessary competencies and standards in one or more Domains. If this is the case the Health Facility should:

- Facilitate ongoing student self-assessment by helping them identify what they already know and what they need to focus on in order to learn and overcome their “weaknesses”; identify resources they can utilise to improve knowledge and skills. Discussions about “Failing to progress” should not surprise students. Most students recognise that they are not coping and want to remedy their ‘deficits’ as early as possible;
- Notify CDU of its concerns that a student is not achieving their learning outcomes. Support from CDU staff is essential and it is important to establish clear and open communication between the student, preceptor and CDU Unit Coordinator;
• Meet with the student as soon as possible to discuss this issue and ensure the student knows the reason for the meeting. It is important that minutes of these meetings be recorded and made available to CDU and the student;

• Discuss the evidence which has led to concern; give honest, objective and unambiguous feedback that is based on the Practice Standards and the NMBA Codes of Ethics and Practice and the student's level of experience and Scope of Practice;

• Clarify the area of improvement needed and determine strategies that will help the student to achieve their goals;

• Work closely with the student in ways that support and guide them rather than as a punitive measure;

• Make provision for any extra support or opportunities to improve within the practice area that the student may require;

• CDU will help draw up a targeted detailed action plan which may include a Learning Agreement.
Scope of Practice

Students are expected to be familiar with their Scope of Practice for each year level of study. This is based on the theory and skills taught in the SB and theory units. The table below describes the general progression by year level; Appendix A describes the detail of the CDU Scope of Practice.

Expected student knowledge and skill progression through year levels

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Clinical Placement</th>
<th>Progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year</td>
<td>NUR125: 160 hours sub-acute setting</td>
<td>Applies knowledge and skills in Primary Health Care and basic assessment of stable well (non-complex) patients.</td>
</tr>
<tr>
<td>2nd year</td>
<td>NUR244:160 hours in medical / surgical setting</td>
<td>Applies knowledge and skills in the care of sub-acute and acute patients in general medical and surgical settings located in secondary and tertiary settings. Maintains earlier competencies.</td>
</tr>
<tr>
<td>3rd year</td>
<td>NUR343: 160 hours medical / surgical settings and 80 hours mental health setting NUR344: 160 hours community settings NUR346: 160 hours in a primary, secondary or tertiary setting</td>
<td>Applies knowledge, skills and clinical reasoning to the nursing care of patients with more complex needs in various acute primary, secondary and tertiary settings. Care of clients in a mental health setting. Maintains earlier competencies.</td>
</tr>
</tbody>
</table>

By the end of third year, students are expected to be able to integrate all of the skills and knowledge developed throughout the course. Whilst there are some specific skills students are not expected to achieve until reaching third year, students must continue to demonstrate practice proficiency in skills achieved earlier (e.g. fundamental nursing skills such as personal care).

It is expected that at the completion of each year level students will be ready to build on their knowledge and ability. Students should progress from novice in first year, to advanced beginner by the end of third year.

Over the placement experience the student should demonstrate patterns of development and progression in skill acquisition. It is expected that when a student is presented with new or more complex activities (beginning of the placement), the student’s level of competence is initially low, increasing as they learn to demonstrate the expected behaviour and knowledge. It is expected that the student is consistent in progressing with the expected practice level of behaviour. For example first year students should undertake care with direction and supervision from others. In contrast third year students’ actions should be underpinned with sound evidence-based rationales and communicated in a coherent and accurate manner.

The Clinical Assessment Portfolio provides details of the expectations required of students for each clinical unit.
Code of Conduct

Students are required to comply at all times with the Code of Conduct of CDU in addition to the conduct requirements of the Health Facility.

All Registered Nurses must adhere to the NMBA ‘Code of Professional Conduct for Nurses’ and ‘The Code of Ethics for Nurses’. Students should be familiar with both documents as it guides all nursing practice and helps students understand the professional and ethical responsibilities of a Registered Nurse.

The NMBA codes of conduct can be found at http://www.NMBA.org.au/. The CDU Code of Conduct can be found at http://www.cdu.edu.au/governance/Codes/codeofconduct.pdf. While on clinical placement and at Clinical Teaching Blocks, students are required to:

- Be respectful, courteous and professional all times to colleagues, clients, Health Facility staff, CDU academic staff, administrative staff, Placement Office staff, patients, and the public;
- Follow the policies and procedures of the Health Facility; if doubt exists, consult with the preceptor and/or clinical supervisor/teacher for the purpose of interpretation of the health agency’s policies and procedures;
- Obtain an orientation to emergency and evacuation procedures;
- Practice under the supervision of clinical staff;
- Be fit for undertaking clinical practice, including maintaining own health and ensuring adequate rest;
- Practice within competence and Scope of Practice as a student nurse;
- Be proactive in seeking out learning opportunities;
- Be punctual for commencement of shift arriving for an allocated shift at least 15 minutes prior to its commencement and returning from meal breaks on time;
- Speak English at all times as this is the language of business;
- Wear the CDU uniform (as per page 24) and the CDU name badge above the waist in a location easily visible unless directed otherwise by the Health Facility;
- Maintain confidentiality of peer, colleague and client information at all times;
- Maintain accurate, comprehensive, objective records of nursing care given as required by the health agency;
- Inform the nurse responsible for client care in the area when leaving the area;
- Use equipment and supplies for client care in accordance with their defined purpose and the rules and regulations of the health agency;
- Respect the Mission Statement of the Health Facility;
- Report any malfunction or breakage of equipment to the Registered Nurse responsible for client care in the area;
- Facilitate client and cultural safety;
- Ensure that external work commitments do not conflict with any placements.
Insurance

Charles Darwin University has personal accident and public liability coverage which extends to cover the legal liability of students while engaged on authorised university-sponsored activities. This includes practical experience activities, provided the student is not engaged as an employee in receipt of remuneration. In assisting CDU with the provision of clinical practice experience, it is understood that the student will be under supervision at all times and practice within their Scope of Practice and level of competence.

***Note: *** Students are not covered by CDU insurance when travelling to and from clinical placements.

Accident or Injury during placement

If a student is involved in an accident or sustains an injury while on clinical placement students are required to inform their Preceptor and/or Clinical supervisor/teacher immediately. Appropriate first aid should be provided to the student. A senior nurse or clinical supervisor/teacher should then inform the Clinical Coordinator as soon as practicable and will be forwarded a current CDU Accident and Injury reporting form (Appendix E). It is a CDU requirement that students complete this form and return it to CDU via the Unit Coordinator or Clinical Coordinator. The Health Facility may be asked to supply a copy of their own accident and injury paperwork for the student’s CDU records.

Students must also comply with the accident and injury reporting guidelines and procedures of the Health Facility. If necessary the student should attend the Emergency Department or be seen by a Medical Officer.

Students are responsible for the costs involved for any accident or injury to themselves while on placement and should be treated as a member of the public when seeking medical assistance. It is important to remember students on placement are not covered by workers compensation as they are not employees of the University or the facility. The personal accident policy of the University in place for students is outlined below. Please note it does not include Medicare related expenses. For further information on CDU insurance and coverage, the student is encouraged to contact the University.

- Death/Capital Benefits
- Weekly Injury Benefits for Income Earners
- Domestic Help (Non-Income Earners)
- Home Tutorial Benefit (Full-Time Students)
- Non-Medicare Expenses - Medical expenses which are claimed in whole or part through Medicare cannot be claimed under this policy.

Students can also contact Student Administration and Equity Services for counselling and additional advice if this is needed. If urgent contact with University is needed, any of the contacts on page 5 may be contacted.

CDU Work Health and Safety

Charles Darwin University is committed to a healthy, safe work environment, and takes seriously its obligation to provide guidelines and training in safe work practices and information on control measures for hazards in the workplace. The University recognises that success in achieving a healthy and safe environment depends on the commitment and cooperation of staff, students and other persons throughout its areas and activities.
Each member of staff and each student are responsible for carrying out the following functions to ensure their own environment is safe and without risk to health by:

- Complying with all health and safety instructions;
- Taking action to avoid, eliminate or minimise hazards;
- Making proper use of all safety devices and personal protective equipment;
- Not wilfully placing at risk the health or safety of any person within the workplace;
- Seeking information or advice where necessary before carrying out new or unfamiliar work;
- Wearing appropriate dress for the work being carried out including, where required, protective clothing and footwear at all times while on duty;
- By consuming or storing food and drink only in those areas designated;
- Be familiar with emergency and evacuation procedures and the location of, and if appropriately trained, the use of emergency equipment.

**Management of exposure to blood or body substances**

Exposure to blood or other blood or body substances may occur as a result of:

- Injuries from sharp instruments contaminated with blood or other body fluids;
- Splashes to mucous membranes from blood or other body fluids;
- Splashes to non-intact skin from blood and body fluids

**Procedure**

- Follow the Biohazard policy of the facility seeking first aid, medical management and prophylaxis as determined by the risk of infection.
- Inform the Clinical Coordinator ClinicalCoordination@cdu.edu.au and Placement Office about the incident NurPlacCoord@cdu.edu.au
- Complete a Charles Darwin University Accident and Incident Form and the relevant documentation required by the health facility.
- Send the CDU Accident and Injury Form to the Clinical Coordinator who will complete the required section and forward to Work, Health & Safety office at CDU whs@cdu.edu.au

****NB**** Students are not employees of the health facility or the University as such are not covered by workers compensation and will have the same legal status as members of the public. Students remain responsible for all costs incurred arising from accident or injury in the workplace except where it can be demonstrated that the facility was negligent in its duty of care. The University insurance does not include procedures covered by Medicare. In the event of an accident or injury during Clinical Placement please contact the Placement Office, the Clinical Coordinator or CDU Work, Health & Safety for advice.
**Dress Requirements**

CDU’s dress code is designed to be practical for delivering client care, minimise potential cross infection, promoting safety for students and clients, functionality, cultural and religious sensitivity, institutional rules and expectations and regard for the image of the University. Students are required to attend clinical placement and SBs in the prescribed Charles Darwin University uniform unless otherwise advised by the Health Facility. The student uniform policy is as follows:

- Navy or black ‘dress’ trousers or knee length shorts/culottes/skirt;
- CDU nursing student polo shirt;
- Current student ID card in a holder with clip where it is visible to staff and patients;
- Fully "closed in/hard covered" shoes in black, navy or brown with sturdy strong soles;
- Shoes are to be clean and if required, polished. “Runners, soft coverings and ballet style” and shoes without closed in heels are unacceptable;
- At least two pairs of trousers/skirt/shorts and two polo shirts are required so as to permit laundering between shifts. Denim trousers/low cut/shorts/skirts are not acceptable. Shirts must be adequate length, no midriff or underwear showing;
- Garments are to be ironed or free of creases/wrinkles, and neat and tidy;
- Hair is to be worn off the collar, face and neck and appropriately contained/secured. If hair is long there is a risk that students will be infected by pediculi or trauma patients grab the student’s hair;
- Facial hair must be clean shaven or a neatly trimmed beard is acceptable;
- Fingernails are to be short with no sharp edges and without nail varnish. Long nails or artificial nails are a potential risk to patients’ skin integrity and an infection control risk;
- No jewellery, apart from a plain, non-engraved wedding ring and plain sleeper or stud earrings are to be worn. Engraved rings and jewellery containing stones are a potential risk to patient skin integrity and contribute to the transmission of infection.
- Wrist watches are not be worn when undertaking patient care or aseptic procedures. They are an infection control risk and a potential risk to patient skin integrity;
- Students must have a watch with a second hand which can be worn away from the wrist, such as a nurse’s fob watch;
- Religious headwear, where worn, should complement uniform colour;
- Students must pay attention to their own personal hygiene and use. They should avoid the use of heavy make-up and perfume as some people are allergic or sensitive to strong perfumes;
- Please also refer to the uniform document [http://www.cdu.edu.au/health/ugpreclinical-requirements](http://www.cdu.edu.au/health/ugpreclinical-requirements)

**IMPORTANT:** Many Health Facilities have strict guidelines in relation to body piercing and coloured hair. The Health Facility retains the right to ask students to leave if the student does not meet their requirements.
Medication Administration

Medication administration is an important component of the nurse’s role. Students progressively increase their Scope of Practice in relation to medication administration based on the theory taught throughout the degree. Students must successfully complete assessments conducted by CDU prior to administering medication.

Even if a student is deemed medication competent and a qualified Endorsed Enrolled Nurse, who is enrolled in CDU’s Bachelor of Nursing must not administer medications (S2, S4, S8) until they have passed the CDU drug administration and medical calculations’ tests and the relevant SBs. Students can only administer medications within their Scope of Practice for the Unit in which they are enrolled. An RN must always ensure that the student undertakes the 6 Rights of drug administration and directly supervise all medication administration. Students should be able to explain the pharmacokinetics and pharmacology of the drug they intend to administer. If they cannot do this they may not administer medications and risk a Fail grade in the unit.

Students are only permitted to work within their Scope of Practice for their year level. Please refer to the table below which outlines what students can and cannot administer based on the unit of study and year level.

This table is not intended to override or be a substitute for the Health Facility’s policies. Health Facilities should ensure Preceptors and students are aware of the local policy on medication administration by student nurses.

Where the policies of the facility do not allow the student to administer certain types or mode of medication the student must adhere to the lesser scope.

Medication Scope

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-prescription topical</th>
<th>PO</th>
<th>PR or PV</th>
<th>SC or IMI</th>
<th>SL</th>
<th>Topical or Transdermal</th>
<th>Inhalation</th>
<th>Intravenous</th>
<th>Telephone orders</th>
<th>Intramuscular</th>
<th>Immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>Yes S2 orals only</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>YES</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>YES</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Prime lines or change bags (no additives)</th>
<th>Saline flush</th>
<th>Infusion with no additives</th>
<th>Additives, Including IV AB &amp; S8</th>
<th>Parenteral or TPN</th>
<th>Blood products and blood</th>
<th>S8 bolus &amp; IV</th>
<th>PCA</th>
<th>CVC</th>
<th>PICC</th>
<th>Epidural</th>
<th>Telephone orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES IV AB S2 &amp; S4 only</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>YES S2 &amp; S4 only</td>
<td>YES S2 &amp; S4 only</td>
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<td>3</td>
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<td>YES</td>
<td>YES</td>
<td>YES S2 &amp; S4 only</td>
<td>YES S2 &amp; S4 only</td>
</tr>
</tbody>
</table>

Charles Darwin University School of Health
Double checking of medications prior to administration

This process is an essential stage of medication administration to decrease the risk of potential harm to the patient. The process of double checking medication should be performed by 2 authorised health care professionals (Registered Nurse or Endorsed Enrolled Nurse). The CDU nursing student should be a third party when checking medications.

Medications that require checking by 2 authorised health care professional (within the scope of medication administration for CDU nursing students) are as below:

- S2, S4, and S8 telephone orders
- Medication administered as an additive to an IV infusion bag, burette or syringe driver
- Medication administered by direct IV injection
- Medications administered by intramuscular or subcutaneous
- Medications given to babies and children
- Controlled drugs
- Warfarin

Any questions regarding medications administration should be referred to the Unit Coordinator.
Attendance and rosters

- Students must attend all shifts as rostered by the Health Facility. If directed by the Health Facility, students contact the Health Facility prior to their first shift to gain their roster. It is requested that the students receive at least the first two weeks of their placement roster prior to placement commencing;

- Extending shifts beyond the ordinary start and finish time for the roster is not permitted unless authorised by the Unit Coordinator and/or the Placement Office. Students should not work a shift in excess of 8 hours unless this is the normal shift for that workplace. They may only work a 40 hour week;

- The Health Facility may roster students to weekend and night shifts where the Facility deems there is an appropriate level of senior supervision. Students are expected to be available throughout the duration of the allocated placement across a 7 day roster attending a variety of shifts. Students are not permitted to request changes to rosters without permission from CDU;

Note: First Year (NUR125) students are not generally expected to work weekends or night shifts; NUR244, 343, 344 & 346 students may work all shifts including night shift;

- Rosters should not exceed an average of 40 hours per week for the placement unless it has been authorised by the Health Facility and the Placement Office;

- Students must have a copy of the Clinical Assessment Portfolio while on placement. It must have the “Clinical Placement Agreement” signed prior to the first shift and be made available to the preceptoring staff;

- The required attendance for clinical placement is measured in hours. This is mandated by the nursing course accreditation requirements. False recording of hours attended is considered a professional and academic breach and students can Fail the unit;

- The attendance record should only be signed at the completion of each shift, recognising the hours of actual clinical placement undertaken.

- Clinical placement attendance only includes clinical experience and clinical debriefing sessions. While valuable, library time and doing other written university work on clinical placement is not included in calculation of ‘clinical time’ and students should attend to these activities outside of shift time;

- Students are to take the same shift breaks as ordinarily provided to the preceptor. Lunch or dinner breaks are not included in the calculation of attendance hours;

  Example: 7:00hrs – 15:30hrs = 8.5 hours with a 30 minutes allocated to break, therefore 8 hours of placement is recorded on attendance record.

- 100% attendance is required for all shifts throughout the placement. Students are required to notify both the Health Facility and the Placement Office of all absences (Please read section regarding process for reporting and documenting absences). Absence may range from one or more days to one or more hours.

Clinical placements are for 40 hours per week and often include shift and weekend work. The health facility will organise student’s rosters according to the level of supervision available on the ward. CDU will not request facility rosters to accommodate students paid employment. Students must give their clinical placement shifts priority over personal employment.

For further details refer to the Hours Worked Guidelines which can be located on the CDU Undergraduate Nursing webpage http://www.cdu.edu.au/health/undergraduate-nursing
Absences

100% of the clinical placement hours must be completed. If this is not the case students will be asked to make up the missed time.

Students must notify the Health Facility of planned or unplanned absence prior to the shift commencing and the Unit Coordinator and the Placement Office as soon as possible. Therefore, students should identify on the first day of placement the number to call and the process to follow should they be absent or late. It is a professional responsibility to inform the Health Facility if they are unable to attend a rostered shift or will be late. Failure to do so indicates that the student is not meeting the NMBA RN Practice Standards and the CDU Code of Conduct.

Students must not put patients at risk due to illness. This is a professional responsibility and so students should not attend placement if they are unwell. If a student does not attend placement due to illness or other reason, the student must;

- Notify the Health Facility prior to shift commencing;
- Contact the Unit Coordinator and the CDU Placement Office as soon as possible;
- Ensure a Medical Certificate or Statutory Declaration is obtained to account for missed hours; this must be attached to Clinical Assessment Portfolio before the unit grade is determined.
- The Placement Office and the Unit Coordinator will then liaise with the student and Health Facility to secure appropriate “make up time”.

Public Holidays

Sometimes student placements will occur when a Public Holiday is scheduled. The student should attend the placement on a public holiday if the Health Facility deems there to be adequate supervision for the student and the Health Facility is open.

If the Health Facility cannot support a student on a public holiday, the student must notify the Placement Office and the Unit Coordinator and make up time will be requested for the student following the process outline under ‘Absences’.

Severe weather events

The personal safety of students is the primary factor in determining attendance at placement in the event of a cyclone or other severe weather event. Other factors that may prevent a student attending placement may include the following:

- Obligations in relation to closures of schools and child care centres, and/or the need to care for children at home, elderly relatives and visitors;
- Environmental factors such as local flooding;
- Issues such as cancellation of/interruption to public transport; and
- The requirement to take shelter, including the need to evacuate.
If students do not attend placement for the reasons above they must inform both the Health Facility and the Placement Office as soon as possible.

Students undertaking placement in the local Darwin area should not attend placement if the decision has been made to close CDU Casuarina and Palmerston Campuses. The student should contact the Health Facility and advise that they are under instruction not to attend placement until the University re-opens. Students in other locations should continue their placements as required and report to staff at the Alice Springs campus until Casuarina campus reopens. The Placement Office, prior to closing, will advise students who to contact if the need arises.

Students will need to make up any shifts missed due to the above circumstances. The CDU Placement Office will prioritise the organisation of these shifts to minimise any inconvenience to students.
Glossary of Terms

Different models of clinical supervision, support and teaching are used during clinical placement. The model selected is dependent upon factors such as the clinical context, the number of students on placement and their level of experience. The terminology used is often jurisdiction (state) specific. Charles Darwin University employed clinical supervisors are called clinical teachers. Health facility employed clinicians who work alongside students are called preceptors. Health facilities often utilise their own clinical nurse educators (CNE) to oversee student placements and support their own staff who works as preceptors.

Mentor:

Someone who provides an enabling relationship that facilitates another’s personal growth and development. The relationship is dynamic, reciprocal and may become tense. The mentor’s role is to assist with career development and guide the mentee through the organisational, social and political networks. (Morton-Cooper & Palmer, 1993, Mentoring and Preceptorship: a guide to support roles in clinical practice, published Blackwell Science).

Preceptee:

A student learning within a clinical area which may be attached to a primary, secondary or tertiary agency including primary health care, community, acute, mental health, aged care.

Preceptor:

A preceptor is a registered nurse, a clinician working in practice, who is prepared for the role of supervision, clinical teaching, assessment and the provision of feedback to students (Heffernan, Heffernan, Brosnan, & Brown, 2009).

Preceptorship:

Preceptorship is clinical supervision model in which clinicians have a direct clinical teaching role and undertake student assessment. The role focuses on the development of clinical and professional skills as well as work-place orientation and socialisation.

Clinical supervisor/teacher:

Clinical supervisors/teachers are employed by educational institutions to support, teach and assess groups of students. The clinical teacher works in conjunction with the preceptor to support teach and assess the student.

Clinical nurse educator:

The clinical nurse educator is a senior nurse employed by the health facility who acts as a role model, preceptor and or / mentor to inexperienced nurses to facilitate the development of clinical expertise and decision making in a speciality area. A component of their role may be oversight of undergraduate nursing placements. Their primary role is the professional development of the staff in their area of specialty.
Supervision of Placement

Students may encounter up to three different models of clinical supervision on clinical placements.

The Preceptor Model

This model involves supervision of one student by a Preceptor. The Preceptor is a Registered Nurse who usually works on the ward. It is common for students to have more than one preceptor on clinical placement. If this occurs, CDU request that the Health Facility nominate one key contact for the student who will be responsible for the overall assessment.

The relationship between student and Preceptor is an important aspect of the clinical placement experience. Students and Facility staff should remember that almost all clinical settings and clinical work are stressful for beginning students. The Preceptor will do their best to help reduce this stress because it impacts on the student’s learning experience but the needs of the patients are paramount.

The Professional Development Model

This model involves a more experienced clinician or nurse educator working with a number of Preceptors and students in a specific clinical area. This nurse is sometimes called a Clinical Liaison Nurse. They act as a resource person and will assist students to solve problems.

The Clinical supervisor/teacher Model

This model involves either a CDU Lecturer, an experienced Nurse Educator contracted by CDU or the Health Facility to oversee up to eight - ten students at a time during placement. The clinical supervisor/teacher works with individual students and the Registered Nurses they are assigned to on each shift. It remains the responsibility of ward staff to observe and complete assessments with the student. However, clinical supervisors/teachers are there to assist with problems that may be encountered.

At times (e.g. first-year placements) Enrolled Nurses or other professionals may provide students with direct supervision. However, students MUST also have a designated Registered Nurse who is accountable at all times for the conduct of student supervision and evaluation. The named Registered Nurse is accountable for evaluating and signing the assessment documentation.

Only Registered Nurses can sign the clinical assessments. It is acceptable for the RN to evaluate the information provided by others in the assessment of student practice.

Unit Coordinators

The Unit Coordinator is a support person during placement no matter which supervision model is being utilised. If the Health Facility is experiencing problems with placement they should contact the Unit Coordinator as soon as possible.

CDU academic staff makes regular contact with students during their placement through the online forum. This ensures students are able to address concerns and problems. Students are expected to contact the Unit Coordinator if problems arise. The academic team also attempt to contact each Health Facility during the clinical placement. CDU also likes to hear when things are going well.
Problems on Placement

During a clinical placement a number of problems may arise. The majority of these can be managed by a discussion with the student and with a phone call to CDU. In other instances more action may need to be taken to resolve the issue.

Problems that cannot be resolved between student and Preceptor / Clinical supervisor

In the event staff or student issues cannot be resolved informally, the Health Facility should contact the Unit Coordinator as soon as possible to discuss problems and to develop strategies to resolve the issues. When a student is identified as at “risk of failure”, the Unit Coordinator must be contacted as soon as possible. The process on the “Flowchart for Clinical Placement Units” (Appendix B) will be initiated. On-going, continuous assessment and written feedback (formative) will ensure that the student is aware of the Facility’s concerns.

The Unit Coordinator will generally follow the process for addressing a failure to achieve the NMBA RN Practice Standards (2016) as follows. (Note: The documented information provided by Registered Nurses who have observed student practise is critical to identify the best approach for resolution.)

The Preceptor or Clinical supervisor/teacher provides specific and documented comment via the Clinical Assessment Portfolio (or separate report) to the Unit Coordinator. Depending on the level of identified issues the following choices are available to the Unit Coordinator:

i. Further discussion with Preceptor / Educator / supervisor/teacher and student;
   Or

ii. A Learning Agreement may be offered to the student; this can include additional placement time, focussed support (if placement is still underway), or both;
   Or

iii. A fail grade is issued and student removed from placement.

Withdrawal of placement by clinical staff

Withdrawal of a placement is a last-resort process and should only occur after consultation with the Unit Coordinator. This usually should not occur without warning or preventative action having been implemented.

Withdrawal occurs when a facility notifies CDU it cannot adequately manage the student’s behaviour or the student’s patients, staff or public are placed at risk by the student’s behaviour.

Wherever possible, consultation with the Unit Coordinator at CDU should occur prior to withdrawal. Sometimes withdrawing a placement is an unfortunate consequence of operational priorities and does not reflect on a student’s competence.

- Registered Nurses have a professional responsibility to ensure the safety and well-being of themselves, patients, the student and the public. Before excluding a student from practice the
Preceptor must notify senior management who will then liaise with the Unit Coordinator and the Clinical Coordinator;

- If the Facility’s clinical staff is of the opinion that a student cannot be adequately supervised, the placement can be terminated after discussion with relevant managers, Unit Coordinators and Clinical Coordinator.

If the situation is urgent, health facilities reserve the right to terminate placements immediately. If placement is terminated, the student should receive a brief explanation from senior clinical staff and be asked to contact the Unit Coordinator to arrange for an initial meeting (or telephone discussion) within 24 hours if possible. The student also needs to notify the Clinical Coordinator and Placement Office as soon as practicable.

The Unit Coordinator will have a brief initial discussion with the student. Notes should be taken and these should be available to the student and then arrange for a longer appointment time with the student and Health Facility. The timing of this meeting will be organised depending on when assessment documentation from the student and the Health Facility arrives at CDU. The student will also need to provide all the clinical assessment documentation from placement. Minutes of all meetings should be recorded and made available to the student, Facility and Unit Coordinator.

**Appeals against withdrawal of placement by the Health Facility**

The Unit Coordinator and the Clinical Coordinator/ Director of Clinical Education and a nominated person from the Health Facility will negotiate a process for dispute resolution. This process shall be cognisant of provisions in the practice agreement between CDU and the Health Facility in addition to the CDU Assessment Rules and Principles. That is, two processes are to be satisfied:

1) the practice agreement between the Health Facility and CDU, and

2) the CDU Assessment Rules and Principles of Assessment.

The Unit Coordinator will have a brief initial discussion with the student and then arrange for a longer appointment time with the student and Health Facility. The timing of this meeting will be organised depending on when assessment documentation from student and the Health Facility arrives at CDU.

The outcome of this process will be reported to the Director of Nursing of the Health Facility (or equivalent), to the Director of Clinical Education, Bachelor of Nursing Program Coordinator and others as required.
Access and Disability

Fitness to Practice

The Bachelor of Nursing program prepares students to meet the criteria for registration as per the Nursing and Midwifery Board of Australia. It is a requirement of the Australia Health Practitioners Regulatory Agency (under which the CDU Bachelor of Nursing degree is accredited) to ensure that students have the physical and psychological capacity to competently perform their role of a student nurse.

CDU therefore, has a responsibility to ensure that all nursing and midwifery students are aware of and understand their obligation to report any physical, psychological or other condition that might impede their ‘fitness to practice’ during clinical placements. As with all student matters, confidentiality is assured and no disclosure of information will be made outside that necessary for the administration of the student’s progress in the course. However students must note the mandatory reporting guidelines describe under ‘Student Registration’ (page 36).

Students are therefore recommended to meet the following requirements:

- Students with a physical, psychological or other condition that may impact on their ability to undertake clinical placement are recommended to make a self-declaration stating the nature of the condition and what accommodations are needed for them to practise safely in a clinical venue;
- Where there is a pre-existing illness or disability such that their ability to practice is impaired, the student is recommended to advise Student Administration and Equity Services to discuss the development of a Placement Plan to support their clinical placement. Information relevant to the placement will be provided to the Unit Coordinator and the Placement Office to manage with the health facility hosting the student.
- Students that are carers for people with a disability may also apply for a Placement Plan.

Pregnancy

Pregnancy does not preclude students from attending clinical placement; however some clinical placements may be potentially harmful to the developing foetus and to the pregnant student.

Pregnant students are expected to notify the Clinical Coordinator and the Placement Office of their pregnancy if;

- Student is allocated to a placement in area where there may be particular health and safety issues, e.g. radiation, working with infectious disease, cytotoxic drugs and anaesthetic gases.

  And / or

- Student is in the third trimester of pregnancy or within the first 8 weeks after birth.

Students who want to continue to complete practicum during third trimester (up to 32 weeks) or within the first 8 weeks after birth and are required to produce a medical certificate stating the student is fit to attend nursing placement. Students must also comply with health facility guidelines and recommendations when undertaking placements, if the health facility has stricter policies then CDU, these will override CDU’s above policy.
Students with Disabilities

CDU is committed to providing an accessible, supportive, safe, and inclusive environment for students with a disability; ensuring that prospective and current students with a disability are afforded appropriate opportunities to enter and participate fully in the life of the University; that reasonable adjustments will be made to provide access, participation, retention and success for students with a disability, including assistance to staff to help meet the students’ learning and support needs.

If a student has a disability or medical condition or is a carer for a person with a disability or medical condition that may impact on ability to undertake study, the student facilitator at Student Administration and Equity Services can meet with or phone the student to discuss a Placement Plan.

When a Placement Plan is put in place for a student this is provided to the appropriate representative at the health facility prior to a placement confirmation. This allows the health facility to decide if they can safely support the placement under the Placement Plan’s requirements.

Disability and Disclosure

Choosing to disclose a disability is an individual matter and is a choice that can only be made by the student. It is not always necessary for a student to disclose their disability but this is an important topic to consider especially if adjustments to the placement and/or nursing care will need to be modified. Supports cannot be implemented if CDU and the health facility are not informed of student needs.

There is no legal obligation to disclose a disability to CDU staff unless it is likely to affect student performance and ability to meet the requirements of the course. Depending on the disability, course requirements may have an impact on student ability to undertake and fulfil the Clinical Placement and Simulation Block components of the course.

Both the Health Facility and CDU have a requirement to mandatorily report students as per guidelines outlined on page 36.
Student Registration

Australian Health Practitioners Regulatory Agency (AHPRA)

Since March 2011 all students enrolled in an approved program of study have been registered with AHPRA. It is the role of the education provider (CDU) in conjunction with AHPRA to register all current students.

The National Law limits the role of the National Board to:

- Register students
- Maintain a student register that is not publicly available
- Deal with notifications about students – whose health is impaired to such a degree that there may be a substantial risk of harm to the public,
- Have been charged with an offence, or have been convicted or who are found guilty of an offence punishable by 12 months imprisonment,
- Who have or may have contravened a condition of the student’s registration or an undertaking given by students to the AHPRA.


Mandatory Reporting

CDU has a legal responsibility to mandatorily report students based on the following legislation;

Division 2 Mandatory notifications: 143 Mandatory notifications by education providers

(1) An education provider must notify the National Agency if the provider reasonably believes—

(a) a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or

(b) A student for whom the education provider has arranged clinical training has impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm;

Student’s requirement to report

Under the National Law, students enrolled in an approved program of study or undertaking clinical training must notify AHPRA through the local office within seven days of becoming aware that:

- they have been charged with an offence punishable by 12 months imprisonment or more or
- they have been convicted of, or are the subject of, a finding of guilt for an offence punishable by imprisonment or
- their registration under the law of another country that provides for the registration of students has been suspended or cancelled.
- have been charged with an offence, or have been convicted or who are found guilty of an offence punishable by 12 months imprisonment or more;
- had their registration suspended or cancelled under the law of another country that provides for the registration of students.
Frequently Asked Questions

Can students organise their own placement with a Health Facility?

No. Students are not permitted to contact Health Facilities to organise their own placements. However, students can provide the Placement Office with information about potential placement opportunities. If a student approaches you for a placement, please direct them back to the Placement Office.

Can a student organise their own shifts and rosters?

No. Rosters are determined by the placement provider. If students have concerns about their rosters they should advise the Placement Office. Students cannot enter into negotiations with the Facility regarding their roster.

Local managers, clinical staff or students must not negotiate changes unless this process has been approved by the Placement Office. Unauthorised hours will not be counted for assessment purposes. In general students must only attend the placement for 8.5 hours per day. The ONLY exception is when the preceptor is rostered to work 10 hour shifts over a four day period.

What should I do if a student does not turn up for their rostered shift?

If a student fails to attend a rostered shift the CDU Placement Office must be notified as soon as possible. The Placement Office will then liaise with the student. The afterhours emergency contact number can also be utilised if outside normal office hours (see page 5).

Is the student part of the work-force?

At CDU all students undertaking pre-registration nursing programs have supernumerary status while on clinical placements. This means that students are additional to the workforce requirement and staffing figures. Students are present in the placement setting as a learner and not as a member of staff. However, students must still make an active contribution to the work of the practice area to enable the student to learn how to care for patients (RCN, 2007a).

“Supernumerary status means that the student shall not, as part of their program of preparation, be employed by any person or body under a contract to provide nursing/midwifery care.” (NMC, 2004b; NMC, 2004c)

The student is an Enrolled Nurse; what difference will this make to the clinical placements?

There are significant and complex differences in the role and responsibilities of a student on clinical placement and those of the same student who is employment as an Enrolled Nurse.

Firstly, CDU students are not covered by an employment contract or employee insurance while on clinical placement. Instead, students must comply with the policies of Charles Darwin University.

Secondly, the student’s scope of practice is different from that of an Enrolled Nurse. For instance, even if a student is “medication endorsed” as an Enrolled Nurse, this endorsement is not applicable to the role of a student. This is a complex legal and professional issue. Students who work outside their Scope of Practice will probably be withdrawn from the placement and fail the unit. The guiding principle is that students cannot undertake clinical tasks unless they have successfully undertaken the applicable theoretical unit and the related tasks in the requisite SB.
**APPENDIX A: SCOPE OF PRACTICE**

**First year** students must work within the first year scope of practice. **Second year** students must work within the second year scope of practice and their practice can also include skills of the 1st year scope. **Third year** students must work within the third year scope of practice and can also include the skills of 1st and 2nd year scope of practice. NB* The third year students will have skills that are within the scope of other years as third year students learn new skills but also consolidate and build on existing skills learnt in previous years.

<table>
<thead>
<tr>
<th>Year 1: Unit NUR 125 – Novice: no patient load; continuous supervision</th>
<th>Year 2: Unit NUR 244 - Novice: Advanced beginner; medium level supervision (50% patient load)</th>
<th>Year 3: Unit NUR 343/ 346/ 344 Advanced-beginner: Minimal supervision (100% patient load)</th>
</tr>
</thead>
</table>
| Communicate and collaborates appropriately with colleagues, patients & carers/ families.  
- Assist colleagues with patient care as appropriate  
- Establish and maintain a therapeutic relationship with patients & families appropriate to the clinical setting & inclusive of psychogeriatric and cognitively impaired clients.  
- Perform accurate, concise and appropriate recording and reporting of objective & subjective patient data using appropriate nursing and medical terminology. With continuous support:  
  - Handover of 1 patient  
  - Discuss evidence-informed rationales for implementing designated nursing care  
  - Assess patients input/output (direct & indirect observation, fluid balance & food/diet charts)  
  - Recognise & report significant fluid balance fluctuations  
  - With continuous support implement nursing interventions for low acuity patients requiring assistance with ADLs:  
    - Positioning & mobility  
    - Personal hygiene  
    - Oral and eye care  
    - Oral dietary intake-assistance and assessment of patient’s eating/swallowing abilities  
    - Apply the nursing process (assessment, planning, intervention, rationales and evaluation) in the nursing care of patients with self-care deficits  
    - Discuss evidence-based rationales for the above interventions  
  Use safe manual handling techniques and equipment. With support, promote patient comfort & body alignment including:  
  - Bed making | Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.  
  With supervision, implement nursing actions (procedures) for the low and medium acuity medical/surgical patient (50% patient load) including:  
  - Perform & document a health assessment  
  - Formulate nursing problem statements based on the above data and informed by evidence  
  - Conduct pain assessment and associated nursing interventions  
  - Monitoring patients and performing ECGs  
  - Provide evidence-informed rationales for the above interventions  
  Assess respiratory system & function:  
  - Describe the determinants of adequate oxygenation and the nurse’s role in assessment and provision of oxygen supplementation  
  - Discuss different evidence-informed rationales for providing supplementary oxygen  
  - Perform a physical and psychosocial assessment of the well child & family  
  - Apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the nursing care of patients with neurological deficits.  
  - Apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the nursing care of patients with musculoskeletal deficits, i.e. spinal precautions, neurovascular observations.  
  With support, perform evidence-based nursing techniques in complex wound management, e.g. drain tubes & removal of sutures, staples & complex dressings.  
  With supervision, apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the administration of S2 & S4 medications (excluding restricted S4 & S8).  
  - Articulate knowledge of legislation, charting and e-scribe medication administration contexts  | Demonstrate professional communication, conduct and evidence-informed decision-making in all aspects of nursing across a range of cultural settings & acuity levels. Confidently provide accurate, logical, concise and appropriate recording and reporting of patient data (oral & written) to the health care team.  
  Application of the nursing process (assessment, planning, evidence-informed intervention, rationales and evaluation) in a variety of medical / surgical patient care environments for low, moderate and high acuity patients across the lifespan.  
  Provide all phases of the nursing process for 100% patient load considering time management, health assessments, planning and prioritising of clinical interventions and care.  
  Apply the nursing process (assessment, planning, evidence-informed intervention, rationales and evaluation) for patients requiring medication:  
  - Further develop skills in the safe administration of medicines via the oral, topical and parental routes  
  - Manage medication regimes for 100% patient load & across varying modalities  
  - Intravenous therapy regimes including narcotic infusions, epidurals & PCAs  
  - Demonstrate knowledge about the storage and use of Schedule 2, 4 and 8 medications according to facility, statutory, State and Commonwealth Law  
  - Discuss the pharmacology & pharmacokinetics of medications administered by the student  
  Apply knowledge of emergencies in the clinical setting and the maintenance & use of emergency & resuscitation equipment. With close supervision:  
  - Perform primary and secondary survey of respiratory, neurological, cardiac, urinary & gastrointestinal system assessments required for high acuity patients & in emergency settings  
  - Use the above data to provide evidence-informed nursing interventions which may include

*NB* The third year students will have skills that are within the scope of other years as third year students learn new skills but also consolidate and build on existing skills learnt in previous years.
<table>
<thead>
<tr>
<th>Positioning of patient</th>
<th>Discuss the pharmacokinetics &amp; pharmacology of all medications to be administered by the student and RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>With supervision, apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the administration of S2 oral medications.</td>
<td>Discuss evidence-based rationales for safe administration and management of varying regimes including: oral, IM, nebulised, SC, ocular, aural, nasal, PR &amp; PV PEG/gastrostomy, nasogastric tube</td>
</tr>
<tr>
<td>Articulate knowledge of legislation, charting and ecribe medication administration contexts</td>
<td>Intravenous therapy regimes including IV antibiotics</td>
</tr>
<tr>
<td>Discuss the pharmacokinetics &amp; pharmacology of all medications to be administered by the student and RN</td>
<td>With supervision, apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) for patients with complex hydration and nutritional requirements which may include:</td>
</tr>
<tr>
<td>Discuss evidence-based rationales for safe administration and management of oral medication (S2 only).</td>
<td>Management and care of naso-gastric tubes</td>
</tr>
<tr>
<td>Help with continence management (daily care of indwelling catheters; use of commodes; continence pads, bedpans or urinals). Use safe and effective infection control measures &amp; standard precautions including:</td>
<td>Measures to maintain fluid balance, i.e. intravenous fluid replacement / supplementation therapy</td>
</tr>
<tr>
<td>Clean and clinical hand hygiene</td>
<td>Discuss the rationales for the above interventions.</td>
</tr>
<tr>
<td>Use of personal protective equipment</td>
<td>With supervision, apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) for patients with complex needs related to the renal system including care and insertion of urinary catheters.</td>
</tr>
<tr>
<td>Appropriate disposal of waste materials.</td>
<td>Work collaboratively with allied health workers &amp; other team members.</td>
</tr>
<tr>
<td>Assist with care of a low acuity patient requiring isolation or barrier nursing.</td>
<td>With constant supervision, apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) for patients:</td>
</tr>
<tr>
<td>Assist with admission and primary health assessment of low acuity patients including:</td>
<td>Exhibiting difficult / challenging behaviours</td>
</tr>
<tr>
<td>Nursing history and primary assessment</td>
<td>Patients with mental health illness and related problems</td>
</tr>
<tr>
<td>Appearance/presentation</td>
<td>Aggressive patients</td>
</tr>
<tr>
<td>Weight and height</td>
<td>Withdrawal syndrome and/or dependency behaviours (including working with AOD team)</td>
</tr>
<tr>
<td>Ward urinalysis</td>
<td>Cognitively impaired patients</td>
</tr>
<tr>
<td>Vital signs; TPR,BP, RR &amp; pulse oximetry.</td>
<td>With supervision, apply the nursing process (assessment, planning, evidence-informed intervention, rationales and evaluation) for paediatric patients including assessment, pain management, medication management &amp; family interventions.</td>
</tr>
<tr>
<td>With support conduct an assessment of patient pain.</td>
<td>Discuss the rationales for these decisions.</td>
</tr>
<tr>
<td>With support assist with wound healing by primary intention:</td>
<td>With support, adapt nursing skills and clinical decision-making in a broad range of nursing contexts including remote area health clinics, mental health and community health facilities and specialised acute care areas.</td>
</tr>
<tr>
<td>Dry wound dressing</td>
<td>Discuss student’s role in relation to Emergency Codes (Blue, Green, and Red etc.).</td>
</tr>
<tr>
<td>Assessment of pressure ulcer risk</td>
<td>Venepuncture to obtain blood sample for evaluation of hydration and haemodynamic status</td>
</tr>
<tr>
<td>Assessment of falls risk.</td>
<td>Blood or blood products</td>
</tr>
<tr>
<td>With supervision, assess and support respiratory function through body positioning and primary care planning and implementation.</td>
<td>Total parenteral nutrition</td>
</tr>
<tr>
<td>Discuss student’s role in relation to Emergency Codes (Blue, Green, and Red etc.).</td>
<td>Discuss evidence-based collaborative management of patients who require the above interventions.</td>
</tr>
<tr>
<td>Recognise and assist with collaborative management of clients</td>
<td></td>
</tr>
<tr>
<td>Cognitively impaired patients</td>
<td>Intravenous infusions</td>
</tr>
<tr>
<td>Exhibiting difficult / challenging behaviours</td>
<td>Patients with mental health illness and related problems</td>
</tr>
<tr>
<td>Aggressive patients</td>
<td>Withdrawal syndrome and/or dependency behaviours (including working with AOD team)</td>
</tr>
<tr>
<td>Cognitively impaired patients</td>
<td>Total parenteral nutrition</td>
</tr>
</tbody>
</table>

**Charles Darwin University School of Health**
APPENDIX B: FLOWCHART FOR CLINICAL PLACEMENT UNITS

NUR125, NUR244, NUR343, NUR344 & NUR346
(For the reference of Nursing Academics, Staff, and Bachelor of Nursing Students)

COMMENCE PLACEMENT

CLINICAL APPRAISAL - refer to unit and Portfolio requirements

Progress determined as satisfactory by Agency/Facility clinical supervisors, educators, preceptors and Unit Coordinators in accordance with the NMBA Competencies, facility guidelines and Scope of Practice

Placement Completed

Required clinical hours completed and Clinical Portfolio submitted to appropriate CDU unit co-ordinator within two weeks of completion of clinical placement

All elements graded as satisfactory and a grade is recorded

Student proceeds to the next level of study or if course complete grade transcript signed and forwarded to AHPRA.

Assessment elements graded as unsatisfactory

Option 1: Learning Agreement

opportunity for the remainder of placement, or additional placement arranged as per Learning Agreement

Learning Agreement achieved

Option 2: UNSAFE PRACTICE

NB* Refer to additional note
An inability to think critically and perform consistently and safely

Student removed from clinical placement

FAIL recorded for unit

Option 1: Learning Agreement

Learning Agreement NOT achieved by set date

Student to meet with the BN Program Manager/ Director of Clinical Education to discuss course progression

NB* PLEASE NOTE Unsafe Practice can include any student action which may incorporate but is not limited to:
- Practice that endangers patient/client safety
- Inability to achieve year level standard & requires constant supervision
- Works outside of designated scope
- Breach of professional conduct
- Inability to think critically and perform consistently

NB* CDU remains responsible for the ultimate outcome of the workplace assessment.
Student successfully completes SB pre-requisites as outlined by the Pre Clinical Coordinator and Clinical Placement Office and are enrolled in the unit.

Student accesses Learnline and completes the medication calculation exam and relevant pre-reading and critical thinking exercises for that unit.

Student attends allocated SB

Student demonstrates competency in OSCA. Student demonstrates professional behaviour and participates and contributes to all SB sessions

Student demonstrates 100% attendance at SB

Successful completion of SB

Progression to placement determined by student providing pre-requisite documents

Refer to Clinical Placement Flow Chart

Student fails to demonstrate competency in OSCA. OR Unprofessional behaviour or lack of participation & contribution to SB sessions noted; inability to achieve appropriate clinical standard or to think critically

Student does not demonstrate 100% attendance at SB

Feedback and revision time provided

Student given opportunity to demonstrate competency OSCA OR Demonstrate professional behaviour; SB participation; appropriate clinical performance and critical thinking

Student fails to demonstrate competency in 2nd chance OSCA OR no change in professional behaviour or SB participation; clinical performance and critical thinking

Meeting with Unit Coordinator and Director Clinical Education / BN Program Manager to discuss SB performance/progress

Student may be permitted to continue with the SB and commence placement with a Learning Agreement with a focus on the area that was not successfully demonstrated during the SB. Additional learning materials and assessments will be identified and provided with the support of the Unit Coordinator.

Student fails SB and is required to re-enrol and complete the unit in its entirety

Student must attend in correct CDU uniform and identification.

Students who have not met the clinical prerequisites and are unable to progress to placement may be issued a Fail grade for the unit as they have not met the unit requirements.

Professional behaviour and participation is assessed in accordance with the National Practice Standards for the Registered Nurse as presented by the NMBA.
APPENDIX D: CLINICAL COMMUNICATION SKILLS FEEDBACK

Student name:  
Assessor:  
Clinical Placement venue:  
Date:  

This set of criteria is designed to provide feedback on clinical communication skills of students you have preceptored/facilitated/mentored and observed during a clinical placement. Please respond by ticking and initialing the appropriate level obtained. Students are assessed at the time of interim and final assessment. Please refer to Key.

<table>
<thead>
<tr>
<th>Please initial a box for each item</th>
<th>Limited 1</th>
<th>Developing 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal communication</strong></td>
<td></td>
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<tr>
<td>Ability to communicate with patients and staff at a social level</td>
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<tr>
<td>Ability to communicate with patients and staff about nursing procedures</td>
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<tr>
<td>Ability to communicate with patient and staff about medical procedures</td>
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<tr>
<td>Ability to participate in discussions with patient and staff</td>
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<tr>
<td>Knowing the right words or terms to express thinking to patients and staff</td>
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<tr>
<td><strong>Written Communication</strong></td>
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<tr>
<td>Ability to write notes about patients in clear English from a verbal shift change</td>
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<tr>
<td>Ability to summarize essential elements of patients' conditions from a verbal shift change</td>
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<tr>
<td>Ability to correctly use nursing terminology</td>
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</tr>
<tr>
<td><strong>Responding to verbal communication</strong></td>
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<tr>
<td>Responds to verbal communication appropriately</td>
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<tr>
<td>Responds to verbal request accurately</td>
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<tr>
<td>Asking another person to repeat what he or she said as required</td>
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</tr>
</tbody>
</table>

Please provide additional comments in the space below

Student Name: *(please print)* ___________________________ Sign: ___________________ Date: __________

Clinical supervisor/teacher: *(please print)* ___________________ Sign: ___________________ Date: __________

Key: Clinical Communication Skills

Students who are assessed as **limited** or **developing** should be referred to their unit coordinator to discuss what remedial practices have been attempted by clinical teacher what further action is required. Students should be reassessed at regular intervals with success or failure of remedial actions noted.

<table>
<thead>
<tr>
<th>Limited 1</th>
<th>Developing 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about being unsafe because of lack of ability and clarity of communication. Continuous verbal cues required. Numerous errors of expression, pronunciation and incorrect terminology (health literacy). Inability to respond to verbal requests, constant requests for explanation or clarification. Social communication or therapeutic communication not established.</td>
<td>Refers to being safe when supervised and supported with communication. Requires some prompts and cues when articulating care and progress. Some errors of expression, pronunciation and use of incorrect terminology (health literacy). Some delay in response to verbal requests, requires some explanation or clarification. Social communication established.</td>
<td>Refers to being safe and knowledgeable most of the time. Requires occasional prompts when articulating patient care and progress. Therapeutic communication and social communication established.</td>
<td>Refers to being safe &amp; knowledgeable; efficient &amp; coordinated; displays confidence with activities of communication. Establishes good therapeutic techniques and interactions with the multidisciplinary team and patient. Able to articulate patient care and progress.</td>
</tr>
</tbody>
</table>
APPENDIX E:

Accident, Incident and Injury Report

Human Resource Services
HRS-02-001 Version 3.10
Issued Sept 2014

Death, serious illness or injury must be reported immediately to Work Health and Safety (WHS) through HRS Reception: 8946 6904

- **Injured party/ Person involved**: You must complete **Section A** and forward to your Supervisor for completion. Inform the Work Health and Safety (WHS) unit within The Office of Human Resource Services about the accident, incident or injury within 24 hours, preferably by email.
- **Supervisor/ Lecturer**: You must complete **Section B** and forward to WHS, within 5 working days, preferably by email.
- **Staff only**: For possible Workers’ Compensation Claim complete this form without delay and contact WHS for further information on the Workers’ Compensation process, preferably by email.

**NOTE**: This form is to be used for accident/ incident report only (unplanned event that has happened and caused immediate or imminent WHS risk exposure or injury). For general WHS concerns/ issues/ hazards, please use the Hazard report form.

WHS email: whs@cdu.edu.au
WHS phone no: (08) 8946 6473
Fax: (08) 8946 7211

If you are completing this form on behalf of someone else please complete this section with your details.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Phone no.</th>
</tr>
</thead>
</table>

**Section A Details of person injured or person involved**

To be completed by the person injured or involved and forwarded to the Supervisor / Lecturer without delay.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your email address</td>
<td>Contact no.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff ▶ Faculty / Office</td>
<td>Employee no.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student ▶ Student no. ▶ Course</td>
<td>Unit no.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If NOT a CDU employee please indicate: □ Contractor □ Employed by Contractor □ Visitor □ Affiliated organisation

- **Name of contractor/ employing organisation** Contact no.  
- **Address of employer** Employer's email:

**Incident details (e.g: CDU sites – campus, building, room, off CDU sites – Address approximate location, Faculty / Office**

Date of incident Time of incident am / pm

Location of incident

**Description of incident** (describe task being performed and list sequence of events)

Note: (attach further information if space is insufficient)

Witness details (**NOTE**: Witness to Accident/Injury Report form needs to be completed and attached)

<table>
<thead>
<tr>
<th>Name</th>
<th>□ Staff □ Student □ Visitor/Contractor</th>
<th>Contact no.</th>
</tr>
</thead>
</table>
### Nature or Type

- Intracranial Injuries
- Fractures
- Wounds, lacerations, amputation or internal organ damage
- Burns
- Injury to nerves and spinal cord
- Traumatic joint/ligament/muscle/tendon injury
- Other injuries
- Musculoskeletal and connective tissue diseases
- Digestive system diseases
- Skin and subcutaneous tissue diseases
- Nervous system and sense organ diseases
- Respiratory system diseases
- Circulatory system diseases
- Infectious and parasitic diseases
- Neoplasms (Cancer)
- Other diseases
- Other claims (specify):

### Body Part

- Teeth
- Brain
- Organ

### Mechanism of incident

- Falls, slips and trips of a person
- Hitting object with a part of body
- Being hit by moving object
- Sound and pressure
- Body stressing
- Heat, electricity and other environmental factors
- Chemical and other substances
- Biological factors
- Other and unspecified mechanisms of incident

### Agency of injury/disease

- Machinery and (mainly) fixed plant
- Mobile plant and transport
- Powered equipment, tools and appliances
- Non-powered hand tools, appliances and equipment
- Chemicals and chemical products
- Materials and substances
- Environmental agencies
- Animal, human and biological agencies
- Other and unspecified agencies

---

**Note:** If completing form online...

Go to View on the toolbar, select Toolbars then ‘Drawing’. The Drawing toolbar appears at the bottom of page. Select the circle tool and use it to indicate injured areas.

---

### Special Follow-up procedure

- Contact Manager, WHS for injuries involving contaminated needles or sharps.

### Medical treatment obtained

- Nil
- First Aid
- Doctor
- Admitted to hospital
- Other (specify)

First Aid provided by __________________________________________ Date ____________ Time ____________

### Outcome for injured person

Time lost from work? No Yes ► Days ____________ Hours ____________ or Not yet returned to work
**Placement Students only** (NOTE: Copy of host organisation’s Accident, Incident and Injury Report must be attached)

Name of CDU Unit Coordinator

CDU Unit Coordinator’s e-mail address

OHS representative at host organisation

Host OHS representative e-mail address

Placement Students forward this form along with the Accident, Injury Report from the host organisation to Unit Coordinator.

Unit Coordinator is NOT required to complete section B, but must forward this form and the student’s Accident, Incident and Injury Report from the host organisation to the Manager, WHS, Human Resource Services, Orange 12, Level 2.

I give consent for the personal information in this report to be provided to my relevant Workplace Health and Safety Committee (WHSC) and Health and Safety Representative (HSR).

Signature of person injured / involved

Date

Contact no.

After completion of Section A forward to Supervisor / Lecturer to complete Section B.

---

### Section B Corrective action

Section B to be completed by CDU Supervisor / Lecturer and forwarded to WHS within 5 working days.

**Recommended Corrective Action**

<table>
<thead>
<tr>
<th>Change process/equipment/substance:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Eliminate (remove)</td>
<td>☐ Repair/modify machinery</td>
<td></td>
</tr>
<tr>
<td>☐ Substitute - less hazardous</td>
<td>☐ Provide/modify safe work procedures</td>
<td></td>
</tr>
<tr>
<td>☐ Isolate (limit access/exposure)</td>
<td>☐ Install safety signage</td>
<td></td>
</tr>
<tr>
<td>☐ Redesign (change equipment/process)</td>
<td>☐ Changes to work environment</td>
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<tr>
<td>☐ Provide/modify personal protective equipment</td>
<td>☐ Provide training (on the job training, course required)</td>
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<tr>
<td>☐ Other (specify)</td>
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**Specify details of corrective action recommended** (attach further information if space is insufficient)

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<tr>
<td>Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence</td>
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| Name of Supervisor/ Lecturer (print) | ________________________________ | Contact no. | ________________________________ |
| Signature of Supervisor/ Lecturer    | ________________________________ | Date        | ________________________________ |
Please Note: for the purpose of this report a witness is:

- a person who saw the accident/injury occur
- a person who was present immediately before or soon after the accident/injury and who observed the injured person
- a person told of the event shortly after it occurred

Return completed form to – Manager, Health, Safety and Environment, (HSE), Human Resource Services (HRS) within 24 hours or as soon as possible thereafter.

<table>
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<tr>
<th>Accident / Incident Detail</th>
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<tr>
<td>Name of person involved in injury/accident</td>
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<td>Where accident occurred</td>
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<td>Date</td>
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<tr>
<td>Particulars of Witness</td>
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<tr>
<td>Surname</td>
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<tr>
<td>Phone numbers:</td>
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<tr>
<td>Statement of Witness</td>
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<tr>
<td>Did you actually see the accident/injury occur?</td>
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<tr>
<td>If you did not see the accident/injury what did you see or hear before, during or after the accident?</td>
</tr>
<tr>
<td>If you did see the accident/injury occur what did you see or hear before, during or after the event?</td>
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</tbody>
</table>
From what you saw, what injuries were suffered i.e. indicate left/right, leg/hand, etc?

... ...

What duty was the person performing when the accident/injury occurred?

... ...

Were there any other person(s) present?  Yes  No  If “Yes” please provide details if known below:

Name  Contact no.

Name  Contact no.

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

... ...

I certify that the above particulars are true and correct.

Signature  Name  Date

Signed in presence of:  Name  Date
APPENDIX F:
Registered nurse standards for practice

Standard 1: Thinks critically and analyses nursing practice
RNs 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.

The registered nurse:
1.1 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice
1.2 develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice
1.3 respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures
1.4 complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions
1.5 uses ethical frameworks when making decisions
1.6 maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and
1.7 contributes to quality improvement and relevant research.

Standard 2: Engages in therapeutic and professional relationships
RN 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.

The registered nurse:
2.1 establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships
2.2 communicates effectively, and is respectful of a person’s dignity, culture, values, beliefs and rights
2.3 recognises that people are the experts in the experience of their life
2.4 provides support and directs people to resources to optimise health-related decisions
2.5 advocates on behalf of people in a manner that respects the person’s autonomy and legal capacity
2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes
2.7 actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care
2.8 participates in and/or leads collaborative practice, and
2.9 reports notifiable conduct of health professionals, health workers and others.

Standard 3: Maintains the capability for practice
RNs, 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.

The registered nurse:
3.1 considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice
3.2 provides the information and education required to enhance people’s control over health
3.3 uses a lifelong learning approach for continuing professional development of self and others
3.4 accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities
3.5 seeks and responds to practice review and feedback
3.6 actively engages with the profession, and
3.7 identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people.

Standard 4: Comprehensively conducts assessments
RNs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the
basis for practice.

The registered nurse:

4.1 conducts assessments that are holistic as well as culturally appropriate

4.2 uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice

4.3 works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/or for referral, and

4.4 assesses the resources available to inform planning.

**Standard 5: Develops a plan for nursing practice**

RNs are 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.

The registered nurse:

5.1 uses assessment data and best available evidence to develop a plan

5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons

5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes

5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and

5.5 coordinates resources effectively and efficiently for planned actions.

**Standard 6: Provides safe, appropriate and responsive quality nursing practice**

RNs 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.

The registered nurse:

6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people

6.2 practises within their scope of practice

6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse’s scope of practice or others’ clinical or non-clinical roles

6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and correct

6.5 practises in accordance with relevant policies, guidelines, standards, regulations and legislation, and

6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards.

**Standard 7: Evaluates outcomes to inform nursing practice**

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

The registered nurse:

7.1 evaluates and monitors progress towards the expected goals and outcomes

7.2 revises the plan based on the evaluation, and

7.3 determines, documents and communicates further priorities, goals and outcomes with the relevant persons.