CDU CLINICAL PLACEMENT LEARNING AGREEMENT:

A Learning Agreement is only used if the student has been identified as having learning needs which without intervention will lead to a FAIL grade for the Clinical Placement. This decision is based on the student’s inability to meet the NMBA RN Standards for Practice within their Scope of Practice for the relevant year level of study. This Agreement must be developed in consultation with the CDU Unit Coordinator (or other CDU representative), student and with the host health facility.

<table>
<thead>
<tr>
<th>Has the student successfully achieved the requirements of this Learning Agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

Unit Coordinator must be notified of outcome either by phone or email towards completion of practicum.

Student name:_________________________ Student number:_________________________

Clinical venue:_________________________________________________________________________

Clinical venue contact name:________________ Contact number:_________________________

Areas of concern are (please link to the relevant NMBA RN Standards for Practice / ANSAT):

1. Thinks critically and analyses nursing practice

2. Engages in therapeutic and professional relationships

3. Maintains the capability for practice
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Comprehensively conducts assessments</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Develops a plan for nursing care</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Provides safe, appropriate and responsive quality nursing practice</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Evaluates outcomes to inform nursing practice</td>
</tr>
</tbody>
</table>
CDU CLINICAL PLACEMENT LEARNING AGREEMENT:

A Learning Agreement is only used if the student has been identified as having learning needs which without intervention will lead to a FAIL grade for the Clinical Placement. This decision is based on the student’s inability to meet the NMBA RN Standards for Practice within their Scope of Practice for the relevant year level of study. Failure to accept and acknowledge by signing the learning agreement will result in removal from placement and a FAIL grade can be awarded.

Aims of Learning Agreement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Strategies / resources to achieve aim:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Time frame:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

To successfully complete this component of the clinical unit, named student must meet the areas identified in this Learning Agreement and complete all other requirements of the clinical unit. Failure to successfully complete and submit this Learning Agreement will result in a FAIL grade for the clinical unit.

RN signature: ___________________________________________

RN name printed: _________________________________________

Designation: _____________________________________________

Date: ___________________________________________________

I have read and understood the requirements of this Learning Agreement.

Student name: __________________________________________

Student signature: _______________________________________

Date: ___________________________________________________

Unit Coordinator name: ___________________________________

Unit Coordinator signature: _________________________________

Date: ___________________________________________________