CLINICAL SUPERVISOR / TEACHER MANUAL
Diploma of Nursing
School of Health
Faculty of Engineering, Health, Science and the Environment
2016
Title: Clinical Teacher Manual 2016.
Acknowledgements: Kathleen Blair, Sarah Hanks, Mary Pixcock and the clinical team past and present.

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Revised January 2016.
Dear Clinical Supervisor / Teacher,

As the Director of Clinical Education in the School of Health at Charles Darwin University (CDU), I wish to thank you for taking on the role and responsibilities of providing clinical instruction to our nursing students.

The Clinical supervisor/teacher Manual is designed to provide you with information about the role and the links between the role, CDU and their relationship to the NMBA National Competency Standards.

Throughout my career I have found the role of Clinical supervisor/teacher to be challenging and indeed hard work, but at the same time it is extremely rewarding and gives one a wonderful sense of achievement so I hope you also enjoy the role.

Once again, thank you for supporting our CDU nursing students.

Kathleen Blair
Director of Clinical Education

clinicaleducation@cdu.edu.au

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 or clinicaleducation@cdu.edu.au or clinicalcoordination@cdu.edu.au to ensure correction for the following year’s edition.
Charles Darwin University Contact List

**EMERGENCY AFTER HOURS CONTACT NUMBER 0429 490 022**

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Information</th>
</tr>
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</table>
| **PLACEMENT OFFICE:**       | CDU switch board 08 8946 6666  
Ask for Placement Office for Diploma of Nursing students in relevant state or territory.  
Email: nurplaccoord@cdu.edu.au |
| **CLINICAL COORDINATOR:**   | Email: clinicalcoordination@cdu.edu.au                                               |
| **DIRECTOR CLINICAL EDUCATION:** | Email: clincialeducation@cdu.edu.au                                      |
| **PRE CLINICAL COORDINATOR:** | Email: Preclinical@cdu.edu.au                     |
| **COURSE & UNIT COORDINATORS:** | Email: vethealth@cdu.edu.au               |
Clinical supervision/teaching of Charles Darwin University (CDU) students

This booklet provides information related to bring a Clinical supervisor/teacher to nursing students from Charles Darwin University.

Thank you for choosing to be a CDU clinical supervisor/teacher. This is a very important role and one that carries an added responsibility because it embraces the concept of facilitating learning among enthusiastic students as they commence their professional journey in health service delivery and patient care. Whilst this process is dynamic and sometimes very unpredictable, the role and responsibility of a Clinical supervisor/teacher is extremely rewarding.

The clinical teaching model for teaching students in the clinical area aims to provide a supportive network that enables the clinical teacher to facilitate the student’s professional, social and physical transition to the graduate nurse role in the real world of health care. It is a means to build a supportive teaching and learning environment for students.

CDU along with many other universities and regulatory authorities have adopted the clinical teaching and preceptor model of clinical supervision because it:

- Empowers students and improves the quality of students’ problem solving, learning and reflection in and on clinical practice;
- Assists clinical teachers / preceptors to assess students within their Scope of Practice and helps them compare skill development with previous attempts and specified NMBA Practice Standards within the real world of clinical practice;
- Assists with role-socialisation processes;
- Provides the opportunity for students to learn time management, organisational skills, and delegation;
- Fosters students’ skill acquisition and helps them apply theory to practice;
- Builds students’ self-confidence as they are socialised into the role of the Enrolled Nurse (Division 2);
- Enables students to assume increased levels of responsibility under direct supervision and at their own pace and Scope of Practice;
- Reduces the reality shock of the transition of student to Enrolled Nurse (Division 2);
- Acknowledges expertise of skilled Registered Nurses who are expert role models for professional practice;
- Promotes a teaching and learning culture within organisations through commitment to quality improvement and lifelong learning;
- Helps preceptors to develop a professional portfolio, including preceptor activities in readiness for annual registration.
What are the necessary characteristics for being a CDU Clinical supervisor/teacher?

- Shows respect for the learner and by doing so create a safe environment for professional growth;
- Demonstrates expert knowledge and skill and the ability to share these attributes in a way that is useful and interesting to the learner;
- Be able to make judgements about competence/proficiency of CDU students on the same part of the register, and in the same field of practice and be accountable for such decisions;
- Discusses current developments, reveals broad reading, discusses divergent points of view, relates topics to other disciplines, directs students to useful literature in the field, explains the basis for their actions and decisions and answers questions enthusiastically, clearly and precisely;
- Demonstrates enjoyment of patient care and enthusiasm for teaching;
- Demonstrates knowledge and a willingness to share time, knowledge and skills;
- Is committed to a high level of evidence-based, quality nursing care;
- Has a good understanding of the NMBA Enrolled Nurse Standards for Practice (Appendix A);
- Communicates clear goals and expectation while remaining open and respectful to others;
- Recognises that, when appropriate, he or she must relinquish some of the control in the clinical area to the learner;
- Able to assess and give constructive feedback on the students' level of clinical competence, knowledge and professionalism relative to the students' level of experience and knowledge;
- Promotes active involvement of the learner in all aspects of practice.
What are the roles and responsibilities of a CDU Clinical supervisor/teacher?

They act as role models in clinical practice by sharing their knowledge and experience. They guide, facilitate and support each student, in addition to assessing competence and evaluating students’ progress.

The role of the Clinical supervisor/teacher may include:

- Provide quality patient / client care and support and educate the student in the process;
- Orientate students to the clinical area;
- Enhance and reinforce students’ level of clinical knowledge and skill;
- Assist students with meeting their learning objectives and needs; Identify learning needs with each preceptee and topics for further learning;
- Contribute to the students’ organisational skills and prioritising of care;
- Encourage students’ critical thinking and problem solving skills;
- Assess students’ performance and clinical competence;
- Assist in the socialisation of students’ to the professional setting;
- Consult and liaise with the CDU Clinical Supervisor and/or Unit Coordinator regarding students’ formative (interim assessment) and summative (final assessment) progress. CDU remains responsible for the ultimate outcome of the workplace assessment. Please see Appendix C: The flowchart for clinical units.

What is competence?
According to NMBA (2006), competence is defined as: ‘the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area…p.9.’ Nursing competencies encompass the skills, knowledge, abilities, attitudes and values required to practice nursing. Differentiation exists in competencies among practicing nurses at various levels and settings. Competencies develop over time and are measurable. If they are to build on their knowledge and skills students need practice and time to reflect in order to achieve these aims. Assessment can be seen as continuous monitoring of the individual student’s development of his/her abilities.

How do we measure competence?
In Australia clinical competence is measured by assessing students’ behaviours against each of the Domains and Indicators described in the NMBA Enrolled Nurse Standards for Practice (2016). The level of skills students are expected to attain will depend on their year level, and designated Scope of Practice.
What happens if you identify problems?

**Step 1.** Clearly and objectively identify the problem and readily observable reasons why the student is finding that meeting their clinical objectives is challenging. Doubts over a student’s performance during their placement must be qualified in terms of outcomes and explanation. In general this will be based on the competencies as set out in the student’s Clinical Portfolio. By linking your assessment closely to the NMBA Enrolled Nurse Standards for Practice (Appendix A) you will be able to keep your assessment objective, unambiguous, realistic and measurable.

**Step 2.** Ask yourself “can I talk to the student about this” (see alternative below).

**Step 3.** If you can, meet with the student to discuss your concerns. Extensive, constructive feedback is necessary here to help students understand any concerns you may have. It is crucial that problem areas are clearly documented, along with plans for development. It is important to find out if the student is aware of the problem and negotiate strategies for dealing with it.

**Step 4.** Let the CNC and/or CDU Supervisor or CDU Course/Unit Coordinator know what the identified problem is and what strategies have been put in place. The CDU Course/Unit Coordinator must be advised about what has happened. It is crucial to keep anecdotal records and minutes of the meeting. These should be available to the student and CDU.

**Step 5.** Evaluate the strategies and provide ongoing feedback to the student. The CNC and/or CDU supervisor/teacher and Course/Unit Coordinator must be kept informed regarding progress. You must record your plan of action and the support provided, as well as input from the student.

**OR**

**Step 2.** If you cannot talk to the student then discuss the problem with the CNC and/or CDU Supervisor/Unit Coordinator for advice and strategies on how to deal with the problem.
1. **Offer your feedback with care.** Begin by asking the student if you can provide some feedback. Once you have agreement offer the feedback in a respectful manner.

2. **Make your feedback specific.** The student cannot learn from your feedback if you suggest they are ‘inconsiderate’ for example, without further explanation. Instead provide an example such as, ‘When you took Mr Jones to the bathroom and his gown was not tied up properly, I noticed the other patients looking very uncomfortable. Could you please make sure the patient is covered next time?’

3. **Ensure your feedback is given at the right time.** Do not delay giving the feedback as the event is not always remembered. For example, if a student was on their final week of placement and you wanted to offer feedback on an event that took place in their first week, you have probably missed your chance to give effective feedback.

4. **Advice must be easy to put into practice.** Feedback is most useful when behaviour is modifiable. It would not be helpful to hear from the preceptor that the student was too small in stature to carry out the task. Instead it would be helpful to say, ‘When you performed that clinical skill, it looked like you couldn’t reach the patient easily. Have you thought about lowering the bed to a more suitable height?’

5. **Always prepare what you want to say.** Giving constructive feedback is not an easy task. You will need to make sure you take the time to be clear, specific and timely with your feedback.

6. **Use statements beginning with ‘I’.** When giving feedback, it is best to take ownership of what you are saying. If you begin with ‘I’ then the student is more likely to listen and respect what you have to say.

7. **Choose your location wisely.** Receiving feedback in front of other team members can be daunting. Take the time to think about where it would be appropriate to offer your feedback as you may wish for some privacy.

8. **Always allow the student to respond to your feedback.** Ensure that the student has understood what you are saying; ascertain whether they require further feedback or if they wish to explain themselves.

9. **Communication issues** can be addressed using the communication tool in Appendix D. Students should have a communication assessment at the interim and final assessment. If issues are identified then these can be addressed with the student and the unit coordinator.
Remember to contact CDU as soon as possible if you have any concerns about the student you are providing clinical instruction to so that arrangements can be made to support you and the student early in their placement.
Students 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.

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 Enrolled Nurse Standards for Practice (2016). The final documentation must be an accurate and objective reflection of the student’s competency 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) 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 standards for practice in one or more domains, standards and indicators. 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 NMBA Enrolled Nurse Standards for Practice (2016) and the NMBA Codes of Ethics and Practice and the student’s level of experience and Scope of Practice.

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 (Biohazard)
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

As soon as practicable after exposure:

- Gently encourage bleeding if skin is not intact;
- Wash the area of contamination well with soap and water. - apply dressing if necessary;
- If the eyes have been contaminated, rinse gently but thoroughly with water or normal saline while eyes are open. Rinsing should be at least for thirty (30) seconds;
- If clothing is contaminated, remove and shower;
- If blood or other body fluids are sprayed into the mouth, spit out and then rinse out the mouth several times;
- Inform the senior nurse of the incident and follow 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 about the incident
- 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 ClinicalCoordination@cdu.edu.au or CDU Work, Health & Safety for advice. whs@cdu.edu.au
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 / Clinical Supervisor immediately. Appropriate first aid should be provided to the student. A senior nurse or clinical supervisor 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 Course/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 Benefit
- Weekly Benefit - Injury if loss of income
- Domestic Help/Child Minding Benefit
- Bedcare Patient Benefit
- Non-Medicare Expenses - Medical expenses which are claimed in whole or part through Medicare cannot be claimed under this policy.
- Home Tutorial Benefit
• HECS and/or Post Graduate Fees
• Injury Assistance Benefit
• Modification Benefit

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.
Create a CDU account

You will need to create an account to obtain access to payment summaries and a CDU email. You will do this once your contract has been processed and you have been given an employee number. This may take around 2 weeks from when you sent in the contract.

If you have NOT had access before:

On the CDU webpage (www.cdu.edu.au) - go to e-centre.

Select Activate Account tab

Follow the prompts

Your ID number is your Employee Number.
If you have had access before:

On the CDU webpage - go to e-centre.

Enter your Username
(this is usually the first initial of your first name,
Followed by your surname. You may have a numeric
at the end e.g. jsmith1 for John Smith)

Enter your Password.
(if you have forgotten your password or it has
Expired, you will need to phone ITMS and have
Your password reset)

**ITMS:** 08 8946 6600

Your ID number is your Employee Number.
How to get a CDU Staff ID Card

To get a CDU staff card to use for identification when working with CDU you will need to send an email to sohadmin@cdu.edu.au. In this email please include;

- How you would like your name displayed
- An electronic copy of a good quality passport style photo
- Employee number

The card will then be processed and mailed back to your address by a member of the School of Health Admin Team.

Recommended resources

We recommend you take the time to have a look at the following webpage on the CDU Website.

http://www.cdu.edu.au/health/health-facilities

On this website you will find a range of resources in a facilitator toolbox that will be useful to your role. On this site you will find a copy of

- All Clinical Assessment Portfolios
- Short video clips about each unit
- Clinical Placement Resources Manuals for students and facilities
- Clinical reasoning Instructor Resource
- IMPORTANT HR Information including
  - Position descriptions
  - Time sheet
  - Time sheet due dates

Uniforms

From 2015 onwards, a uniform is mandatory for staff employed as a CDU clinical supervisors or clinical teachers. The uniform consists of

- Photo ID badge (e.g. staff id card)
- Navy blue or black trousers or skirt
- CDU branded shirt
- Black closed in shoes with non-slip soles (no runners/joggers)

There are several options on shirts that you are able to purchase:

1. You can purchase a CDU-branded shirt (cherry coloured) from the CDU bookshop through their online store at bookshop.cdu.edu.au or
2. You can purchase directly through the official CDU supplier Territory Uniforms who are already aware of CDU uniform policies. To order uniforms, contact Territory Uniforms directly and mention that you want a CDU uniform. The above style is LB7301 in a cherry red. They have a website at territoryuniforms.com
3. A range of uniform styles have been selected in consultation with staff members across the University. Uniform styles are available in CDU Red, CDU Blue or white.

The staff uniform policy can be found at:
Government requirements for health workers

As a clinical supervisor/teacher for CDU students attending placements in Health Facilities, you are required to be up to date with the requirements for health workers in your state. Examples of the evidence that may be required are included below.

Our Preclinical Coordinator will be in touch to inform you of the requirements for your specific state, alternatively you can email the Preclinical Coordinator on preclinical@cdu.edu.au

- Annual National Police Check
- Current Working with Children’s Card
- TB Screen (within the last 2 years)
- Pertussis Adult vaccine (vaccination record only)
- Varicella immunity (2 vaccines or serology)
- Measles immunity (2 vaccines or serology)
- Mumps immunity (2 vaccines or serology)
- Rubella immunity (2 vaccines or serology)
- Hep A immunity (2 vaccines or serology)
- Hep B immunity (3 vaccines or serology)

Please provide certified copies to the following address (the Preclinical Coordinator can certify these documents for you).

Nursing Preclinical Coordinator
EHSE Building Blue 5
CDU, NT 0909.

Or located on campus at Building Blue 5

How to submit time sheets

You will find online at http://www.cdu.edu.au/health/health-facilities a time sheet. When filling out your timesheet please fill in the hours you have actually worked each day and break it into morning and afternoon hours.

The preferred way to submit your time sheet is via email. If you have access to a scanner can you please sign and scan your timesheet and email it to sohadmin@cdu.edu.au this mailbox will be checked daily.

If you don’t have access to a scanner you can fax your time sheets to 08 89466089. Please place a cover sheet on that is addressed to SOH Admin.

You will find on the website a list of the dates that time sheets are due and pay dates for 2015.
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 specific. Charles Darwin University employed clinical supervisors are called clinical supervisors or 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 or seconded from health facilities to support, teach and assess groups of students. Clinical supervisors/teachers assist and enable students in a clinical setting to acquire the required knowledge, skills and attitudes to meet the standards defined by the university and nurse regulatory authorities. They liaise between the students, academic and clinical staff in a tripartite relationship (Andrews & Roberts, 2003).
**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.
APPENDIX A: National competency standards for the enrolled nurse

Enrolled Nurse Standards for Practice 2016

APPENDIX B: SCOPE OF PRACTICE

The Scope of Practice indicates the level of nursing skills and knowledge students should be able to demonstrate at the beginning and those they must achieve on completion, all students apply the nursing process and evidence informed rationales for all nursing actions. They must demonstrate professional accountability and responsibility for their actions and behaviour, according to their scope of practice and the NMBA Enrolled Nurse Standards for Practice (2016), Code of Ethics and Practice.

<table>
<thead>
<tr>
<th>Semester 1: HLTEN504C, HLTEN515B – Novice: Frequent or continuous cues, no patient load; continuous supervision</th>
<th>Semester 2: HLTEN505C, HLTEN506B HLTEN507C, HLTEN512B, HLTEN510B - Novice: Advanced beginner; frequent or occasional cues; medium level supervision (2-4 patients)</th>
<th>Semester 3: HLTEN513B, HLTEN519C - Advanced-beginner: Minimal cues; minimal supervision (4-6 patients)</th>
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| Communicate and collaborate appropriately with colleagues, clients & carers/ families.  
  • Use advanced oral communication skills (language competence) required to fulfil job roles as specified by the health environment. Advanced oral communication skills include interviewing techniques, asking questions, active listening, asking for clarification from client or other persons, negotiating solutions, acknowledging and responding to a range of views  
  • Use interpersonal skills required, including working with others, empathising with clients, family and colleagues, using sensitivity when dealing with people and an ability to relate to persons from differing cultural, spiritual, social and religious backgrounds  
  • Establish and maintain a therapeutic relationship with clients & families appropriate to the clinical setting & clients. Perform accurate, concise and appropriate recording and reporting of client data using appropriate nursing and medical terminology  
  • Use written communication skills (literacy competence) required to fulfil job roles as specified by health environment. The level of skill may range from reading and understanding client reports and documentation to completion of written reports. Apply problem solving skills, including use of tools and techniques to solve problems, analyse information and make decisions that require discretion and confidentiality  
  • With continuous support:  
    - Handover of 1 patient  
    - Apply problem solving skills when implementing designated nursing care  
    - Assess clients’ input/output (direct & indirect observation, fluid balance & food/diet charts)  
    - Recognise & report variations from normal functioning – referring to appropriate medical, nursing or allied health professional  
  With continuous support apply nursing interventions/procedures for low acuity clients requiring assistance with ADLs:  
  • Positioning & mobility  
  • Manual handling & risk assessment | Use oral communication skills (language competence) required to fulfil job roles as specified by the organisation/service. Oral communication skills include interviewing techniques, asking questions, active listening, asking for clarification, non-judgement attitudes, non-verbal behaviour  
  • Apply problem solving skills including use of tools and techniques to solve problems, analyse information and make decisions that require discretion and confidentiality  
  • Participate as a member of a health care team  
  • Perform clinical nursing interventions  
  • Use interpersonal skills, including working with others, empathising with clients, family and colleagues, using sensitivity when dealing with people and relating to persons from differing cultural, spiritual, social and religious backgrounds  
  • Use oral communication skills (language competence) required to fulfil job roles as specified by the health environment. Advanced oral communication skills include interviewing techniques, asking questions, active listening, asking for clarification from client or other persons, negotiating solutions, acknowledging and responding to a range of views  
  • Use written communication skills (literacy competence) required to fulfil job roles as specified by health environment. The level of skill may range from reading and understanding client reports and documentation to completion of written reports  
  • Use nursing interventions/procedures specific to complex client care such as:  
    - Asseptic technique  
    - Basic life support  
    - Blood specimen collection (venepuncture)  
    - Insertion of a naso-gastric tube  
    - Insertion of indwelling catheter  
    - Isolation and barrier nursing  
    - Nasogastric and gastrostomy feeding  
    - Osmotic care  
    - Oxygen administration  
    - Recording of 12 lead electrocardiogram  
    - Removal of staples and sutures  
    - Tracheostomy care  
    - Wound management  
  Assist in Cardiopulmonary resuscitation:  
  • Identification of cardiac arrest  
  • Call for help  
  • Commence CPR  
  • Assist medical aid as directed  
  • Contribute to documentation  
  • Emotional and physical support of other clients  
  • Seek debriefing  
  • An understanding of the pharmacology of medications including:  
  • 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  
  • Provide nursing care for 4-6 patients considering time management, health assessments, planning and prioritising of clinical interventions and care  
  • Apply the nursing care (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 parenteral routes  
    - Manage medication regimes for 4-6 patients & across varying modalities  
    - Intravenous therapy regimes including IV antibiotics; 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 & pharmokinetics 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 show the ability to effectively undertake nursing interventions including:  
  • Application of prosthesis  
  • Assist clients with chronic pain  
  • Assist clients with continence problems  
  • Assist clients with hypoglycaemia  
  • Assist clients with naso-gastric tube feeds  
  • Baths and wet packs  
  • Blood glucose monitoring  
  • Care of indwelling catheters  
  • Complex nursing interventions  
  • Fundamental nursing interventions  
  • Incentive spirometry  
  • Observation of client undergoing peritoneal or haemodialysis |
<table>
<thead>
<tr>
<th>Diploma of Nursing</th>
<th>Pharmacodynamics</th>
<th>Pharmacokinetics</th>
<th>Pharmacotherapeutics</th>
<th>Toxicology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate the ability to:</td>
<td>Measure, record and monitor neurological observations</td>
<td>Calculate volumes for administration of medications</td>
<td>Demonstrate preparation, administration and recording of medication(s) via all routes as per State and Territory Legislation</td>
<td>Demonstrate professional conduct, skills and knowledge</td>
</tr>
<tr>
<td></td>
<td>Explain and demonstrate emergency management for a client experiencing an adverse medication reaction</td>
<td>Observe and monitor peripheral intravenous therapy</td>
<td>Use interpersonal skills including working with others, using sensitivity when dealing with people and relating to persons from differing cultural, social and religious backgrounds</td>
<td></td>
</tr>
<tr>
<td>Use formulae for drug calculation for:</td>
<td>Adult clients</td>
<td>Older clients</td>
<td>Paediatric clients</td>
<td>Intravenous therapy</td>
</tr>
<tr>
<td>Use language, literacy and numeracy competence required for:</td>
<td>Comparison of metric measurements</td>
<td>Drug calculation, administration and documentation</td>
<td>Estimation</td>
<td>SI abbreviations</td>
</tr>
<tr>
<td></td>
<td>Administer medications under legal and regulatory frameworks. Ensuring the following guidelines:</td>
<td>Legible medication order</td>
<td>Preparation of medication by person administering</td>
<td>6 “Rights” of administration</td>
</tr>
<tr>
<td></td>
<td>Medication checking process</td>
<td>Special precautions</td>
<td>Medication documentation</td>
<td>Documentation of drug administration</td>
</tr>
<tr>
<td>blood transfusion care</td>
<td>Observations</td>
<td>Pre</td>
<td>Post</td>
<td>Medication preparation,administration and recording of</td>
</tr>
<tr>
<td></td>
<td>Health education</td>
<td>Operative care</td>
<td>Operative care</td>
<td>Medication administration via the following routes:</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>-</td>
<td></td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
<td>Intranasal (including nebulised medications)</td>
</tr>
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<td></td>
<td>Topical (including transdermal)</td>
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<td></td>
<td>Occlusive</td>
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<td>Aural</td>
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<tr>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td>Rectal</td>
</tr>
<tr>
<td>With support:</td>
<td>Vaginal administration</td>
<td>Subcutaneous/Intramuscular routes</td>
<td>Enteral administration [Percutaneous Gastrostomy (PEG) as well as nasogastric tubes]</td>
<td></td>
</tr>
<tr>
<td>Undertake admission and discharge processes</td>
<td>With support assist with wound healing by primary intention:</td>
<td>With support assist with wound healing by:</td>
<td>With supervision perform acute clinical nursing interventions/procedures specific to acute client care:</td>
<td></td>
</tr>
<tr>
<td>Undertake observation and assessment</td>
<td>Dry wound dressing</td>
<td>Undertaking wound assessment</td>
<td>Client history/assessment</td>
<td></td>
</tr>
<tr>
<td>With supervision undertakes safe medication administration via the following routes:</td>
<td>Assessment of pressure ulcer risk</td>
<td>Use wound care techniques – asepsis, debridement, packing of wound, specimen collection, sound cleansing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessment of falls risk</td>
<td>With supervision perform acute clinical nursing interventions/procedures specific to acute client care:</td>
<td>Discharge planning</td>
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<td></td>
<td></td>
<td></td>
<td>Emergency interventions</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Pre-operative preparation</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Post-operative care</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Health education</td>
<td></td>
</tr>
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<td></td>
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<td></td>
<td>Observations</td>
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<td></td>
<td></td>
<td></td>
<td>Blood transfusion care</td>
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<td></td>
<td></td>
<td></td>
<td>With supervision and understanding of mental health problems</td>
<td></td>
</tr>
</tbody>
</table>

- Feeding a client (meet nutritional needs)
- Specimen collection and urinalysis
- Personal hygiene – bathing and showering
- Oral, nasal and eye care
- Perineal toilet
- Dressing and undressing/pressure area care
- Ostomy care
- Maintaining skin integrity
- Nasogastric and gastrostomy feeding
- Basic life support
- Established tracheostomy care
- Demonstrate professional conduct skills and knowledge
- Participate as a member of a health care team
- With support, promote patient comfort
- & body alignment including:
  - Bed making
  - Positioning of patient
- Help with continence management (daily care of indwelling catheters; use of commodes; continence pads, bedpans or urinals).
- Use safe and effective infection control measures & standard precautions including:
  - Clean and clinical hand hygiene
  - Use of personal protective equipment
  - Take into account opportunities to address waste minimisation, environmental responsibility and sustainable practice issues
- With support:
  - Undertake admission and discharge processes
  - Undertake observation and assessment
- With support assist with wound healing by primary intention:
  - Dry wound dressing
  - Assessment of pressure ulcer risk
  - Assessment of falls risk
  - Pharmacodynamics
  - Pharmacokinetics
  - Pharmacotherapeutics
  - Toxicology
  - Prevention of pressure and decubitus ulcers
  - Range of active and passive exercises
  - Rehabilitation and restorative care
  - Stoma care
  - Use of nebulisers/oxygen therapy
  - Use of wheelchairs and walking aids
- With support, assess patients’ responses to hydration treatments including:
  - Intravenous infusions
  - Blood or blood products
  - Check IV site
  - Calculate volumes for administration of intravenous medication
  - Perform emergency management for client experiencing an adverse IV medication reaction

- With support, adapt nursing skills in a broad range of nursing contexts including remote area health clinics, mother and baby clinics, palliative care, renal units and community health facilities and specialised acute care areas.
<table>
<thead>
<tr>
<th>assist with:</th>
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<tbody>
<tr>
<td>• ECT</td>
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<tr>
<td>• Physical care</td>
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<tr>
<td>• Behavioural observations</td>
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<tr>
<td>• Counselling</td>
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<tr>
<td>• Establishment of therapeutical relationships</td>
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<tr>
<td>• Group and diversional therapy</td>
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</tbody>
</table>

Recognise and assist with collaborative management of clients exhibiting difficult / challenging behaviours:

| • Patients with mental health problems         |
| • Aggressive patients                          |
| • Withdrawal syndrome and / or dependency behaviours (including working with AOD team) |
| • Cognitively impaired patients                |
APPENDIX C: FLOWCHART FOR CLINICAL PLACEMENT UNITS

For the reference of Nursing Academics, Staff, and Diploma of Nursing Students.

CDU remains responsible for the ultimate outcome of the workplace assessment.
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>
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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>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate with patient and staff about medical procedures</td>
<td></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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<td></td>
</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 or Educator: ________________ Sign: ________________ Date: __________


Diploma of Nursing - CDU Clinical Supervisor/Teacher Manual 2016
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/facilitator and 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</th>
<th>Developing</th>
<th>Satisfactory</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
</tr>
<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

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.</td>
<td>Course</td>
<td>Unit no.</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
- Address of employer
- Employer’s email: 

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

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Time of incident</th>
<th>Location of incident</th>
</tr>
</thead>
</table>

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

*Note: (attach further information if space is insufficient)*

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

<table>
<thead>
<tr>
<th>Name</th>
<th>☐ Staff</th>
<th>☐ Student</th>
<th>☐ Visitor/Contractor</th>
<th>Contact no.</th>
</tr>
</thead>
</table>

Diploma of Nursing - CDU Clinical Supervisor/Teacher Manual 2016
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 please indicate the injured part(s)

☐ 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

Injury details

Other
☐ Teeth (specify)
☐ Brain
☐ Organ

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

Special Follow-up procedures are required for injuries involving contaminated needles or sharps – contact Manager, WHS.

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

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.
**Placement Students only** (NOTE: Copy of host organisation’s Accident, Incident and Injury Report must be attached)

Name of CDU Unit Coordinator: ............................................................ Contact no.: ............................................................

CDU Unit Coordinator’s e-mail address: ............................................................

OHS representative at host organisation: ............................................................ Contact no.: ............................................................

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

- Change process/equipment/substance:
  - ☐ Eliminate (remove)
  - ☐ Substitute - less hazardous
  - ☐ Isolate (limit access/exposure)
  - ☐ Redesign (change equipment/process)
  - ☐ Provide/maintain personal protective equipment

- ☐ Repair/modify machinery
- ☐ Provide/modify safe work procedures
- ☐ Install safety signage
- ☐ Changes to work environment
- ☐ Provide training (on the job training, course required)
- ☐ Other (specify): ............................................................

Specify details of corrective action recommended (attach further information if space is insufficient):

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Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence
(attach further information if space is insufficient)

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Name of Supervisor/ Lecturer (print)  ________________________________  Contact no.  ________________________________
Signature of Supervisor/ Lecturer  ________________________________  Date  ________________________________
### Witness to Accident/Injury Report

**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>
<thead>
<tr>
<th>Accident / Incident Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of person involved in injury/accident</strong></td>
</tr>
<tr>
<td>Where accident occurred</td>
</tr>
<tr>
<td><strong>Date</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Particulars of Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname</strong></td>
</tr>
<tr>
<td><strong>Phone numbers:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement of Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did you actually see the accident/injury occur?</strong></td>
</tr>
</tbody>
</table>

If you did not see the accident/injury what did you see or hear before, during or after the accident?

If you did see the accident/injury occur what did you see or hear before, during or after the event?
Statement of Witness cont...

From what you saw, what injuries were suffered i.e. indicate left/right, leg/hand, etc?

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INTRODUCTION

The student uniform process has been implemented to maintain a professional image and for ease of identification of CDU students. Students are to wear the designated CDU uniform for professional practice; when representing the university in a practice or professional capacity; on clinical practicum; working in simulation / clinical teaching blocks or practice tutorials or, as otherwise indicated by the Director of Clinical Education.

INTENT

The intent of this document is to clearly set out the uniform requirements of CDU students in the School of Health.

- CDU students project a professional appearance
- Students are readily identified through wearing the CDU student identification badge, clearly visible and by their neat professional appearance.
- The dress code reflects infection control and occupational health & safety standards

RELEVANT DEFINITIONS

In the context of this document:

**Student** has the same meaning that “Student of the University has in the Charles Darwin University (Student of the University) By-Laws.

**Staff member** means everyone employed by, or associated with, the University on a permanent casual, adjunct, honorary, voluntary or contractual basis whether fulltime or part time, volunteers or who are a member of a University committee.

**Uniforms** are specific clothing or apparel required by the employer to be worn by employees in their course of their duties.

PROCESS

The purpose of this process document is to maintain standards and professional appearance of all students enrolled in CDU School of Health programs. All students have an individual responsibility to maintain a professional manner in their choice of dress.

Consistent uniforms make CDU students easily identifiable and help present the University as one cohesive, professional organisation.

CDU’s student 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 / CTBs 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. The length and fit of trousers, shorts and skirts should be adequate to ensure modesty and to allow freedom of movement.
- CDU nursing student polo shirt with a collar and sleeve (arms should be bare below the elbows when undertaking clinical activities). The shirt length should ensure the midriff is covered.
- Current student ID card in a holder with clip, should be visible to staff and patients.
• Shoes black or navy enclosed with non-slip soles. Shoes are to be clean and if required, polished. “Sandshoes /runners, soft coverings and ballet style” shoes are unacceptable. Footwear should be capable of protecting staff from any injury or contact with sharp objects which may be accidently dropped. AS/NZS 2210.1:1994 - Occupational Protective Footwear.

• At least two pairs of ‘dress’ trousers/skirt/shorts and two polo shirts are required 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 if 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. Long nails are a potential risk to patients’ skin integrity and an infection control risk; Likewise nail polish and/or artificial nails are not to be worn;

• No jewellery, apart from a plain, non-engraved wedding ring and stud or sleeper 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 deodorant. They should avoid the use of heavy make-up and perfume as some people are allergic or sensitive to strong perfumes.

**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.

If students are considered inappropriately dressed they will be given a verbal warning and will be sent from placement to return appropriately attired. The time lost will need to be made up. Further warnings of inappropriate dress will be considered a breach of professional conduct and will result in disciplinary action.

**Ordering**

CDU bookshop and Territory Uniforms is CDU’s preferred supplier and is aware of CDU uniform policies. To order uniforms, contact directly.

**ESSENTIAL SUPPORTING INFORMATION**

**Internal**

- Work Health and Safety Policy
- Code of Conduct

**External**

- Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
- Work Health and Safety (National Uniform Legislation) Regulations 2011 (NT)