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Preparation for Professional Experience Placement

The Clinical Facilitator/Educator has the responsibility to:

1. Attend the clinical briefing at the School of Nursing, Midwifery & Nutrition or participate in the teleconference briefing, prior to the commencement of each clinical practice;

2. Arrange orientation to the specific area of the clinical venue to become acquainted with the staff and nature of experience prior to commencing practicum;

3. Become familiar with the objectives and nature of the clinical experience prior to commencing the practicum;

4. Visit the allocated clinical area as close as possible to the commencement of the practicum in order to ascertain the current patient profile, assist in the choice of learning experience, and liaise with Facility staff;

5. Negotiate with the clinical venue regarding clinical organisation such as student rosters, student locations;

6. Attend workshops provided by Nursing, Midwifery & Nutrition.
The Clinical Learning Experience

The Clinical Facilitator/Preceptor has the responsibility to:

1. Act as a role model for the student and demonstrate clinical expertise as required;

2. Select appropriate learning experiences based on
   i) objectives to be achieved
   ii) level of student development
   iii) learning opportunities available
   iv) skills list;

3. Conduct a briefing session with students each day with Year 1 and 2 students and as required with Year 3 & 4 students;

4. Supervise students in nursing/midwifery experiences except when a RN/RM who is a Facility staff member has agreed to facilitate an aspect of clinical learning;

5. Conduct regular discussion sessions to ensure and enhance the integration of theoretical concepts to both clinical practice and the NMBA competencies;

6. Ensure that the students are aware of appropriate agency rules, regulations, policies and procedures;

7. Assist students to plan client care in conjunction with clients and Facility staff;

8. Ensure that the consent of the individual is obtained prior to any intervention undertaken by self and/or students;

9. Ensure that the safety of the individual client is maintained at all times;

10. Ensure that the right of the individual client to privacy is respected at all times;

11. Provide opportunities for students to observe the skilled performance of nursing practitioners;

12. Provide individualised learning experiences for students;

13. Encourage students to develop creativity in their approach to care and towards learning activities;

14. Countersign the student's name and add JCU student nurse when students enter documentation on to client records;

15. Encourage self and peer evaluation by students;

16. Promote a reflective-based nursing practice especially in post-clinical debriefing sessions;

17. Consult with the Manager of Student Placement & Support as needed throughout the professional experience placement.
Assessment of Students

The Clinical Facilitator/Preceptor has the responsibility to:

1. Assess each student’s competencies according to course guidelines and recommend a grade (Satisfactory / Unsatisfactory). Documentation is returned to the student who is then responsible for the submission of clinical documentation to the School’s Clinical office;

2. Maintain student records and other records associated with the clinical practicum;

3. Note any student absences on the student’s assessment sheet and advise students of their responsibility to contact the School’s Clinical office of the same;

4. Ensure students are dressed in required uniform at all times – this includes University identification (clinical badge with a photo of the student);

5. Counsel any student who is at risk according to the Challenge Policy and notify the Manager Student Placement & Support.

Generally speaking, fair assessment processes should include:

- Identifying the student’s knowledge and skill gaps early. Encourage the student to recognise their own strengths and weaknesses and to propose a plan to gain the skill or better understanding.

- Working with them to set out a plan that clearly identifies what has to occur to demonstrate improvement of the student’s knowledge and skills, setting a short time frame to evaluate progress

- If there is no improvement, contacting the university ASAP and setting a clinical challenge and a timeframe to evaluate progress. Please read the clinical challenge procedure in Chapter 4.
Student Performance Issues

It is great when a student is keen, attentive, communicates clearly on all levels and performs well. However, there is a wide range of professionalism and interest in learning within any group of students. The following tips offer strategies to overcome common performance problems.

Lack of motivation

Tips for engaging students

Talk with them in a relaxed manner and try to find out why. Are they tired, unwell, shy or nervous?

If staff members comment on the student’s behaviour, it may be appropriate to sensitively feed these observations back to the student, to give them a chance to realise how they are being perceived.

Challenge them with a difficult or complex patient (within their scope).

If the student is not meeting requirements, inform the Manager of Student Placement immediately.

Take the student aside and remind them that although they might not be interested in this area of nursing, they owe it to their patients to provide excellent care. Remind them of their duty of care. Challenge the student by increasing complexity of care and setting achievable goals so they learn something each day.

Record any performance issue identifying the professional and teamwork domains of the NMBA. Making the student aware of your concerns in this way gives them the opportunity to gain a deeper understanding of what is expected in the role of a professional nurse. Find out how their relationship with their preceptor RN/RM is going. Discuss your expectations of what professional practice would look like for the motivated learner.

Overconfidence

Tips for managing the Overconfident students

Talk about expectations and scope of practice as a Registered Nurse/Registered Midwife - mentioning that learning is constant. Give the student guidelines to work within and monitor closely.

Assess the student’s attitude towards collaborating, asking for and receiving guidance.

Set them a task to accomplish and review their performance.

Remind them of their legal obligations to work within their scope and also discuss the consequences of what might occur when they step outside their scope of practice.
Assess their knowledge base and set boundaries early in the placement. Ensure they work with a mentor and inform senior staff of performance concerns and objectives set.

When students have difficulty grasping concepts or performing clinical skills.

Tips for when they don’t understand

To help the students develop insight into their abilities, ask them lots of questions to test their knowledge at debriefing. It may highlight one student’s lack of knowledge compared to others.

Document your concerns as placement progress that reflects your concerns for the University to address.

Give students evidence of a lack of knowledge and have them investigate or research this area and follow this up every day.

Make a habit of asking about their nursing care activities and review their decisions and rationale with them.

Prompt student engagement by asking clinically relevant questions that demonstrate your expectation of their knowledge so they are prepared for questions that facilitate their learning.

Work alongside the student, explaining the relationship between nursing theory and practice. Set learning objectives and review in a specific timeframe.

Remove the student from the clinical environment if you believe they are putting patients at risk, and immediately contact the Manager of Student Placement & Support.

It is also helpful to refer to the profession’s codes, guidelines and Competency standards when trying to manage student behaviour or attitude issues.

Part of attaining confidence when performing skills and consolidating knowledge is to be tentative, unsure, and nervous for the first few times, which can be the perfect environment for mistakes.

If it is a skill that needs developing, providing the opportunity to practice using simulation and repetition may be sufficient. If it is an error in professional judgement or behaviour, give them the opportunity to learn and improve by highlighting the issue, having the student reflect, advising them of what is expected of a nursing professional and giving them the opportunity to demonstrate growth in their understanding.
Suggested Format for Organisation of the Clinical Day

The prime objective of the Clinical Facilitator/Preceptor is to facilitate student learning. Facilitators/Preceptors are there to assist students to ‘learn how to learn’ in order that they may acquire the necessary nursing skills, link theory to practice and the NMBA competencies and develop a positive professional self-image.

The SNMN provides 2 models of supervision for students on placement. For the majority of students in first & second year a Clinical Facilitator Model is desirable: that is a facilitator working directly on a supernumerary basis, with a group of students (4-8 students /group) in a clinical setting. For the majority of third year & fourth placements a Precetorship model is employed. This involves a practising registered nurse/registered midwife providing on-site individual clinical supervision on a 1:1 basis for a particular period of time.

Thus, in addition to considering each student’s current abilities and level of motivation, emphasis needs to be placed in establishing a collaborative, supportive, trustful and mutually respective environment; an environment that is conducive to critical thinking and reflective practice. The type of teaching strategy selected is secondary to this primary aim.

Thus whether the Clinical Facilitator/Preceptor decides to:

1. Demonstrate a skill;
2. Have students practice/demonstrate skills;
3. Provide student learning opportunities on a specific topic (eg methods of patient education, or the significance of psychosocial factors to care, physiology of the cardiovascular system);
4. Have a discussion; or
5. Arrange student-directed discussion/presentations;

It is important that the focus is on a person; the recipient of nursing practice. Using this approach, students are best able to gain an understanding of what is meant by holistic care. To facilitate this approach, students should be given responsibility for clients in conjunction with the RN/RM who holds total responsibility for the client’s care.

The ease with which a close link is established between the theoretical components of the course, NMBA competencies and clinical practice, depends to a large extent, on the organisational structure of the clinical day and the Facilitator's/Preceptor's ability to utilize all available resources effectively.

In order to facilitate integration of theory and practice and student learning, the Facilitator/Preceptor can use strategies such as:

- Conduct a briefing session with students at the commencement of clinical. This includes ensuring that the objectives of the practicum are known by students and discuss the development of strategies for achieving the desired outcomes. Student should also be encouraged to formulate their own specific objectives for the placement and to express concerns about any aspect of the practicum.

Suggestions for orientation:

- Explore the student’s previous clinical experience
- Go over and set objectives for this placement
- Explain your plans for assessment, such as when, how and where they can expect it to occur, for example, midway through week 2 each student to have completed at least 3 skills from the skills list.
- Go through the orientation checklist, including a ‘walk through’ of the facility, locating key areas and equipment, documentation used in the facility and the routine of the unit
- Clarify student expectations. Ensure they are realistic for the clinical environment and their level of training.
- Address professional behaviour, including punctuality, sickness, hygiene and attire.
- Ensure students are clear about their current scope of practice. Go over when to ask for assistance.
- Explain the type of person and nursing experience they can expect to encounter.
- Demonstrate equipment used in the facility and go through the paperwork they use.
- Have students practice skills and take each other’s observations, especially blood pressures in 1st year
- Cover OH&S issues for the organisation, such as local policies and procedures for fire, evacuation, manual handling and infection control.
- Discuss the student’s role in a medical emergency.
- Do over the basic care principles for patients as there may be a gap between lectures and professional experience placement.
- Allow students to introduce themselves and break the ice.
- At staff introductions, include students level of training.
- Make organisation values and expectations of the students’ behaviours clear.
- Have students attend handover at a pm shift, go through abbreviations, then assess a scenario and time plan for a patient.
- Have them practice using equipment such as BGL machine, including calibration.

- Provide opportunity for students to develop an understanding of the philosophy, aims, objective and clientele as well as the rule and regulations of the agency;
- Prioritise, plan and organise the day’s activities with students (including time for discussion and briefing sessions);
- Plan with students and the RN/RM in charge of the clients, the care to be given to clients selected for student’s clinical experience;
- Discuss with students significant incidents that occur during each day;
- Conduct a de-briefing session at the end of each day as appropriate. During these sessions opportunities can be provided to focus on the theoretical concepts related to the day’s activities. Evaluation of the day’s activities is encouraged including the effectiveness of tutorial/discussion sessions, achievements/non-achievements of clinical objectives, significant incidents, performance of student and staff and problems encountered.

It is anticipated that students continue their clinical learning outside of the prescribed Professional experience placement activities.
Tailoring the learning process for the individual students

A group of students may share a similar learning need and you will be able create an activity to teach them. However, each student will have their own learning needs. Following are some ideas on how to identify individual learning needs with strategies to manage assessment in the clinical environment.

Observation of students and assessment tips

- Ascertain the student’s knowledge base early, identify areas of concern and work with the student to develop
- Keep a diary of your observations to support your assessments
- Spend time with each student in the clinical area to observe their practice. Plan to assess a particular task with each student every day.
- Get the student to regularly hand over their patients to you to explore their understanding and knowledge
- Consider the experience level of the student, prior learning experiences, goals, purpose of the placement and personal attributes
- Ensure assessment is fair, reliable and following university expectations
- Strategic questioning of mentors can help clarify overall impression of student performance.
- Go through the clinical assessment tool and verify that the student understands.
- Feedback should be succinct & prompt, including praise and constructive criticism.
- Conduct formative assessment halfway through to focus on skills or behaviours that need to be developed.
- Peer assessment will give the facilitator a good idea of the students’ insight into their learning needs.
- Make sure the students plan to involve you in their learning, such as planning a time to assess observations or planning a dressing. This helps to develop organisational skills.

Tips for specific Health Care settings

Aged Care
- Give positive feedback to the manager early in the placement and ask if they would like feedback at the end of the placement
- Conduct a tutorial on dementia and behaviour management
- Reinforce understanding of ethical issues in aged care and the legal requirements for mandatory reporting of elder abuse.

Rehabilitation
• Students should attend a multidisciplinary team meeting
• Students should aim to follow a patient through a therapy session and attend a case conference.

Acute Care
• If you are on a surgical ward, check theatre days and see if there is the opportunity for students to follow a patient through theatre.
• Look out for discharge groups and pre-admission groups, as the students learn a lot from these sessions.
• Expect students to be providing care for 2-3 patients in acute care in yr levels 1 & 2, and 4-5 patients in yr level 3. This allows them the opportunity to work on time management and prioritisation of care

Mental Health
• Attend a psychiatric review session. Have students report observations in the debriefing session
• Have students participate in alternative therapy sessions and observe variations in the patient's demeanour and behaviours.

Midwifery
• Have the student's research current evidence and ask them to formulate a plan of care for a woman using Page's 5 steps.
• Encourage the students to have a degree of flexibility with working hours (as discussed with university) to fulfil woman centred care
**Nursing, Midwifery & Nutrition – The Mariner:**

**Professional Experience Placement & Student Responsibilities**

Professional Experience Placement is an integral component of the Bachelor Nursing Science and the Bachelor of Nursing Science/Bachelor of Midwifery (Pre-Registration) to meet the APHRA requirements for registration as a nurse/midwife. The aim of PEP is to integrate theoretical knowledge into practical clinical experiences.

Professional Experience Placement has been designed to develop a beginning nurse/midwife clinician who:

- is able to deliver safe, competent nursing care;
- is able to apply decision making and clinical judgment;
- is a consciously interactive, reflective carer.

The hours spent in the clinical setting are 8 hours + ½ hour for meal break.

**Bachelor of Nursing Science:**
Clinical days are worked across both the morning and afternoon shifts (times for these vary with the facility) and night shift and weekends during the final 6 week placement in 3rd year. Third year students and some second year students, who are preceptored, will often be required to work the same shifts as their preceptor. Shifts and times will vary between placements but the student will usually commence the first shift of the placement at 0800hr. Starting and finishing times for the rest of the placement will be negotiated with the clinical Facilitator or preceptor. Students are expected to attend the shifts as set down by the agency.

**Bachelor of Nursing Science/Bachelor of Midwifery**
Clinical days are worked across both the morning and afternoon shifts (times for these vary with the facility) and night shift and weekends during 2-4th year level of the program. Students, who are preceptored, will often be required to work the same shifts as their preceptor. Shifts and times will vary between placements but the student will usually commence the first shift of the placement at 0700/0800hr. Starting and finishing times for the rest of the placement will be negotiated with the clinical Facilitator or preceptor. Students are expected to attend the shifts as set down by the agency.
Uniform

The uniform has been designed for comfort, safety and health promotion. The chosen uniform is the only type which students are permitted to wear. Home-made uniforms are not permitted to be worn.

Students are required to wear the University’s uniform in a professional manner, i.e. clean, neat and tidy. Some facilities have additional special requirements, which are indicated on the School of Nursing, Midwifery & Nutrition professional experience placement communities on LearnJCU, for student information.

Female
Nurses watch
Navy culottes or knee-length navy skirt or navy trousers (not hipster style). Please note: some private hospitals may not allow trousers.
Navy and white striped shirt OR
Navy and white striped knee-length dress with navy collar and trim.
If stockings are worn, they must be navy or neutral in colour. No coloured socks.
Navy woollen V-necked vest.
NO SHORTS OR THREE-QUARTER LENGTH TROUSERS.

Male
Nurses watch
Navy shorts or navy trousers (and), Navy and white striped shirt (worn in).
White socks.
Navy woollen V-necked vest

Jewellery
One small stud earring in each ear only, no other visible piercing. Medical identification bands if necessary.
No jewellery on arms/hands except flat wedding band (no stones).
No other visible jewellery.

Hair
Must be above the collar.
Long hair is to be held back and must be above the collar. No ribbons, bows or glitter.

Footwear
Closed-in navy or black shoes; (boots are not appropriate). Fully enclosed footwear must be worn at ALL times, in ALL clinical settings. Footwear must have a non-slip sole and heels that are in good condition. Footwear, when worn must be fastened or buckled as appropriate at all times whilst on placement. Sandals, backless, sideless, scuffs, stiletto style shoes, strap style shoes, thongs and clogs are not permitted to be worn in any setting.

Rationale: The wearing of inappropriate footwear while on PEP places you at risk of injury through crush, sharps, slips and falls and potential exposure to body fluid.

Identification
JCU clinical identification badge (not JCU student identification badge) with year level badge, to be visibly worn on uniform. These are issued to Level One students prior to placement. All clinical badges have an expiry date.
Psychiatric/Mental Health Placement:
If students are not required to wear JCU uniform during psychiatric/mental health placement, the following dress requirements apply:

Female
Dress or skirt, culottes or tailored slacks with waist length collared T-shirts or blouse. No denim is allowed.

Male
Tailored shorts or trousers with collared T-shirts or shirts. No denim is allowed.

Jewellery
Jewellery and hair as per uniform specifications. Identification badges with level sticker must be worn and visible at all times.

Shoes
Closed in shoes, as per uniform guidelines, are compulsory; boots are not appropriate. No student, male or female, is permitted to wear T-shirts with slogans or any type of provocative clothing while on mental health placements.

The James Cook University Nursing Uniform is to be worn ONLY when the student is on James Cook University business.
Professional Experience Placement Assessment

The **minimum** assessment requirements that the student will be required to satisfactorily complete are:

1. Clinical Attendance Record
2. Clinical Skills Assessment.

In order to pass clinical, students must meet the assessment requirements for each subject as published in the relevant PEP Assessment Booklet.

**Clinical Attendance Record**

It is mandatory that the students attend professional experience placement when it is scheduled.

The Clinical Attendance Record **MUST** be completed, and signed, by the Clinical Facilitator / Preceptor. The student is required to organise a mutually convenient time with the Clinical Facilitator / Preceptor **prior to the end of the PEP** to discuss overall Clinical performance. Attendance can only be completed at the end of the day - **NOT** filled in prospectively.

**This form MUST be signed and completed by the Clinical Facilitator / Preceptor PRIOR to completion of PEP.**

**Clinical Skills Assessment**

Students will be encouraged to practice the nursing skills learned throughout the course, under the guidance of a Clinical Facilitator / Preceptor and Registered Nurse/Midwife. Satisfactory competence on a clinical skill does not preclude further practice and/or demonstration of the student’s competence. Students commencing the course are required to purchase the textbook Tollefson, J. (2013) Psychomotor Skills: Assessment tools for nursing students, (4th ed.). This book contains assessment for the skills taught across the 3 years of the course.

**Absence from Professional Experience Placement**

Students who are absent from clinical experience will be required to make up the time in order to successfully complete the requirements for registration as a nurse. They must contact the facilitator/preceptor responsible for the student and the University of their Missed Hours.

Students who miss any day/s of PEP must provide evidence of illness or other extenuating circumstance (such as compassionate leave, sick family members or other catastrophic event). This evidence will be a medical certificate submitted at the earliest opportunity and at least prior to completion of PEP. Students must notify the clinical facilitator and the Manager of Student placement & support of their absence.
Clinical Challenge Process

The School of Nursing, Midwifery & Nutrition is committed to quality client care based on holistic professional nursing practice models. It is the School’s responsibility to ensure safety to practice and caring professional behaviour from all students while on PEP. It is therefore important to have a structured, objective system in place to manage any questionable situations that arise while students are involved in PEP.

The purpose of this process is to:

1. Maintain an objective standard for challenge procedures in the event of situations when behaviour is considered to be unsafe or unprofessional;

2. Identify unprofessional, unsafe, and unsatisfactory behaviours warranting intervention as listed on the Formal Challenge Procedure Form;

3. Identify in detail the procedures to be followed in the event of a challenge being issued; maintain a formal procedure for removing a student at any time from the clinical practice setting because of unsafe or unprofessional behaviour(s).

If an event or series of events occurs involving a James Cook University student while on PEP which, in the opinion of the Clinical Facilitator/Preceptor, requires intervention, the following options are available.

Stage 1: Student Verbal Warning of Impending Challenge

At this point the procedure is informal involving the Clinical Facilitator/Preceptor and the student. The Clinical Facilitator/Preceptor informs the Manager of student placement & support of the threat of the challenge and discusses the situation. The Clinical Facilitator/Educator must:

1. Document the preceding events and his/her concerns, addressing published student assessment criteria;

2. Inform student that s/he is at risk of a formal challenge;

3. Counsel the student about the specific unacceptable behaviour(s);

4. Discuss appropriate behaviour and establish a clear expectation of modification of behaviour and support the student in their progress towards satisfactory practice for their year level;

5. Contact the Manager of student placement & support JCU or the facility Nursing Director for support and direction about this issue being raised;

6. Establish a time frame with the student for demonstration of alteration of the behaviour(s);

7. Set a time for a follow-up discussion with the student at the end of the time frame.

If correction of (s) has not occurred, the process proceeds to Stage 2: Formal Challenge Procedure.
Stage 2: Formal Challenge Procedure

Formal challenge is initiated if no reasonable effort has been made by the student to modify the unacceptable behaviour by the end of the given time frame.

1. An objective account of the circumstances or incident which initiated the challenge is documented by the Clinical Facilitator/Preceptor.
2. Following a formal, confidential dialogue between student and Clinical Facilitator/Preceptor addressing the behaviour(s) requiring correction, the documentation is signed by the student and the Clinical Facilitator/Preceptor.
3. The Manager of student placement & support is informed of the incident and the formal challenge details and is sent a copy of all relevant documentation.
4. The Clinical Facilitator/Preceptor advises the student that s/he may contact the Manager of Student Placement & support independently to discuss her/his status.
5. The Manager of Student placement & support notifies the Course Coordinator and the appropriate Subject Coordinator of the formal challenge procedure.
6. The student is assisted to redeem the challenge by negotiating a learning contract with their Clinical Facilitator/Preceptor. The Manager of Student Placement & support and Subject coordinator will be involved in the contract negotiations. The contract will be time limited and contain specific expectations. This learning contract may be activated during the same PEP or, alternatively, may need to occur during makeup PEP and/or PEP in a subsequent study period.
7. **If the contract is fulfilled within the time frame, the challenge is redeemed.**
   The documents relating to challenge remain in the student's confidential record. The student and Clinical Facilitator/Preceptor will meet to provide closure to the incident.
8. **If the student fails to redeem the challenge, s/he is then counselled by the Manager of student placement & support regarding the consequences of the behaviour(s).**

Stage 3: Immediate Removal

The Manager student placement and support and/or Course Coordinator in conjunction with the Clinical Facilitator/Preceptor have the option to immediately remove the student from the clinical environment in the event of a serious breach of professional behaviour or client safety. The Clinical Facilitator/Preceptor is responsible for providing the student with the following information should this occur:

1. Reason for action;
2. Subsequent steps/follow-up with the student including date/time/location of further discussion.

The Clinical Facilitator/Preceptor will also:

1. Notify the Manager of Student Placement & Support;
2. Provide documentation of the events or behaviour;
3. Notify the Clinical Nurse Consultant or Director of Nursing of the student's removal.
Frequently Asked Questions

What if I have students listed who do not arrive at placement, are absent or sick.

1. Contact Clinical Placement Officers

   **Townsville, Mount Isa & Mackay Campuses**
   Belinda Tuckett Tel: 4781 5492.

   **Cairns & Thursday Island Campuses**
   Christine Rollo Tel: 4232 1780

What if I have questions regarding clinical skills, assessment, and student’s scope of practice?

1. Contact the appropriate Subject Coordinator (listed in the Clinical Assessment Booklets) OR
2. If the Subject Coordinator is not available, leave a message with the Clinical Placement Officer Tel: 47815492 (TSV) / 42321780 (CNS).

What if I am having problems with a particular student?

1. Depending on the urgency of the issue contact the Manager Student Placement & Support JCU or the facility Nursing Director for support and direction with managing the situation

What if I am concerned about a student failing, student’s performance, or an accident or incident on placement?

1. Depending on the urgency of the issue contact the Manager Student Placement & Support JCU or the facility Nursing Director for support and direction.

What if I have problems with students’ uniform or choice of casual clothes in the mental health area?

1. Counsel the student and remind them of JCU uniform requirements.
2. In the event that counselling is not successful - Contact the Manager Student Placement & Support JCU or the facility Nursing Director for support and direction.

(For JCU-paid staff): What if I have questions about starting time, meeting place or where the students will be situated in the Facility?

1. Contact the Clinical Placement Officer Tel: 47815492 (TSV) / 42321780 (CNS)

Where do I get information regarding briefing times, student names?

1. Contact the Clinical Placement Officer Tel: 47815492 (TSV) / 42321780 (CNS)

What if I have questions about my pay, hours, taxation etc?

1. Contact the Clinical Coordinator (Admin) Tel: 47815323
National competency standards for the registered nurse

Introduction

National competency standards for registered nurses were first adopted by the Australian Nursing and Midwifery Council (ANMC) in the early 1990s. The ANMC was a peak national and midwifery organisation established in 1992 to develop a national approach to nursing and midwifery regulation. The ANMC worked in conjunction with the state and territory nursing and midwifery authorities (NMRAs) to produce national standards – an integral component of the regulatory framework – to help nurses and midwives deliver safe and competent care.

The ANMC officially became the Australian Nursing and Midwifery Accreditation Council (ANMAC) on 24 November 2010. The name change reflected ANMC’s appointment as the independent accrediting authority for the nursing and midwifery professions under the new National Registration and Accreditation Scheme (the National Scheme) that came into effect on 1 July 2010 (18 October 2010 in Western Australia).

With the onset of the National Scheme, the Nursing and Midwifery Board of Australia (National Board), took responsibility for the regulation of nurses and midwives in Australia, thus taking ownership of the national competency standards for registered nurses.

Since creation, these national competency standards have undergone periodic review and revision, which included extensive consultation with nurses around Australia. This helped to make sure the competency standards remained contemporary and congruent with legislative requirements.

The resulting standards, while different in some areas from the previous competency standards, remain broad and principle-based so that they are sufficiently dynamic for practising nurses and the nurse regulators to use as a benchmark to assess competence to practise in a range of settings.

What are the standards used for?

The national competency standards for the registered nurse are the core competency standards by which your performance is assessed to obtain and retain your registration as a registered nurse in Australia.

As a registered nurse, these core competency standards provide you with the framework for assessing your competence, and are used by the National Board to assess competence as part of the annual renewal of registration, to assess nurses;

- educated overseas seeking to work in Australia
- returning to work after breaks in service, or
- involved in professional conduct matters.

The National Board may also apply the competency standards in order to communicate to consumers the standards that they can expect from nurses.

Universities also use the standards when developing nursing curricula, and to assess student and new graduate performance.

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurses in a variety of settings. Included also are the principles of assessment to help you understand how these standards may be used to assess performance. We believe you will find them user-friendly and easy to understand.

Description of the registered nurse on entry to practice

The registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, National Board standards and codes, educational preparation, relevant legislation and context of care. The registered nurse practises independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.

The registered nurse provides evidence-based nursing care to people of all ages and cultural groups, including individuals, families and communities. The role of the registered nurse includes promotion and maintenance of health and prevention of illness for individuals with physical or mental illness, disabilities and or rehabilitation needs, as well as alleviation of pain and suffering at the end stage of life.

The registered nurse assesses, plans, implements and evaluates nursing care in collaboration with individuals and the multidisciplinary health care team so as to achieve goals and health outcomes. The registered nurse recognises that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact
National competency standards for the registered nurse

Professional practice

Relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

1. Practises in accordance with legislation affecting nursing practice and health care

1.1 Practises in accordance with legislation affecting nursing practice and health care:
- identifies legislation governing nursing practice
- describes nursing practice within the requirements of common law
- describes and adheres to legal requirements for medications
- identifies legal implications of nursing interventions
- actions demonstrate awareness of legal implications of nursing practice
- identifies and explains effects of legislation on the care of individuals/groups
- identifies and explains effects of legislation in the area of health, and
- identifies unprofessional practice as it relates to confidentiality and privacy legislation.

1.2 Fulfils the duty of care:
- performs nursing interventions in accordance with recognised standards of practice
- clarifies responsibility for aspects of care with other members of the health team
- recognises the responsibility to prevent harm, and
- performs nursing interventions following comprehensive and accurate assessments.

1.3 Recognises and responds appropriately to unsafe or unprofessional practice:
- identifies interventions which prevent care being compromised and/or law contravened
- identifies appropriate action to be taken in specified circumstances
- identifies and explains alternative strategies for intervention and their likely outcomes.
identifies behaviour that is detrimental to achieving optimal care, and
follows up incidents of unsafe practice to prevent recurrence.

2. Practises within a professional and ethical nursing framework:
   2.1 Practises in accordance with legislation affecting nursing practice and health care:
   • accepts individuals/groups regardless of race, culture, religion, age, gender, sexual preference, physical or mental state
   • ensures that personal values and attitudes are not imposed on others
   • conducts assessments that are sensitive to the needs of individuals/groups
   • recognises and accepts the rights of others
   • maintains an effective process of care when confronted by differing values, beliefs and biases
   • seeks assistance to resolve situations involving moral conflict, and
   • identifies and attempts to overcome factors which may constrain ethical decisions, in consultation with the health care team.

2.2 Integrates organisational policies and guidelines with professional standards:
   • maintains current knowledge of and incorporates relevant professional standards into practice
   • maintains current knowledge of and incorporates organisational policies and guidelines into practice
   • reviews and provides feedback on the relevance of organisational policies and professional standards procedures to practice
   • demonstrates awareness and understanding of developments in nursing that have an impact on the individual’s capacity to practise nursing, and
   • considers individual health and wellbeing in relation to being fit for practice.

2.3 Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups:
   • demonstrates respect for individual/group common and legal rights in relation to health care
   • identifies and adheres to strategies to promote and protect individual/group rights
   • considers individual/group preferences when providing care

2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures:
   • identifies when resources are insufficient to meet care needs of individuals/groups
   • communicates skill mix requirements to meet care needs of individuals/groups to management
   • protects the rights of individuals and groups and facilitates informed decisions
   • identifies and explains policies/practices which infringe on the rights of individuals or groups
   • clarifies policies, procedures and guidelines when rights of individuals or groups are compromised, and
   • recommends changes to policies, procedures and guidelines when rights are compromised.

2.5 Understands and practises within own scope of practice:
   • seeks clarification when questions, directions and decisions are unclear or not understood
   • undertakes decisions about care that are within scope of competence without consulting senior staff
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- raises concerns about inappropriate delegation with the appropriate registered nurse
- demonstrates accountability and responsibility for own actions within nursing practice
- assesses consequences of various outcomes of decision making
- consults relevant members of the health care team when required, and
- questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team.

2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care:
- maintains a current knowledge base
- considers ethical responsibilities in all aspects of practice
- ensures privacy and confidentiality when providing care, and
- questions and/or clarifies interventions which appear inappropriate with relevant members of the health care team.

2.7 Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unlicensed care workers:
- understands requirements of statutory and professionally regulated practice
- understands requirements for delegation and supervision of practice, and
- raises concerns about inappropriate delegation with the relevant organisational or regulatory personnel.

Critical thinking and analysis

Relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

3. Practises within an evidence-based framework

3.1 Identifies the relevance of research to improving individual/group health outcomes:
- identifies problems/issues in nursing practice that may be investigated through research
- considers potential for improvement in reviewing the outcomes of nursing activities and individual/group care
- discusses implications of research with colleagues participates in research, and
- demonstrates awareness of current research in own field of practice.

3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care:
- uses relevant literature and research findings to improve current practice
- participates in review of policies, procedures and guidelines based on relevant research
- identifies and disseminates relevant changes in practice or new information to colleagues
- recognises that judgements and decisions are aspects of nursing care, and
- recognises that nursing expertise varies with education, experience and context of practice.

3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence:
- demonstrates understanding of the registered nurse role in contributing to nursing research
- undertakes critical analysis of research findings in considering their application to practice
- maintains accurate documentation of information which could be used in nursing research, and
- clarifies when resources are not understood or their application is questionable.

3.4 Supports and contributes to nursing and health care research:
- participates in research, and
- identifies problems suitable for research.

3.5 Participates in quality improvement activities:
- recognises that quality improvement involves ongoing consideration, use and review of practice in relation to practice outcomes, standards and guidelines and new developments
- seeks feedback from a wide range of sources to improve the quality of nursing care
- participates in case review activities, and
- participates in clinical audits.

4. Participates in ongoing professional development of self and others

4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance:
- undertakes regular self-evaluation of own nursing practice
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- seeks and considers feedback from colleagues about, and critically reflects on, own nursing practice, and
- participates actively in performance review processes.

4.2 Participates in professional development to enhance nursing practice:
- reflects on own practice to identify professional development needs
- seeks additional knowledge and/or information when presented with unfamiliar situations
- seeks support from colleagues in identifying learning needs
- participates actively in ongoing professional development, and
- maintains records of involvement in professional development which includes both formal and informal activities.

4.3 Contributes to the professional development of others:
- demonstrates an increasing responsibility to share knowledge with colleagues
- supports health care students to meet their learning objectives in cooperation with other members of the health care team
- facilitates mutual sharing of knowledge and experience with colleagues relating to individual/group/unit problems
- contributes to orientation and ongoing education programs
- acts as a role model to other members of the health care team
- participates where possible in preceptorship, coaching and mentoring to assist and develop colleagues
- participates where appropriate in teaching others including students of nursing and other health disciplines, and inexperienced nurses, and
- contributes to formal and informal professional development.

4.4 Uses appropriate strategies to manage own responses to the professional work environment:
- identifies and uses support networks
- shares experiences related to professional issues with colleagues, and
- uses reflective practice to identify personal needs and seek appropriate support.

Provision and coordination of care
Relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals/groups, planning, implementation and evaluation of care.

5. Conducts a comprehensive and systematic nursing assessment

5.1 Uses a relevant evidence-based assessment framework to collect data about the physical, socio-cultural and mental health of the individual/group:
- approaches and organises assessment in a structured way
- uses all available evidence sources, including individual/group/significant others, health care team, records, reports, and own knowledge and experience
- collects data that relate to physiological, psychological, spiritual, socio-economic and cultural variables on an ongoing basis
- understands the role of research-based, and other forms of evidence
- confirms data with the individual/group and members of the health care team
- uses appropriate assessment tools and strategies to assist the collection of data
- frames questions in ways that indicate the use of a theoretical framework/structured approach, and
- ensures practice is sensitive and supportive to cultural issues.

5.2 Uses a range of assessment techniques to collect relevant and accurate data:
- uses a range of data-gathering techniques, including observation, interview, physical examination and measurement in obtaining a nursing history and assessment
- collaboratively identifies actual and potential health problems through accurate interpretation of data
- accurately uses health care technologies in accordance with manufacturer’s specification and organisational policy
- identifies deviations from normal, or improvements, in the individual/group’s health status, and
- identifies and incorporates the needs and preferences of the individual/group into a plan of care.
5.3 Analyses and interprets assessment data accurately:
- recognises that clinical judgements involve consideration of conflicting information and evidence
- identifies types and sources of supplementary information for nursing assessment
- describes the role of supplementary information in nursing assessment, and
- demonstrates knowledge of quantitative and qualitative data to assess individual/group needs.

6. Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team

6.1 Determines agreed priorities for resolving health needs of individuals/groups:
- incorporates relevant assessment data in developing a plan for care
- determines priorities for care, based on nursing assessment of an individual/group’s needs for intervention, current nursing knowledge and research, and
- considers individual/group preferences when determining priorities for care in performance review processes.

6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement:
- establishes realistic short- and long-term goals that identify individual/group health outcomes and specify condition for achievement
- identifies goals that are measurable, achievable, and congruent with values and beliefs of the individual/group and/or significant others
- uses resources to support the achievement of outcomes, and
- identifies criteria for evaluation of expected outcomes.

6.3 Documents a plan of care to achieve expected outcomes:
- ensures that plans of care are based on ongoing analysis of assessment data
- plans care that is consistent with current nursing knowledge and research, and
- documents plans of care clearly.

6.4 Plans for continuity of care to achieve expected outcomes:

7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes

7.1 Effectively manages the nursing care of individuals/groups:
- uses resources effectively and efficiently in providing care
- performs actions in a manner consistent with relevant nursing principles
- performs procedures confidently and safely
- monitors responses of individuals/groups throughout each intervention and adjusts care accordingly, and
- provides education and support to assist development and maintenance of independent living skills.

7.2 Provides nursing care according to the documented care or treatment plan:
- acts consistently with the predetermined plan of care
- uses a range of appropriate strategies to facilitate the individual/group’s achievement of short and long term expected goals

7.3 Prioritises workload based on the individual/group’s needs, acuity and optimal time for intervention:
- determines priorities for care, based on nursing assessment of an individual/group’s needs for intervention, current nursing knowledge and research
7.4 Responds effectively to unexpected or rapidly changing situations
- responds effectively to emergencies
- maintains self-control in the clinical setting and under stress conditions
- implements crisis interventions and emergency routines as necessary
- maintains current knowledge of emergency plans and procedures to maximise effectiveness in crisis situations, and
- participates in emergency management practices and drills according to agency policy

7.5 Delegates aspects of care to others according to their competence and scope of practice:
- delegates aspects of care according to role, functions, capabilities and learning needs
- monitors aspects of care delegated to others and provides clarification/assistance as required
- recognises own accountabilities and responsibilities when delegating aspects of care to others, and
- delegates to and supervises others consistent with legislation and organisational policy.

7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately:
- supervises and evaluates nursing care provided by others
- uses a range of direct and indirect techniques such as instructing, coaching, mentoring, and collaborating in the supervision and support of others
- provides support with documentation to nurses being supervised or to whom care has been delegated, and
- delegates activities consistent with scope of practice/competence

7.7 Educates individuals/groups to promote independence and control over their health
- identifies and documents specific educational requirements and requests of individuals/groups

7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care
- recognises when nursing resources are insufficient to meet an individual’s/group’s needs
- demonstrates flexibility in providing care where resources are limited, and
- recognises the responsibility to report to relevant persons when level of resources risks compromising the quality of care

8. Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team

8.1 Determines progress of individuals/groups toward planned outcomes:
- recognises when individual’s/group’s progress and expected progress differ and modifies plans and actions accordingly
- discusses progress with the individual/group
- evaluates individual/group responses to interventions, and
- assesses the effectiveness of the plan of care in achieving planned outcomes

8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data:
- revises expected outcomes, nursing interventions and priorities with any change in an individual’s/ group’s condition, needs or situational variations
- communicates new information and revisions to members of the health care team as required

Collaborative and therapeutic practice
Relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to nurses understanding their contribution to the interdisciplinary health care team.

9. Establishes, maintains and appropriately concludes therapeutic relationships

9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries.
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- demonstrates empathy, trust and respect for the dignity and potential of the individual/group;
- interacts with individuals/groups in a supportive manner;
- effectively initiates, maintains and concludes interpersonal interactions;
- establishes rapport with individuals/groups that enhances their ability to express feelings, and fosters an appropriate context for expression of feeling;
- understands the potential benefits of partnership approaches on nurse individual/group relationships, and;
- demonstrates an understanding of standards and practices of professional boundaries and therapeutic relationships.

9.2 Communicates effectively with individuals/groups to facilitate provision of care:
- uses a range of effective communication techniques;
- uses language appropriate to the context;
- uses written and spoken communication skills appropriate to the needs of individuals/groups;
- uses an interpreter where appropriate;
- provides adequate time for discussion;
- establishes, where possible, alternative communication methods for individuals/groups who are unable to verbalise, and;
- uses open/closed questions appropriately.

9.3 Uses appropriate strategies to promote an individual/group’s self-esteem, dignity, integrity and comfort:
- identifies and uses strategies which encourage independence;
- identifies and uses strategies which affirm individuality;
- uses strategies which involve the family/significant others in care;
- identifies and recommends appropriate support networks to individuals/groups;
- identifies situations which may threaten the dignity/integrity of an individual/group;
- implements measures to maintain dignity of individuals/groups during periods of self-care deficit.

9.4 Assists and supports individuals/groups to make informed health care decisions:
- facilitates and encourages individual/group decision-making;
- maintains and supports respect for an individual/group’s decision through communication with other members of the interdisciplinary health care team, and;
- arranges consultation to support individuals/groups to make informed decisions regarding health care.

9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security:
- demonstrates sensitivity, awareness and respect for cultural identity as part of an individual/group’s perceptions of security;
- demonstrates sensitivity, awareness and respect in regard to an individual/group’s spiritual needs;
- involves family and others in ensuring that cultural and spiritual needs are met;
- identifies, eliminates or prevents environmental hazards where possible;
- applies relevant principles to ensure the safe administration of therapeutic substances;
- maintains standards for infection control;
- applies ergonomic principles to prevent injury to individual/group and self;
- prioritises safety problems;
- adheres to occupational health and safety legislation;
- modifies environmental factors to meet an individual/group’s comfort needs where possible;
- promotes individual/group comfort throughout interventions, and;
- uses ergonomic principles and appropriate aids to promote the individual/group’s comfort.

10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.
10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual/group’s needs and health care setting:

- recognises the impact and role of population, primary health and partnership health care models
- recognises when to negotiate with, or refer to, other health care or service providers
- establishes positive and productive working relationships with colleagues, and
- recognises and understands the separate and interdependent roles and functions of health care team members.

10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers:

- explains the nursing role to the interdisciplinary team and service providers
- maintains confidentiality in discussions about an individual/group’s needs and progress
- discusses individual/group care requirements with relevant members of the health care team
- collaborates with members of the health care team in decision making about care of individuals/groups
- demonstrates skills in written, verbal and electronic communication, and
- documents, as soon possible, forms of communication, nursing interventions and individual/group responses

10.3 Facilitates coordination of care to achieve agreed health outcomes:

- adopts and implements a collaborative approach to practice
- participates in health care team activities
- demonstrates the necessary communication skills to manage avoidance, confusion and confrontation
- demonstrates the necessary communication skills to enable negotiation
- demonstrates an understanding of how collaboration has an impact on the safe and effective provision of comprehensive care
- establishes and maintains effective and collaborative working relationships with other members of the health care team

10.4 Collaborates with the health care team to inform policy and guideline development:

- regularly consults policies and guidelines
- demonstrates awareness of changes to policies and guidelines
- attends meetings and participates in practice reviews and audits, and
- demonstrates understanding of the implications of national health strategies for nursing and health care practice.
Glossary

ANMAC
The Australian Nursing and Midwifery Accreditation Council, which is the new name for the ANMC

ANMC
Australian Nursing and Midwifery Council

Appropriate
Matching the circumstances, meeting needs of the individual, group or situation

Attributes
Characteristics which underpin competent performance

Competence
The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area

Competency element
Represents a sub-section of a competency unit, and contains examples of competent performance known as cues

Competency standards
Consist of competency units and competency elements

Competency unit
Represents a stand-alone function or functional area underlying some aspect of professional performance

Competent
The person has competence across all the domains of competencies applicable to the nurse, at a level that is judged to be appropriate for the level of nurse being assessed

Contexts
The setting/environment where competence can be demonstrated or applied

Core competency standards
Essential competency standards for registration

Cues
Generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist in assessment, self-reflection and curriculum development

Domains
An organised cluster of competencies in nursing practice

Enrolled nurse (EN)
A person registered to provide nursing care under the supervision of a registered nurse

Exemplars
Concrete examples typical of competence. They are not the standard but are indicative of the standard

National Board
The Nursing and Midwifery Board of Australia

National Scheme
The National Registration and Accreditation Scheme that commenced on 1 July 2010

NMRAs
Nursing and midwifery regulatory authorities (states and territories)

Nursing and Midwifery Board of Australia
The national body responsible for the regulation of nurses and midwives

Registered nurse (RN)
A person registered to practise nursing in Australia
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Nursing and Midwifery Board of Australia
T 1300 419 495/+61 3 8708 9001
GPO Box 9958
Melbourne VIC 3000
AUSTRALIA

www.nursingmidwiferyboard.gov.au