

## Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education

April 2024

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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

### Making a submission

Send the completed response template to [AC\\_consultation@ahpra.gov.au](mailto:AC_consultation@ahpra.gov.au) using the subject line 'Feedback – public consultation on good practice guidance for clinical placements, simulation-based learning and virtual care'.

**Submissions are due by close of business (AEST) 21 June 2024.**

### Publication of submissions

At the end of the consultation period, submissions (other than those made in confidence) will be published on the Accreditation Committee's website to encourage discussion and inform the community and stakeholders about consultation responses.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. **Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.**

We will not place on the website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the review.

**Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.** If you do not wish for your name and/or organisation's name to be published, please use the words '**Confidential submission**' in the subject title when emailing your submission.

## Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

### Question A

Are you completing this submission on behalf of an organisation or as an individual?

#### Your answer:

Organisation

Name of organisation: Three Rivers Department of Rural Health, Charles Sturt University

Contact email: ThreeRiversDRH@csu.edu.au

Three Rivers Department of Rural Health is a department within Charles Sturt University funded as a key initiative of the Australian Government under the Rural Health Multidisciplinary Training Program.

The objective of this program is to improve the recruitment and retention of medical, dental, nursing and allied health professionals in rural and remote Australia.

The consultation response was provided by our rural health education team, an interprofessional group of registered health professionals who develop, implement, and evaluate work-integrated learning programs in rural NSW.

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

### Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

### Question C

Would you like your submission to be published?

Yes, publish my submission **with** my name/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission



## Your responses to the consultation questions

1. Do you have any comments on the good practice statements in the guidance?		
Please add your comments to the following table and add a new row for each good practice statement you have a comment for.		
Guidance	Good practice statement	Comments or suggestions
<p><i>Example:</i></p> <p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p><i>[Insert good practice statement number and/or statement here]</i></p>	<p><i>[Insert your comments and/or suggestions here]</i></p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Context statement (p. 5):</p> <p>Students value learning experiences in clinical placements that allow them to immerse themselves in the clinical environment, spend time with patients, perform patient assessments, observe other health practitioners at work and develop an understanding of real-world clinical practice and their role within it.</p> <p>Guidance statement (p. 5):</p> <p>Student learning from clinical placements is likely to be maximised when students experience variety in their placements, including a diverse range of patients and patient presentations.</p>	<p>Throughout the guidance document there is heavy reliance on the term 'patients' being used to describe the end-users of the service that students are learning to provide. This is narrowly reflective of the medical profession and does not account for the end-users of services across the diverse settings in which students undertake placements. We encourage the use of words such as stakeholders or community members. This would also remove the power dynamic that is implicit in the use of the word 'patient' and does not reflect person-centeredness.</p> <p>Students on health placements observe more diverse groups than just health practitioners and we suggest this should be changed to 'observe other professions at work'.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Context statement (p. 5):</p> <p>Clinical placements should help students meet their learning outcomes such as clinical skills, communication skills and student confidence and resilience<sup>6</sup>.</p>	<p>Resilience should not broadly be considered a learning outcome related to placement as this does not account for the complexity of resilience as a concept. Our suggestion is to change this wording to reflect that student learning outcomes are focussed broadly on technical skills and professional capabilities.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Context statement (p. 5):</p> <p>Providing placements in diverse settings, using a placement model that suits the work context and longer, more continuous placements may</p>	<p>We suggest removing the notion that 'more continuous placements may enhance student learning from clinical placements.'</p> <p>The evidence suggests that continuous placements may or may not enhance student learning according to the context and</p>

	enhance student learning from clinical placements.	discipline. Considering some of the literature referenced in the guidance document (i.e. Seaman et al., 2022) and much that is not used (i.e. Green et al., 2022; Castelletto et al., 2024), this statement is not evidence-based.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Context statement (p. 5): Clinical placement governance and arrangements should encourage healthcare providers and education providers to collaborate when developing and delivering clinical placements.	This statement assumes that placements only occur in health settings which is not the case. We suggest this wording should be changed to 'placement providers' or 'placement hosts'. This would also better align with the guidance document reference to 'diverse settings'.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Guidance statement (p. 5): Student learning from clinical placements is likely to be maximised when students experience variety in their placements, including a diverse range of patients and patient presentations.  Student learning from clinical placements is likely to be maximised when students are provided with extended clinical placements in the same setting to allow them to experience continuous patient care and observe the outcomes of treatment, where possible and if benefits to student learning outcomes are likely.	These two statements seem contradictory as one suggests there is importance in diverse learning experiences and the other suggests extended placements in the same setting are important.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Guidance statement (p. 5): Student learning from clinical placements is likely to be maximised when students are provided enough time to participate in clinical placements throughout their program of study to achieve the capabilities they need for safe practice.	The use of the words 'enough time' seems ambiguous here. We recognise that the time requirements for placements are dictated by accrediting bodies and university curricula. It would be helpful to be explicit about this.
Clinical placements <input checked="" type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input type="checkbox"/>	Guidance statement (p. 5): Student learning from clinical placements is likely to be maximised when students are prepared for their clinical placements, e.g., they receive orientation and induction to the workplace, receive pre-clinical placement information sessions	This statement should be changed to reflect that placement preparation begins well before students arrive on-site and even before they are allocated to a placement.  Pre-placement preparation must include preparedness of students' knowledge and attitudes. An example of this is preparation for

	that provide key information on university contacts, clinical environment expectations, resources, etc.	placement in a mental health setting which should reflect considerations of bias and stigma.  Psychological safety should also be included in pre-placement preparation.
Clinical placements <input checked="" type="checkbox"/>  Simulation-based learning <input type="checkbox"/>  Virtual care <input type="checkbox"/>	Guidance statement (p. 5):  Student learning from clinical placements is likely to be maximised when students are well-supported by, and well-connected to their peers, clinical placement supervisors and colleagues during their placement.	This statement should include reference to students remaining connected to their university and associated supports. The host community is also an important connection for students, particularly in rural settings.
Clinical placements <input checked="" type="checkbox"/>  Simulation-based learning <input type="checkbox"/>  Virtual care <input type="checkbox"/>	Guidance statement (p. 5):  Student learning from clinical placements is likely to be maximised when students are provided with opportunities to participate in clinical placement learning activities that address their personal needs.	Consideration of students' personal needs is important and a highly complex activity. If this is to be included in the guidance, it needs to be further unpacked or there should be some guidance on how this is achieved and whose responsibility it is (accounting for student responsibility).
Clinical placements <input checked="" type="checkbox"/>  Simulation-based learning <input type="checkbox"/>  Virtual care <input type="checkbox"/>	Guidance statement (p. 5):  Student learning from clinical placements is likely to be maximised when students are provided with opportunities to participate in clinical placement learning activities that support students to develop resilience.	Referring to our earlier reflections on the use of the term resilience we feel that this needs further consideration.
Clinical placements <input checked="" type="checkbox"/>  Simulation-based learning <input type="checkbox"/>  Virtual care <input type="checkbox"/>	Guidance statement (p. 6)	There is repetition in point 6 and point 11 which states "attend placements with organisations that can facilitate support for their personal needs (e.g., family/religious requirements, childcare requirements, are culturally safe, etc.) as much as possible."
Clinical placements <input checked="" type="checkbox"/>  Simulation-based learning <input type="checkbox"/>  Virtual care <input type="checkbox"/>	Guidance statement (p. 6)  Student learning from clinical placements is likely to be maximised when students participate in clinical placements that align to relevant national, state and territory guidelines and reflect best practice clinical learning environment (BPCLE) frameworks.	We agree with this sentiment, however there are significant resource requirements associated with the implementation of the BPCLE frameworks and this is not achievable for many organisations without resource support.  If BPCLE is to be recommended, there should be a mechanism for

		access to the toolkit, perhaps a link to where it is hosted online.
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance statement (p. 6)</p> <p>To support student learning, clinical placement supervisors should:</p>	<p>The foremost requirement that is missing here is that supervisors should meet the minimum professional requirements to be eligible for student supervision, where relevant.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance statement (p. 6)</p> <p>To support student learning, clinical placement supervisors should: be trained in clinical teaching, mentoring, assessment and professional behaviours, attitudes, and attributes of successful clinical supervisors (where applicable). This includes having the training made available to them and being able to undertake the training without unreasonable impost on their workload and current responsibilities.</p>	<p>Whose responsibility is it to make clinical supervision training available? This point requires clarity. Most clinical supervisors do not have training in clinical teaching, mentoring, or assessment. While we agree with this statement, we believe that articulating how it can be achieved would enhance its implementation in practice.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance statement (p. 7)</p> <p>Section on Cultural safety in clinical placements.</p>	<p>This section should go further and include cultural safety for all diverse cultures.</p> <p>The section is largely referring to cultural safety for students and should be more broadly focused to include cultural safety of colleagues and community members accessing services.</p> <p>The notion that students should 'receive cultural safety training and support before and during their clinical placement' requires further clarity around whose responsibility this is. How are we ensuring that students and supervisors all have this type of training?</p> <p>Again, this should be broader than 'health care providers' - culturally appropriate communication is important for all people.</p>

		This section does not include the use of the term 'diversity' which is an important element of cultural safety.
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	Guidance on the use of simulation-based learning (p. 8)	<p>We suggest in the section “providing realistic and active learning experiences in a safe, high-quality environment” that the word ‘realistic’ be replaced with ‘authentic’.</p> <p>There is an opportunity to mention the learning that can occur through observation of simulation.</p> <p>Some of the language in this section needs to be changed to reflect settings outside of medicine (i.e. the use of ‘clinical presentations’ and ‘patient presentations’).</p> <p>Reference to debriefing after simulation should include establishing a psychologically safe debriefing environment.</p>

**2. Are there any other evidence-based good practice statements that should be included in the guidance?**

**3. What information could the committee provide that would help National Scheme entities implement the guidance?**

We have provided feedback around points that require further explanation and suggested mechanisms for implementation. There should be more clarity around whose responsibility it is to implement some of the good practice statements. Without this detail there is a risk that the resources required for some of these practices will not be provided.

#### 4. Do you have any general comments or feedback about the guidance?

In addition to the responses we have provided above, we feel that it is important to note that student placements, the use of simulation-based learning and virtual care learning experiences are not equivocal and do not provide the same learning opportunities. It would be useful to point to the role of each and the diversity of learning needs across disciplines, however the goal of these experiences is authenticity and student placements are irreplaceable in this respect.