

## Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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

---

Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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: Council of Deans of Nursing and Midwifery (Australia and New Zealand)

Contact email: [REDACTED]

Myself

Name:

Contact email:

### Question B

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

A registered health practitioner?

Profession:

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>Example:</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>[Insert good practice statement number and/or statement here]</p>	<p>[Insert your comments and/or suggestions here]</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>Clinical placements help students translate the theoretical knowledge and skills they learn into practical skills and professional attributes they can apply safely in the workplace. 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. They also value placements that enable them to gain independence and confidence and develop skills in communication, critical thinking and reflective practice.</p>	<p>Suggested wording change:</p> <p>Clinical placements help students integrate the theoretical knowledge and skills they learn into practical skills, <b>professional behaviours</b> and attributes they can apply safely in the workplace. Students value learning experiences in clinical placements that allow them to immerse themselves in the clinical environment, <b>including learning through actively participating in aspects of patient care. This might include, depending on learning outcomes of the placement, undertaking patient assessments, developing care plans, delivering interventions/ therapy and monitoring impact, through to patient/ client and/or carer education.</b> Students value placements that enable them to <b>interact with students or health practitioners from other professions.</b> Students also value placements that enable them to gain independence and confidence and develop skills in communication, critical thinking and reflective practice. Together, these aspects of placement help students develop an understanding of real-world clinical practice and their role within it.</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>Clinical placements should help students meet their learning outcomes such as clinical skills, communication skills and student confidence and resilience .</p>	<p>Recommend change to:</p> <p>Clinical placements should help students meet their learning outcomes <b>as designated by the particular profession's program curriculum and accreditation body requirements.</b></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>Providing placements in diverse settings, using a placement model that suits the work context and longer, more continuous placements may enhance student learning from clinical placements.</p>	<p>The terms ‘longer’ and ‘continuous’ needs further explanation as it will mean different things to different professions, depending on the current situation. Likewise, later when ‘extended’ is used.</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>Clinical placement governance and arrangements should encourage healthcare providers and education providers to collaborate when developing and delivering clinical placements.</p>	<p>Recommend change to:</p> <p>Clinical placement governance and arrangements <b>require</b> healthcare providers and education providers to collaborate when developing and delivering clinical placements.</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 1:</p>	<p>Include schools as another example of diverse practice settings.</p> <p>Suggest a separate bullet point:</p> <ul style="list-style-type: none"> <li>• a diverse range of healthcare and other professionals to foster interprofessional learning.</li> </ul>
<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 1:</p> <ul style="list-style-type: none"> <li>• in diverse geographic locations (rural, regional and metropolitan), where possible.</li> </ul>	<p>Suggest adding:</p> <p>Noting that some accreditation bodies have specific requirements.</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 2:</p> <p>‘Extended clinical placements’</p> <p>‘Longer placements’</p>	<p>This term needs clarification. Also, the implementation of extended clinical placements, if in one setting, needs to be balanced against the accreditation needs in many professions for a breadth and depth of experience across the placement curriculum.</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 3:</p> <p>“Enough time”</p>	<p>Suggest re-word to:</p> <p>Are provided enough opportunities to participate in clinical placements throughout their program of study to develop the capabilities they need for safe 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 5:</p> <ul style="list-style-type: none"> <li>• are well-supported by, and well-connected to their peers, clinical placement supervisors and colleagues during their placement</li> </ul>	<p>Suggest re-word to:</p> <p>are well-supported by, and well-connected to their peers, clinical placement supervisor and their colleagues, <b>and education provider staff</b> during their placement.</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 6:</p> <ul style="list-style-type: none"> <li>support students to develop resilience.</li> </ul>	<p>This inclusion is particularly welcomed.</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 6:</p> <p>address their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.)</p>	<p>Suggest rewording to:</p> <p><b>respect</b> their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.)</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 6:</p> <ul style="list-style-type: none"> <li>allow students to collaborate with health practitioners, patients, families, guardians and carers as well as students from other professions</li> </ul>	<p>Suggest dividing into two separate points:</p> <p>Support the development of capabilities in working as a member of an interprofessional team by encouraging students to:</p> <ul style="list-style-type: none"> <li>- collaborate with practitioners and students from other professions (including outside of health, for example teachers)</li> <li>- work in partnership with patients / clients and their families, guardians and carers.</li> </ul>
<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 7:</p> <p>are provided with opportunities to consider the feedback they receive from clinical placement supervisors, reflect on their practice and improve their skills</p>	<p>Suggest re-wording to:</p> <p>are provided with opportunities to contribute to the feedback conversation, consider feedback discussed with clinical placement supervisors, reflect on their practice and improve their skills</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 8:</p> <p>Peer-assistance learning</p>	<p>Suggest adding an example to clarify term.</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 9:</p> <p>learning outcomes and clinical placement performance measured and assessed using clear, fair and equitable assessment criteria, rigorous and consistent assessment methods, and validated assessment instruments, where</p>	<p>Re-word to follow main stem:</p> <p>Are provided with clear, learning outcomes that are assessed against clear, fair and equitable assessment criteria, rigorous and consistent assessment methods, and validated assessment instruments, where these are available for the relevant health profession</p>

	these are available for the relevant health profession	
<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 10, 11 and 12</p>	<p>Suggest combine into one point but have three bullet points for it:</p> <p>attend placements with organisations and in facilities that:</p> <ul style="list-style-type: none"> <li>• have the appropriate accreditation, licensing and/or registration for the services they provide, where required by relevant government authorities</li> <li>• can facilitate support for their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.) within reasonable adjustments</li> <li>• have access to training facilities, clinical supervisor training programs and clinical supervisors that are quality assured</li> </ul> <p>Language changed for last point (point 12) to reflect all professions.</p> <p>It is noted that not all private practices across the professions have formal accreditation / registration. Rather, individual practitioners hold accreditation/ registration. A statement could be added to indicate students are supervised by appropriately qualified professionals.</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 13:</p> <ul style="list-style-type: none"> <li>• participate in clinical placements that align to relevant national, state and territory guidelines and reflect best practice clinical learning environment (BPCLE) frameworks</li> </ul>	<p>Suggest adding references for example frameworks/ guidelines this point refers to</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 - clinical placement supervisors</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 1 (clinical placement supervisors):</p> <p>be trained in clinical teaching, mentoring, assessment...</p>	<p>Reword to reflect the focus on facilitating learning rather than being the 'teacher':</p> <p>Be trained in <b>clinical education/work-based learning</b>, mentoring, assessment....</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 1 and 2:</p>	<p>We note and welcome the focus on ensuring training is available to supervisors. However, the guidance is unclear as to whose responsibility it is to (i) provide the training and (ii) monitor uptake/ completion.</p> <p>Guidance 2: add "...where relevant to the delivery of the clinical placement".</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 3:</p>	<p>Suggest rewording to:</p> <p>Be provided with allocated time, resources, and <b>clinical education</b> support...</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 4:</p> <ul style="list-style-type: none"> <li>working closely with education providers, where required</li> </ul>	<p>Remove the "where required" as it is essential to have close working relations between sectors.</p> <p>Reword to:</p> <ul style="list-style-type: none"> <li>working closely with education providers, and in particular, contacting the education provider early if concerns arise.</li> </ul>
<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 5:</p> <p>provide teaching and mentoring that aligns to both the students' learning goals<sup>15</sup> and program learning outcomes</p>	<p>Reword to:</p> <p>Provide <b>learning experiences</b> and mentoring...</p>
	<p>Guidance 8</p> <p>be prepared and organised to support the student, where required (e.g. providing information ahead of time, including schedules and structured rotations, and participating in cultural safety training where relevant, providing/directing students to learning resources, etc.)</p>	<p>Placement availability can negatively impact early allocation of students to placements and notification of structured rotations.</p> <p>Suggest re-word to:</p> <p>be prepared and organised to support the student, where required and <b>practically feasible</b>....</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 9:</p> <p>support the same student throughout an entire clinical placement experience where possible, and provide students with opportunities to work with other clinical placement supervisors</p>	<p>This currently is unclear. Suggest re-word to:</p> <p>Provide a named primary supervisor for the entirety of a placement. This person may also coordinate other supervisory relationships with the student and team. In some cases, co-supervision models may operate, allowing sharing of the primary supervisor role.</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 11:</p> <p>provide constructive, regular and timely feedback to students</p>	<p>Suggest re-word to:</p> <p>provide constructive, regular and timely feedback to students<sup>15</sup> and be open to receiving feedback from students and education providers.</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>Cultural Safety in clinical placements</p>	<p>The points in this section appear to be relevant to all cultures. However, the introduction is more specific to Aboriginal and Torres Strait Islander Peoples.</p> <p>We suggest a statement be added signalling this is specific to Aboriginal and Torres Strait Islander Peoples, but relevant for all cultures (if that is your intention).</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>Cultural Safety in clinical placements</p> <p>Guidance 1</p>	<p>Re-word to:</p> <p>Students <b>undertake</b> ...</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>Cultural Safety in clinical placements</p> <p>Guidance 5:</p>	<p>This point uses the term 'placement host' – which is suitable as it encompasses all placement contexts, including outside of the health sector.</p> <p>Point 2 however uses a different term ('health care provider'). We suggest consistent terms be used throughout document.</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>Cultural Safety in clinical placements</p> <p>Guidance 6:</p>	<p>Suggest re-word to:</p> <p><b>Placement host sites</b> foster collaboration...</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>Student learning can be further maximized in settings where interprofessional practice occurs, and students should be given the opportunity to evaluate each professional placement experience.</p> <p>To support student learning, clinical placement supervisors should: 1. be <b>trained</b> in clinical teaching, mentoring, assessment and professional behaviours, attitudes and attributes of <b>successful</b> clinical supervisors (where applicable). This includes having the <b>training</b> made available to them and being able to undertake the <b>training</b> without unreasonable impost on their workload and current responsibilities.</p> <p>In addition, CFs and placement supervisors should alert the education provider at the earliest opportunity if a student lacks knowledge and ability, and under no circumstances allow a student to succeed on a placement if unsafe or not competent.</p>	<p>Agree. All clinical placement supervisors must have mandatory training in student support. For nursing, all registered nurses working with students should undertake this training. We recommend an implementation period to allow a large workforce to undertake this training. Furthermore, the word 'trained' is outdated, and the word 'successful' before clinical supervisor is unnecessary.</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>8. be prepared and organised to support the student, where required (e.g. providing information ahead of time, including schedules and structured rotations, and participating in cultural safety training where relevant, providing/directing students to learning resources, etc.)</p>	<p>It should be standard for any health clinician to complete cultural safety training with regular updates/refreshers. Cultural safety is always 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>Cultural safety is not new. There is already content in accreditation standards and in health practitioner education. Cultural safety must be embedded in clinical placements to ensure all students have culturally safe experiences that are free from racism. This will help students understand the foundations of providing culturally safe care to Aboriginal and Torres Strait Islander Peoples.</p>	<p>Cultural safety must be inclusive of all marginalised groups, such as refugees, immigrants, LGBTIQ+, NESB, while recognising the specific needs of Aboriginal and Torres Strait Islander peoples due to past harms within the health system. Additionally, cultural safety is part of the ANMAC Registered Nurse Accreditation Standards and the ANMAC Midwife Accreditation Standards as part of an accredited course. The statement 'students receive cultural safety training and support before and during their clinical placement' should clarify the</p>

	<p>Cultural Safety (5) and offered support by placement host and education provider.</p> <p>Clinical placements demonstrate cultural safety and elimination of racism when:</p> <ol style="list-style-type: none"> <li>1. students receive cultural safety training and support before and during their clinical placement</li> </ol>	<p>provider of such training and support.</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>What is good practice strategy/approach - Culturally safe...</p>	<p>Expand to include personal physical, emotional/mental health, and gender safety.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>clinical placement supervisors understand their influence on students and use this influence in a respectful, measured and fair manner</p>	<p>This could be better suited under the clinical placement supervisor section than under the cultural safety in clinical placements section.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>providing virtual care training to educators</p>	<p>There is no reference to the assessment of simulation-based learning, though there is plenty of evidence to support this as good practice. It is agreed that educators need to be educated about virtual care technologies. Many who are teaching are not as familiar or up to date with it. Professional accreditation bodies should also consider this when developing accreditation standards.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>They have a degree of realism. That is:</p> <p>the degree of realism of the simulation (also called 'fidelity') is enough to enable the student to learn the capability being taught (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)</p>	<p>This statement could also include: "...and understand and apply the theoretical underpinnings and implications for practice."</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Simulation-based learning experiences demonstrate good practice when:</p> <ol style="list-style-type: none"> <li>1. They have a degree of realism. That is:</li> </ol> <ul style="list-style-type: none"> <li>• they are used to complement traditional teaching methods, such as clinical placements</li> </ul>	<p>There is disagreement with this statement. Simulation-based learning does not always just complement 'traditional teaching'. Simulation is a standalone methodology for teaching and learning and is not currently recognised by ANMAC as replacing</p>

		clinical placements. Further clarity is also sought regarding the term 'traditional teaching'.
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	6. they promote active learning experiences. That is: <ul style="list-style-type: none"> <li>• they enable students to collaborate with health practitioners and students from other professions</li> </ul>	This is not achievable with large cohorts of students. Note that students do not always get an opportunity to learn/collaborate whilst on clinical placement either.
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	Context	Suggest adding clarification as to why simulation is 'more convenient' and what this is compared with.
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	Context: .. may be more valuable to students if they already have some real-world clinical exposure.	Suggest adding further information to this statement as to why and include a reference.
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	Guidance 1: <ul style="list-style-type: none"> <li>• the degree of realism of the simulation (also called 'fidelity') is enough to enable the student to learn the capability being taught (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)</li> </ul>	Suggest re-word to: <ul style="list-style-type: none"> <li>• <b>the degree of realism (or 'fidelity') is well matched to enable quality learning to take place; considers the level of the learner, specific learning outcomes, cost and resources ,and the student experience in design decisions.</b> (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)</li> </ul>
Clinical placements <input type="checkbox"/> Simulation-based learning <input checked="" type="checkbox"/> Virtual care <input type="checkbox"/>	Guidance 1: <ul style="list-style-type: none"> <li>• (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)</li> </ul>	Suggest including what a 'low-fidelity task trainer' is as a footnote.

<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance 1:</p> <ul style="list-style-type: none"> <li>they increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations, etc.)</li> </ul>	<p>Suggest re-word to add:</p> <ul style="list-style-type: none"> <li>they increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations, etc.) <b>which students may or may not be able to experience in the real world setting.</b></li> </ul>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance 1:</p> <ul style="list-style-type: none"> <li>they are used to complement traditional teaching methods, such as clinical placements</li> </ul>	<p>Suggest re-word to:</p> <ul style="list-style-type: none"> <li>they are used to complement traditional <b>educational approaches</b>, such as clinical placements <b>and in some professions, can also be used to replace a component of clinical placement time. i.e. Simulation time 'counts' as clinical placement time.</b></li> </ul>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance 3:</p> <p>they are demonstrated to result in greater student satisfaction in their learning<sup>21</sup></p>	<p>Suggest re-word to:</p> <p>they are demonstrated to result in greater student satisfaction in their learning <b>compared with conventional learning approaches (e.g. tutorials/ practical classes)</b></p> <p>Please clarify whether or not this guidance suggest simulation should NOT be used if satisfaction is only equal to other approaches.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance 6:</p> <ul style="list-style-type: none"> <li>they require students to actively participate</li> </ul>	<p>Suggest adding:</p> <p><b>This also includes elements of peer learning and peer support.</b></p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input checked="" type="checkbox"/></p> <p>Virtual care <input type="checkbox"/></p>	<p>Guidance 7:</p> <ul style="list-style-type: none"> <li>they are supported by appropriate facilities (including training rooms and equipment)<sup>27</sup></li> </ul>	<p>This point is redundant as it is included in the stem for Guidance 7.</p>
<p>Clinical placements <input type="checkbox"/></p> <p>Simulation-based learning <input type="checkbox"/></p> <p>Virtual care <input checked="" type="checkbox"/></p>	<p>ensuring education and healthcare providers work collaboratively to design virtual care learning activities for students</p>	<p>The current curricula is already significantly congested when considering adding virtual care learning. The opportunity for students to participate clinically in such things will be limited depending on location, type of placement, and the willingness of</p>

		interdisciplinary staff to allow/facilitate student participation.
Clinical placements <input type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input checked="" type="checkbox"/>	Context	Suggest adding the definition of 'virtual care' that is provided in the Glossary of Accreditation Terms as a footnote.
Clinical placements <input type="checkbox"/> Simulation-based learning <input type="checkbox"/> Virtual care <input checked="" type="checkbox"/>	Context	Virtual care as a learning experience can intersect with clinical placements. i.e. students may attend a clinical placement in a care setting that uses virtual care. Likewise, the entire clinical placement may be set up whereby the students and supervisor (and client) are in different locations.  We recommend that this is noted in the context.

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

There should be clarity distinguishing virtual care or simulated-based learning as being an adjunct to clinical placement experience and does not replace an authentic learning experience. The terminology throughout should be Professional Experience Placements (PEP) rather than clinical placements, as this is the term used by CDNM and some professional accreditation bodies.

A suggested statement to include is: "Clinical Placement supervisors should mentor and support staff (who are not clinical placement supervisors/facilitators/preceptors) working with students to provide positive and appropriate clinical relationships and experiences through clear communication about the student learning experience."

**Further suggested statement additions include:**

**After Guidance 4, add:**

- Are well prepared with the necessary foundational theoretical knowledge, skills and learning behaviours. For example, they have the relevant academic content knowledge; core practical skills, and awareness of and ability to follow professional practice standards in interacting with consumers, practitioners and peers.

**In Guidance 6, add:**

- Support students to develop effective interpersonal relationships that enable the provision of holistic care.

**Add a guidance statement for qualifications of supervisors:**

- are supervised by appropriately qualified practitioners (this may be a combination of the student's profession as well as cross-profession supervision)

**After Guidance 10 add:**

Establish clear expectations of learning opportunities to meet learning outcomes, professional practice, how feedback is operationalised, level of engagement expected etc.

**After Guidance 12 add:**

Evaluate their own performance as a supervisor from multiple perspectives, including student, other colleagues, patient/ client feedback with the aim of reflexivity and quality improvement.

**Guidance on the use of Simulation-based learning**

We suggest a statement be included to recognise existing published standards of best practice and that simulation implementation should be guided by these standards.

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

Information can include recommendations to adjust professional accreditation standards for the delivery of curriculum that aligns with the guidance statement for good practice. Additionally, it could include that Professional Experience Placement (PEP), simulation-based learning, and virtual care are all essential components for student learning. Each has its own importance but should not be interchangeable or in substitution for each other.

Another addition is information on ANMAC, which has oversight/accreditation of education provider curriculum and content. It is assumed that accreditation bodies will use this guidance as a check against their existing accreditation standards and ensure they are incorporating/meeting this guidance and adjust accordingly. Implementation then would occur at the next accreditation/review event with the education provider. Further information on this latter step would be helpful.

Furthermore, some statements included in the Guidance require more sophisticated monitoring systems than are currently in place, for example monitoring quality of supervision from a range of stakeholders, Clinical supervision CPD program quality; supervisor CPD attended.

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

Overall, this guidance has some good principles for health services and education providers to work towards for clinical placements (Professional Experience Placements (PEP)), simulation-based learning, and virtual care.

A positive observation is the focus of the guidance on interprofessional capabilities and longer placements in one place. These have benefits not only to following patients/clients through, but also in relation to students' sense of belonging to an organisation, impacting their learning and employment opportunities on graduation.

Further support for this document includes that it clearly highlights the importance of providing high quality clinical education experiences along with the complexities within this specialised field of health professions education.

However, some feedback for your consideration includes:

The purpose of these guidance documents has not been made clear. Nursing and Midwifery degrees have Accreditation Standards that must be met to be eligible to deliver such programs. Most of the content within this document already fits within these Standards. Additionally, the Professional

Experience Placement Providers and the Education Providers have Clinical Agreements that mandate 'good practice' for supervision of our students.

The term "good" should be reconsidered in favour of "best" if it is evidence-based, as there may be more than one option. Therefore, best practices should be considered more appropriate terminology.

In Guidance 2, it states "students are provided with extended clinical placements in the same setting..." It is unclear what 'extended' means, so this is not specific enough to be useful/informative.

The document does not describe or provide advice on the appropriate balance of simulation-based learning and virtual care activities. Given the pressure on face-to-face clinical placements and the mandated hours for some disciplines, the question of substituting Professional Experience Placement (PEP) hours with high-quality simulation needs to be addressed.

#### **Feedback regarding Terminology and Definitions:**

- The document refers to the Glossary of Accreditation Terms. We suggest providing a specific link at the beginning of the guidance (i.e., before the "What is 'good practice'" section on page 4).
- We note the use of 'patient' throughout the guidance. While it might be challenging to capture all contexts (e.g., residents in residential aged care facilities, clients in many non-hospital-based contexts), we suggest using the terms in the Glossary of Accreditation Terms - 'consumer/health care consumer'. Alternatively, the Glossary could be updated to reflect the preferred term in this document.
- Consistency is needed in the terminology used for 'clinical placement supervisor'. We recommend using the terms in the Glossary of Accreditation Terms consistently.

#### **Definition of Clinical Placement:**

The definition of 'clinical placement' adopted by the Accreditation Committee only focuses on one aspect of placement learning – assisting "students to put theoretical knowledge into practice". We suggest a more contemporary definition would incorporate the socio-cultural elements of professional identity formation and maturing as a practitioner. Suggested definition:

'The component of a program of study undertaken with supervision (including direct and indirect supervision models) in a clinical or professional practice environment which assists students to further develop and integrate theoretical knowledge into professional practice, build a sense of professional identity, engage in issues of professionalism, and mature as a health practitioner.'

#### **Clarity of WIL vs. Clinical Placement:**

The definition adopted by the Accreditation Committee infers that 'Clinical placement' is the same as 'Work Integrated Learning'. This is misleading as WIL is generally accepted to be "an umbrella term used for a range of approaches and strategies that integrate theory with the practice of work within a purposefully designed curriculum".

#### **Opening statement of advice and context:**

Paragraph 3:

If this Statement of advice is to be included as part of the guidance preamble, we suggest re-word "exposing clinical placement students to a variety of patients and patient presentations ensures they are well prepared before placement starts" to:

'Ensuring students have the foundational theoretical knowledge, skills and learning behaviours, including relevant academic content knowledge; core practical skills; and awareness of and ability to follow professional practice standards in interacting with patients, practitioners and peers, ensures they are well prepared before placement starts.'