

Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 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 These submissions will not be published on the website or elsewhere.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: CRANApplus – Council of Remote Area Nurses Australia

Contact email: [REDACTED]

Myself

Name: Melanie Avion, CRANApplus Professional Officer

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 checked="" type="checkbox"/></p>	<p>1. experience variety in their placements, including:</p> <ul style="list-style-type: none"> • diverse practice settings (such as primary care, private and public hospitals, residential aged care, prisons etc.) • a diverse range of patients and patient presentations (clinical issues, populations, ages, cultures, etc.) • in diverse geographic locations (rural, regional and metropolitan), where possible. 	<p>CRANApplus strongly supports the provision of placements in rural and remote areas; however, not all students have the financial or personal support to undertake placements in these locations, and neither do many health services provide appropriate structure and support for placements. We suggest the statement read the following, recognising quality placements require appropriate resourcing and implementation.</p> <p>‘in diverse geographic locations (rural, regional and metropolitan), where possible <i>and appropriate</i>’.</p>
<p>Clinical placements <input checked="" type="checkbox"/></p>	<p>4. are prepared for their clinical placements, e.g. they receive orientation and induction to the workplace, receive pre-clinical placement information sessions that provide key information on university contacts, clinical environment expectations, resources, etc.</p>	<p>While this statement is broadly applicable, it is also general in a way that can lead to the overlooking of important preplacement information, particularly for students going to the diversity of MMM5-7 locations.</p> <p>For example, when surveyed (2023), only 46% of CRANApplus Undergraduate Student Member respondents received a locally focused cultural safety orientation before placement. Of these, only 20% undertook cultural safety orientation that involved a First Peoples representative, and only 10% received a community orientation. Orientation to support the delivery of culturally safe care by students and to support them socially and psychologically in isolated and challenging clinical and social contexts such as remote communities is required and should not be optional.</p> <p>CRANApplus suggests explicitly describing expectations within the guide or through accreditation processes to clarify minimum preplacement orientation activities and information, including the scope for recognising context requirements.</p>

Clinical placements ☒	<p>11. 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</p>	<p>Metropolitan-based nursing students seeking rural and remote placements often need to be made aware of the complex community and health contexts they will experience undertaking rural and remote placements and can lack appropriate personal and clinical preparation for the isolation and disconnection from familiar supports. Feedback from CRANaplus Undergraduate Student members additionally indicates education providers and supervisors are also frequently unaware of the context if they have not lived and worked in rural and remote environments, limiting the support they can provide to students on placement from a distance.</p> <p>Ensuring positive placement experiences in isolated settings is a task that demands extra effort. It necessitates additional preparation and support from education providers, health services, and communities. This process should start with preplacement cultural safety and community orientation, and should be accompanied by explicit personal preparation guidance.</p> <p>CRANaplus suggests preparation for the placement context be explicitly included in the guidance.</p>
Clinical placements ☒	<p>To support student learning, clinical placement supervisors should:</p> <ol style="list-style-type: none"> 1. 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>CRANaplus acknowledges the value of all listed clinical supervisor attributes; however, current nursing and midwifery workforce challenges in many rural and remote areas of Australia do not support staff to undertake training, preparation or supervisory workloads. There are also no incentives for stretched remote health services to offer either time, training or other resources to skilled clinical nursing and midwifery staff to provide appropriate clinical supervision of nursing and midwifery students.</p> <p>When surveyed (2023), CRANaplus Undergraduate Student Member respondents indicated in some cases, students are being supervised by new graduates or inappropriately by other clinicians (i.e. enrolled nurses supervising and assessing registered nurse students) or being 'supervised'</p>

		<p>by university staff through weekly phone calls.</p> <p>Healthcare and practice are complex in rural and remote communities. While students may manage placements, a lack of appropriate clinical supervision risks the learner and patients/communities.</p> <p>Recognising the guidance document is not prescriptive, CRANApplus recommends including the expectation that supervisors also have <i>appropriate clinical experience</i> as an additional, minimum requirements for clinical supervision.</p>
Clinical placements <input checked="" type="checkbox"/>	3. be provided with allocated time, resources, and teaching support to ensure they can be successful clinical placement supervisors to students and support student learning needs and outcomes ¹⁵	As above (1)

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

Nil

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

Nil

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

CRANApplus is a grassroots, not-for-profit, membership-based organisation founded in 1983. We provide a wide range of services, support and opportunities to nurses, midwives, and other health professionals to ensure the delivery of safe, quality primary healthcare to remote and isolated areas of Australia. We advocate for change on issues affecting the workforce and remote populations, including safety, health inequality, and workforce availability. One avenue of feedback available to CRANApplus members is through the CRANApplus Members Nursing and Midwifery Roundtable (NMRT), a standing group of nurses and midwives working on the ground in rural, remote, and isolated settings representing each state and territory and First Peoples' nurses and midwives.

In 2023, the NMRT expressed concerns regarding an increase in the number of very inexperienced nurses working in rural, remote, and very remote areas with levels of personal, professional, and cultural preparation and clinical experience inconsistent with the safe clinical nursing practice or professional autonomy required in these clinical settings. Further, they reported that inexperienced and graduate nurses in rural and remote settings are increasingly placed in senior positions and undertaking clinical supervision beyond their experience and capability. Among other concerns, this is resulting in unsatisfactory placements for nursing students. The situation is self-reinforcing, repeated across jurisdictions and requires system-level intervention.

The concerns voiced include limited clinical humility, inappropriate knowledge and skill development strategies and overconfidence in clinical reasoning and skill. These nurses increasingly supervise, teach, and assess undergraduate students and new graduates in more isolated settings. Predominantly, concerns arise in rural areas and MPS services; however, reports of new graduates working in remote areas occur.

In November 2023, the CRANaplus Undergraduate Nursing Student Survey was undertaken. Of 129 targeted members, 15 responded. All but one had placements in MMM3-7. An interested student met with the NMRT to discuss both preparation for placement and the student learning experience when on placements in remote and rural areas.

The survey targeted the NMRT's concerns and considered the diverse contexts in rural and remote nursing services and students' experiences in new personal and professional contexts. The decision was made not to use the [NPEC placement Evaluation Tool—Nursing Student](#)—as it did not address the NMRT concerns nor reflect the rural or remote placement context.

While a small sample the results confirmed concerns regarding placement opportunities and support, particularly clinical supervision, collaboration and multidisciplinary teamwork, preparation for culturally safe practice and professional enculturation. There needs to be more workplace resourcing or opportunity for new graduates to find their feet in these practice areas before undertaking relatively, and sometimes formally, senior nursing roles undertaking supervision, teaching, and management.

No students took on any supported team leader role, and few engaged in multidisciplinary team opportunities. New graduate nurses acting as supervisors are unlikely equipped to support these learning opportunities. A comment from one student demonstrates the challenges facing students and inexperienced supervising nurses in rural and remote placements.



In discussions between the NMRT members and the invited student member, concerns around clinical preparation and assessment before placement included the following.

- Omitted clinical skill assessments before placement due to time limits in the education setting.
- Peer assessment is where undergraduate nursing students assess each other's clinical skills in the educational setting. This practice's validity, rigour, and safety are questioned, particularly because it reinforces an inappropriate self-perception of clinical capability.
- Instances where graduate nurses self-declare they have not completed basic clinical skills in simulation or while on placement, including preparing and administering medications, in any form.
- Supervising nurses complete placement documentation even when expressing that they are unaware of the assessment requirements or if the student has appropriately completed them.

Since completing the survey, CRANaplus has received further feedback from the NMRT and members generally raising additional concerns regarding undergraduate nursing experiences, including the following

- Reports several universities offer online placements where students do not attend physical clinical environments for placements.
- AINs (undergraduate nurses) undertaking triage roles in rural emergency department settings.

The NMRT has highlighted the inconsistency between enacting supervision for students, graduates, and early career nurses in these clinical settings and the NMBA Registered Nurse Standards for Practice. Some current supervision approaches, from the education context to clinical practice, risk the delivery of safe clinical care and individual clinicians.

CRANaplus recommends that further investigation and research be supported to understand the

- The professional learning experiences of undergraduate nursing students completing placements in diverse MMM3-7 contexts.
- The experiences of registered nurses in MMM3-7 locations working with and supervising undergraduate nursing students on placement
- Longitudinal development of undergraduate students completing MMM3-7 placements who work as graduates and beyond in rural and remote Australia.

CRANaplus continues to work with our student members to explore further and clarify their experiences with placements in rural and remote areas. We look forward to the results of this consultation.