Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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.

Initial questions
Question A   Are you completing this submission on behalf of an organisation or as an individual?   ☒ Organisation   Name of organisation: Australian College of Nursing   Contact email: ▮▮▮▮▮▮▮▮
Question B – relevant only to submissions as individuals   n/a

Question C

Would you like your submission to be published?

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

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**
Clinical placements ☒		**1.1 Experience variety in placements** ACN members, including experienced educators and newly graduated nurses agreed that clinical placement availability often overshadows a scaffolded learning experience. Dispersal across practice settings and geographic locations may silo learning, and not be supportive of a resilient graduate practitioner. Considerations for familiarity and understanding whole-of-system processes may be more aligned to positive learning on clinical placements. Historically geographically spreading students across a health system may be informed by rotation and acute vs sub-acute exposure, however there is little evidence to suggest this model is beneficial for learning, experience, or support of new practitioners. **1.11 Attend placements that can facilitate support for personal needs** Linking to the Summary report of the National Nursing Workforce Strategy[1] released May 2024, highlighted is the substantial sacrifices student nurses are required to make in order to attend clinical placements, especially in their final year. ACN acknowledges that as announced in the 2024-25 federal budget, nurses on their placements will be eligible for payment of $319.50 per week as from 30 June 2025.[2] Included in this are comments from recently graduated nurses stating that the time required to get to and from their placement was not taken into account. One particular nurse said their train journey took 2 hours each way. Consideration of these personal sacrifices in addition to consideration for family/religious requirements, childcare requirements, and cultural safety is encouraged within the guidelines. This is highlighted again in 7. "understand external pressures". However a more overt reference to this may be warranted. Of course, support for students with certain (and these need to be individually assessed) disabilities should be accessed as much as possible, such as stethoscopes specifically for

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 2 of 9

students with hearing loss. This should be accessed early in the program and not at the last minute before placement. Planning and clarity are the key components to successful student clinical learning.

1. Department of Health and Aged Care (2024) Consultation and research summary report – Building the evidence base for a National Nursing Workforce Strategy

2. Budget 2024-25 (2024) Easing cost-of-living pressures

1.3 Are provided enough time to participate in clinical placements through their program of study to achieve the capabilities they need for safe practice

New graduates and members experienced in the education of student nurses highlighted the incompatibility with the word 'enough' in this guidance; some students may have significantly higher life experience, learning capacity, confidence, and skill demonstration to safely practice at the end of a clinical placement, whereas others may need longer and more concentrated participation in placement to develop. Self-assessment of own skills and capacity, in addition to feedback from mentors who have observed the students development over a long period of time is needed in assessing when 'enough time' has passed for safe practice.

The inclusion of formative assessment throughout the placement would enable more mentoring for those students who were not keeping up with learning or who were slower to develop their confidence in the workplace. ACN members recommend Reflective Clinical Supervision[3] for students to build their self-confidence and to ensure their interactions with patients are empathetic and made with sensitivity.

For those students who do require more time in a placement, how will that be supported or handled?

ACN members asked how many students is the supervisor responsible for and is it a number that will allow each student to receive adequate support? For those students too anxious to ask for help, what are the mechanisms to ensure they receive the support they require?

3. Australian College of Mental Health Nurses, Australian College of Midwives, and Australian College of Nursing (2019) Position statement: Clinical Supervision for Nurses & Midwives

1.9 learning outcomes and performance are measured.....

Many nurses indicated there is an inequity in assessment during clinical placement, in that assessments are often completed by the 'buddy nurse' allocated on a shift when the assessment is due, and not necessarily a mentor who has observed skill development over time. At times, "buddy nurses" may be inexperienced with assessment documentation, or performance measurements and therefore may require further support and development of such skills. ACN members commend the inclusion of "9. Support the same student thoughout the entire clinical

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 3 of 9

placement experience". This is not always possible, due to staffing, resourcing, or geographical dispersion of clinical placement supervisors. Closer geographic supervision and support may be possible with the concentration of placement allocation in the local area.

There was a concern that not all 'buddy nurses' would have an adequate understanding of the assessment requirements or processes and with that came the suggestion that buddy nurses should all be required to complete mandatory clinical buddy training to ensure equity for the student nurses. Included in that would be knowledge of what they were assessing against and what 'competence' in that situation might mean. What support or mentorship would be available for the buddy nurse if they thought a student nurse was failing?

1.4 Are prepared for their clinical placements

Clinical placement availability often overshadows the ability to be prepared for a clinical placement. Last minute allocations, due to cancellations or availability are commonplace and limits the preparedness of the student and facility. Furthermore, interviewed members noted that while preparation for a placement is essential, this is an additional task on top of assessment requirements of the nursing course; students have assessments due while on placement, for subjects outside of the clinical space, often for multiple units.

Many placements are perceived as difficult to obtain and often changed around, sometimes at the last minute, leaving little time for preparation by the students. It is also unclear as to who has the ultimate responsibility for preparation of students. Clarity and standardization of preparation requirements would be a step in the right direction.

CLINICAL PLACEMENT SUPERVIORS

Note: members noted a lack of clarity on the definition of "clinical facilitation", "supervision", "mentoring", "precepting" and the various terms tossed around about student support. Students require consistent educationally informed support, and this has been haphazardly implemented. Supervisors require a set level of guidance to perform their role satisfactorily. The supervisors also need a written outline of the capability or capacity of all the students under their supervision. Members asked if supervisors were on staff at the placement, at the educational facility or if they were casual staff brought in to fulfill the role of supervisor. If they are casual, how do they prepare and know the workplace they will be in an what orientation are they given?

1.2.1 Be trained in clinical teaching, mentoring, assessment and professional behaviours….

Some nurses (including experienced educators and new graduates) felt clinical placement supervisors are often inconsistently trained or prepared. Clinical placements seem to be organised by non-nursing administrative staff

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 4 of 9

who have a thin understanding of educational requirements. Active supervision and participation in clinical placement administration by academic and clinical nursing staff in this work can help increase the quality of the supervision. Furthermore, secure employment for clinical placement supervisors linking clinical skills teaching on campus with clinical placement can improve the quality of clinical teaching and supervision and link on and off campus learning. This will also provide consistent and less ad hoc support.

1.2.2 Have the capacity to be familiar with the provider and facility

In addition to familiarity with provider and facility, ACN members feel that familiarity with local practice culture is essential; students are often vulnerable to workplace cultural issues, power imbalances, and pressure in following non-sanctioned 'work arounds' in facilities where ward culture may not be positive; and awareness of this by the clinical placement supervisor allows for the sensitive building of resilient and empowered students.

1.2.4 demonstrate a willingness to support students by….

Members felt an overt inclusion of what being a positive role model is, and suggested the rewording of "being a positive role model to students" to "be a positive role model to students in all areas, including professionalism, presentation, collegiality, safe practice, and patient interactions"

In addition to the guidelines for clinical placement supervisors, ACN members felt that clinical supervision should be advocated for in the role as a component of professional practice. ACN supports the inclusion of the Clinical Supervision for all nursing and midwifery students whilst on placement.[4]

4   Australian College of Mental Health Nurses, Australian College of Midwives, and Australian College of Nursing (2019) Position statement: Clinical Supervision for Nurses & Midwives

1.2.3 Be provided with allocated time….

Members feel that there should be a call for clinical placement supervisors to be exempt from clinical workloads (such as taking a patient load) when allocated to this role. Members commented that in the event a clinical placement supervisor, in response to staffing shortages or normal practices, are allocated patient care loads either the educational experience of the student is sacrificed, or the care provided is compromised. Rewording of this inclusion is suggested "Be provided with exclusive non-clinical allocated time, resources, and teaching support, to ensure they can be successful clinical placement supervisors to students and support student learning needs and outcomes"

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 5 of 9

		1.2.9 Support the same student thought the entire clinical placement experience where possible, and provide students with opportunities to work with other clinical placement supervisors Continuity of clinical placement supervisor only works well when this is a positive relationship. ACN members thought that inclusion of a mechanism to allow students to report when a supervision was poor or was not working as expected was important. That way, students could be allocated another supervisor enabling a more positive work placement for that student. *NB: Spelling error in footnote 18: Joint statement: Aboriginal and Torres Strait Islander health and cultural safety at* ==heart== *of National Law changes*
Simulation-based learning ☒		Multiple members commented on the sentence structure in the guidance statements for simulation based learning (SBL), and suggested that "they" be removed from the start of each point and included in the leading sentence only: For example "Simulation based learning experiences demonstrate good practice when they: 1. Have a degree of realism." Definitions around different types of simulation, for example complex simulation, onsite simulation, may be beneficial in embedding guidelines for education providers. **2.7 The simulation is delivered using good-quality training, facilities and learning resources, including:** If simulations are being used, agree that the training and experiences students are accessing are provided with good quality resources, including manikins or digital resourcing. ACN members note that simulations can be expensive to resource. ACN education teams suggested that incorporation of simulation within the education sector is expensive, and therefore equitable and consistent access to simulation resources (including infrastructure, people, and equipment) may not have parity across institutions, or even between campuses in the same institution. **2.1 "they are used to complement"** Members emphasised the importance of SBL in complementing traditional teaching methods, but highlighted that simulation must not replace real-world experiences. Suggested that this point is changed to "they are used to complement, not replace, traditional teaching methods" **2.1 "they are realistic"** Members noted that scenarios in SBL need to be reflective of *contemporary* patient presentations, including the complexity of human factors, such as nervousness, pain, limited range of movement in joints etc. while learning the capability being taught. Conversation and interpersonal skills must not be seen as an excluded activity during

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 6 of 9

simulation-based learning; students can develop, and educators emphasize, these skills concurrently to the capability.

2.6 They promote active learning experiences, that is they enable students to collaborate with health practitioners and students from other professions

ACN welcomes this inclusion, as Interprofessional simulation-based learning is advantageous as students gain understanding of different roles and responsibilities, which means practitioners are better prepared for the workplace and multidisciplinary approaches. Understanding the scope of practice and roles of other disciplines can be fostered with interdisciplinary SBL, and this is reflective of the reforms outlined in the "Unleashing the Potential of our Health Workforce Scope of Practice Review, Issues Paper 2."[5] Members suggested that offering of concurrent SBL spaces to multiple disciplines, where education providers offer multiple health courses should be standardised; for example, a first year nursing student learning how to dispense medications could learn alongside a first year student of pharmacy. This cross pollination and understanding of overlapping scope from the genesis of professional education would encourage and foster multidisciplinary care in practice. The work of Amanda Henderson[6] on defining a set of common interprofessional learning competencies for health profession students was highlighted in several comments, enabling more effective learning and assessment within core curriculums.

5   Department of Health and Aged Care (2024) Unleashing the Potential of our Health Workforce - Scope of Practice Review - Issues Paper 2
6   O'Keefe, M., Henderson, A., & Chick, R. (2017). Defining a set of common interprofessional learning competencies for health profession students. Medical teacher, 39(5), 463–468. https://doi.org/10.1080/0142159X.2017.1300246

2.2. They are tailored and scaffolded to the student's level of knowledge, and appropriate to their learning needs and the expected learning outcomes

Members interviewed suggested that inclusion of self-reflection in this guidance would demonstrate that the "level" of knowledge is not just reflective of their year of education, but of their own personal development and where skill development and confidence is needed. Suggest this is changed to "They are tailored and scaffolded to the student's level of knowledge, *personal assessment of competency,* and appropriate to their learning needs and the expected learning outcome"

2.7 The simulation is delivered using good quality training, facilities, and learning resources

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 7 of 9

		Suggested that another dot point is included here, highlighting the importance of feedback and adequate training for support staff in simulation based learning: • They are supported by faculty who are trained in supportive, safe, feedback processes and who are appropriately trained in increasing the fidelity of simulation.
Virtual care ☒		**3.4.5 "developing rapport with remote patients and staff and taking into account peoples culturally, socially, and linguistically diverse needs"** Many nurses highlighted the need to include non-verbal cue skill development in the telehealth/virtual care guidance, and development of CALD supportive resources, and support for those with disabilities or those who lack confidence in IT skills.

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

These statements are explained in further details above:

- 2.7.1: They are supported by faculty who are trained in supportive, safe, feedback processes and who are appropriately trained in increasing the fidelity of simulation.

- 2.2.4: Be a positive role model to students in all areas, including professionalism, presentation, collegiality, safe practice, and patient interactions"

- 3.4.5: Non-verbal assessment during virtual care

- 2.2: They are tailored and scaffolded to the students level of knowledge, personal assessment of competency, and appropriate to their learning needs and the expected learning outcome

- 2.2.3: Be provided with exclusive non-clinical allocated time, resources, and teaching support, to ensure they can be successful clinical placement supervisors to students and support student learning needs and outcomes

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 8 of 9

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

Readable and easily accessible materials for supervision that are simple to interpret and adopt. Assessment guidelines and scenarios to illustrate what an assessment might look like. The materials must be updated regularly to take into account evaluations and feedback. It is essential that there is past and current student representation on evaluation and development teams guide the development of all resources. The workplace facility must be part of the assessment strategy for placement assessment and the recording documents. The facility must also be transparent in their communications on what they believe the students should and will achieve in their placement. The academy should set the guidelines for the assessment to align with their learning outcomes and competencies. Sound communications between facility and academy will improve outcomes for nursing students.

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

Public consultation on guidance for embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education – April 2024

Page 9 of 9