Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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

Contact email: hpca-nursingandmidwiferycouncil@health.nsw.gov.au

☐ 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**
Example: *Clinical placements ☒* *Simulation-based learning ☐* *Virtual care ☐*	*[Insert good practice statement number and/or statement here]*	*[Insert your comments and/or suggestions here]*
Principles and Introduction	p4 "Good"/"Best" practice used interchangeably. 1. Evidence-based 2. Respectful 3. Patient-centred 4. Safe 5. Ethical 6. Culturally safe 7. Professional 8. Effective 9. High quality 10. Relevant and meaningful	Guidelines need to aim for "best" practice, aspirational vision for student learning. Good is the lowest on the "good/better/best" hierarchy. Need for consistency in terminology – patient, client, consumer. Also to acknowledge that clinical placements include and involve more than just a patient/client, but include: ▪ Person ▪ Family, and ▪ Community Very medical model **Relevant and Meaningful** to ensure that the practice aligns/relates to theory. Students are frequently placed in practice areas before they have the required knowledge and skill to support their clinical placement, or in an area where there is little if any exposure to clinical care.
Clinical placements ☒	pp5-8 **Student learning from clinical placements is likely to be maximised through**: 1. Experience variety in placements 2. Extended clinical placements in the same setting to allow for continuous patient care and observe outcomes of care – care continuity	Nyoni, C. Hugo-Van Dyke, L. and Botma, Y. (2021) Clinical placement models for undergraduate health professions students: a scoping review, ***BMC Medical Education***, 21. **Best practice in clinical placements** ▪ Prioritising the development of positive relationships between students, peers, and facilitators. Supportive relationships foster optimal learning environments.

	3. Enough time for clinical placements … to achieve capabilities 4. Are prepared for clinical placements 5. Are supported and connected with peers, clinical placement supervisors and colleagues 6. Provided with opportunities to participate in clinical placements learning activities 7. Provided with opportunities to consider feedback and reflect on practice and improvement skills 8. Participate in peer-assisted learning activities 9. Learning outcomes and clinical placement performance are measured and assessed using clear equitable assessment criteria 10. Attend placements with services that have appropriate accreditation, licencing and/or registration 11. Attend placements with services that can support their personal needs - family, cultural, childcare, 12. Attend placements where training facilities are quality assured 13. Participate in clinical placements that align to relevant national, state, territory guidelines and reflect BEST PRACTICE clinical learning environment frameworks. **To support student learning, clinical placements supervisors should:** 1. Trained in clinical teaching 2. Trained in the clinical placement and the education provider learning policies, procedures, and systems 3. Provided with allocated resources to support successful student learning in the clinical placement 4. Demonstrate ability to support students 5. Provide teaching and mentoring	▪ Ensuring students are supported by experienced professionals who can provide individualised feedback to facilitate competence in clinical skills, decision making and judgement. ▪ Providing specific orientation and resources tailored to the clinical placement model being used. ▪ Incorporating strategies to promote positive learning experiences and perceptions amongst students, as this supports self-efficacy and competence. ▪ Using models that enable a diverse patient/family/community exposures and application of classroom knowledge and authentic clinical setting. ▪ Considering collaborative models, longitudinal integrated clerkships, or student-led placements which have shown benefits like increased placement capacity and student engagement and satisfaction. ▪ Aligning the model with the program's context, educational design, intended competencies (learning outcomes) rather than seeking a one-size-fits-all approach. ▪ Development of student-led resources – clinical portfolios and reflection tools, to document not only the competencies/skills achieved but also reflections of patient/family/community engagement and how the health intervention benefits improved health outcomes.

	6. Provide progressive and structured learning opportunities 7. Understand external pressures that might impact on student learning during the placement 8. Prepared and organised to support students 9. Support students throughout the entire clinical placement but also offer other opportunities to work with other supervisors 10. Understand the expectations and manage student assessments and evaluations 11. Provide constructive, regular and timely feedback to students 12. Foster collaborative learning environments in multidisciplinary setting 13. Not have conditions on their registration **Cultural Safety in clinical placements**, p7-8 1. Students receive Cultural safety training and support before and during the clinical placement 2. Culturally appropriate communication is delivered to the health service providers before student placement commences 3. Supervision is provided is Culturally Safe and inclusive, free of racism and other forms of discrimination 4. Clinical placement supervisors understand their influence and power on students and the use of influence is respectful, measured and fair 5. Students are believed when they raise concerns about Cultural Safety, racism, and other forms of discrimination and the health service takes decisive action to address and resolve issues 6. Forster a collaborative and Culturally Safe learning environment free of racism and other forms of discrimination.	Cultural Safety is about what is safe for the patient population /family/ community, but also for the student. Student concerns about Cultural Safety must be taken seriously and investigated in partnership with/ between the education provider and the service provider - that students are believed.

Simulation-based learning ☒	pp9-10 1. Realism/realistic 2. Tailored and scaffolded to the students level of knowledge 3. Results in greater student satisfaction 4. Use several technologies, techniques, scenarios 5. Integrates briefing and debriefing (reflective learning strategies) 6. Active learning 7. Faculty staff trained in simulation.	Alanazi, A. Nicholson, N. and Thomas, S. (2017) The use of simulation to improve knowledge, skills and confidence among healthcare students: A systematic review. ***The Internet Journal of Allied Health Sciences and Practice.*** Jan 01;15(3), Article 2. ▪ Simulation should be used to improve knowledge, skills, and student confidence in a safe learning environment before clinical practice. Allows deliberate practice of technical skills, rehearsal of communication, teamwork, and management of high-risk scenarios without compromising patient safety. ▪ Used prior to undertaking clinical placements, to practice essential and high risk skills in safe environments ▪ Uses a variety of simulation modalities – manikins, standardised patients, task trainers, virtual reality, based on intended learning outcomes. Facilitated briefing and debriefing assists reflective learning. ▪ Simulations should incorporate individualised feedback, cognitive interactivity, and deliberate practice opportunities. ▪ Simulation-based learning and assessments should be combined with other assessment methods and involve multiple scenarios for reliable evaluation of competencies. Blinded assessors and robust study designs enhance validity. ▪ Interprofessional simulation promoting collaborative teamwork and communication should be encouraged. Simulation should be aligned to curriculum and intended learning outcomes.

		▪ Use evidence-based "best practice" in simulation guidelines. ▪ Simulation based learning is not simply a mastery of a skill at a time in the curriculum - e.g. IV injections or would care, and then not be repeated at any other stage throughout the program. ▪ Simulated learning needs to be readily available, retested and the student assessed competent at the time of placement.
Virtual care ☒	pp11-12 1. Provided throughout/integrated into clinical education program 2. Expose students to a variety of virtual care technologies and processes 3. Align to Ahpra Telehealth Guidance for Practitioners 4. Delivered through a standardised and staged curriculum 5. Use participative and interactive virtual care learning activities 6. Provide students with the opportunity to collaborate virtually with other professions and practice delivering virtual care 7. Incorporate all available healthcare resources (virtual care an enabler) 8. Educators receive training in virtual care learning experiences 9. Education providers (EP) working with health services to design virtual care learning activities 10. Incorporate online and simulation-based learning activities to reinforce student learning.	Curran, V. Hollett, A. and Peddle, E. (2023) Training for virtual care: What do the experts think? ***Digital Health*** 2023, Jan-Dec; 9. Published online 2023 May 30. ▪ Incorporate virtual care into the curricula ▪ Focus on practical skills ▪ Benefits and costs of virtual care explored ▪ Virtual care and technology o appropriate for patient group vs in-person visits? o Trouble-shooting when technology fails o Adapting physical assessment techniques for virtual care o Privacy, security, legal considerations o Building rapport and effective communication.

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

Refer to the evidence-based articles identified in the column under **Comments and Suggestions**, for each section as examples of best practice in clinical placements, simulation and virtual health care.

Additional information provided there about best-practice.

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

Key information provided by the committee to assist implement the guidelines for National Scheme entities – National Boards and Accreditation Councils, much include:

1. Principles and standards for ensuring quality and safety in these educational modalities
2. Supervision, assessment, feedback, and risk management
3. Consistency and best practices across different health professions.
4. Holistic approach as education occurs in diverse and changing contexts and environments – acknowledging the safety of the public, patients but also students.

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

Standards for Clinical Placements, Simulation and Virtual Health Care

Standards need to be comprehensive but SMART:

- Specific
- Measurable
- Achievable
- Reasonable
- Time based

Context

The context of clinical placements is extremely challenging for all education providers, students and health service providers.

The demand on/competition for clinical placements continues to grow and none of this will stop the pressure that comes with supply and demand, clinical placements for preferred education providers and from those who pay for the placements.

A demand/supply issue relates to the way the academic programs from large institutions are structured, increasing demand for specialty placements all at the same time - critical care placements in the 3rd year. There is also an issue with the whole notion of student's "value adding" to care requirements rather than being seen as a burden.

The demand and supply of clinical placements needs to be considered throughout the whole year, not just academic year/semesters, to ensure quality and safe experiences for students, with students not perceived and/or real burden for service providers.