Public consultation response template – draft guidance on embedding good practice in clinical placements, simulation-based learning and virtual care in initial student health practitioner education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Please provide any feedback on the draft guidance using this template, including your responses to all or some of the questions in the text boxes on the following pages.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 These submissions will not be published on the website or elsewhere.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: The University of Sydney   Contact email: ███████████   ☐ Myself   Name: <u>Click or tap here to enter text.</u>   Contact email: <u>Click or tap here to enter text.</u>
Question B   If you are completing this submission as an individual, are you: ☐ A registered health practitioner?   Profession: <u>Click or tap here to enter text.</u>   ☐ A member of the public?   ☐ Other: <u>Click or tap here to enter text.</u>
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

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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] Context: 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.	[Insert your comments and/or suggestions here] Most, if not all healthcare students, depending on learning outcomes of the placement, will be actively participating in all aspects of care, from undertaking objective and subjective assessments, developing care plans, delivering interventions/ therapy and monitoring impact, through to patient/ client, carer education. The educational model of experiential learning where students are learning through actively participating in aspects of work activity – including patient care (but under supervision). Suggested wording change: Clinical placements help students integrate the theoretical knowledge and skills they learn into practical skills, professional behaviours 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, 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. Students value placements that enable them to interact with students or health practitioners from other professions. 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

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		develop an understanding of real-world clinical practice and their role within it.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	*Context:* Clinical placements should help students meet their learning outcomes such as clinical skills, communication skills and student confidence and resilience[1].	Recommend change to: Clinical placements should help students meet their learning outcomes as designated by the particular profession's program curriculum and accreditation body requirements.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	*Context:* 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.	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.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	*Context*: Clinical placement governance and arrangements should encourage healthcare providers and education providers to collaborate when developing and delivering clinical placements.	The words 'should encourage' suggests a choice. Recommend change to: Clinical placement governance and arrangements require healthcare providers and education providers to collaborate when developing and delivering clinical placements.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 1:	Include schools as another example of diverse practice settings. Suggest a separate bullet point: • a diverse range of healthcare and other professionals to foster interprofessional learning.
	Guidance 1: • in diverse geographic locations (rural, regional and metropolitan), where possible.[6,2,3]	Suggest add: Noting that some accreditation bodies have specific requirements.

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[1] Hanna H, Jordan Z, Stern C, Pearce J. Experiences of learning, development, and preparedness for clinical practice among undergraduate paramedicine students, graduate/intern paramedics, and their preceptors: a qualitative systematic review. JBI Evidence Synthesis. 2021 Sep 1;19(9):2052-154.

[2] Brooke J, Rybacka M, Ojo O. 'Nursing student's lived experience of a clinical placement in prison healthcare: A systematic review'. Nurse Education in Practice. 2022:103463.

[3] Keeping-Burke L, McCloskey R, Donovan C, Yetman L, Goudreau A. Nursing students' experiences with clinical placement in residential aged care facilities: a systematic review of qualitative evidence. JBI evidence synthesis. 2020 May 1;18(5):986-1018.

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 2: 'Extended clinical placements' 'Longer placeemnts'	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.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 3: "Enough time"	This term needs clarification – suggest re-frame in terms of opportunities. This statement may imply that safe practice is only learned in the clinical setting – rather, the entire curriculum contributes to safe practice. Suggest re-word to: Are provided enough opportunities to participate in clinical placements throughout their program of study to develop the capabilities they need for safe practice.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 5: • are well-supported by, and well-connected to their peers, clinical placement supervisors and colleagues during their placement	This point highlights the importance of placement sites, where possible, hosting 2 or more students at a time to maximise peer learning. It also highlights the importance of universities including educational strategies/ activities that connect students across various settings to each other and to the education provider during placements. Suggest re-word to: are well-supported by, and well-connected to their peers, clinical placement supervisor and their colleagues, and education provider staff during their placement.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 6: • support students to develop resilience[6]	We particularly welcome this inclusion.

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 6: • address their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.)	Suggest reword to: • **respect** their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.)
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 6: • allow students to collaborate with health practitioners, patients, families, guardians and carers as well as students from other professions	Suggest divide into two separate points: Support the development of capabilities in working as a member of an interprofessional team by encouraging students to: - collaborate with practitioners and students from other professions (including outside of health, for example teachers) - work in partnership with patients / clients and their families, guardians and carers.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 7: are provided with opportunities to consider the feedback they receive from clinical placement supervisors, reflect on their practice and improve their skills[4]	Suggest re-wording to emphasis that feedback is a two-way, dialogue: 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[5]
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 8: Peer-assistance learning	Suggest add an example to clarify term.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 9: 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	Re-word to follow main stem: 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

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[4] Immonen K, Oikarainen A, Tomietto M, Kääriäinen M, Tuomikoski AM, Kaučič BM, Filej B, Riklikiene O, Vizcaya-Moreno MF, Perez-Canaveras RM, De Raeve P. Assessment of nursing students' competence in clinical practice: a systematic review of reviews. International journal of nursing studies. 2019 Dec 1;100:103414.

[5] Immonen K, Oikarainen A, Tomietto M, Kääriäinen M, Tuomikoski AM, Kaučič BM, Filej B, Riklikiene O, Vizcaya-Moreno MF, Perez-Canaveras RM, De Raeve P. Assessment of nursing students' competence in clinical practice: a systematic review of reviews. International journal of nursing studies. 2019 Dec 1;100:103414.

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	these are available for the relevant health profession[11,6]	these are available for the relevant health profession[11,7]
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 10, 11 and 12	Suggest combine into one point but have three bullet points for it: attend placements with organisations and in facilities that: • have the appropriate accreditation, licensing and/or registration for the services they provide, where required by relevant government authorities • can facilitate support for their personal needs (e.g. family/religious requirements, childcare requirements, are culturally safe, etc.) within reasonable adjustments • have access to training facilities, clinical supervisor training programs and clinical supervisors that are quality assured Language changed for last point (point 12) to reflect all professions. We note 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.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 13: • participate in clinical placements that align to relevant national, state and territory guidelines and reflect best practice clinical learning environment (BPCLE) frameworks	Suggest add references for example frameworks/ guidelines this point refers to

[6] Leighton K, Kardong-Edgren S, McNelis AM, Foisy-Doll C, Sullo E. Traditional clinical outcomes in prelicensure nursing education: An empty systematic review. Journal of Nursing Education. 2021 Mar 1;60(3):136-42.
[7] Leighton K, Kardong-Edgren S, McNelis AM, Foisy-Doll C, Sullo E. Traditional clinical outcomes in prelicensure nursing education: An empty systematic review. Journal of Nursing Education. 2021 Mar 1;60(3):136-42.

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance - clinical placement supervisors	
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 1 (clinical placement supervisors): be trained in clinical teaching, mentoring, assessment…	Reword to reflect the focus on facilitating learning rather than being the 'teacher' per se: Be trained in clinical education/ work-based learning, mentoring, assessment…. We assume this does not mean formal qualifications but rather any form of CPD. We welcome the statement 'being able to undertake the training without unreasonable impost on their workload and current responsibilities[6,10,11,14]'
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 1 and 2:	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. Guidance 2: add "…where relevant to the delivery of the clinical placement".
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 3:	Suggest reword to: Be provided with allocated time, resources, and clinical education support…
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 4: • working closely with education providers, where required	Remove the "where required" as it is essential to have close working relations between sectors. Reword to: • working closely with education providers, and in particular, contacting the education provider early if concerns arise.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 5: provide teaching and mentoring that aligns to both the students' learning goals[15] and program learning outcomes	Reword to: Provide learning experiences and mentoring…

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	Guidance 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.)[15]	Placement availability can negatively impact early allocation of students to placements and notification of structured rotations. Suggest re-word to: be prepared and organised to support the student, where required and practically feasible….
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 9: support the same student throughout an entire clinical placement experience where possible, and provide students with opportunities to work with other clinical placement supervisors[6]	This currently is unclear. Suggest re-word to: 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.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Guidance 11: provide constructive, regular and timely feedback to students[15]	Suggest expand to indicate student is an active player in the feedback conversation. Re-word to: provide constructive, regular and timely feedback to students[15] and be open to receiving feedback from students and education providers.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Cultural Safety in clinical placements	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. We suggest a statement be added signaling this is specific to Aboriginal and Torres Strait Islander Peoples, but relevant for all cultures (if that is your intention).
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☒	Cultural Safety in clinical placements Guidance 1	Re-word to: Students undertake …

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Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Cultural Safety in clinical placements Guidance 5:	This point uses the term 'placement host' – which is suitable as it encompasses all placement contexts, including outside of the health sector. Point 2 however uses a different term ('health care provider'). We suggest consistent terms be used throughout document.
Clinical placements ☒ Simulation-based learning ☐ Virtual care ☐	Cultural Safety in clinical placements Guidance 6:	Suggest re-word to: Placement host sites foster collaboration…
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Context	The evidence base for simulation is strong – see below under section 2 for suggested additions to highlight this more. Suggest add clarification as to why simulation is 'more convenient' and what this is compared with.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	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 ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 1: • the degree of realism of the simulation (also called 'fidelity'8) 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)24	Suggest re-word to: • 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. (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)24

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[8] 'Fidelity' is the degree to which the simulation replicates the real event and/or workplace; this includes physical, psychological, and environmental elements

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Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 1: • (e.g. if the student is to learn suturing a low-fidelity part-task trainer may be sufficient)[24]	Suggest include what a 'low-fidelity task trainer' is as a footnote.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 1: • they increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations, etc.)	Suggest re-word to add: • they increase students' exposure to diverse clinical presentations (e.g. chronic disease, urgent or emergency situations, etc.) which students may or may not be able to experience in the real world setting.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 1: • they are used to complement traditional teaching methods, such as clinical placements[21]	Suggest that this is a separate numbered point. Simulation is also used to replace a component of clinical placement time. Suggest re-word to: • they are used to complement traditional educational approaches, such as clinical placements[21] 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.
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 3: they are demonstrated to result in greater student satisfaction in their learning[21]	The paper quoted suggests the comparator was mainly conventional learning approaches. Suggest re-word to: they are demonstrated to result in greater student satisfaction in their learning[21] compared with conventional learning approaches (e.g. tutorials/ practical classes) Please clarify whether or not this guidance suggest simulation should NOT be used if satisfaction is only equal to other approaches.
Clinical placements ☐ Simulation-based learning ☒	Guidance 6:	Suggest add: This also includes elements of peer learning and peer support.

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Virtual care ☐	• they require students to actively participate[21,26,9]	
Clinical placements ☐ Simulation-based learning ☒ Virtual care ☐	Guidance 7: • they are supported by appropriate facilities (including training rooms and equipment)[27]	This point is redundant as it is included in the stem for Guidance 7.
Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	Context	Suggest add the definition of 'virtual care' that is provided in the Glossary of Accreditation Terms as a footnote.
Clinical placements ☐ Simulation-based learning ☐ Virtual care ☒	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.

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

Under Guidance section 'Student learning from clinical placements is likely to be maximised when students:…'

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)

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[9] Astbury J, Ferguson J, Silverthorne J, Willis S, Schafheutle E. High-fidelity simulation-based education in pre-registration healthcare programmes: a systematic review of reviews to inform collaborative and interprofessional best practice. Journal of interprofessional care. 2021 Jul 4;35(4):622-32.

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Whilst this is included within the text, we feel it warrants a standalone statement.

Under Guidance section 'To support student learning, clinical placement supervisors should:…'

See above - we recommend a statement be added in relation to cross profession supervision. Given the interprofessional settings that some placements occur in, it makes sense that cross-profession supervision would be encouraged in suitable settings.

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.

Additional reviews for evidence:

Bourne, E., Short, K., McAllister, L., & Nagarajan, S. (2019). The quantitative impact of placements on allied health time use and productivity in healthcare facilities: a systematic review with meta-analysis. Focus on Health Professional Education: A Multi-Professional Journal, 20(2), 8-40.

Gibson, S. J., Porter, J., Anderson, A., Bryce, A., Dart, J., Kellow, N., ... & Palermo, C. (2019). Clinical educators' skills and qualities in allied health: a systematic review. Medical education, 53(5), 432-442.

Markowski, M., Bower, H., Essex, R., & Yearley, C. (2021). Peer learning and collaborative placement models in health care: a systematic review and qualitative synthesis of the literature. Journal of Clinical Nursing, 30(11-12), 1519-1541.

Milgate, W., Copley, J., & Hill, J. (2024). Failing professional practice placements in allied health: What do we understand about the student experience? A scoping review. Advances in Health Sciences Education, 29(1), 301-327.

Waters, L., Lo, K., & Maloney, S. (2018). What impact do students have on clinical educators and the way they practise?. Advances in Health Sciences Education, 23, 611-631.

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. For example, The INACSL Healthcare Simulation Standards of Best Practice are guidelines to support quality simulation design, implementation, evaluation and research (HSSOBP, INACSL Standards Committee, Watts et al., 2021). They cover simulation areas such as Professional Development, Pre-briefing, Simulation Design, Facilitation, Debriefing, Operations, Outcomes and Objectives, Professional Integrity, Sim-Enhanced IPE and Evaluation. Healthcare Simulation Standards of Best Practice™ (inacsl.org)

Similarly, other organisations have also contributed to the quality of enhancing simulation practice with standards of practice (Motola et al, 2013; Purva & Nicklin, 2018).

Additional benefits of simulation to strengthen opening context paragraphs:

- Unlike many placement-based experiences, simulation controls or manipulates aspects of reality for the benefit of the learner rather than learning occurring secondary to service provision.
- Complexity, levels of uncertainty and exposure to specific conditions can be tailored in simulation to learning needs
- enables a range of authentic learning that may not otherwise be safely attainable at scale

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- enhance public safety by ensuring learners develop and practise skills in situations where real healthcare outcomes are not at stake
- can identify learners who are not yet ready or safe to continue learning in real life situations

Additional systematic reviews for evidence –

- Positive effect of simulation training compared to other learning strategies, including in nursing (Hegland et al 2017), for interprofessional training (Marion-Martins et al 2020), for developing empathy (Chua et al 2021)
- Virtual simulation modest positive effects for learners (Kononowicz et al 2019) including knowledge building in nursing (Chen et al 2020)
- Overall is an effective pedagogy to support learning outcomes (Foronda et al, 2020).
- Technology enhanced simulation showed large effects for outcomes of knowledge, skills, and behaviours and moderate effects for patient-related outcomes in systematic reviews with metanalyses by Cook at colleagues (Cook et al 2011; Cook et al 2012).
- Supportive evidence for simulation across several professions including pharmacy (Beshir et al 2022), physiotherapy (Mori et al 2016; Pritchard et al 2016; Rezayi et al 2022) and cross disciplinary (Alanazi et al 2017).

Beshir, S. A., Mohamed, A. P., Soorya, A., Goh, S. S. L., El-Labadd, E. M., Hussain, N., & Said, A. S. (2022). Virtual patient simulation in pharmacy education: a systematic review. Pharmacy Education, 22(1), 954-970.

Chen, F. Q., Leng, Y. F., Ge, J. F., Wang, D. W., Li, C., Chen, B., & Sun, Z. L. (2020). Effectiveness of virtual reality in nursing education: Meta-analysis. Journal of medical Internet research, 22(9), e18290.

Cook, D. A., Hatala, R., Brydges, R., Zendejas, B., Szostek, J. H., Wang, A. T., ... & Hamstra, S. J. (2011). Technology-enhanced simulation for health professions education: a systematic review and meta-analysis. Jama, 306(9), 978-988.

Cook, D. A., Brydges, R., Hamstra, S. J., Zendejas, B., Szostek, J. H., Wang, A. T., ... & Hatala, R. (2012). Comparative effectiveness of technology-enhanced simulation versus other instructional methods: a systematic review and meta-analysis. Simulation in Healthcare, 7(5), 308-320.

simulation in nursing education: a systematic review spanning 1996 to 2018. Simulation in Healthcare, 15(1), 46-54.

Foronda, C. L., Fernandez-Burgos, M., Nadeau, C., Kelley, C. N., & Henry, M. N. (2020). Virtual simulation in nursing education: a systematic review spanning 1996 to 2018. Simulation in Healthcare, 15(1), 46-54.

Hegland, P. A., Aarlie, H., Strømme, H., & Jamtvedt, G. (2017). Simulation-based training for nurses: Systematic review and meta-analysis. Nurse education today, 54, 6-20.

Kononowicz, A. A., Woodham, L. A., Edelbring, S., Stathakarou, N., Davies, D., Saxena, N., ... & Zary, N. (2019). Virtual patient simulations in health professions education: systematic review and meta-analysis by the digital health education collaboration. Journal of medical Internet research, 21(7), e14676.

Marion-Martins, A. D., & Pinho, D. L. (2020). Interprofessional simulation effects for healthcare students: A systematic review and meta-analysis. Nurse education today, 94, 104568.

Mori, B., Carnahan, H., & Herold, J. (2015). Use of simulation learning experiences in physical therapy entry-to-practice curricula: a systematic review. Physiotherapy Canada, 67(2), 194-202.

Pritchard, S. A., Blackstock, F. C., Nestel, D., & Keating, J. L. (2016). Simulated patients in physical therapy education: systematic review and meta-analysis. Physical therapy, 96(9), 1342-1353.

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Rezayi, S., Shahmoradi, L., Ghotbi, N., Choobsaz, H., Yousefi, M. H., Pourazadi, S., & Ardali, Z. R. (2022). Computerized simulation education on physiotherapy students' skills and knowledge: a systematic review. BioMed Research International, 2022.

Watts, P. I., Rossler, K., Bowler, F., Miller, C., Charnetski, M., Decker, S., ... & Hallmark, B. (2021). Onward and upward: Introducing the healthcare simulation standards of best practiceTM. Clinical Simulation in Nursing, 58, 1-4.

Whilst not reviews, the following articles support simulation as replacement for part of clinical placement time:

Hill, A. E., Ward, E., Heard, R., McAllister, S., McCabe, P., Penman, A., … Walters, J. (2020). Simulation can replace part of speech-language pathology placement time: A randomised controlled trial. *International Journal of Speech-Language Pathology*, 23(1), 92–102. https://doi.org/10.1080/17549507.2020.1722238

Watson, K., Wright, A., Morris, N., McMeeken, J., Rivett, D., Blackstock, F., ... & Jull, G. (2012). Can simulation replace part of clinical time? Two parallel randomised controlled trials. *Medical education*, 46(7), 657-667.

Imms, C., Froude, E., Chu, E. M. Y., Sheppard, L., Darzins, S., Guinea, S., ... & Mathieu, E. (2018). Simulated versus traditional occupational therapy placements: A randomised controlled trial. *Australian Occupational Therapy Journal*, 65(6), 556-564.

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

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.

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, we welcome this document. It clearly highlights the importance of providing high quality clinical education experiences along with the complexities within this specialised field of health professions education. Below are some additional comments.

Terminology and definitions

Whilst the document does refer to the Glossary of Accreditation Terms, we suggest that a specific link be provided 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. Whilst we recognise that it might be difficult to capture all contexts (e.g. residents for residential aged care facilities, clients for 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.

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We note that at times variations of the term 'clinical placement supervisor' are used. We recommend consistency, using the terms in the Glossary of Accreditation Terms.

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 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'.

We acknowledge that it is difficult to capture the variance in contexts/ language across all the professions within the one document. We hope that our suggestions have assisted in better reflecting the majority of professions.

Clarity of WIL vs clinical placement

We note that 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' .(Patrick, C. J., Peach, D., Pocknee, C., Webb, F., Fletcher, M., & Pretto, G. (2008). *The WIL (Work Integrated Learning) report: A national scoping study*. Queensland University of Technology; p.9).

Clinical placements, simulation, virtual care learning experiences can all be considered forms of WIL. We suggest that the term WIL be separately defined, given that many health profession councils are now using the term 'WIL' in their accreditation documents.

This might also help clarify why clinical placements, simulation and virtual care are part of the one guidance document. Whilst one (clinical placements) are a mandated part of health professional education, the others are not – but do form a valuable component of WIL.

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'.

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