Handbook for Students on Clinical Placement

For Students undertaking:

Certificate IV in Nursing
Diploma of Nursing

State Government Victoria

Acknowledgements

The organisations and groups represented on the governance committee that steered this project included:

- Community Services and Health Industry Training Board (CS&HITB)(Vic)
- Department of Health (DoH)
- Australian Nursing Federation (ANF) Victorian Branch
- Vocational Education & Training (VET) Reference Group
- Clinical Coordinators Network (CCN)
- Moderation Delivery Committee (MDC)
- Industry consultants
    - aged care – Martin Luther Homes
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This is one of two handbooks developed using input from a wide range of stakeholders.

The Steering Committee gratefully acknowledges the generosity of time and effort of those who participated in the development of this resource.

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Foreword

This handbook has been developed to assist Certificate IV and Diploma of Nursing students with their clinical experience. It provides context and simple explanations for clinical placement, as well as how to engage with and successfully navigate the clinical experience.

It also includes a summary of qualification requirements and the professional codes and guidelines that govern nursing practice for quick reference.

Real life examples are used within the guide, from students, facilitators and mentors, to highlight key points and provide relevance. Throughout the resource, students will find suggestions for further reading to help build their understanding of the clinical placement experience.

The information provided reflects current processes and regulations in Australia.

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Contents

Definitions and abbreviations

ADLs	Activities of Daily Living are those activities that an individual performs as part of their normal daily routine. Personal ADLs (PADLs) refer to tasks such as hygiene and mobility.
AHPRA	The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the registration and accreditation of ten health professions across Australia.
ANMC	The Australian Nursing and Midwifery Council is the national nursing body concerned with standards and processes for the regulation of nursing within Australia.
Delegation	In the nursing context, delegation is the conferring of authority to perform activities of care for an individual.
DMF	A decision-making framework is a guide to help identify your scope of practice when accepting delegated tasks or making care decisions.
HITH	Hospital in the Home is a service provided by acute care organisations to continue care in the community.
NMBA	The Nursing and Midwifery Board of Australia is responsible for registering nursing and midwifery practitioners and students, and developing nursing standards, codes and guidelines. It handles complaints, investigations and nurse disciplinary hearings, assessment of overseas nurses who wish to register here, and approval of accreditation standards and courses of study leading to registration.
RCN	The Royal College of Nursing is a United Kingdom peak professional nursing organisation and is similar in structure and function to the RCNA (see below).
RCNA	The Royal College of Nursing, Australia is a peak professional nursing organisation and the Australian member of the International Council of Nurses (ICN). RCNA is a national membership organisation open to nurses and nursing students in all areas of the profession.
RDNS	The Royal District Nursing Service delivers comprehensive, professional nursing and health care to people in their homes, workplaces and elsewhere.
RTO	A Registered Training Organisation is an educational institution registered to deliver vocational education and training courses.
TAC	The Transport Accident Commission pays for treatment and benefits for people injured in transport accidents. It is also involved in promoting road safety in Victoria and in improving Victoria's trauma system.
Validity	The extent to which assessment meets stated purposes and achieves its intended outcomes.
VET	Vocational education and training is post-compulsory education and training, excluding degree and higher-level programs delivered by higher education institutions, which provides people with occupational or work-related knowledge and skills. (DEST 2010)

Overview of clinical placements

Clinical placement provides an important opportunity for Certificate IV and Diploma of Nursing students to apply skills and theory in real life situations, in a variety of clinical settings. Experiencing nursing in different types of health care environments is important for professional development. It helps inform career choice and enables students to apply and gain competence in the many different skills required across various health care settings.

Placements are commonly set out in two-week blocks, although this is not always the case. Most Registered Training Organisations (RTOs) plan to send students to aged care, mental health, rehabilitation and acute settings for their clinical placements. They may also organise community, or maternity and child health placements, depending on the electives undertaken by the student.

It is most common for students to be sent to clinical placement in groups and to be supported by a clinical facilitator (supplied by the host facility or the educational organisation), who supervises and assists in meeting the clinical learning and assessment needs.

The role of the Enrolled Nurse

The major aims of nursing education are the development of skills that include:

- providing care and comfort for individuals and groups
- supporting individuals and groups with activities of daily living
- assisting with meeting basic human needs
- monitoring an individual's response to treatment.

The Enrolled Nurse works under the direction and supervision* of the Registered Nurse. At all times, the Enrolled Nurse retains responsibility for their actions and is accountable to the Registered Nurse for all delegated functions (See ANMC Guidelines on Delegation and Supervision for Nurses).

*Supervision in this case is the direction and guidance given by a Registered Nurse to an Enrolled Nurse. Supervision may be direct or indirect, according to the nature of the work delegated (Adapted from a Holmesglen clinical tool).

Clinical placement requirements

It is a requirement of the qualification leading to registration as an Enrolled Nurse, that a minimum number of hours are spent in an approved clinical setting. Clinical placements provide Certificate IV and Diploma of Nursing students with the opportunity to apply the skills and theory they have learnt in the classroom or laboratory, in a real life context. To learn through assisting with the care of clients in a variety of health care settings is of key importance in developing the skills and knowledge required to be a caring, confident nurse. Clinical placements are also referred to as:

- clinical practicum
- professional experience
- field work
- field experience
- clinical experience
- clinical practice.

There is a minimum requirement of 400 hours (10 weeks) of clinical placement for the Diploma of Nursing qualification and 320 hours (8 weeks) for the Certificate IV in Nursing. The amount of time spent in a particular type of setting may vary according to the training organisation's program and placement availability.

The high demand for clinical placements across a range of health disciplines means that clinical placements are centrally coordinated by each educational institution, in partnership with health services. As such, it is not appropriate for students to seek their own placements outside of the formal systems and processes.

Every education provider will have its own procedures for allocating students to clinical placements. Typically, the clinical coordinator will take into account where the students

live and their mode of transport, to try and send them to the most appropriate and convenient location. However, **there is <u>no guarantee</u> that you will be sent to your closest or preferred facility.**

Pre-placement requirements

In preparing for a clinical placement, there are some important requirements to organise and particular information to gather. Some of these preparations are required by law and some are just good practice to help you get the most out of your clinical experience.

Police Record Check

All students must provide a Police Record Check, also known as a National Police Certificate, prior to clinical placement. The health care agency will ***not*** allow you to attend clinical placement without a current (12-month) Police Record Check. Application forms can be downloaded from: http://www.police.vic.gov.au/

These forms must be sealed in an envelope and kept available for presentation to the nominated health service representative where clinical placements are to be undertaken. Failure to do so may result in the student being sent home. Students must advise the health service in a timely manner of any change made to their criminal record during their training.

When you have a disclosable result

Any criminal records should be discussed with your clinical coordinator. Depending on the nature of the offence, you may be advised to discuss the impact that your record will have on your ability to become registered.

You may be asked to meet with a facility representative to discuss the Police Record Check findings. Be aware that the facility has the right to refuse your request to attend clinical placement.

Working with Children Check

You may have the opportunity to work with patients under the age of 18. However, before you can be allowed contact with these minors you need to obtain a Working with Children (WWC) Check. If you don't want to miss out on these opportunities, be sure to obtain this check early in your course.

The WWC Check is valid for five years. You can pick up an application form from a participating Australia Post Office. It is advisable to undertake a <u>non-volunteer</u> status WWC Check so that it can be used in the future in an employment context. However, you are able to apply for a <u>Volunteer Check,</u> identifying yourself as a student. The Volunteer WWC Check is free. For more information, you can visit: www.justice.vic.gov.au/wps/wcm/connect/justlib/Working+With+Children/Home/

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Immunisation

Immunisation is the responsibility of the student. It is recommended that an informed, individual choice is made about this matter. Students should refer to a doctor of their choice for discussion and advice.

Students will come into contact with a large variety of individuals while attending clinical placement. Some of these people may have a communicable disease. Enrolled Nurses are categorised as a Category A Health Care Worker. These workers are defined as being at risk of exposure to contaminated blood and body fluids (DoH, 2010).

Immunisation is one of the most effective public health measures for the control of communicable diseases, protecting both the individual and the community as a whole.

For the protection of students and of potential clients, evidence of vaccination status is required by certain clinical placement agencies prior to attendance. This will be in the form of either a signed Statutory Declaration or documentation from a doctor.

**N.B**. You can copy the Immunisation Record in **Appendix 2** and ask your GP to complete it.

For further information on recommended immunisation for Category A Health Care Workers, please refer to the Department of Health website at:
http://www.health.vic.gov.au/immunisation

Preparing for placement

The following strategies can help you to prepare for your clinical placement.

- Revise your theory. The old saying 'knowledge is power' is true. It also helps a great deal with your confidence in facing new situations that you encounter on a clinical placement.

- Read the materials provided by your training organisation, such as policies and procedures relating to clinical placement.

- Read the orientation information sent by the facility that you will be attending. Knowing what to expect about the types of clients and services provided by the facility will decrease your anxiety.

- Look up the facility you will be visiting online. You can find out a lot about their services, the facilities available, parking, public transport and the mission of the organisation.

- Map out your journey. Google maps has a directions feature so that when you put in your address and your destination, it will show you which route to take. Visit: http://maps.google.com.au/

- You can also find your way by using the Metlink online journey planner to find the most direct route using public transport at: http://www.metlinkmelbourne.com.au/

- Consider car pooling with other students attending the same placement. You might be able to stay at a fellow student's house or with a relative who lives closer to your placement. You might even consider paying for accommodation (hostels, motels, etc.) and sharing the cost will help.
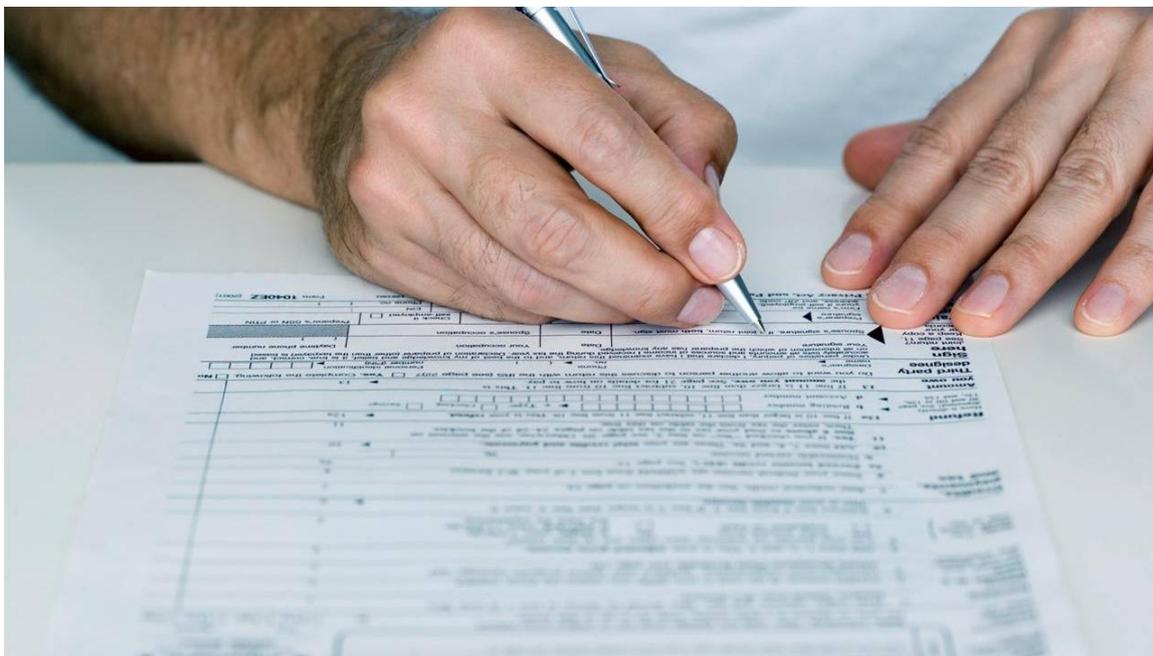
Clinical preparation checklist

The following checklist is designed to help you prepare for your clinical placement.

Information required before commencement	Notes	✓
Facility details	Name of organisation/address/phone number/ward allocation and location/contact person.	
Facility amenities	Are you able to order lunch or do you need to bring your own?	
Review facility website	History/their mission/services they provide. What is the closest public transport or parking and cost?	
Type of placement	Rehab/acute/aged/psychiatric/community.	
Dates of placement and roster	Include orientation day information. Make sure you know the start time/person to meet/meeting place.	
Do a trial run to the facility	This helps work out any kinks in the journey and makes sure you will get there on time.	
Clarify education provider requirements and expectations		
Uniform requirements	Check the policy! Covered shoes with non-slip soles. Clean, neat, professional attire.	
Pre-read education provider policies: clinical education and drug administration	Infection control, OH&S, assessment requirements.	
Pre-read education provider objectives for placement	For level of placement: first/second/third and the type of placement: rehab/aged/acute, etc.	
Pre-read relevant Competency Standards	These are used to measure your performance and you are required to understand and abide by them in order to be eligible for registration.	
Pre-read competency assessment tool (from educational institution)	Make sure you understand what is required to achieve a satisfactory standard of performance.	
Pre-read relevant clinical care topics	For example, neurological, cardiac. Refresh the skills you are going to need to practice. Refer to your notes and recommended texts.	
Complete learning objectives	Identify the areas you wish to develop and set out **what** you want to achieve (goal). Also, set out a plan for **how** you will achieve your learning objectives.	
Know the model for clinical teaching, supervision and support: clinical facilitator or preceptor	Identify the type of support you will receive during your placement, what to expect and how to access support when you need it. Make sure you have names and contact details.	
The day before, prepare items to take		
Uniform		

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Information required before commencement	Notes	✓
ID badge		
Pens	Black, blue and red.	
Watch with second hand	A fob watch is preferred as a wrist watch presents OH&S/infection control issues.	
Calculator		
Other items as advised by education provider or facility		
Meal	Plan to pack a lunch if you are unsure about availability of meals at the facility	
Clinical placement documents:		
Completed clinical placement preparation checklist		
Police Record & WWC Checks		
Roster		
Learning objectives		
Drug diary		
Reflective journal		
Completed learning objectives		
Competency assessment tool		
Relevant reference texts or handbooks		

(B. Hally, 2009)

Expectations of student behaviour

Before you can participate in the delivery of nursing care to patients and residents, you need to understand the professional codes and guidelines that govern the nursing profession. These will inform you of behaviours, attitudes and the general conduct that you will be expected to demonstrate while on clinical placement.

These codes, guidelines and ANMC Competency Standards are the criteria used to assess your clinical performance. A synopsis describing the essence of the codes follows. The full versions are available online via the Nursing and Midwifery Board of Australia (NMBA) website at: www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Codes and guidelines

The Nursing and Midwifery Board of Australia approves codes and guidelines to provide guidance to the profession. They are used to clarify our views and expectations on a range of professional nursing issues. These must be adhered to in order to maintain registration as a nurse.

Students will need to be registered in the national scheme. All students are required to abide by the codes and guidelines of the profession when carrying out their clinical placement activities (ANMC 2002).

Code of Ethics

This code outlines the nursing profession's commitment to respect, promote, protect and uphold the fundamental rights of people who both receive and provide health care. It is supported by, and should be read in conjunction with, the Code of Conduct for Nurses in Australia and the National Competency Standards for the Enrolled Nurse.

There are eight codes to consider.

1. Nurses value quality nursing care for all people.
2. Nurses value respect and kindness for self and others.
3. Nurses value the diversity of people.
4. Nurses value access to quality nursing and health care for all people.
5. Nurses value informed decision making.
6. Nurses value a culture of safety in nursing and health care.
7. Nurses value ethical management of information.
8. Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

New Code of Ethics for Nurses August 2008

Code of Professional Conduct for Nurses

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs, professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.

1. Nurses practice in a safe and competent manner.
2. Nurses practice in accordance with the standards of the profession and broader health system.
3. Nurses practice and conduct themselves in accordance with laws relevant to the profession and practice of nursing.
4. Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
5. Nurses treat personal information obtained in a professional capacity as private and confidential.
6. Nurses provide impartial, honest and accurate information in relation to nursing care and health care products.
7. Nurses support the health, wellbeing and informed decision making of people requiring or receiving care.
8. Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.
9. Nurses maintain and build on the community's trust and confidence in the nursing profession.
10. Nurses practice nursing reflectively and ethically.

New Code of Professional Conduct for Nurses August 2008

Unprofessional conduct

In addition to the codes outlined above, education providers have obligations relating to unprofessional conduct. They are required to make mandatory notifications in relation to students if they, as the provider, reasonably believe a student enrolled with them has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.

Impairment is defined, under Section 5 of the National Law, to mean the student has a 'physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person's capacity', in this case, to undertake clinical training.

Nursing and Midwifery - Guidelines for Mandatory Notifications

Conduct that should be reported to Australian Health Practitioner Regulation Agency (AHPRA, 2010) includes:

- intoxication by alcohol or drugs while practicing or training in the profession

- engagement in sexual misconduct in connection with the practice or training of the profession
- an impairment that places the public at risk of substantial harm
- a significant departure from accepted professional standards that places the public at risk of harm
- deviation from the health profession's codes and guidelines.

Professional boundaries

Professional boundaries are the limits that protect the space between the professional's power and the client's vulnerability. They define the difference between a professional, therapeutic relationship and a non‑professional or personal relationship between a nurse and a person in their care. When a nurse crosses a boundary, they are generally behaving in an unprofessional manner and misusing the power in the relationship.

People who do not understand professional boundaries are at risk of breaching the codes of conduct and professionalism.

Nurses must always obtain informed consent from persons in their care, prior to undertaking any therapeutic, professional interaction.

(Adapted from *Professional boundaries for nurses in Australia,* ANMC, 2010)

The diagram below represents the continuum of professional behaviour and provides a picture of therapeutic versus non-therapeutic behaviour in the relationship between the nurse and the persons in their care.

A CONTINUUM OF PROFESSIONAL BEHAVIOR

DISINTERESTED NEGLECTFUL	THERAPEUTIC RELATIONSHIP	BOUNDARY VIOLATIONS
under involvement	zone of helpfulness	over involvement

Every nurse-client relationship can be plotted on the continuum of professional behaviour
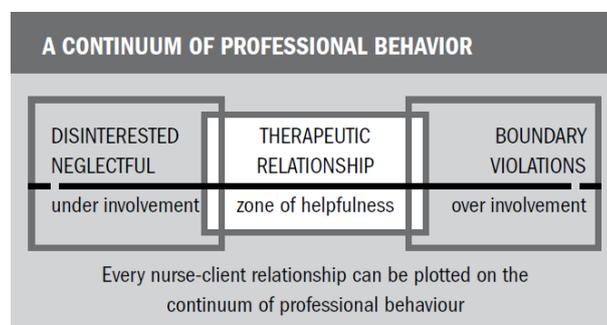
Adapted from: National Council of State Boards of Nursing (2004)

To find out more, access the Nursing and Midwifery Board of Australia at:
http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Decision-making framework (DMF)

The DMF was developed by the ANMC to assist nurses to recognise their scope and to consider their knowledge and experience when making care decisions. The ANMC has developed the *Nursing Practice Decision Flowchart,* which can be accessed at:
http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Below is another guide similar to the DMF. It requires that you ask yourself the following questions before you perform a clinical task. It aims to ensure that you work safely and within your scope of practice.

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Clinical practice preparation cue	Notes about cue
Do you have the appropriate theoretical knowledge related to this skill?	Do you know the purpose, indications, contraindications, special care and potential complications of the intervention? Do you know the following about the skill: - Performance and procedure (i.e. steps, including documentation) - Rationale - Management of complications - Subsequent nursing care required
Do you have the appropriate psychomotor skills to perform the skill?	Are you able to perform the skill safely and manage any complications?
Do you have the appropriate contextual knowledge to perform this skill?	Do you know specifically why the patient is having this intervention, and what the implications are for the patient and nursing care?
For students	
Are students allowed to perform this skill?	Have you studied and practiced the skill at your educational institution?
If restricted to performance by a registered nurse (by law or facility policy), you might be able to observe, but not perform the skill.	You must not perform the skill.
For all nurses:	
Are you competent in the performance of this skill?	If not, you must be supervised by a Registered Nurse (e.g. because this is your first attempt).
Which Registered Nurse will supervise you when you are performing the skill (if you are not experienced in the skill)?	What level of supervision will be provided? This will vary depending on the skill, your experience and competence.
Have you reviewed which specific nursing competencies relate to clinical skills performance?	Clinical skills performance is not the same as overall competence in clinical practice.

(Hally, B. 2009)

Student performance guidelines

On all clinical rotations, students will be expected to:

- assist with the provision of comprehensive nursing care for clients

- provide care with consideration for clients' age, language and cultural, socioeconomic, spiritual, auditory, vocal and visual needs

- promote effective communication with clients, clinical staff and peers

- participate in debriefing sessions in a constructive manner

- uphold privacy and confidentiality principles

- observe professional responsibilities and conduct oneself in a professional manner consistent with ethical and legal principles

- comply with infection control guidelines and occupational health and safety guidelines
- gain an understanding of how multidisciplinary teams function in each environment
- evaluate an individualised nursing care plan using direct observation and experience, in consultation with the clinical facilitator, staff and client
- assist with personal hygiene and ADLs
- monitor and report on the health and functional status of residents and assist with performing required assessments, such as skin, mobility and continence
- ensure they are prepared for assessment by the clinical facilitator
- identify the roles and particular functions of the multidisciplinary teams in each clinical area they visit
- set personal and professional goals and actively seek learning opportunities
- be prepared to answer questions to explain the rationale for their care.

(Adapted from ANF clinical tool 2010)

As you progress through your clinical placement rotations, your skills and knowledge will improve and you will gain a deeper understanding of the impact and relevance of the care you provide. For instance, there are different challenges in assisting with the hygiene of an elderly, frail individual compared to a young person immediately post-operative, with other considerations like managing the wound site, drain tubes and intravenous devices, etc.

It is important to remember that even if you have carried out a procedure competently once, you should take advantage of other opportunities to perform the procedure. Only through time and repetition can confidence grow. You always learn more about the procedure when performing it on different people in various settings. The validity of the assessment lies in being able to demonstrate competence in a number of clinical contexts.

What's in a name?

People receive care in a variety of settings. They are called by different names in different clinical areas. Here is a brief explanation of the common terms.

Patient: a term used in acute and sub-acute care settings, including mental health. It signifies a person who is being actively treated for an illness or traumatic event.

Client: a term used in community settings. It denotes a person who is accessing professional health services.

Resident: a term used in aged care settings. It is more representative of the nature of the environment, a place for people to live (reside). It is their home.

It helps you to appear more professional if you use the language appropriate to your clinical placement setting.
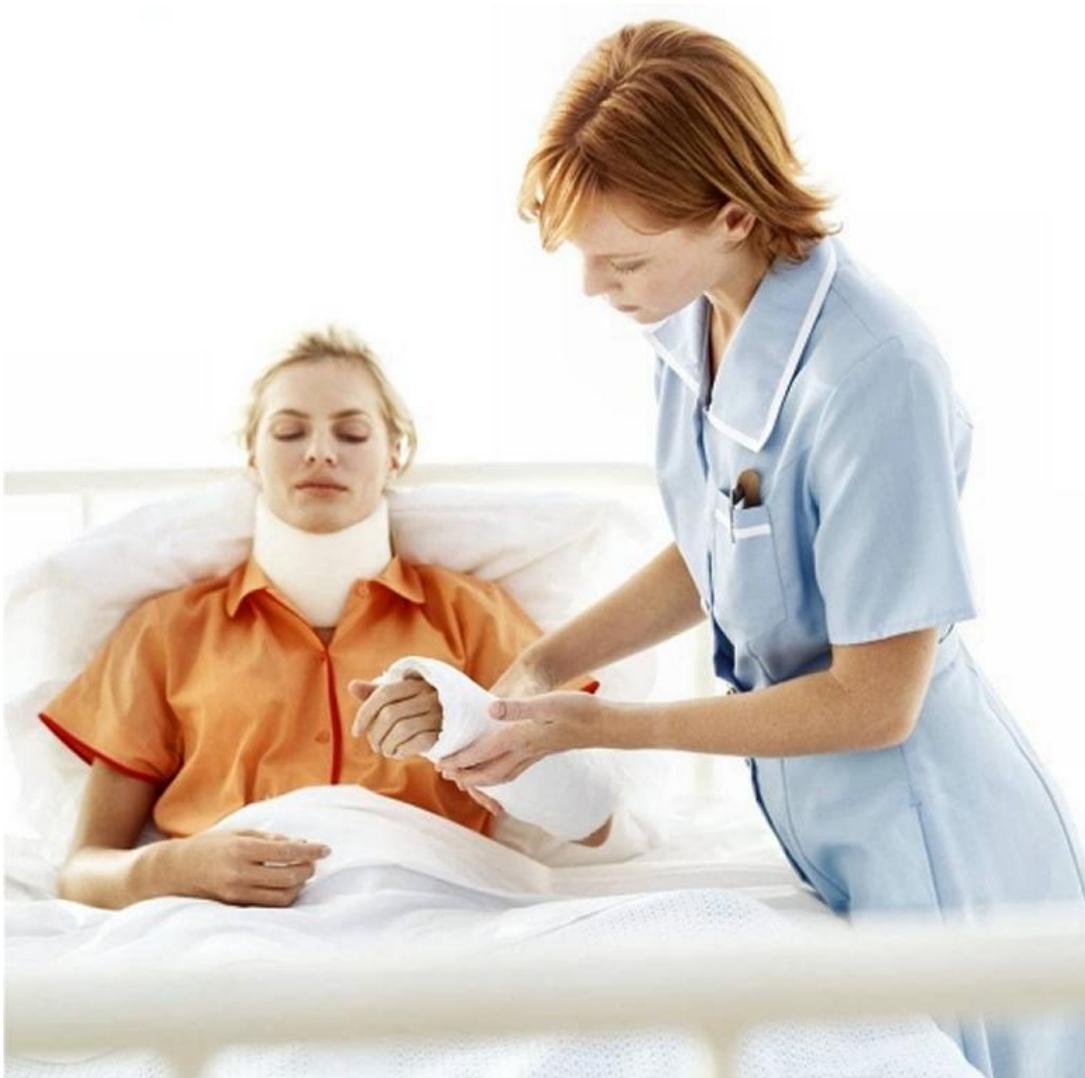
Supervision models

The type of clinical supervision and support that you will experience may differ depending on the health care environment where you are placed. Here are some examples and explanations of the types of clinical support, and where you may experience that model of supervision.

Clinical facilitator

Students are commonly sent to a clinical placement in groups and are provided with a clinical facilitator who supports learning and *assesses the student's performance*. The clinical facilitator may be supplied by the placement host organisation or by the education provider. This model is commonly used in aged care, rehabilitation and acute placements.

The level of supervision and support that you can expect from the clinical facilitator includes regular checks on how you are progressing throughout the shift, group debriefing sessions and one-on-one time for specific skill assessments.

Mentor

A mentor is someone who provides a relationship that facilitates a student's personal growth and development. It is a dynamic relationship. The mentor guides the student through the organisational networks of the clinical environment.

It is important to develop a good relationship with your mentor. You will be spending the majority of your time with them (perhaps seven out of eight hours of a shift). The ability to communicate your learning needs will help you attain your goals. Be sure to observe what your mentor does and question them about why they are performing particular care interventions. This will increase your understanding of what it is to nurse in various health care environments.

The mentor may provide information to the clinical facilitator about your performance, to aid them in completing your overall assessment.

Preceptor

The definition of a preceptor is a person 'identified as an experienced practitioner who enhances learning by teaching, instructing, supervising and role modelling' (Morton-Cooper & Palmer, 1993, as cited in the Queensland Health Preceptor Program for Transition Support 2001).

Preceptors are staff members who work the same shifts as the student. They plan the orientation, help them feel welcome, negotiate learning experiences, monitor the student's progress and provide feedback and assessment on performance. This way, the student is integrated into the nursing practice setting and encouraged to feel part of the nursing team.

Student tips on how to communicate with your mentor or preceptor

◆ Ask as many questions as you need. Mentors are usually happy to help and there is no such thing as a dumb question.

◆ Make sure you are polite, try not to get in their way and offer your help, for instance, to take some observations.

◆ Be prepared to follow, show interest in the routine and don't take anything personally.

◆ Be friendly, open and get to know your mentor. It will make it easier to ask them questions.

◆ It helps to be confident and approachable.

◆ Always be proactive and ask them to explain procedures and their methods of doing things.

◆ Be assertive, but don't pretend that you know everything.

◆ Communicate by means of open-ended questions and paraphrasing. Also, ask them to explain differently or by different means, by showing or using another method.

◆ Listen and don't be afraid to ask questions. Remember that they were once in your position.

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Different clinical settings

Residential aged care setting
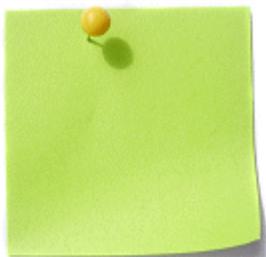
Student comments about their aged care experience

◆ For my first placement in aged care, I didn't realise the emotional bonds I would form and was quite upset when the placement was over.

◆ I really enjoyed getting the chance to sit and talk with the residents about 'the old days', getting an understanding of what life used to be like when they were younger, and I learned a lot.

Aged care is frequently the first placement. It is held in a high-care setting, which means the people you will be caring for require a high degree of assistance to manage daily personal activities. The focus in this environment is to apply and consolidate foundations of nursing care, including assisting with hygiene, nutrition, elimination and mobility, using practices that reflect an understanding of OH&S, infection control, communication and holistic assessment skills.

This is a good opportunity to observe how altered cognitive impairment, such as with dementia, depression and other diagnosed mental health conditions, affect the elderly, and to work with the processes used in the aged care setting to manage them.

Aged care specific objectives

Remember that it is recommended that you set objectives for your clinical placements. Below are a number of suggestions that might be appropriate for you.

- Become familiar with documentation requirements for the aged care sector.
- Assist in maintaining a home-like environment that respects each resident's choice.
- Assist with managing an environment suitable for residents with cognitive impairments.
- Learn to interact therapeutically with residents with dementia.
- Assess pain and assist with pain management strategies.
- Assist with managing palliative care.

(ANF/ACUcom 2010)

Work teams in aged care

Some facilities use a team approach to nursing, with two or three people allocated to a section, who all work together to care for their allocated patients. More commonly, resident allocation is used (a ratio of one nurse to six residents is common). There will be a team leader in an area or ward whose duties include staff allocation, administering medications and following up with managing resident and operational concerns. Be aware of the designated team leader and remember to observe and reflect on activities to discuss with your clinical facilitator.

Mental health setting

The placements for mental health could be in an acute inpatient unit, drug and alcohol unit, adolescent inpatient unit, geriatric psychiatric facility, acquired brain injury unit or a community setting.

You can be caring for people with mental health issues in any setting. This is why it is important to have the ability to recognise various forms of mental health conditions and refer those patients to the key support people and services for help if necessary.

Mental health specific objectives

There are a number of objectives that are appropriate when you undertake a clinical placement in the mental health field.

- Use therapeutic communication techniques to develop a therapeutic relationship, while maintaining professional boundaries.
- Assess mental health status, including mood, affect, perception, cognition and behaviour. Discuss your observations with the clinical facilitator or staff members.
- Gain a better understanding of the stereotyping and prejudice associated with the stigma of mental health and the impact this has on the individual.
- Assist patients to develop and maintain life skills and coping strategies in consultation with the mental health worker.
- Familiarise yourself with procedures and documentation that relate to the mental health care setting.
- Observe the role of mental health professionals.
- Observe and participate in psychiatric review processes.
- Develop an understanding of legal and ethical issues related to procedures like community treatment orders, involuntary treatment orders and the right to restrain.

Work teams in mental health

Patient allocation is used in the acute or rehabilitation inpatient mental health setting. The acute psychiatric units may have high-dependency locked wards and seclusion rooms that require specific staffing and monitoring procedures.

A case management approach is used in community mental health settings. In some instances, clients may be housed in supported accommodation in the community.

Be aware of the work team structure and remember to observe and reflect on activities to discuss with your clinical facilitator.

Rehabilitation setting

'Rehabilitation is a person-centred, active and creative process that involves adaptation to changes in life circumstances. It is a shared activity between the person, people close to them, and multi-professional teams who recognise the contribution of all concerned.' (Royal College of Nursing, 2000)

Rehabilitation hospitals are a subacute environment. You may have the opportunity to remove clips, care for surgical wounds and monitor patients for complications post incident or procedure.

Most rehabilitation facilities specialise in particular areas of rehabilitation, such as post cardiac, post orthopaedic, post trauma, post head injury and post spinal injury. Additionally, rehabilitation settings provide support to clients who have exacerbations of a chronic condition. They may have finished the acute phase of the condition, and be receiving treatment in the form of education or therapy to prepare them for discharge.

Student comments about their rehab experience

◆ The patients are there to learn with guidance how to regain their independence. Always have this in mind as it is easy to launch into doing their ADLs without realising.

◆ It was really hard to stand back and let the patients do it for themselves.

Rehabilitation-specific objectives

There are a number of objectives that are appropriate when you undertake a clinical placement in a rehabilitation setting.

- Familiarise yourself with rehabilitation nursing processes and roles of the team and how they work together for the client.
- Create an individualised nursing care plan in consultation with the clinical facilitator, staff and client.
- Gather and interpret information such as admission and discharge processes.
- Aim to participate in team meetings.
- Demonstrate knowledge of health education principles to assist clients to manage physical changes and promotion of healthy lifestyles.

Work teams in rehabilitation

In the rehabilitation field, there are a number of different work teams. The nursing team commonly uses a patient allocation model. This is where a regular staff member is given a certain number of patients to 'case manage'. Each patient has a specific team member to oversee care planning, follow up on things like writing referrals to other agencies, and the patient's education needs.

Having a key person nominated to liaise with the patient and their family ensures they are informed about what is happening with the patient's condition and care plan. It also means the patient and their family know who to ask when they have questions.

Team meetings are common. The doctor, nurses and multidisciplinary team meet weekly to discuss each patient, and all members provide feedback about the patient's progress and issues. They develop a collaborative plan and make decisions about issues such as whether it is possible for the patient to manage at home or be ACAT assessed for transfer to residential care.

Ask if you can attend a team meeting and remember to observe and reflect on the activities to discuss with your clinical facilitator.

Acute care setting

The focus of acute care settings is to diagnose and manage acute episodes of medical conditions and surgical interventions, either as part of a plan of care or in response to emergency situations.

In larger hospitals, each ward usually has its own speciality. For example, an orthopaedic ward specialises in all types of orthopaedic surgery from arthroscopies to total hip replacements.

Smaller country and private hospitals may provide a broader experience, because one ward often manages a number of different conditions. Being less specialised allows a student to see a greater variety of conditions or surgery in one place.

Acute care specific objectives

Follow objectives that are appropriate when you undertake a clinical placement in an acute care setting.

- Provide care for acute medical/surgical clients.
- Create an individualised nursing care plan in consultation with the clinical facilitator, staff and client.
- Gather and interpret information – monitor for potential risks to hospitalisation like immobility, nosocomial infections and complications from medical procedures or medications.
- Provide care for patients with invasive devices.
- Practice complex skills when able.
- Demonstrate knowledge of health education principles to assist clients with physical changes and promotion of healthy lifestyles.
- Conduct pain assessments and provide pain alleviation strategies.
- Administer and monitor medications.
- Participate in pre/post procedure care.   (ANF/ACUcom, 2010)

Work teams in acute care

The acute care setting is an exciting and busy environment. The number of people involved in a patient's care means that accessing the patients, their information or even just space in the office area to work, is a challenge.

Student advice:

◆ Don't be too harsh on yourself in the first few days if you feel out of your depth. It takes time to settle into your new role and environment.

◆ Be reassured that people are there to help you and won't expect you to know everything. We are students who are meant to be learning and asking lots of questions.

On a ward of 30 patients, there may be:

- seven nurses for patient allocation
- a clinical nurse specialist or educator to support staff
- the associate charge nurse (ACN) who is in charge of the shift
- the nursing unit manager (NUM)
- teams of doctors
- multidisciplinary team members, such as physiotherapists, pharmacists, social workers, occupational therapists...and the list goes on!

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In this environment where the patients are acutely ill, with many busy staff, it is easy to feel like you are just getting in the way. However, it is important to remember that you have every right to be there. You are expected to ask questions and everyone is aware that you will need to be supervised and assessed when performing care.

When there is so much happening, write yourself a short note to remember particular questions that you may have for your clinical facilitator.

Community setting

Community nursing often works from local community centres. There is a central office where the nurse is allocated a number of clients, usually according to a geographical area to case manage. The care for these clients is carried out in their homes, and sometimes residential aged care and community housing settings.

Home and community nursing allows patients to leave hospitals earlier with the support of services like Hospital in the Home (HITH), organised by the hospital. Having community support also enables people to stay home longer before needing to be admitted to residential care. This has a great impact on the client's quality of life. Community nurses use a client-centred holistic approach to care planning. Other community health settings include the general practitioner's office and community health centres.

According to the Royal District Nursing Service (2010), 'you will experience the important and valued impact a district nurse can make on a person's life. Apart from the clinical care that you will provide, you will assist clients to become more involved in their health care, promoting their independence and helping to provide a better quality of life'.

The preceptor model of supervision is used in this setting, so you will be working closely with a selected staff member who will be your main assessor during that placement.

Community care specific objectives

Take time to consider the following objectives and see if they match your requirements.

- Observe and appreciate the role of other health professionals in a community setting.
- Observe and understand the importance of health education as prevention of disease related to lifestyle choices.
- Gain an understanding of case management.
- Observe how the health care team works.
- Observe and appreciate the value of supporting an individual's independence in the community setting.
- Observe and participate in health promotion programs.
- Participate in supporting an individual's independence in a community setting (under supervision and within your scope of practice).
- Recognise the interrelationship of society, culture and family on the health beliefs and behaviours of individuals, self and family members.

(Adapted from Gordon TAFE and Wodonga TAFE, 2010)

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Work teams in community care

Team members and roles vary a great deal, depending on the type of community service or focus of their client care.

Services connected to a hospital often work closely with outpatient departments and inpatient units, but all community services are able to provide links to other community service providers, leading to a number of organisations being involved in one client's care. The coordination of all the care providers makes a case management approach to care the most appropriate. Discuss the case management approach with your clinical facilitator.

Day 1 orientation

Orientation day is about meeting your facilitator, mentor and staff, and finding out about the expectations of you, of your facilitator, your mentor and the host organisation. The plan of how you are to be assessed will be discussed. It is the time for you to share the goals you have set for yourself, check to see if they are achievable in this setting and start working out strategies to achieve them.

Student survival tips

◆ The best thing is to observe how the systems are run. Try to use what you have learnt and apply it, but take on board the way other people perform their jobs.

Remember **you are guests in the facility**. Take an interest in everyone and what is happening. Be aware of your body language, because it is just as important as what you say. Be polite and respectful at all times.

The way you present yourself will have a great impact on how you are **perceived** by staff. Don't forget that perception is their reality. If you are shy, outgoing and confident, or scared, people will make judgements about you. Therefore, you need to be aware of your own feelings and traits, and manage them to your best advantage. One strategy is that if you are shy, you should practice introducing yourself in a clear, concise manner with mild enthusiasm, ensuring that you smile and maintain eye contact.

When you arrive on the ward, it is important to be realistic. Just because staff don't appear to be as excited about you being there as you might be, don't take it personally. They may be preoccupied with concerns about a patient or a myriad of other activities that they are involved in and for them, supporting a student is one item on a list of many aspects of their day that they have to manage. Their priority **is and should be** their duty to care for the patients assigned to them.

Setting goals

Setting learning goals (also called objectives or aims) is important for a number of reasons. If you have followed the preparation advice, this will help you to identify areas that you need to learn more about. Other sources of inspiration for goal setting are the ANMC Competency Standards that will be used to assess your performance, the codes and guidelines, and the employability skills that could also help you identify learning needs.

Student tips for setting goals

◆ Make a list of things you want to achieve and cross them off once you have completed them – this helps to give you a sense of achievement.

◆ I set goals by identifying what I can achieve on a particular placement, what I have been told is expected from me and what is within my limits.

◆ Write your goals in a pocket book to keep with you.

◆ Pick a skill to focus on and add a new skill each day.

◆ As well as nursing goals, set personal goals, e.g. I will be proactive advocating my skills and jump at any opportunities I may be offered.

◆ They have to be within your scope. Plan your goals from your clinical book as well as from what you have learned. Know your limits and timeframe.

◆ Write a list of the things that you have covered in recent classes that you want to gain hands-on experience with.

◆ I allow myself to settle in and then look for ways to improve my experience.

You can use the following '**SMART**' formula as a guide to help write your goals.

• **Specific** – be precise about the objective or goal you want to achieve, e.g. 'I want to be able to competently sponge four patients a day.'
• **Measurable** – how will you know when you have achieved your objective? e.g. 'When the clinical supervisor assesses me and says my technique is thorough and it was completed within a given time.'
• **Achievable** – agreement with all the stakeholders as to what the goals should be. Is there a realistic path to achievement?
• **Realistic** – within the availability of resources, knowledge and time.
• **Time based** – usually the objectives are set over the two-week placement. Some objectives can be over a shorter timeframe depending on the goal.

How to achieve your goals

Make sure that you get the most you can out of the clinical learning experience. It is not enough to write down your goals. You need to develop strategies on **how** you will manage to achieve them.

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Student tips on how to achieve your goals

◆ Ask your clinical facilitator to help you find opportunities.

◆ Set a time limit on when to achieve them.

◆ Ask questions to ensure I am able to complete the goals.

◆ Just jump in, because no matter how many times you watch something being done, it is nothing compared to when you get in there and do it.

◆ It's good to let your mentor know at the start of the shift what you are looking to do for the day. They don't know where you are up to.

◆ I allow myself to settle in and then look for ways to improve my experience.

◆ Reflect each shift on what you need to do to make the goal attainable.

◆ Set time limits day to day. Ask for the time to meet these tasks. You are there to learn and the facility should be able to accommodate that.

◆ Follow up regularly and don't leave it to the last minute.

◆ When you hear in handover or any time that a patient is going for a procedure, ask if you can watch and support the patient during that procedure.

What it means to be supernumery?

Your presence on the ward is **in addition to** the regular staff, **not a substitution for** a member of staff. You are able to take time for learning or assessment activities and your mentor will be able to continue caring for the patients in your absence.

This doesn't mean you can stand back and watch. You are there to learn how to be a nurse with all the duties, knowledge and skills that the role encompasses. This is your time to practice nursing with the safety of being supervised and supported. If you are not paying attention and making an effort to understand what is happening and why, you may become a danger to the patients.

You are still accountable for your designated care. This means that even though you can leave the floor for assessment or other research purposes, you are required to check with you mentor first and be prepared to hand over information to continue the patient's care safely in your absence.

Sometimes students will focus on performing procedures or aspects of care with which they are familiar. By not stepping outside your comfort zone, you are cheating yourself of opportunities to learn and grow. This is likely to occur in an environment in which you feel overwhelmed. Students may also busy themselves with routine care tasks in the belief that lightening the staff's workload will make them more popular, to try and fit in. Being well prepared for the placement will assist with these issues.

Should I answer that?

It is important to understand your role and limitations as a student. For example, if a relative asks about a patient's condition, you should state you are a student and that you will get the nurse responsible to speak with them.

If you find yourself alone in the office when the phone rings, please answer it and be prepared to write down a message. Make sure you state your location, your name and designation. For example, 'Hello, Ward 12, student Sally Jones speaking.'

You need to record the caller's name and position (e.g. doctor, pharmacist, relative), the message, who the message is for, the date and time of the call. Then you note your name as the message taker, in case the recipient has any questions.

The guidelines for answering patient call systems (buzzers) may differ from ward to ward. Speak to your mentor about what they expect of you if a patient rings the buzzer. Generally, it is important to be aware of what is happening on the ward and in your allocated area in particular.

If a buzzer in your area rings, please be prepared to assist by answering it promptly. Even if you are not able to help the patient with their enquiry or issue, answering promptly is reassuring to the patient. You can seek the assistance from your mentor or other team nurse. It is part of being a team. If you notice a patient from another area buzzing for some time, you can see what the concern is and follow up the enquiry with the allocated staff member.

You never know if a patient is calling because they have an urgent need, an emergency, or something simple like passing them a tissue. The point is, you won't know unless you go and check the patient!

Mobile phones

◆ You are not to use your mobile phone **at all** while on duty. You cannot answer it or even send and receive text messages.

Learning in the clinical environment

Working in the clinical environment may seem uncomfortable at first. However, there are a number of valuable learning experiences that can occur.

Learning from your mistakes

If you make a mistake while caring for someone, you need to be accountable and report it straight away. Whether it seems serious or not, you still need to report it promptly. Even the law accepts that humans are fallible and can make a mistake. If a mistake is reported promptly, steps can be taken immediately to care for the patient. Not reporting mistakes is unprofessional.

The ability to recognise and be accountable for your actions, whether they are right or wrong, is an important attribute for a professional nurse. To reflect on such experiences will provide a profound learning opportunity from both a professional and personal point of view. Some of the best lessons have been learned from making a mistake.

Constructive criticism

You should expect frequent feedback about your performance and your progress towards competency. When you are given constructive criticism, think of it as an opportunity to learn and don't be upset.

Constructive criticism should:

- identify what you did well
- identify areas where you need to improve
- include discussion to identify ways you can improve.

Remember that it is about your abilities and performance in practice, not a personal judgement.

Being asked questions is a good thing. It is important to realise that your mentor and clinical facilitator will ask you questions all the time for good reasons. It is not an attack on your character or necessarily because you are doing something wrong.

Questioning is the best way for those supervising you to check your understanding of why you are performing particular tasks or deciding care interventions. This helps to inform your clinical facilitator for assessment purposes. More importantly, it is to prompt **you** to think about why you are performing certain tasks or making certain decisions. This helps you link your theory to practice and deepens your understanding.

Observation

Everything you do while on clinical placement is observed by someone. Every aspect of your time can potentially inform the clinical facilitator, either by them observing you

directly or by speaking to patients, residents and staff and getting feedback on how you are performing. These are valid methods of evidence collection used for assessment.

Clinical placement provides the opportunity to learn by seeing how different nurses manage the care of individuals. It is worth considering that you are not the only person 'under the microscope'. Staff can sometimes be intimidated by the scrutiny of students and their questions. It is important to realise the effect you have on others. This can be a source of tension between you and your colleagues.

To maximise your learning experience with your mentor, you need to establish a rapport. The ability to communicate clearly and openly to develop professional relationships is important. It is not enough to observe the staff conducting patient care. Ask them to explain why they are making certain decisions and performing clinical tasks.

It is never acceptable to do things without knowing why you are doing them, as you may jeopardise patient safety. Having a healthy curiosity and a sound knowledge base helps you understand what is going on in the ward, with your patient, and the reasons for your mentor's decisions.

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When you don't get along with your mentor

Student tips for when you have an issue with your mentor

◆ Focus on your work.

◆ Be able to stand up for yourself and inform your clinical facilitator ASAP.

◆ Understand that you can't get along with everyone and that is ok.

◆ A mentor that I had wasn't letting me do anything. To overcome this at the beginning of my next shift, I spoke to my mentor about what goals I had set myself for that day and we worked together to see how I could achieve them.

◆ It is important to be respectful of your fellow workers, regardless of personal feelings.

◆ Take the positive lesson from the negative problem; remind yourself you don't want to be a nurse like that.

◆ Be mature about the conflict and discuss calmly with the person what it is exactly that is bothering you. Work out a solution together.

◆ Document any serious situations.

Sometimes despite doing all the right things, you just don't seem to be able to make a positive connection with your mentor or facilitator. It is not easy and many find dealing with conflict difficult. Take a moment to reflect on what is happening and try using conflict resolution strategies. Ask to speak to your mentor privately for a moment. In all cases, you need to stay calm, maintain open body language and state your concerns clearly in relation to how their behaviour is affecting you. Use I statements (I feel….). Also, take time to consider if there was something you may be doing to contribute to the conflict.

There might be other concerns you have about the mentor, like if you observe them using poor nursing practices. Firstly, don't be too quick to judge. If you have concerns, you can ask your mentor to explain why they are doing certain things. Then if their answer doesn't satisfy your concerns, speak with your facilitator.

Conflict resolution is a terrific learning opportunity and you will feel a great sense of achievement if you are able to manage conflict well. However, if, for a number of reasons and despite your best efforts, your relationship remains strained, it is important to notify the clinical facilitator straight away.

The clinical facilitator can assist you with strategies, or advocate on your behalf to clear up any issues. If necessary, they can organise to change your mentor.

Self reflection

All professional nurses develop and use self reflection throughout their careers. Every interaction with someone brings a new experience, a chance to learn and improve your personal and professional knowledge.

Simply attending a placement doesn't guarantee that learning will occur. Developing competency involves not only developing clinical skills, but also learning through reflecting about your clinical experience.

Reflection allows you to:

- process your experience
- explore an understanding of what you have been doing
- learn why you are doing something
- identify what impact it has on yourself and others
- consider your professional and personal skills
- identify learning needs and strengths
- become aware of your professional values.

The potential to learn from both good and bad experiences is invaluable in the limited time spent in the clinical field. Exploring and questioning promotes learning. Taking time to reflect during and after each clinical placement also allows you to develop clear objectives for your next placement.

Maintaining a reflective journal will enable you to be critical in your analysis of practices and skills. Share your experiences during debriefing to assist with skills and professional performance development.

Debriefing with peers

Participation in debriefing sessions during and after placement is also a form of reflection, to which you are expected to contribute. Debriefing is a group session and group facilitation rules apply.

- Listen and be respectful of others.
- Be willing to contribute your own insights and views.

Your participation in debriefing helps inform your facilitator about your understanding on a variety of points that relate to the ANMC and Units of Competency of the course.

These sessions are important for many reasons. You can discuss any issues and challenges you have faced in the shift. Talking about your experiences can help find solutions for yourself and for others. Your fellow students may have encountered similar issues, or they may learn from your experience of how you overcame your challenge. Either way, the mutual teaching and learning that occurs with your peers may be some of the most meaningful lessons you may learn.

Debriefing time can also include education or the opportunity to practice a skill. The facilitator might hold a brief session where they explain the underpinning theory, demonstrate the skill and have you practice the procedure to prepare for carrying out the task. This not only refreshes your knowledge to be safe to practice, but it also helps prepare you for assessment.

Course requirements

Enrolled Nursing qualifications are obtained after completing 19 Units of Competency for the Certificate IV in Nursing and 26 Units of Competency for the Diploma of Nursing.

The Certificate IV Units of Competency are embedded within the Diploma qualification.

A brief summary of the core Units of Competency can be found in **Appendix 3.** You can identify the subjects you have commenced or completed, and the brief description of the unit will help clarify your current scope of practice, skill and knowledge level for your mentor.

Each unit has a requirement to have part of the assessment occur in real or close simulation of the clinical environment for authentic application of the unit's elements. Therefore, successful completion of the clinical placement component of the course also completes the assessment of the elements of the Units of Competency.

Employability skills addressed

The Health Industry Training Package is designed to prepare students for their chosen profession. At the end of training, the students should be work ready at a novice level, with the following skills.

Communication

- Listening to and understanding work instructions, directions and feedback, including complex information.
- Speaking clearly and directly to relay information, including complex information.
- Reading and interpreting workplace-related documentation, such as safety requirements and work instructions, including complex information like patient handover.
- Writing, such as work notes and reports.
- Applying numeracy skills to workplace requirements involving measuring, calculating, monitoring and evaluating.
- Sharing information with staff and clients.
- Negotiating responsively in a work role or with clients.
- Persuading effectively.
- Being appropriately assertive.
- Empathising.

Teamwork

- Working as an individual and a team member.
- Working with diverse individuals and groups.
- Applying teamwork skills to a range of situations.
- Giving feedback, coaching and mentoring.

Problem solving

- Developing practical and creative solutions to workplace issues.

- Showing independence and initiative in identifying problems. Listening to and resolving concerns in relation to workplace issues.
- Resolving client concerns relative to workplace responsibilities (in relation to direct client contact).

Initiative and enterprise

- Adapting to new situations.
- Being creative in response to workplace challenges.
- Translating ideas into action within your own work role.
- Developing innovative solutions (within a team or supervised work context and within established guidelines).

Planning and organising

- Collecting, analysing and organising information.
- Using organisation systems for planning and organising.
- Taking initiative and making decisions within your role.
- Working within or establishing clear work goals.
- Managing time and priorities.
- Adapting resource allocations to cope with contingencies.

Self management

- Being self-motivated.
- Articulating own ideas and vision.
- Balancing own ideas and values with workplace values and requirements.
- Monitoring and evaluating own performance.
- Taking responsibility at the appropriate level to your student status.

Learning

- Taking responsibility for own learning.
- Being open to learning new ideas and techniques, in a range of settings.
- Learning new skills and techniques to accommodate change.
- Contributing to the learning of others.

Technology

- Using technology and related workplace equipment.
- Using basic technology skills to organise data.
- Applying OHS knowledge when using technology.

Principles for the assessment of National Competency Standards

The process of assessing competence requires an accumulation of evidence about a student's performance over a period of time and in a range of nursing situations. The evidence must be valid, sufficient, authentic and current.

Through working with and observing the student during clinical placement, the assessor gathers evidence about their performance.

During clinical placement, assessment is ongoing and it considers your overall performance, including:

- how you communicate with staff and patients
- presenting a positive attitude
- taking an interest in what is happening
- time management
- participation in debriefing sessions
- how you manage specific tasks, such as assisting with hygiene or administering medications
- specific skills, such as performing a wound dressing or giving verbal handover.

Inferences are made by the assessor about your performance and related knowledge, attitudes and skills. Inference entails a judgement about the presence of a competency embedded in your overall performance and not actually directly observed in any single behaviour.

Each clinical area offers the opportunity to gain experience relating to the Units of Competency in the course. The following outlines the Units of Competency most relevant to particular clinical domains.

Aged care: The key Units of Competency relating to this clinical area are:

- Work in the Nursing Profession
- Communication
- Implement and Evaluate a Plan of Nursing Care
- OH&S
- Infection Control
- Mental Health
- Care of the Older Client.

Mental Health: The key Units of Competency relating to this clinical area are:

- Mental Health
- Communication
- Legal and Ethical Nursing Issues.

Rehabilitation: The Key Units of Competency relating to this clinical area are:

- Client Assessment
- Care for Clients with Chronic Health Problems
- Medication Administration.

Acute care: The key Units of Competency relating to this clinical area are:

- Acute Care
- Administer and Monitor Medications
- Analyse Health.

Evidence of your competency can be obtained in many different ways. Sources of evidence may include:

- observation of your performance
- audit of documents such as care plans and clinical records to which you have contributed
- interviewing you to reveal your intentions and attitudes
- interviewing colleagues and persons you are caring for to collect data regarding outcomes of care
- testing (for example, drug calculations, written assignments).

(Australian Nursing Council, 2002)*

* The ANC is a national body, which was established in 1992 to develop and maintain national standards and processes for the regulation of nursing within Australia.

How to prepare for assessment

Student tips for being assessed:

◆ Make sure you prepare your equipment for practical assessment.

◆ Be confident.

◆ Speaking with my clinical facilitator about what she expects and going over it in my clinical booklet, making sure I know what I need to tick off.

◆ Be familiar with the procedures and be ready with the answers.

◆ Teach others by studying in groups. Write as much as you know about the assessment topic as you can and check where you have gaps. Read notes aloud and pretend you are teaching your own students. If you can't explain something verbally, then that is an area that you need to work on.

◆ Have a period on a regular basis to go over your notes. If you really understand the procedures, it will be a lot easier.

◆ Organise a time with your mentor or assessor so that both of you are available. Have your book ready also!

◆ Go through everything you are getting assessed on step by step and break it into smaller pieces so it doesn't become or seem overwhelming.

ANMC Competency Standards

As an Enrolled Nurse, these core Competency Standards provide you with the framework for assessing your competence.

The following has been adapted from the ANMC Competency Standards (2002) and their explanatory notes, to help you interpret the ten Competency Standards. It is important that you have a very clear understanding of these standards, as they are not just used to assess your performance as a student, but are also used to measure your performance once you are registered.

Domain: Professional and Ethical Practice

Competency Unit 1: Functions in accordance with legislation, policies and procedures affecting Enrolled Nursing practice.

- Use the decision-making framework to help you work within your scope.
- Refer patient queries and concerns to the appropriate team member, for instance, difficulty swallowing to the speech therapist.
- Be able to identify inappropriate care decisions of staff and to whom to report it.
- Fulfil your duty of care: be aware of and follow local policy and procedures.
- Assist with implementing and evaluating the agreed plan of care within your scope of practice and in consultation with nursing staff.
- Seek consent of individuals and groups before providing nursing care.

Competency Unit 2: Conducts nursing practice in a way that can be ethically justified.

- Set goals that are measurable by the ANMC and reflect on own performance in reaching goals.
- Demonstrate acceptance of individuals and groups to whom care is provided – cultural competence.

Competency Unit 3: Conducts nursing practice in a way that respects the rights of individuals and groups.

- Maintain confidentiality of written documentation and when discussing client information, for example, in debriefing, disposing of handover sheet appropriately.
- Check client preferences and promote independence when delivering care.
- Liaise with other team members to ensure that the rights of individuals and groups are maintained.
- Negotiate changes to care with the Division 1 Registered Nurse, including when individuals seek to change or refuse prescribed care.
- Assist individuals or groups to maintain spiritual customs and do not impose your own values or attitudes – provide time and privacy, assist by reading

selected texts, refer to a spiritual counsellor, negotiate care around religious rites, prayer times, etc.

Competency Unit 4: Accepts accountability and responsibility for own actions within Enrolled Nursing practice.

- Recognise and work within own level of competence and seek assistance when required – refer to the DMF.
- Recognise the Division 1 Registered Nurse's role in delegation of nursing care and accept responsibility and accountability for delegated care within your scope and own level of competence. You must ensure you understand instructions before accepting responsibility for delegated care, and that you are confident with the required skills and knowledge to carry out what has been asked safely.

Domain: Critical Thinking and Analysis

Competency Unit 5: Demonstrates critical thinking in the conduct of enrolled nursing practice.

- Maintain a reflective journal.

- Contribute your insights and experiences to debriefing discussions to assist with experiential learning for yourself and the group.

- Research information to improve understanding of medical conditions, nursing care and procedures, and continue educational development. Use various sources, discuss the condition as it applies to a selected client with other health professionals or clinical facilitator, refer to policy and procedure manuals for care guidelines.

- Care for yourself and promote a positive self-image. Have strategies to manage stress, ensure enough rest and adequate nutrition (especially breakfast when working an early shift), to counter the physical demands of the work. Follow OH&S and infection control principles to protect yourself and others.

Domain: Management of Care

Competency Unit 6: Contributes to the formulation of care plans in collaboration with the Registered Nurse, individuals and groups.

- Accurately collect, record and report your observations and clinical measurements relating to the health and functional status of individuals, including vital signs, fluid and food charting, BGL, nursing assessments like skin, falls risk, pressure area risk, mobility, continence, etc.

- Review your health assessment information and report changes promptly to the Registered Nurse.

- Observe and evaluate physical and mental function while assisting with care and performing clinical assessments, relate your observations to information handed over or in nursing care plan, identify changes and report clients' status to the Registered Nurse in a timely manner.

- Contribute to the development and review of care plans in conjunction with the Registered Nurse, in the evaluation of progress towards expected outcomes.

Competency Unit 7: Manages nursing care of individuals and groups within the scope of Enrolled Nursing practice.

- Implement planned nursing care as outlined in care plans – consult with the Registered Nurse to implement care in a safe and organised manner, within own abilities and scope.
- Observe changes in health and functional status in the course of nursing practice. Report promptly and collaborate with the Registered Nurse to manage changes.

Domain: Enabling

Competency Unit 8: Contributes to the promotion of safety, security and personal integrity of individuals and groups within the scope of Enrolled Nursing practice.

- Identify potential risks and hazards to individuals or groups and take measures to promote safety and prevent harm, such as risks associated with immobility or emaciation.
- Adhere to no lift and manual handling policies and procedures to optimise the safety of yourself and others.
- Adhere to standards and procedures related to restraint, infection control and the administration of therapeutic substances.
- Form therapeutic relationships with clients by introducing yourself and explaining care interventions, communicating clearly and with empathy, remembering to maintain professional boundaries.
- Recognise when health and functional status affects the ability to communicate and modify your actions accordingly. Use appropriate resources to communicate, such as signs, translation or picture charts, gesturing adapting language, volume and speed of speech to accommodate client abilities.
- Provide nursing care to individuals and groups in a manner that is respectful of privacy and integrity. Hold discussions about personal matters in a private environment, ensure doors and curtains are closed when delivering personally invasive care, check client preferences and maintain a polite attentive attitude.
- Consult with the individual or group to ascertain the degree of assistance required. Negotiate a plan of care with the client, consider preferences, be prepared by having a clear understanding of the care plan and the impact their condition and symptoms have on their functional abilities.

Competency Unit 9: Provides support and care to individuals and groups within the scope of Enrolled Nursing practice.

- Consult with individuals to determine comfort needs and preferences for nursing interventions, including pain assessments and assessing effectiveness of analgesia, and the use of alternative or non-medicinal strategies to support the clients.

- Provide accurate and appropriate education to individuals related to the maintenance and promotion of health, in consultation with the Registered Nurse, such as formal education on self-injection of insulin or informal education by explaining the rational for suggested interventions or desired behaviours that you wish the client to adopt.

- Explain nursing care and determine the client's understanding by seeking feedback.

Competency Unit 10: Collaborates with members of the health care team to achieve effective health care outcomes.

- Support the therapeutic activities of other health care team members in the provision of health care by assisting with therapeutic programs of the team.

- Promote positive working relationships with members of the health care team.

- Provide other members of the health care team with accurate and relevant information to assist in decision making and provision of care to individuals or groups.

Conclusion

The Certificate IV in Nursing or the Diploma of Nursing course is intense. The learning curve is steep. To learn the basic theory, understand the concept of professional behaviour and develop the dexterity to perform practical skills to prepare you for clinical placement is a large undertaking.

The complexity of learning in the clinical environment is challenging. You have to learn think critically in applying your theory to a large variety of individuals in unique contexts. As well as developing your ability to care for individuals, you have to learn to work with other members of the health team, again in a variety of settings.

It is hoped that this clinical handbook will provide the student with the information and tools to prepare well and participate in a productive, enjoyable clinical learning experience.

References

Australian Council for Safety and Quality in Health Care: National Patient Safety Framework. Canberra, ACT. Retrieved October 16, 2010 from: http://www.health.gov.au/internet/safety/publishing.nsf/Content/CO6811AD746228E9CA2571C600835DBB/$File/framework0705.pdf

Australian Health Practitioner Regulation Agency AHPRA, 2010 Glossary: *Notifiable Conduct.* Retrieved October 16, 2010 from: www.ahpra.gov.au/Ancillary/Glossary.asp#N

Australian Health Practitioner Regulation Agency AHPRA, 2010, *Complaints and Outcomes.* Retrieved October 16, 2010 from: http://www.ahpra.gov.au/Complaints-and-Outcomes/Decisions-from-Previous-Regulation-Agencies/Nursing-and-midwifery/nurses-and-Midwives-Board-of-New-South-wales.aspx

Australian Nursing Council, 2002, *Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses.* Retrieved October 16, 2010 from: http://www.anmc.org.au/userfiles/file/competency_standards/Principles%20for%20the%20Assessment%20of%20National%20Competency%20Standards%20for%20Registered%20and%20Enrolled%20Nurses%20-%20for%20web.pdf

Australian Nursing & Midwifery Council, 2002, *ANMC Competency Standards.* Retrieved September 5, 2010 from: http://www.nmb.nsw.gov.au/ArticleDocuments/23.CompetencystandardsRN.pdf.aspx

Australian Nursing & Midwifery Council, 2002. *The Code of Ethics for Nurses in Australia.* Retrieved October 2, 2010 from: http://www.anmc.org.au

Australian Nursing & Midwifery Council, 2006, *The Code of Professional Conduct for Nurses in Australia.* Retrieved October 2, 2010 from: http://www.anmc.org.au

Australian Nursing & Midwifery Council, 2007, *Nursing practice decisions summary guide.* Retrieved October 2, 2010 from: http://www.anmc.org.au

Australian Nursing & Midwifery Council, 2007, *National framework for the development of decision-making tool*s. Retrieved October 2, 2010 from: http://www.anmc.org.au

Australian Nursing & Midwifery Council, 2007, *Nursing Practice Decisions Summary Guide.* Retrieved October 2, 2010 from: http://www.anmc.org.au

Australian Nursing & Midwifery Council and Nursing Council of New Zealand, 2007. *A Nurses Guide to Professional Boundaries.* Retrieved October 2, 2010 from: http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Australian Nursing & Midwifery Council, 2009, *The standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia with evidence guide*. Retrieved October 2, 2010 from: http://www.anmc.org.au

Clinical Placement Handbook for Students. A project of CS&H ITB 2010

45

Bloomfield, J. 1999, *The changing image of Australian nursing*, St Vincent's Hospital Monograph series. Retrieved September 4, 2010 from: Department of Health, UK.

Darcy and Associates Consulting, 2010, *Best Practice Clinical Learning Environments project*, Department of Health, Victoria. Retrieved October 13, 2010from:
http://www.health.vic.gov.au/workforce/placements/capacity/best-practice

Department of Education, Science and Training, 2010, *Department of Education, Employment and Work Relations Glossary,* Commonwealth of Australia, ACT. Retrieved November 24, 2010 from:
http://www.dest.gov.au/sectors/training_skills/policy_issues_reviews/key_issues/nts/glo/utoz.htm

Department of Education, Science & Training/Community Health Services Industry Skills Council, 2007, *HLT07 Health Training Package (Version 2.2),* CHSISC, Commonwealth of Australia, Sydney.

Department of Health (Vic), 2007, *Immunisation for health care workers*. Retrieved October 30, 2010 from: http://www.health.vic.gov.au/immunisation/general/guide/hcw

Department of Health (Vic), 2007, *Prepare Nurses for the Future. Submission to 'expand clinical placement settings'* Work Group 2. Final report of key activities Peter MacCallum Cancer Centre utilization of alternative settings for undergraduate nursing clinical placements. Retrieved October 10, 2010 from:
http://www.health.vic.gov.au?data/assets/pdffile/0011/185744/PeterMac AltSettings Final - Report07.pdf

Department of Health (Vic), 2010, *Best Practice Clinical Learning Environments project*. Retrieved October 13, 2010 from:
http://www.health.vic.gov.au/workforce/placements/capacity/best-practice

Graham, S. 2009, *Student Orientation Package,* Epworth Education Resource Centre, Melbourne.

Hart, S. 2010, *Nursing: Study & Placement Learning Skills,* Oxford University Press, Oxford. Retrieved October 3, 2010 from: www.oxfordtextbooks.co.uk/orc/hart

Levett-Jones, T., Bourgeoise, S. 2007, *The Clinical Placement: An Essential Guide for Nursing Students*, Elsevier, Australia.

Menadue, J. 2005, *Health Sector Reform Part 2: Primary Care and Wellbeing*, Centre for Policy Development, Sydney. Retrieved September 5, 2010 from:
http://cpd.org.au/2005/07/health-sector-reform-part-2-primary-care-and-wellbeing/

Morton–Cooper A. & Palmer, A. 1993, *Queensland Health Preceptor Program for Transition Support*, Queensland Health, Queensland.

NHS Modernisation Agency, 2005, *Improvement Leaders' Guide to working with groups – General improvement skills.* Retrieved October 30, 2010 from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/index.htm

Clinical Placement Handbook for Students. A project of CS&H ITB 2010

46

Nurses and Midwives Tribunal of New South Wales. Retrieved October 16, 2010 from:
http://www.austlii.edu.au/au/cases/nsw/NSWNMT/

Nursing and Midwifery Board of Australia, 2010, *Criminal history registration standard,* AHPRA. Retrieved September 5, 2010 from:
http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Nursing and Midwifery Board of Australia, 2010, *Guidelines for mandatory notifications,* AHPRA. Retrieved September 5, 2010 from:
http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

Royal College of Nursing, 2000, *Rehabilitating Older people: the role of the nurse*, RCN, London.

Royal College of Nursing, 2009, *Role of rehabilitation nurse: RCN guidance,* RCN, London.

St. John of God, 2010, *Pastoral services*, Retrieved October 31, 2010 from:
www.sjog.org.au?hospitals/geelong/patientsvisitors/pastoralservices.aspx

University of Tasmania, Faculty of Health Science & Health & Human Services, *Preceptorship*. Retrieved October 30, 2010 from:
http://www.snm.utas.edu.au/preceptor/what_is_a_preceptor.html

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Appendix 1. Professional Behaviour Flowchart

Use the flow chart to help identify what is or is not professional behaviour.

CONTEXT

PROPOSED BEHAVIOUR OR ACTIVITY

YES ↓

Is the behaviour or activity consistent with the Codes of professional conduct and ethics for nurses in Australia & New Zealand? → **NO** → **ABSTAIN FROM BEHAVIOUR**

YES ↓

Does the behaviour or activity meet a clearly identified therapeutic need for the person requiring or receiving care? Is it part of their care plan? Is it in the person's best interests? → **NO** → **ABSTAIN FROM BEHAVIOUR**

YES ↓

Is the behaviour or activity within the scope of practice of the nurse; and, in keeping with contemporary competency and practice standards? → **NO** → **ABSTAIN FROM BEHAVIOUR**

YES ↓

Does the organisation have a policy in relation to the behaviour or activity? Can other/external resources be used to meet the need? How does the context affect the carrying out of this activity eg setting, dual relationship? → **NO** → **ABSTAIN FROM BEHAVIOUR**

YES ↓

Are you competent to perform this activity? Do you understand your level of accountability in performing this activity? → **NO** → Discuss with a more senior colleague → **NO** → **ABSTAIN FROM BEHAVIOUR**

YES ↓   YES ↓

PROCEED WITH THE BEHAVIOUR/ACTIVITY & DOCUMENT COMPREHENSIVELY

QUESTIONS FOR REFLECTION

> Is the nurse doing something the person needs to learn to do themselves?

> Whose needs are being met—the person's requiring care or the nurse's?

> Will performing this activity cause confusion regarding the nurse's role?

> Is the behaviour such that the nurse will feel comfortable in their colleagues knowing they had engaged in this activity, behaved in this way with a person in their care?

(ANMC, 2010)

Appendix 2. Immunisation Record

Name: ………………………………………….

Immunisation*	Previous Disease History	Date of Vaccination	Date of Serology & Result	Doctor's Details/Stamp	Doctor's Signature
Please cross out whichever doesn't apply **Measles**} **Mumps**} **Rubella**}					
Chicken Pox					
Hepatitis A					
Hepatitis B					
Mantoux					
Influenza					
Polio					
Adult diphtheria & tetanus					

Measles/Mumps/Rubella – documented two doses of measles containing vaccine (for those born during or after 1966) or history of disease.

Chicken Pox – course of two injections or history of disease or positive serology.

Hepatitis B – history of three injections and evidence of blood levels >10 ml U/ml after vaccinations.

Mantoux test – within 12 months prior to commencement of student placement.

Influenza – annual vaccination.

Appendix 3. Certificate IV/Diploma Core Units of Competency

HLTEN401A Work in the Nursing Profession	Describes the skills and knowledge required to practice as a nursing professional with clients in a range of health care environments, Includes professional codes, guidelines and ANMC competencies.
HLTEN502A Apply effective communication skills in nursing practice	Describes the skills and knowledge required for effective communication in complex situations and its application to nursing practice; the function and purpose of small groups.
HLTEN509A Apply legal and ethical parameters to nursing practice	Describes the skills and knowledge required to perform within the legal and ethical parameters of clinical placement, supporting client rights and meeting duty of care.
HLTEN503A Contribute to client assessment and developing nursing care plans (incorporates HLTEN403A Undertake basic client assessment)	Describes the skills and knowledge required to contribute to the development of care plans by collection of data captured during a client's admission and ongoing health assessments – includes routine clinical measurements such as vital signs, BGL, wt. Often, but not always included, are neurological & neurovascular assessments.
HLTEN504A Implement and evaluate a plan of nursing care (incorporates HLTEN405A Implement basic nursing care)	Describes the knowledge and skills required to implement and evaluate care provided – includes basic nursing skills such as hygiene, mobility, comfort, PAC and pressure ulcer risk assessment.
HLTEN505A Contribute to the complex nursing care of clients	Describes the knowledge, skills and attitudes required to providing nursing care for clients with complex needs – can include skills like inserting catheters, nasogastric tubes and venepuncture. Looks at pathophysiology and nursing care of selected conditions – differs with each education provider.
HLTEN506A Apply principles of wound management in the clinical environment (incorporates HLTEN406A Undertake basic wound care)	Applies contemporary wound management principles to the care of clients with varying types of wounds. Skills include aseptic technique, wound management strategies, types of dressings, removal of clips/sutures/drains, tubes, and care of chronic wounds.
HLTEN507A Administer and monitor medications in the work environment	Describes the skills and knowledge required to administer and monitor medications and evaluate their effectiveness - include parental, enteral and topical applications.
HLTEN510A Implement and monitor nursing care for consumers with mental health conditions (incorporates HLTEN410A Deliver nursing care to consumers with mental health conditions)	Describes the skills and knowledge required to contribute to the nursing care and management of consumers with mental illness. Covers common illness, legislation surrounding mental health, common medication and treatment strategies.

HLTEN512A Contribute to nursing care for clients with acute health problems	Describes the skills and knowledge required to contribute to the care of the person with an acute health problem by performing nursing interventions such as pre/post procedure care, discharge planning and assisting to restore optimal health and functioning.
HLTEN513A Contribute to nursing care for clients with chronic health problems	Describes the skills and knowledge required to care for the client with a chronic illness that support the client's needs and assist in maintaining an optimal lifestyle, principles of pain management, education and support services. Covers selected common chronic conditions such as arthritis, Parkinson, GI conditions.
HLTEN515A Implement and monitor nursing care for older clients (incorporates HLTEN414A Deliver basic nursing care to older clients)	Describes the skills and knowledge required to support the older person in both acute care settings and residential aged care environments. Looks at issues surrounding aging such as stereotyping, physical changes and dementia.
HLTFA301B Apply first aid	Describes the skills and knowledge required to provide first aid response, life support, management of casualties, the incident and other first aiders.
HLTAP401A Confirm physical health status	Describes a detailed level of knowledge of anatomy and physiology required to confirm physical health status.
HLTAP501A Analyse health information	Describes the application of the in-depth level of knowledge required to analyse health information in relation to specific services to be provided. Critical thinking is explored, as well as researching relevant patient information and development of problem-solving strategies.
HLTIN301A Comply with infection control policies and procedures in health work	Describes the skills and knowledge required for workers to comply with infection control policies and procedures, such as hand washing, chain of infection, standard and additional precautions.
HLTOHS300A Contribute to OHS processes in the health industry	Specifies the workplace performance required by an employee to contribute to OH&S processes, including manual handling principles.
HLTHIR404B Work effectively with Aboriginal and Torres Strait Islander people	Describes the communication and work practice skills and knowledge required to work with Aboriginal and Torres Strait Islander people in the health industry context.
HLTHIR403B Work effectively with culturally diverse clients and co-workers	Deals with the cultural awareness required for effective communication and cooperation with persons of diverse cultures.

Enrolled Nursing Diploma only units

HLTEN508A Apply reflective practice, critical thinking and analysis in health	Describes the skills and knowledge required to demonstrate nursing practice in a contemporary health environment using critical thinking, analysis and reflective practice.
HLTEN516A Apply understanding of the Australian health care system	Describes skills and knowledge required to function independently in developing strategies to practice within the current and future health care environment, taking into account the Australian health care system.