Clinical Placement Guidelines 2019

School of Nursing and Healthcare Professions

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Status: Final  Version: 4  Date: 05/03/2019
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SECTION 1: INTRODUCTION

1.1 Clinical Learning Program

Clinical placement is a mandatory component of your program of study, providing you with the opportunity to develop skills and integrate theoretical knowledge within nursing practice. Completion of the theoretical and clinical learning requirements of your program is essential to be eligible for registration with the Nursing and Midwifery Board of Australia (NMBA), Australian Health Practitioner Regulation Agency (AHPRA). Failure to successfully complete clinical placement constitutes a Fail grade for the associated course.

This information outlines the guidelines for clinical placement for the Bachelor of Nursing program. It is important that you familiarise yourself with this information, which should be read in conjunction with the School and University handbooks. While it is expected that attendance at clinical placements will require you to reorganise some aspects of your personal life, it is anticipated that you will find this component of the program most rewarding as it provides you with a range of experiences and opportunities. Clinical placements occur throughout the entire calendar year including semester breaks, school and public holidays. Therefore, you are advised not to organise personal commitments until final clinical allocations for your particular clinical course have been published by the Clinical Office. Please refer to the Clinical Placement Calendar on the FedUni website for placement periods per year level.

Clinical placements and allocations are managed according to University and Health agency contractual agreements. Students are not permitted to contact or organise your own clinical placements with external health agencies.

Clinical placements are determined by processes and availability within regional, metropolitan Victoria and interstate agencies. As the University is situated in the Grampians, Southeast Melbourne and Gippsland regions, the majority of clinical placements occur throughout these regions. Students will be allocated to a variety of clinical areas ensuring opportunities to consolidate practice in diverse settings. Clinical placements and venues are subject to change due to issues that are outside of the university control.

1.2 Clinical Placement Allocation Process

Allocation to a health care agency for clinical placement is determined by the objectives of your clinical course, and year level. The Clinical Office allocates appropriate placements that enable you to experience work-integrated learning and meet the objectives of the course. You will be emailed notification of your placement allocation via InPlace.
Following publication of allocations, you will have two (2) working weeks (10 days) to swap your allocation with another student should you wish to, provided that:

- Both students agree to the change.
- A Change of Allocation form is completed and signed by both students. This is available on InPlace.
- The Clinical Office confirms the change as appropriate for each student's clinical learning program through InPlace.

A request to change your allocation does not guarantee approval, for example, when placement swap impacts on teaching periods. If you have difficulties arranging a change of allocation, please contact the Clinical Office on your campus as early as possible to discuss options.

1.2.1 Clinical Placement Allocation Consideration

If you have circumstances that meet the criteria for Special Consideration, you are advised to alert your clinical coordinator as soon as possible. Please do not wait until you have received your placement allocation before notifying of your circumstances. Special Consideration forms are located on the Federation University website. Please follow the instructions for submission.

Criteria for Special Consideration include:

- a. Medical reasons (a medical certificate will be required)
- b. Compassionate grounds – death of a significant other, significant relationship breakdown
- c. Hardship/Trauma – victims of crime, disruption of living situation, requirements of legal proceedings – supported with documentation
- d. Breastfeeding
- e. Pregnancy as detailed below

Pregnant Students. Students cannot attend placement in the 6 weeks prior to their due date or 6 weeks after the birth date of their child. Students require a medical certificate from their medical practitioner stating they are fit to work. Students are to inform the Clinical Coordinator if they are pregnant prior to undertaking placement.

Pregnant Students who are scheduled for mental health placements will be assessed individually for their eligibility to attend placement.

Clinical placement allocations cannot be split or delayed, completed part time, based upon individual shift requests, or sourced by individual students.

1.2.2 Rosters

Not all health agencies provide rosters prior to clinical placement commencing. Many agencies negotiate rosters on your first day of placement. Rosters that are available will be emailed to you using your Federation University email account. As changes to rosters often occur in the clinical environment, amended rosters will also be emailed to you. It is your responsibility to check your email regularly. You are expected to attend all rostered shifts including morning, afternoon, night duty, weekend shifts and public holidays. A clinical week is from Monday to Sunday for all year levels. First year students are not permitted to do night shift. It is your responsibility to fulfil the requirements of the allocated clinical placement and to familiarise yourself with health agency policies.

First day details and any requirements such as additional forms or separate orientation days are advertised on the InPlace Site. Visit the InPlace Site to check for information prior to each clinical placement.

Shift changes are discouraged as most facilities do not allow change once the roster has been completed. Student placement rosters are created for equity, ensuring that each student has appropriate time with their
clinical educators, to facilitate consistency in experiences and assessment.

1.2.3 Missed Days/Non-Completion of Required Clinical Placement Hours

The Australian Health Practitioner Regulation Agency (AHPRA) mandate the clinical hours required for registration as a Registered Nurse. Bachelor of Nursing students must complete a minimum of 800 hours of clinical placement. The Clinical Office will maintain a record of your clinical placement hours. Non-attendance without notification at an allocated clinical placement could result in a fail grade for the course. The student is required to notify the clinical office for each day they do not attend placement. Supporting evidence, such as medical/health certificates for absences should be forwarded to the clinical office.

Absenteism from placement will incur make up shifts which will be organised by the clinical office. A clinical make up form (available on InPlace) must be completed and signed by your clinical educator, and uploaded to InPlace. The process for notification for any missed days is outlined below.

<table>
<thead>
<tr>
<th>Day of missed placement</th>
<th>By end of placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact educator/ward</td>
<td>Contact Clinical Office by phone or email</td>
</tr>
<tr>
<td>Complete clinical make up form and upload in to InPlace</td>
<td>Submit supporting documents to Clinical Office</td>
</tr>
<tr>
<td>Await details about make up placement</td>
<td></td>
</tr>
</tbody>
</table>

1.2.4 Problems Arising During Clinical Placement

Should students experience any problems during clinical placement, the following supports are available:

If the problem is related to:
- The course, the Course Coordinator should be contacted.
- The clinical placement, the Clinical Coordinator should be contacted.
- The program, the BN Program Coordinator should be contacted.
SECTION 2: CLINICAL PLACEMENT REQUIREMENTS

2.1 Mandatory Documentation

The Victorian government and Health agencies mandate that you provide the following documents, which are available on InPlace:

a. Fit2Work Police Check (dated the current calendar year)
b. Current Working with Children Check
c. Immunisation Status
d. Student Undertaking Form
e. Medical Declaration
f. Aged Care Statutory Declaration

Students are required to take all documents to clinical placement and present them in a professional manner e.g. folder.

IMPORTANT NOTE:

If you are not able to present the documents to the clinical office or to the health agency, you will not be permitted to attend placement. This will jeopardise your ability to complete your course and hinder your program progression and completion timeframes.

Students who have not provided all mandatory documents prior to Census date will be removed from Clinical Courses.

Inherent Requirements

Federation University Australia is committed to ensuring equality of access to all programs and courses and will provide reasonable adjustments to the learning environment to meet the needs of a diverse range of students. For example, students with a disability, and students with caring responsibilities.

However, Federation University acknowledges that there are some situations where reasonable adjustment is not possible. In such cases, Federation University will provide information on such restrictions to enable students to make an informed decision in relation to their program and course options in the form of inherent requirements.

Inherent requirements refer to the fundamental attributes, skills and abilities that you must be able to achieve in order to demonstrate the essential learning outcomes of the degree you are studying.

Please read “Inherent Requirements for the Bachelor of Nursing Program” here:

2.2 Student Responsibilities

2.2.1 Personal Issues
Clinical placement is a compulsory component of your course and needs to take priority in your planning. We are unable to arrange clinical placements around individual work and family and pre-booked holiday commitments. Working shift work and undertaking long commutes is an unsafe practice and is strongly discouraged. It is advisable not to undertake regular shifts in your own job whilst undertaking clinical placement.

2.2.2 Financial Issues
Students are responsible for the associated costs of clinical placement, including travel, parking and accommodation. Scholarships and placement grants are available to financially support with clinical placements.

Details for the various opportunities for funding can be found on the Clinical Placement Moodle site.

2.2.3 Documentation
Clinical educators will monitor your attendance and performance during placement. Following completion of a clinical placement, students must scan and upload the completed (interim and final) Clinical Appraisal Tool and attendance record to both Moodle and InPlace.

2.2.4 Post-clinical debriefing
Debriefing is an opportunity to reflect in a constructive way on the positive and sometimes challenging issues or experiences you may have encountered during your day/week whilst on clinical placement. It is also an opportunity to support other students, ask questions and to prepare for the next day. Attendance at post clinical debriefings is compulsory. If you are having issues on placement or require further support, it is advisable to contact your clinical educator as soon as possible.
2.3 Professional Behaviour – NMBA Standard 2

2.3.1 Punctuality

Punctuality is essential for professional practice and is integral to your clinical learning experience. Any situation impacting on the students’ ability to attend shift on time must be communicated to the clinical venue and the university.

2.3.2 Presentation

Whilst on placement, your personal presentation should be reflective of a student representing the University and be compliant with OH&S and Infection Control guidelines. Clearly wear student identification. The official uniform clearly identifies students of Federation University and must be worn to and from clinical placement unless otherwise directed. Improper attire may result in students being asked to leave the venue and recorded as absent for that shift unless it is a designated “non-uniform” placement as specified by the clinical venue.

If attending clinical placements which stipulate ‘non-uniform’ – for example some mental health agencies – neat, clean professional clothes with closed-toe, leather upper shoes must be worn. In the event that your professional appearance is inappropriate, students will be dismissed from placement, and recorded as absent for that day.

Hair must be clean. Long hair must be neat and off the collar. Beards should be trimmed and tidy. Fingernails should be clean, short and free of nail polish. Ornamental jewellery is not to be worn, with the exception of a wedding ring, plain earrings, sleepers or small studs or a fob watch with a second hand. Any jewellery associated with body piercing should be removed or covered. Wrist watches and bracelets are not to be worn whilst on clinical placement. The facility may remove you from placement if the above information has not been adhered to.

Cardigans must only be worn to and from placements and must not be worn whilst on duty. Sleeveless black/navy Federation vests can be whilst undertaking placement. Students are not to wear long-sleeved skivvies under their shirts (unless for religious reasons) and these must be rolled up whilst undertaking patient care.

Students must regularly launder their uniforms.

<table>
<thead>
<tr>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navy/black trousers or knee length skirt</td>
<td>Navy/black trousers</td>
</tr>
<tr>
<td>Federation University nursing shirt</td>
<td>Federation University nursing shirt</td>
</tr>
<tr>
<td>Navy cardigan, and/or navy v-neck long sleeved jumper (these can only be worn to and from placement)</td>
<td>Navy cardigan or v-neck long sleeved jumper or cardigan (these can only be worn to and from placement)</td>
</tr>
<tr>
<td>Tights/Stockings - natural or navy/black colour</td>
<td>Socks - navy or black</td>
</tr>
<tr>
<td>Socks - Navy or black</td>
<td>Shoes - navy/black duty shoes with leather</td>
</tr>
<tr>
<td>Shoes - navy/black duty shoes with leather</td>
<td></td>
</tr>
</tbody>
</table>
2.3.3 Conduct

Students must maintain safe, helpful and therapeutic relationships with consumers, within the International Code of Ethics, professional boundaries determined by the Nursing and Midwifery Board of Australia Code of Conduct for nurses, and standards of care as per the National Safety and Quality Health Standards. This includes but is not limited to:

- Gain informed consent from patients – i.e. identify self as student
- Maintain confidentiality
- Accountability for all relevant aspects of nursing care within the scope of practice as determined by the course you are currently undertaking
- Respectful interactions with colleagues, supervisors, patients/residents, carers and their families
- Seeks feedback and accepts same professionally with the understanding that all feedback is an opportunity for professional and clinical improvement
- Complies with health agency policies and procedures

Whilst you are on placement you are accountable for your conduct to your clinical educator and health agency staff. The clinical coordinator and course coordinator are ultimately responsible for the management of clinical placement performance issues, in conjunction with the relevant clinical assessor/s and health agency staff. The following examples of conduct will result in immediate withdrawal from the clinical placement and automatic failure of that course:

1. Behaviour in the clinical setting that jeopardises other people’s safety
2. Acting outside of scope of practice
3. Conduct that brings the discipline of nursing and/or the University into disrepute. A disciplinary hearing may be held as set out in the University Handbook under Statute 6.1 Student Discipline.

**IMPORTANT NOTE:**

In the event that you have been negligent, the University insurance policy does not protect you from either the health agency and/or the patient/client/resident/consumer taking legal action against you.

Specific information about conduct while on clinical placement is as follows:

2.3.4 Alcohol / Drugs

Students presenting for clinical placement under the influence of alcohol and/or drugs will be withdrawn from placement and automatic failure of the course. This offence will be reported to AHPRA as per Mandatory reporting guidelines.

2.3.5 Confidentiality

Students need to be familiar with, and comply with the Privacy Act. As such students must maintain confidentiality and privacy of information.

Discussions and/or photographs relating to patients, clients, staff or agencies via electronic social networking sites including Facebook or in public spaces are examples of breaches of confidentiality. All students must be familiar with and comply with Federation University Social Media Guidelines:
Breaches of confidentiality may result in instant termination of your clinical placement and a subsequent disciplinary hearing.

2.3.6 Electronic Devices
Mobile phones must be turned off/silent/vibrate during each shift. You are not permitted to carry a phone while in the clinical setting or working with patients. Please note that in some clinical settings you may be required to leave your mobile phone deposited in a secure area.

In some circumstances, students may seek approval from clinical venues for the appropriate use of electronic devices (i.e. not at the patients’ bedside). Examples of appropriate use of electronic devices may include the following, only when approved by clinical educators:

- Use of Calculator for medication administration
- Use of internet as a Clinical Resource – clinical guidelines, medication information, Up-To-Date.
- Use of telephone to contact Clinical Coordinator

**Inappropriate use of electronic devices during clinical placement will result in dismissal from placement for that shift and the clinical coordinator will be contacted.**

2.3.7 Scope of Practice
Students must only perform skills that have been taught within their current program. Regardless of skill and confidence level, students must seek supervision for all care provided.

2.3.8 Infection Control
Students need to be familiar and comply with ANTT. Clinical venues will require students to provide a current hand hygiene certificate.

2.3.9 Manual Handling
Students are responsible for ensuring competency and compliance with safe manual handling techniques and manual handling equipment while on clinical placement.

2.3.10 Documentation
Students must comply with health agency policies and standards for documentation of clinical care. All care provided by students must be documented and countersigned by a clinical educator/preceptor.
SECTION 3: CLINICAL PLACEMENT

3.1 Clinical Supervision Models
There are generally two models of clinical supervision: clinical educators (these can be employed by the hospital or the university) or clinical preceptors. Both have similar functions to provide support and supervision for students while on clinical placement. They are also responsible for assessing your progress and signing off your clinical books at the end of placement. Ultimately the final grade for your clinical placement is the responsibility of your course coordinator and the University.

Clinical educators
Responsibilities of a clinical educator include negotiating with hospital staff to ensure that you are allocated a workload that is commensurate with your progress and level of competence within the program and enables you to meet relevant course objectives. The clinical educator may have a group of students to supervise at any one time and you will be allocated to work with another registered nurse or preceptor. The clinical educator will oversee your placement and may provide debriefings and work with you individually throughout the course of the day. Your clinical educator will liaise with the clinical staff in relation to your progress on clinical placement. They are also responsible for assessing your progress and completing Clinical Appraisal Tools at the completion of placement.

Preceptors
A preceptor is a qualified experienced practitioner who in liaison with the clinical educator, is formally assigned to provide individual support to students. Preceptors are also responsible for assessing student progress, provision of feedback, and completing Clinical Appraisal Tools.

3.2 Assessment of Clinical Performance
Students are required to meet the NMBA Registered Nurse Standards for Practice (2016) during your clinical placement which form the basis of the Clinical Appraisal Tool (CAT). The CAT along with the attendance record can be printed from individual clinical course Moodle shells. Students are required to complete learning objectives appropriate for their placement prior to commencement. Educators/preceptors will provide an interim and final clinical appraisal. Students are also required to complete a self-assessment of performance prior to the interim and final appraisals. Students are responsible for seeking daily feedback from their educators and preceptors. Based on the feedback received, students are required to assess current and set new learning objectives.

3.3 Performance management
Health services have the right to request for the clinical coordinator to intervene where a student not performing at the expected level.

Examples may include:

Language barrier, knowledge deficit, poor time management, failure to convert theory to practice

In such circumstances, a clinical challenge contract maybe recommended to set specific learning/performance objectives to ensure that the student is provided every opportunity to demonstrate competence.

Refer to Appendix B for the guidelines for a clinical challenge contract and Appendix C for the template.
Appendices

Clinical Placement Guidelines 2019

School of Nursing and Healthcare Professions
School of Nursing and Healthcare Professions (SoNHP)
Clinical Appraisal Tool (CAT)

Criteria for Rating

<table>
<thead>
<tr>
<th>SCALE</th>
<th>PROFESSIONAL STANDARD</th>
<th>QUALITY OF PERFORMANCE</th>
<th>ASSISTANCE REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENT (I)</td>
<td>Safe; accurate; achieves the intended purpose each time; performs in an appropriate manner each time</td>
<td>Proficient; coordinated; confident; occasional expenditure of excess energy; performs within an expedient time period</td>
<td>Without supporting cues</td>
</tr>
<tr>
<td>SUPERVISED (S)</td>
<td>Safe; accurate; achieves the intended purpose each time; performs in an appropriate manner each time</td>
<td>Efficient; coordinated; confident; occasional expenditure of excess energy; performs within an reasonable time period</td>
<td>Occasional supportive cues (e.g. comments such as ‘that’s right’, ‘keep going’ are supportive cues)</td>
</tr>
<tr>
<td>ASSISTED (A)</td>
<td>Safe; accurate; achieves the intended purpose most of the time; performs in an appropriate manner most of the time</td>
<td>Skilful in parts of the behaviour; inefficient and un-coordinated; expends excess energy; performs within a delayed time period</td>
<td>Frequent verbal and occasional physical directive cues (in an attempt to correct activity or indicate what is required next) in addition to supportive ones.</td>
</tr>
<tr>
<td>MARGINAL (M)</td>
<td>Safe, but not alone, performs at risk; not always accurate: Occasionally achieves the intended purpose; Occasionally performs in an appropriate manner</td>
<td>Unskilled; inefficient, considerable expenditure of excess energy; performs within a prolonged time period</td>
<td>Continuous verbal directive, and frequent physical directive cues</td>
</tr>
<tr>
<td>DEPENDENT (D)</td>
<td>Unsafe; unable to demonstrate intended behaviour</td>
<td>Unable to demonstrate procedure or behaviour; lacks confidence; lacks coordination, lacks efficiency</td>
<td>The cues are so directive and continuous that it is as if the supervisor is performing the behaviour or skill</td>
</tr>
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</table>
Interim Clinical Appraisal Tool (CAT)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student Number:</th>
</tr>
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<tbody>
<tr>
<td>Campus of study:</td>
<td>Year of Program:</td>
</tr>
<tr>
<td>Ballarat</td>
<td>(Circle) 1 2 3</td>
</tr>
<tr>
<td>Berwick</td>
<td></td>
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<tr>
<td>Gippsland</td>
<td></td>
</tr>
<tr>
<td>Clinical Venue and Ward/ Unit:</td>
<td></td>
</tr>
<tr>
<td>Course Code:</td>
<td>(Circle)</td>
</tr>
<tr>
<td>NURBN1006</td>
<td></td>
</tr>
<tr>
<td>NURBN2011</td>
<td></td>
</tr>
<tr>
<td>NURBN2014</td>
<td></td>
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<tr>
<td>NURBN2015</td>
<td></td>
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<tr>
<td>NURBN3023</td>
<td></td>
</tr>
<tr>
<td>NURBN3021</td>
<td></td>
</tr>
<tr>
<td>Preceptor name and signature:</td>
<td></td>
</tr>
</tbody>
</table>

Student Learning Objectives: (Must be completed by the student prior to and relative to the specific placement)

**Standard 1: Thinks Critically and analyses nursing practice**
Relates to the use of a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person centred and evidence-based frameworks

<table>
<thead>
<tr>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
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</thead>
<tbody>
<tr>
<td>D M A S I</td>
<td>D M A S I</td>
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</table>

Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice

Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions

Clinical facilitator/preceptor comments/examples of practice:

**Standard 2: Engages in therapeutic and professional relationships**
Relates to practice which is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships

<table>
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</table>

Demonstrates professional conduct at all times and when necessary reports notifiable conduct of health professionals, health workers and others

Establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships including personal professional conduct

Clinical facilitator/preceptor comments/examples of practice:
### Standard 3: Maintains the capability for practice

**Relates to being responsible and accountable for ensuring they are safe, and have the capability for practice.** This includes ongoing self-management and responding when there is concern about other health professionals’ capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

<table>
<thead>
<tr>
<th><strong>Student Self-appraisal</strong></th>
<th><strong>Clinical Assessor Appraisal</strong></th>
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</thead>
<tbody>
<tr>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
</tbody>
</table>

- **Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice**
- **Accepts accountability for decisions, actions, behaviors and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities**
- **Identifies and promotes education to improve and influence better health outcomes for people**
- **Seeks and responds to practice review and feedback**

**Clinical facilitator/preceptor comments/examples of practice:**

### Standard 4: Comprehensively conducts assessments

**Relates to accurately conducting comprehensive and systematic assessments.** Nurses analyse information and data, and communicate outcomes as the basis for their practice.

<table>
<thead>
<tr>
<th><strong>Student Self-appraisal</strong></th>
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</tr>
</thead>
<tbody>
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<td>D M A S I</td>
</tr>
</tbody>
</table>

- **Conducts assessments that are holistic as well as culturally appropriate**
- **Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice**

**Clinical facilitator/preceptor comments/examples of practice:**

### Standard 5: Develops a plan for nursing practice

**Relates to being responsible for the planning and communication of nursing practice.** Agreed plans are developed in partnership. They are based on the RNs’ appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

<table>
<thead>
<tr>
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<tbody>
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<td>D M A S I</td>
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</tbody>
</table>

- **Collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons**
- **Documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes**

**Clinical facilitator/preceptor comments/examples of practice:**
**Standard 6: Provides safe, appropriate and responsive quality nursing practice**

Relates to the provision and delegation of quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

| Provides comprehensive safe quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people |

Practices within their scope of practice

<table>
<thead>
<tr>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
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</thead>
<tbody>
<tr>
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<td>D M A S I</td>
</tr>
</tbody>
</table>

Clinical facilitator/preceptor comments/examples of practice:

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**Standard 7: Evaluates outcomes to inform nursing practice**

Relates to responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

| Evaluates and monitors progress towards the extended goals and outcomes |
| Determines, documents and communicates further priorities, goals and outcomes with the relevant persons |

<table>
<thead>
<tr>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
</tbody>
</table>

Clinical facilitator/preceptor comments/examples of practice:

---

Additional Clinical facilitator/ Preceptor comments:

---

Preceptor name:                                                                 Preceptor Signature:

Student comments:

---

Student name:                                                                 Student signature:
# FINAL CLINICAL APPRAISAL TOOL (CAT)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Campus of study:</th>
<th>Ballarat</th>
<th>Berwick</th>
<th>Gippsland</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Year of Program:</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

**Clinical Venue and Ward/ Unit:**

<table>
<thead>
<tr>
<th>Course Code:</th>
<th>NURBN1006</th>
<th>NURBN2011</th>
<th>NURBN2014</th>
<th>NURBN2015</th>
<th>NURBN3023</th>
<th>NURBN3021</th>
</tr>
</thead>
</table>

**Dates of attendance:** / / to / / Hours absent: Total Clinical Hours:

**Preceptor name and signature:**

**Student Learning Objectives: (Must be completed by the student prior to and relative to the specific placement)**

## Standard 1: Thinks Critically and analyses nursing practice
Relates to the use of a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person centred and evidence-based frameworks

<table>
<thead>
<tr>
<th>Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</td>
</tr>
</tbody>
</table>

**Clinical facilitator/preceptor comments/examples of practice:**

## Standard 2: Engages in therapeutic and professional relationships
Relates to practice which is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships

| Demonstrates professional conduct at all times and when necessary reports notifiable conduct of health professionals, health workers and others |
| Establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships including personal professional conduct |

**Clinical facilitator/preceptor comments/examples of practice:**
### Standard 3: Maintains the capability for practice

Relates to being responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about other health professionals’ capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

<table>
<thead>
<tr>
<th></th>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Accepts accountability for decisions, actions, behaviors and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Identifies and promotes education to improve and influence better health outcomes for people</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Seeks and responds to practice review and feedback</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
</tbody>
</table>

**Clinical facilitator/preceptor comments/examples of practice:**

### Standard 4: Comprehensively conducts assessments

Relates to accurately conducting comprehensive and systematic assessments. Nurses analyse information and data, and communicate outcomes as the basis for their practice.

<table>
<thead>
<tr>
<th></th>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts assessments that are holistic as well as culturally appropriate</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
</tbody>
</table>

**Clinical facilitator/preceptor comments/examples of practice:**

### Standard 5: Develops a plan for nursing practice

Relates to being responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the RNs appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

<table>
<thead>
<tr>
<th></th>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
</tbody>
</table>

**Clinical facilitator/preceptor comments/examples of practice:**
<table>
<thead>
<tr>
<th>Standard 6: Provides safe, appropriate and responsive quality nursing practice</th>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relates to the provision and delegation of quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Provides comprehensive safe quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people</td>
<td></td>
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</tr>
<tr>
<td>Practices within their scope of practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical facilitator/preceptor comments/examples of practice:

<table>
<thead>
<tr>
<th>Standard 7: Evaluates outcomes to inform nursing practice</th>
<th>Student Self-appraisal</th>
<th>Clinical Assessor Appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relates to responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.</td>
<td>D M A S I</td>
<td>D M A S I</td>
</tr>
<tr>
<td>Evaluates and monitors progress towards the extended goals and outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines, documents and communicates further priorities, goals and outcomes with the relevant persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical facilitator/preceptor comments/examples of practice:

Additional Clinical facilitator/Preceptor comments:

Final Outcome of Clinical Placement – please tick:

- Satisfactory
- Unsatisfactory

Preceptor name: [ ]

Preceptor Signature: [ ]

Student comments:

Student name: [ ]

Student signature: [ ]
## Clinical Placement Attendance Record

**Student Name: _________________________ Student No: ________________**

<table>
<thead>
<tr>
<th>Student to complete these sections</th>
<th>Preceptor name and signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Start time</td>
</tr>
</tbody>
</table>

| **Week 1** |
|---|---|---|---|---|
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| **Week 2** |
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| **Week 3** |
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| **Week 4** |
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| **Week 5** |
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| | | | | |

| **Total hours completed** |
|---|---|---|---|---|
| | | | | |
| | | | | |
First Year Clinical Skills

Semester 1

- Infection control principles and hand hygiene
- Bed making – occupied and unoccupied & assessment of the clinical environment, Hospital waste management.
- Documentation & clinical handover- written (documentation template) & verbal – Introduction, Situation, Background, Assessment, Recommendation (ISBAR).
- The Nursing Process – History taking/Health interview
- Vital sign measurements (TPR, SaO2, BP). Level of consciousness – Alert, Respond to Voice, Responds to Pain, Unconscious (AVPU), use and documentation of clinical findings on the Adult Deterioration Detection System (ADDS) chart.
- Basic Life Support theory and practical skills introduction based on Danger, Response, Airway, Breathing, Circulation (DRABC).
- Nutritional Assessment. Assisting patients/residents with nutrition. Nutritional requirements across the lifespan. Anthropometric measurements; height, weight, body mass-index (BMI). Fluid Balance Charts (FBC) documentation and practical application.
- Assisting with hygiene needs and activities of daily living for the dependent patient. Instruction on; Bed sponge technique; showering, perineal hygiene, mouth, eyes & skin care needs.
- Multi skill lab incorporating Week 1-11 skills to enable practice, revision and consolidate the learning of skills from the semester period.

Semester 2

- Introduction to safe patient handling techniques, manual handling & positioning of patients (use of slide sheets, patient hoists & mobility aids), assisting with mobility & range of movement. Falls Risk Assessment.
- Wound management – aseptic non-touch technique (ANTT) – simple wound dressings, pressure sore risk assessment screening – Braden scale.
- Neurological Assessment - Glasgow Coma Scale (GCS) & Blood Glucose Level (BGL) Measurement.
- Cardiovascular Assessment – assessment using; using; inspection, palpation, percussion and auscultation (IPPA). Method and basic lead for cardiac monitoring.
- Urine Assessment; urinalysis – full ward test (FWT), Midstream specimen of urine (MSU), Catheter specimen urine (CSU). Indwelling catheter (IDC) care.
- Preparing the deceased body – end-of-life care principles.
- Correct documentation and the use of drug charts. The five rights for drug administration. Procedure for oral, topical & drop medication administration.
- Achievement of learning outcomes and graduate capabilities.
Second Year Clinical Skills

Semester 1
- Professional handover and application of communication principles using -Introduction, Situation, Background, Assessment, Recommendation (ISBAR).
- Identification of common clinical indicators and method for instigating a Medical Emergency Team (MET) call, clinical documentation and early patient management strategies.
- Performing an advanced cardiovascular assessment. Nursing management of chest pain. Performing a 12 lead ECG and interpretation of basic cardiac rhythms.
- Preparing, calculating and performing - intramuscular & subcutaneous injections
- Preparation, calculating and administration of intravenous antibiotics.
- Preparing, calculating and administration of intravenous fluids.
- Performing an advanced respiratory assessment and basic chest x-ray interpretation.
- Patient application and use of various oxygen delivery devices based on flow and % of oxygen delivery.
- Performing basic airway clearance suction via yankeur and catheter suction.
- Managing fluid balance charts and understanding fluid summaries (significance of input/output).
- Performing a neurological assessment
- Performing a neurovascular assessment
- Care of the person with a musculoskeletal immobilisation devices (Plaster of Paris, Internal and External Fixation & Traction).
  - Insertion and care of the person with a Nasogastric Tube and Percutaneous Endoscopic Gastronomy (PEG) tube inclusive of administration of nutrition and medications.
- Nursing colostomy care for patients.

Semester 2
- Care of the surgical patient including removal of sutures, surgical staples and surgical drain tubes. Application of the aseptic non-touch technique (ANTT) and complex dressings. Use of sterile gloves.
- Management of diabetic emergencies (hyperglycaemia and hypoglycaemia) and insulin infusions.
- Performing venepuncture.
- Insertion of an indwelling urinary catheter (IDC) for both male & female patients.
- Care of the person requiring continuous bladder washout.
- Performing a bladder scan.
- Introduction to central venous access devices management (central lines, PICCs) – accessing, administration of medications, fluids, drawing of blood and dressing changes.
- Cytotoxic, standard contact precautions.
- Administration and care of the person with a blood transfusion.
- Mental health status examination & risk assessment
- Preparation of person-centred mental health recovery plan
- Achievement of learning outcomes and graduate capabilities.
Third Year Clinical Skills


- Equipment and patient preparation for IV cannulation. IV medication administration for patients on continuous infusions, reconstitution of antibiotic therapy. Care of patients on Patient Controlled Analgesic (PCA) infusions. Care of patients on Narcotic Infusions. Epidural assessment and patient care principles, methods of bolus medication administration, documentation.

- Basic Electrocardiograph (ECG) rhythm interpretation and application to more complex clinical scenarios.

- Spinal immobilisation care and patient management strategies (application of hard and soft collars, log rolling technique).

- Introduction to haemodynamic monitoring- arterial (ART) lines and central venous catheter (CVC) lines. Care of, set up and readings, dressing changes for CVC/Peripherally Inserted Central Catheter (PICC). Medication administration techniques for a CVC. Introduction to total parenteral nutrition (TPN) therapy and process for administration including line and bag changes.

- Health assessment, planning person-centred nursing care, implementing and evaluating professional nursing care, appropriate documentation and follow-up. Managing care, supervising and delegating nursing care. Achievement of learning outcomes and graduate capabilities.(see the table below)

*Third year clinical practicum involves consolidation of all skills taught throughout the nursing program and practical application of critical thinking and assessment processes based on the NMBA RN Standards for Practice (2016).
Nursing Graduate Attributes / Capabilities

The Bachelor of Nursing is a graduate capabilities outcomes-based curriculum, including Federation University Australia and BN Registered Nursing Graduate Capabilities/Attributes and the NMBA Registered Nurse Standards for Practice (2016).

<table>
<thead>
<tr>
<th>Federation University Graduate Attributes</th>
<th>BN Registered Nurse Graduate Capabilities</th>
<th>Low Focus</th>
<th>Medium Focus</th>
<th>High Focus</th>
<th>Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible, ethical, engaged citizens Social/cultural perspectives Local/national/international communities</td>
<td>1. Professional and ethical decision maker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Politically astute, situational leader and citizen</td>
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<tr>
<td></td>
<td>3. Socially and culturally aware agent for change</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical, creative and enquiring learners Problem solver Ongoing learning</td>
<td>4. Critical, reflective thinker adept in clinical reasoning</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>5. Creative problem solver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Life-long researcher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capable, flexible and work ready Communication skills Independent &amp; collaborative worker</td>
<td>7. Skilled therapeutic Communicator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Capable Inter-Disciplinary Healthcare Team Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge, skills and competence Competent, safe, quality care. Apply knowledge &amp; skills into new contexts</td>
<td>9. Competent, caring, safe and professional Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GUIDELINES FOR A CLINICAL CHALLENGE CONTRACT

Introduction

The Clinical Challenge Contract has been prepared for use with students studying nursing, based on the NMBA Registered Nurse Standards for Practice (2016). When the clinical educator becomes aware that there is a problem with an individual student, the clinical educator must contact the clinical coordinator in the School of Nursing, Midwifery and Healthcare. Ideally this should occur by the end of the student’s first week of placement or as soon as an issue has been identified. A Clinical Challenge Contract is to be implemented after consultation with the University clinical coordinator and after all steps of the “Clinical Placement Flowchart” have been followed (see page 33 of Clinical Placement Guidelines document).

A Clinical Challenge Contract should be viewed by students as an opportunity for additional learning. They are not personal, nor is it harassment or bullying. Once a contract has been completed, the contract ceases to play a part in future clinical placements. However, it must be understood that a new Clinical Challenge Contract can be initiated should concerns again be raised about the professional conduct or clinical performance of the student, in the same or future placements.

Contacts

The clinical coordinator for each campus of Federation University is listed below:

<table>
<thead>
<tr>
<th>BALLARAT CAMPUS</th>
<th>GIPPSLAND CAMPUS</th>
<th>BERWICK CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alicia Perkins</td>
<td>Louise Allen</td>
<td>Rebecca Powell</td>
</tr>
<tr>
<td>(03) 5362 2631 (Office Hours)</td>
<td>(03) 5122 8272 (Office Hours)</td>
<td>(03) 4313 7919 (Office Hours)</td>
</tr>
<tr>
<td>0428 172 866 (All Hours)</td>
<td>0408 333 197 (All Hours)</td>
<td>0436 350 209</td>
</tr>
<tr>
<td><a href="mailto:a.perkins@federation.edu.au">a.perkins@federation.edu.au</a></td>
<td><a href="mailto:l.allen@federation.edu.au">l.allen@federation.edu.au</a></td>
<td><a href="mailto:r.powell@federation.edu.au">r.powell@federation.edu.au</a></td>
</tr>
</tbody>
</table>

Setting Learning Objectives

The following guidelines are designed to direct the clinical educator and student through the process of setting learning objectives for the educational management of students who may be unsafe, not meeting their clinical objectives, or who in some way are at risk of failing their clinical placement experience.

After consultation with the clinical coordinator, the clinical educator must then discuss their documented concerns with the student in a confidential meeting. A Clinical Challenge Contract will then be devised with the student and will be completed within a specified and reasonable time frame.

Examples of clinical challenge objectives are presented on the next page.
<table>
<thead>
<tr>
<th>Issue identified</th>
<th>Learning objectives</th>
<th>Strategies implemented to assist in meeting learning objectives</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to demonstrate safe medication knowledge and correct procedure for administration of medication.</td>
<td>Student will be able to demonstrate 6 rights of medication administration for all his patients and discuss common medications found in this ward, including class, action and nursing considerations in administration of these medications on each shift for three days.</td>
<td>Student will be encouraged to inform educator of the 6 rights of medication administration prior to undertaking the medication round for the patient. Student encouraged to review allocated patients drug charts on commencement of shift and clarify if unsure of any medications.</td>
<td>Student successfully demonstrated safety in administration of medications and referred to the MIMS when unsure of a particular medication.</td>
</tr>
<tr>
<td>Student unable to perform basic accurate respiratory assessment on allocated patient</td>
<td>Student will be able to conduct a respiratory assessment in a systematic manner, demonstrating rationales for each step and discussing and documenting findings once each shift for one week.</td>
<td>Student will be referred to lecture notes for performing a respiratory assessment.</td>
<td>Student was unable to demonstrate a comprehensive respiratory assessment and required regular prompting to complete task.</td>
</tr>
<tr>
<td>Despite being a second year, second semester student, unable to take on the care of two patients without excessive prompting</td>
<td>Student will undertake care for two allocated patients for the duration of their next shift under the supervision of an RN.</td>
<td>Student encouraged to complete shift planner for the allocated patients. Student encouraged to seek assistance from RN when required. Student encouraged to discuss care with the RN.</td>
<td>Student showed an improvement in ability to prioritise patient care with the use of the shift planner. Student sought assistance from the RN to ensure timely delivery of care. Student required minimal prompting to complete care.</td>
</tr>
<tr>
<td>Inability to build therapeutic relationships with patients due to poor communication skills.</td>
<td>Student to communicate effectively with patients and provide explanations to patients regarding their care for the next two shifts. Student will initiate conversations with all patients and any of their visitors for the next two shifts.</td>
<td>Student encouraged to speak in a louder voice and pronounce words clearly. Student encouraged to introduce herself to patient and make small talk to build rapport.</td>
<td>Student showed no improvement in this area and continues to avoid communicating with patients, and does not introduce herself to patients in her care.</td>
</tr>
</tbody>
</table>
CLINICAL PLACEMENT FLOWCHART FOR STUDENTS WHO ARE IDENTIFIED AS UNFIT OR UNSAFE

Unsafe practice/misconduct

Clinical educator identifies concerns to student

University clinical coordinator is informed of incident and recommendations are made to clinical educator. If applicable: Hospital Incident report is completed and a copy is forwarded to the University.

Depending on the incident: Is the student being removed from placement?

YES

Student withdrawn from clinical placement and referred to program coordinator to meet and discuss the behaviour of concern.

Discussion and outcome documented and recorded in student file.

Student receives a fail grade for clinical placement and case discussed with faculty to determine if student is given a supplementary placement.

NO

Unsatisfactory progress/practice

Clinical educator identifies concerns to student

Clinical educator discusses concerns with University clinical coordinator, with suggested strategies to assist student to meet learning objectives in a limited timeframe.

Did strategies implemented improve student's ability?

NO

Written report of situation sent to University clinical coordinator for filing in student record

YES

REFER TO CLINICAL CHALLENGE FLOWCHART AND COMMENCE CLINICAL CHALLENGE CONTRACT

Student continues with placement, with clinical educator completing a final clinical appraisal on completion of placement.
Student Role in the Clinical Challenge Contract Process

The student is required to sign and date the Clinical Challenge Contract prior to commencement and to demonstrate their understanding and agreement to the implementation of the contract with the clinical educator. The objectives of the contract are to be shared with the student’s preceptor if necessary. The student and educator are to keep a copy of the contract and a copy is also provided to the clinical coordinator. The student will then be allocated an appropriate patient load (dependent upon the acuity of the patients and year level of student) to achieve the objectives and learning deficits of the clinical challenge within a specified time frame.

During the Clinical Challenge, the student is expected to demonstrate knowledge of their patients, including relevant nursing interventions, clinical diagnosis, diagnostic procedures and pharmacology management. The student is expected to be able to interpret the significance of relevant pathology, vital signs and other tests and investigations relevant to their scope of practice and in doing so, relate theory to practice. The student is expected to demonstrate prioritisation of care and display management of their time throughout the challenge. At all times, the student is to be engaged and monitored during this process and every opportunity provided to the student to engage with any aspect of the agreed clinical challenge.

If the student continues to demonstrate inability to meet the specified learning objectives in the Clinical Challenge Contract, the clinical educator must notify the clinical coordinator ASAP for further discussion and action.
CLINICAL CHALLENGE CONTRACT

Details:

Student Name:

Student ID:

Health Agency:

Ward/Speciality:

Placement Dates:

Clinical Educator:

Timeframe for Challenge:

This Clinical Challenge Contract identifies:

- Learning objectives based on the NMBA Registered Nurse Standards for Practice (2016) criteria to be met within a specified time frame in order to PASS the clinical challenge.
- Strategies identified to support the student in achieving the objectives.
- Clear identification of whether objectives were achieved in the stipulated time frame.

I have read, understood and agree to the conditions of the Clinical Challenge Contract:

Student signature: ____________________________ Date: ______/_____/______
## Clinical Challenge Learning Objectives

*Add as many rows as required for each specific student*

<table>
<thead>
<tr>
<th>Issue identified</th>
<th>Learning objectives</th>
<th>Strategies implemented to assist in meeting learning objectives</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Outcome of Contract (To be Completed by Clinical Educator)

Outcome (please circle):  PASS  FAIL

Any Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Clinical Educator Signature: ___________________________  Date: ______/_____/_____

Student Signature: ___________________________  Date: ______/_____/_____  University Notified of Outcome

SCHOOL OF NURSING AND HEALTHCARE PROFESSIONS

INJURY NOTIFICATION PROCEDURE

Accidents and injuries to students occur from time to time. To protect the student and maximise workplace safety, certain steps are taken whenever an incident/injury occurs in a clinical workplace. These include injuries or events involving sharps (needlestick) and splashes with actual or potential contaminated body fluids, as well as physical injuries sustained whilst in the workplace. It is in the student's own interest to ensure that the following processes occur.

Immediate Processes:
The following in red (middle column) MUST occur within 24 hours of the injury/event occurring. Those that are responsible for the reporting are noted. The areas in green (third column) must occur within 5 days of the injury/event occurring:

<table>
<thead>
<tr>
<th>INJURY OR EVENT OCCURS ON PLACEMENT</th>
<th>Within 24 hours</th>
<th>Within 5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student to notify educator/supervisor and follow procedures of facilities, completing facility incident reports as necessary</td>
<td>Facility to provide all level of initial assessment and treatment as per protocols, and follow up as required whilst student is on placement</td>
<td></td>
</tr>
<tr>
<td>Student/facility to contact clinical coordinator 0428 172 866 (Ballarat/Horsham) 0408 333 197 (Gippsland)</td>
<td>Clinical coordinator to notify Program Coordinator</td>
<td></td>
</tr>
<tr>
<td>Student to complete university’s Injury Report form (page 1) and fax to 5327 9240, with &quot;In Confidence Attention Clinical Coordinator&quot; on a coversheet</td>
<td>Clinical coordinator to complete investigation on page 2 and return signed form to Risk, Health and Safety</td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT NOTE:

A printable PDF version of Federation University’s Injury Report form can be accessed via the following link (located in section 4: Incident and Emergency Management): http://federation.edu.au/staff/working-at-feduni/risk,-health-and-safety/forms-and-templates. However, for your convenience, page 1 (the section that must be filled out by the student involved in the event) is included in this appendix and is acceptable to be used in the case of injury or other event.

Follow up action:

Students should keep a copy of the facility's incident form and any other documentation raised as a result of the injury or event. Once placement is complete, the student should bring a copy to the clinical coordinator. Students are recommended to attend all follow up appointments and other procedures outlined by the treating facility.
Injury Report Form
Risk, Health and Safety

Send Page 1 to Risk, Health and Safety (ohs@federation.edu.au) within 1 working day of incident

<table>
<thead>
<tr>
<th>INJURED PERSON</th>
<th>(Injured person to complete page 1 if possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Given names:</td>
</tr>
<tr>
<td>Home address:</td>
<td>Postcode: Phone:</td>
</tr>
<tr>
<td>Status:</td>
<td>Staff ☐ Contractor ☐ Visitor ☐ Other ☐ Student ☐</td>
</tr>
<tr>
<td></td>
<td>(circle as applicable VCAL, VET, Higher Education)</td>
</tr>
</tbody>
</table>

School/Section, employer or organisation:  

<table>
<thead>
<tr>
<th>INCIDENT/EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of incident:</td>
</tr>
<tr>
<td>Location: On-campus ☐ Student excursion* ☐ Student work placement* ☐ Work-related travel* ☐ Other*</td>
</tr>
<tr>
<td>Incident reported to: Phone:</td>
</tr>
</tbody>
</table>

Witnesses:  

Describe what happened and how (attach additional page if required):

<table>
<thead>
<tr>
<th>INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location on body: LEFT/RIGHT</td>
</tr>
<tr>
<td>Nature of injury (e.g. burn, cut, sprain):</td>
</tr>
<tr>
<td>Treatment: ☐ None ☐ First aid ☐ Ambulance</td>
</tr>
<tr>
<td>☐ Doctor/hospital/medical centre ☐ Other (describe below)</td>
</tr>
</tbody>
</table>

Name of first aider/doctor/hospital/medical centre:  

<table>
<thead>
<tr>
<th>AUTHORISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of injured person (if they completed this form):</td>
</tr>
<tr>
<td>Name of person completing this form (if not injured person):</td>
</tr>
<tr>
<td>Relationship to injured person:</td>
</tr>
<tr>
<td>Reason injured person did not complete this form:</td>
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</tbody>
</table>

Signature: Date:  

This is not a WorkCover or insurance claim form. To make a WorkCover claim, contact the WorkCover Coordinator on 5227 9312. Students who wish to lodge an insurance claim should contact their School Business Manager.

Warning – Uncontrolled when printed: The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee
Document Owner: Manager – Risk, Health and Safety
Current Version: 25/11/2014
Page 1 of 2
Review Date: 11/11/2017
Send completed form to Risk, Health and Safety (ohs@federation.edu.au) within 5 working days of incident.

### INVESTIGATION
(School/Section management to complete page 2)

- **Supervisor / manager conducting investigation:**
  - Phone: 
  - Email: 

- **Other participants:**
  - Phone: 
  - Email: 
  - Date of investigation: 

- **Was injured person interviewed:**
  - YES [ ]
  - NO [ ]
  - (whenever possible, it is important to talk to the injured person)

<table>
<thead>
<tr>
<th>Main Contributing Factors</th>
<th>Corrective Actions</th>
<th>Person Responsible</th>
<th>Completion Date</th>
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<tbody>
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</table>

- **Comments:**
  - 
  - 
  - 
  - 
  - 

- **Signature of Dean / Director / Safety Officer:**
  - Date: 

- **Signature of Health & Safety Representative:**
  - Date: 

### OFFICE USE ONLY
*Federation University Australia acknowledges receiving notification of the injury as described above*

- **Received by:**
  - Date: 

- **Scanned to file:**
  - Copy sent to injured person

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**Privacy Statement:** The information on this form, which includes health information, is collected for the primary purpose of legal compliance. Another purpose of collection is to eliminate or minimise the risk of a recurrence of incidents. You have a right to access personal information that Federation University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at privacyofficer@federation.edu.au

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**Warning – Uncontrolled when printed! The current version of this document is kept on the University website.**

- **Authorised by:** University Health and Safety Policy Committee
- **Document Owner:** Manager – Risk, Health and Safety
- **Current Version:** 25/11/2014
- **Review Date:** 11/11/2017
Nursing and Midwifery Board of Australia Nursing Practice Decision Flowchart

START

Activity to achieve desired/beneficial client outcome

Scopes of practice
Does the activity relate to the current/contemporary scope of nursing practice?

Organisational capacity
Does the organisation have the capacity to carry out this activity?

Risk assessment
Does this activity involve an RN with less than 1 year of experience in this activity? Does the client’s health status require the RN to be supported by another RN?

Preparation & experience
Are you satisfied with your skills in carrying out this activity? Are you satisfied with your level of accountability in this activity?

Integration
Do you wish to incorporate this activity into your current nursing practice or does another RN with skills not QB

Lawful authority & professional consensus
Is the activity permitted by legislation? Supported by professional standards and endorsed?

Risk management
Have you assessed potential risks and developed strategies to minimise those risks? Do you understand your level of accountability?

Organisational support
Is there organisational policy to support this activity? Do other colleagues have been involved in the planning?

Appropriate person
Is it appropriate for this activity to be performed by another person? Is it best practice for this client in this context?

Beneficial outcomes
Are you satisfied that the outcome of managing this activity to non-RN will achieve the desired outcomes?

Organisational support
Is the RN acting in close consultation with another RN to support the delegation of this activity to non-RN?

Professional consensus
Does the delegation to non-RN support the professional standards of practice?

Assessment of competence
Does the RN have the necessary knowledge, experience and competence to safely perform this activity for this client? Has the competence been assessed by an RN?

Readiness to accept delegation & accountability
Is the person willing to accept the delegation? Is the person an RN in your organisation?

Supervision
Are you an RN, do you have the skills to provide supervision to the non-RN? Are you satisfied with the non-RN’s level of accountability in this activity?

Conditions of another person
Do you have any concern about another RN’s ability to perform this activity?

Delegated, supervise and evaluate outcomes
Do you supervise the performance of the activity and review the quality of the outcomes?