

# Prepare nurses for the future

Report – Phase 1

December 2005



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For the Department of Human Services

Published by Nurse Policy Branch, Victorian Government Department of Human Services, Melbourne Victoria

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Also published on: [www.health.vic.gov.au/nursing](http://www.health.vic.gov.au/nursing)

Authorised by the State Government of Victoria, 555 Collins Street, Melbourne.

Printed by: Snap Printing, 597 Little Collins St, Melbourne.

## Foreword

The climate of healthcare continues to change and it demands change in response. Nurses have a key role to play, not just in adapting to change but also in leading it. In being capable, active participants of change we will also ensure that the next generation of nurses are well equipped to deal with, and influence, the healthcare system of the future. In addition, we will seek to develop responses to emerging trends, policy changes and generational characteristics and preferences that may impact on health or education.

Nursing is under pressure from many directions. The average age of nurses is increasing and the supply of enough nurses with the right skills remains an issue. The expectations we have of our beginner practitioners are not always met and may not always be realistic and clinical placement for our students is in many instances, and for many reasons, problematic.

The Department of Human Services - Nurse Policy Branch held a forum with key stakeholders in December 2004 to discuss issues relevant to undergraduate clinical placement. Work commenced on recommendations put forward after this consultation, however, it became apparent that clinical placement was just one of many issues impacting on preparation of nurses and could not be addressed in isolation. In September 2005, the Nurse Policy Branch engaged a broad representation from the nursing profession to address the broader issues of 'preparation of undergraduate nurses' (division 1 and 2). The group included representatives from the higher education and VET sectors, health providers (including public, not-for-profit and community), unions, Nurses Board of Victoria and National Nursing and Nursing Education Taskforce.

This process enabled us to collectively reflect on nursing and bring together stakeholders with different perspectives to determine the key influences on nursing, its strengths and current capability and importantly, to develop a vision for the future. A number of issues were identified as contributing factors to current concerns expressed by education providers, health services, regulatory and industrial organisations. It became evident that to really make a difference and move forward, a united approach was required to initiate change. Additional work was undertaken and as a result, four recommendations for change to undergraduate preparation were proposed by the group to help achieve this vision.

Working groups have been established to undertake a feasibility study of each recommendation and they will be overseen by a steering group with representation from the Deans of Nursing, VET providers, Directors of Nursing (public rural and metro, not-for-profit and community), unions, Nurses Board of Victoria and Department of Human Services. Other expertise will be co-opted and consideration will be given to issues of national consistency.

This report is the product of a terrific team effort by a very diverse group. It is a demonstration of our commitment to continue to work together to support nursing into the future.



**Kim Sykes**  
Principal Nurse Advisor  
Director, Nurse Policy Branch



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## Executive summary

A myriad of factors currently influence the Victorian Health Care System. Changing community needs and expectations, coupled with increasing complexity of care and chronic illness will continue to impact on future health care delivery. Nurses and other health professionals are feeling the pressure and are looking to new ways to try and adapt within this constantly changing environment. Changing the way undergraduate nurses are prepared is one important step in helping the next generation of nurses meet the challenges they face in the workplace.

The Department of Human Services – Nurse Policy Branch held a forum with key stakeholders in December 2004 to discuss issues relevant to undergraduate clinical placement. It was acknowledged that this was one of many issues impacting on undergraduate preparation of nurses, and could not be addressed in isolation. In September 2005, the Nurse Policy Branch engaged a broad representation from the nursing profession to address the ‘preparation of undergraduate nurses’. The group included representatives from the higher education and VET sectors, health providers (including public, not-for-profit and community), unions, Nurses Board of Victoria and National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET).

This group debated the fundamental questions relating to the future of nursing. As a result, a shared vision for the future of nursing was created with four recommendations as to the changes that would need to be made to undergraduate preparation to help achieve this vision. These recommendations were:

1. Prepare undergraduate nurses to contribute to the reform of health care delivery and a sustainable Victorian health care service.
2. Increase use of simulation, and more appropriate and timely clinical placements, to increase clinical competence and undergraduate positions.
3. Make it easier for people to enter, progress and re-enter the profession.
4. Use a standardised assessment to confirm nurses’ readiness for registration.

While some evidence supporting the validity of the four recommendations has been collected, further investigation is required before the nursing profession can confidently proceed with implementation.

The Nurse Policy Branch is committed to maintaining the momentum created during this project and will continue to involve the broader nursing community in exploring each recommendation for potential implementation.

## Glossary of terms

<b>Registered Nurse</b>	Includes nurses registered in division 1 and 2
<b>Tertiary</b>	Includes higher education and Vocational Education and Training (VET)
<b>Student</b>	Relates to all students enrolled in accredited education courses leading to registration as a division 1 or 2 nurse
<b>Nurse/Nursing</b>	Generic term referring to all streams of nursing

## Abbreviations

<b>ACU</b>	Australian Catholic University
<b>ANF</b>	Australian Nursing Federation
<b>DHS</b>	Department of Human Services
<b>DON</b>	Director of Nursing
<b>HACSU</b>	Health and Community Services Union
<b>HSU</b>	Health Services Union
<b>N<sup>3</sup>ET</b>	National Nursing and Nursing Education Taskforce
<b>NBV</b>	Nurses Board of Victoria
<b>NEWAC</b>	Nurse Education and Workforce Advisory Committee
<b>RCNA</b>	Royal College of Nursing
<b>RMIT</b>	Royal Melbourne Institute of TAFE
<b>RTO</b>	Registered Training Organisation
<b>TAFE</b>	Technical and Further Education
<b>VET</b>	Vocational Education and Training
<b>VUT</b>	Victoria University of Technology

## Introduction

This is a particularly challenging time for health professionals. Major reforms, such as those indicated by the Australia's Health Workforce: Productivity Commission Position Paper and the Nelson Report - 'Our Universities: Backing Australia's Future', question many of the fundamentals underpinning health service delivery. To ensure nursing and nurse education remain relevant, the Department of Human Services, Nurse Policy Branch initiated a project to discuss the future role of nursing and inform the future education and preparation of nurses.

## Project outcomes

### 1. Key external influences on nursing

There are a number of external drivers that are directly influencing the nursing profession. These need to be taken into account as the profession plans its future.

#### Changing community

- There are significant demographic shifts, particularly with the ageing population. These and other trends are changing the composition of the workforce
- In general, community expectations are increasing, including those around work-life balance
- Infrastructure is failing to meet the demands of an increasing number of geographically isolated communities.

#### Policy and funding

- Complex and inadequate funding of health and education coupled with the demands of meeting regulatory requirements is placing pressure on both systems. This is exacerbated by the lack of collaboration between key stakeholders
- Health and education are undergoing major reforms at the national and state levels
- National and political influences are driving government policy.

#### Service Delivery

- Complexity of health care is increasing in response to the diversity of population needs
- Advances in technology, new knowledge and an emphasis on quality and safety are contributing to new models of care
- There is increasing pressure to change the scope/boundaries of clinical practice
- There is a shortage of health professionals to meet demand.

### 2. Current capability

#### Key strengths

Nursing has developed a number of strengths which will help to position it into the future.

Nurses are trusted by the community. They make up a multi-skilled, flexible workforce whose focus is patient-centred care. Of all the disciplines, nursing has the largest workforce within health and in most settings operates 24/7. The generalist nurse is often the core worker and is at the frontline of care.

As a self regulated profession, nursing has established clear guidelines and standards. Nurses are rising to the challenge of the complexities of the job; however there is wide recognition across the profession of the need for change.

#### Key weaknesses

At the same time, nursing will have to mitigate against its weaknesses.

Current workplace structures and culture are limiting. In many instances the nursing culture is conservative with a narrow scope of practice due to over-regulation, guidelines and standards. There is a propensity to undervalue the role of the generalist nurse and gender imbalances prevail. Some of this is attributed to nurses tendency to focus on delivery of care and not always see the bigger picture.

Despite its size, nursing is ineffective in influencing the political agenda and is often reactive. There is no agreement amongst the leadership groups and as a result nursing doesn't speak with one voice. This is reflected in the lack of status and professional confidence of nurses.

There is a growing leadership deficit in nursing management and research in the clinical area. Insufficient research and development makes it difficult to 'find' new knowledge and to support evidence-based practice. This is exacerbated by a lack of national consistency in regulation and education. Variation exists in the knowledge and skills of graduating nurses and in many instances there is a lack of congruence between education and the workplace needs.

### 3. A vision for nursing

Agreement was reached by key stakeholders on what success could, and should, look like for the nursing profession in the next 3-5 years.

#### Nurses are key drivers of health care reform

- Nursing speaks with 'one voice' with media credibility
- Nursing expertise is sought on significant health care issues
- Nursing, in conjunction with other health professionals and government bodies, is a key influencer of policy development and reform
- Nursing leads innovation and change across all health settings

#### Nursing is a desirable profession

- Nursing is an informed, engaged profession
- Nursing is a sustainable career choice
- Nursing attracts high achieving students as it is seen as an attractive and influential profession
- Work-life balance is valued and achieved
- National consistency in practice has increased cross-border opportunities for nursing

#### Nurses are always well prepared

- Research and evidence-based practice are acknowledged as integral to service delivery and innovation
- There is health sector-wide recognition of the relationship between the quality of nursing care and patient outcomes
- Nurses have access to affordable ongoing education
- Clear, integrated education pathways meet industry needs
- Graduates are prepared for current practice
- Graduates are supported to develop clinical skills and work-life adjustments

#### Nurses are keen to improve service delivery

- Nursing changes its scope of practice to remain innovative and current
- Shared clinical governance and collaborative relationships between nursing and other health professionals achieves high quality patient care
- Nurse practitioners with provider numbers will close the gap in service delivery

## 4. Recommendations

A number of major initiatives were identified as critical for nursing to make the changes necessary to move towards its vision. These include:

1. Prepare undergraduate nurses to contribute to the reform of health care delivery and a sustainable Victorian health care service.
2. Increase use of simulation and more appropriate and timely clinical placements to increase clinical competence and undergraduate positions.
3. Make it easier for people to enter, progress and re-enter the profession.
4. Use a standardised assessment to confirm nurses' readiness for registration.

## 5. Rationale for recommendations

### Recommendation 1

Prepare undergraduate nurses to contribute to the reform of health care delivery and a sustainable Victorian health care service.

### Rationale

Health promotion, prevention, early intervention and community understanding are critical for sustained health care delivery in Victoria. With an estimated 50% increase in demand on Victorian health services over the next 5 years, a change in approach is necessary. In addition, delivering new and effective multi-disciplinary models of care is required.

Progress on the above, and other reforms, has been difficult. In part, this is due to the continuing dominance of the treatment-oriented medical model as well as the distinctive traditions, regulations and practices that have shaped nursing. Starting with undergraduate education, nurses need to build their capability and confidence to lead change. This requires new ways of thinking and a different mix of knowledge and skills including the ability to gain stakeholder support throughout change initiatives, challenge ingrained practice and extend critical thinking beyond patient care to bring about reform. The use of decision-making and risk management frameworks will be required to change practices and understand primary health care models.

With over 2000 nurses graduating per year, each better equipped to influence reform, the next generation of nurses will have far greater capability to change health care delivery.

### Recommendation 2

Increase use of simulation and more appropriate and timely clinical placements to increase clinical competence and undergraduate positions.

### Rationale

The difficulty in accessing appropriate clinical placements is making it difficult to adequately prepare undergraduate nurses. The inability to provide timely and quality clinical placement experiences affects the link between theory and practice and the consolidation of learning.

A more effective use of simulated learning would reduce the demand on clinical placements and improve undergraduates' readiness to enter the workforce. Evidence demonstrates that simulations used during health care training have resulted in measurable improvement in clinical competence. These results have been mirrored in other medical and non-medical professions.

Coordinated use of existing infrastructure and investment in new infrastructure would ensure equity of access to simulation. This, combined with better use of existing clinical placements, would reduce the time and level of support needed for beginner level practitioners. In doing so, there could be a greater number of undergraduate student enrolments.

### Recommendation 3

Make it easier for people to enter, progress and re-enter the profession.

### Rationale

There are barriers to accessing, pursuing and completing undergraduate education. These range from mixed views amongst the community about the value of pursuing nursing as a career to confusion around how to gain entry/re-entry into nursing courses. In addition, there are substantial geographical and cost issues for both providers and students.

As a result, to make nursing more attractive and accessible, multiple pathways to registration as a nurse need to be offered. This requires strengthening cross sector linkages to simplify existing, and create new pathways. At the same time, direct entry into a nursing degree course must be maintained to enable the profession to attract high-achieving students. It is these students who are more likely to continue with post-graduate study and/or research, which are critical for the ongoing development and credibility of the profession.

A number of policy and legislative changes are in place that create an environment conducive to such changes. These include funding and policy reform in the tertiary education sector, legislative changes in 2003 that enable degrees to be offered through the VET sector and proposed national changes to the division 2 curriculum.

### Recommendation 4

Use a standardised assessment to confirm nurses' readiness for registration.

### Rationale

Some graduates on registration do not possess the necessary clinical competence required to enter the workforce. Health services feel in many instances graduate knowledge and skill levels are below industry expectations and graduates report feeling unprepared for the reality of practice. This places the patient, health service and nurse at risk. In addition, the cost to health services to support under-prepared graduates is unacceptable.

The introduction of a standardised assessment applied to all nurses seeking registration would support the achievement of an agreed standard. It would provide evidence that regardless of where undergraduates complete their education, they would be capable of delivering safe nursing care on registration.

A capstone subject, being an opportunity to consolidate undergraduate learning, would assist in the preparation for registration and professional practice.

## 6. Other suggested changes to undergraduate preparation

In addition to the four key recommendations that were agreed, a number of other principles were suggested to underpin the future preparation of nurses.

### What tertiary education courses should stop doing or do less of

It was agreed there was a need for a change in mindset in how courses are viewed by the profession. This would mean moving away from a prescriptive approach to course accreditation and understanding that attending to vocational requirements does not diminish the professional standing of a degree.

The current structure of courses, the long semester breaks, and short shifts where students don't experience handover, require change. In addition, course content could be strengthened by no longer offering non-health related electives and reducing the number of specialist units included in the course to meet the needs of lobby groups. Employing people to teach nursing courses who do not have the capacity to assist the student to apply the knowledge to nursing practice should be avoided.

Tertiary institutions should avoid channelling excessive resources into students who don't have what it takes and creating endless strategies to attract ever increasing numbers into nursing.

### What tertiary education courses should do more of

Tertiary institutions need to consider different clinical models and these should be offered to students through a range of teaching approaches and learning styles. Where possible, greater opportunities should be created for inter-professional education (joint learning and joint patient management). A better understanding of the broader community should be integrated throughout the course.

In order to better use clinical placements, undergraduates should spend more time in laboratories and participate in simulation activities. At the same time, clinical placements should be restructured to enhance learning and increase the breadth and/or length of clinical exposure. This could be better supported if there were more opportunities for clinical consolidation, paid employment and mentoring with advanced clinicians.

The curriculum needs to continue to develop so it is in line with changing/expanding scope of practice. To do this successfully, undergraduates will have to better understand a nurse's role within the broader health system, core organisational functions and case management responsibilities particularly when working with complex patients. This requires nurses to be better prepared to lead and manage in any health care setting.

The focus on core skills development must remain and ideally some type of capstone subject could be used to bring together learnings. This, combined with a more effective use of standardised assessment before registration and stronger performance management across all aspects of preparation will ensure the standard of nursing.

## Progressing recommendations

An integrated project plan will be established to guide subsequent steps. Already considerable work has been undertaken to collect evidence for each recommendation. However, to ensure all stakeholders have the confidence to support the recommendations, further evidence is required to consolidate the business case for each.

To maintain project momentum, a smaller reference group will meet on a regular basis. This group will continue to reality test each aspect of the project and ensure ongoing support from key stakeholder groups. This support will be critical for the recommendations to proceed to implementation.

In addition to the key stakeholders involved to date, a broader communication strategy will be executed to further engage the profession. As the project sponsor, DHS will be responsible for co-ordinating this and subsequent stages of the project.



## Appendix 1: Project outputs with supporting evidence

### Recommendations

#### Recommendation 1

Prepare undergraduate nurses to contribute to the reform of health care delivery and a sustainable Victorian health care service.

- **Health promotion, prevention, early intervention and community understanding are critical if health care demand is to be managed**
  - Prevention, early intervention and community understanding have been effective in reducing demand on the health system <sup>(75)</sup>
  - These initiatives are critical given the continuing increase in health care demand and costs...
    - Forecast separations <sup>(4)</sup>
      - 2005 1.97M
      - 2011 2.43M
  - ...the growing shortage of health care professionals, including nurses <sup>(1)</sup>
  - ...and the change in the nature of health conditions. <sup>(7)</sup>
    - There is a shift from episodic acute care to prevention, early intervention, and multidisciplinary management of chronic conditions in the community<sup>(7)</sup> (Based on 2016 projections)
    - Dementia will replace ischaemic heart disease as the most prevalent disease condition affecting females (it ranked fourth in 1996)
    - Type II diabetes will become the second most common condition affecting males (fifth in 1996)
    - Prostate cancer will become the third most prevalent condition affecting males (eighth in 1996) and lung cancer the fifth most common condition in females (eleventh in 1996).
- **In addition, delivering new and effective multi-disciplinary models of care is required**
  - Constant changes in health care delivery and technology requires preparation that creates a proactive and responsive workforce
  - Holistic care requires different levels of input from a multidisciplinary team, including nursing <sup>(7)(2)</sup>.
- **Progress on the above, and other reforms, has been difficult**
  - Health care, including nursing, is strongly influenced by the dominance of the treatment orientated medical model <sup>(2)(48)</sup>
  - This combined with ingrained practice and nursing's distinctive traditions, regulations and practices makes it difficult to bring about change <sup>(7)(52)(53)</sup>
    - An existing workforce has processes that reinforce or preserve barriers <sup>(53)</sup>
    - Mistrust and fear among staff can be a barrier <sup>(52)</sup>
  - Ongoing support and participation from key stakeholders is vital for the success of new initiatives <sup>(51)(52)(53)(58)</sup>
    - Victorian Nurses Back Injury Prevention Project
    - Division 2 Extended Scope of Practice.

- **Enhancing the capacity of undergraduate nurses to support reforms will better prepare them to participate in these changes**
  - For nurses to be able to contribute to reform they require the abilities to:
    - Gain stakeholder support throughout change initiatives
    - Have a confidence to challenge ingrained practice
    - Have the ability to extend critical thinking beyond patient care to establish reform
    - Use a decision-making framework to change practices
    - Understand primary health care models
  - An increased emphasis on this content throughout undergraduate preparation will assist in the longevity and future support of leadership and reform <sup>(49) (50) (57)</sup>.
- **In so doing, the next generation of nurses will have greater capability to influence and change health care delivery**
  - There are a large number of students studying nursing
    - Bachelor of Nursing <sup>(74)</sup>
      - 1313 students graduated in Victoria in 2003
      - 5320 undergraduate students studying in Victoria in 2004 including 1st, 2nd & 3rd year
    - Certificate IV (Nursing)
      - Approximately 1000 completed in 2004
  - The total number of nurse graduates is significantly greater than other health professionals
  - These new graduates enter the workforce in a broad range of settings <sup>(2) (35)</sup>
  - With nurses better equipped to influence reform they will have an ability to impact the majority of Victorian health care settings <sup>(2) (35) (57)</sup>.

### Recommendation 2

Increase use of simulation and more appropriate and timely clinical placements to increase clinical competence and undergraduate positions.

- **The difficulty in accessing appropriate clinical placements is making it challenging to adequately prepare undergraduate nurses.**
  - New graduates are not adequately prepared for the realities of nursing <sup>(2) (8) (12) (14) (20) (12)</sup>
    - One study noted that in the area of medication administration 92% of division 1 graduate nurses felt they needed more knowledge of typical drugs used on acute care wards, 70% felt they needed more education on drug administration and 72% felt they needed help to interpret medication charts <sup>(59)</sup>
  - This is partly due to the difficulty of finding clinical placements of adequate number and quality <sup>(2) (12) (16) (20) (34)</sup>
    - In order to register, students must have completed an accredited course with a minimum of 40% of the course as clinical hours <sup>(16)</sup>

- Inability to guarantee clinical placements results in delay in graduation <sup>(17)</sup>, restricted enrolment numbers and potential litigation <sup>(A)</sup>
- Inability to provide timely and quality clinical placement affects the link between theory and practice and the consolidation phase <sup>(8)</sup>
  - Theory needs to be integrated with practice to be meaningful <sup>(8) (9) (13) (2)</sup>
  - Lack of quality and timely clinical placements results in increased anxiety, decreased confidence, decreased enforcement of knowledge base and reduced retention of learning <sup>(12)</sup> which leads to decreased reasoning and increased error rates <sup>(14)</sup>
  - Retention of learning requires timely and regular practice and guidance <sup>(60) (61) (62)</sup>.
- **A more effective use of simulated learning would reduce the demand on clinical placements and improve work-readiness**
  - Clinical placements are opportunistic and expensive and as a result student experience varies in:
    - Quality and quantity of clinical material to which they are exposed <sup>(8) (16) (18)</sup>
    - Level of socialisation <sup>(14)</sup>
    - Extent of skill consolidation <sup>(19)</sup>
    - Level of support and guidance <sup>(19)</sup>
  - Simulated learning allows educators to control the timing and complexity of the learning environment and is a viable alternative <sup>(8) (10)</sup>
    - Simulation based training uses a range of resources from simple anatomical models, manikins and role plays through to high fidelity simulators <sup>(8) (21)</sup>
  - The use of simulations in health care training has resulted in a measurable improvement in clinical competence and confidence prior to the clinical setting <sup>(2) (8)</sup>
  - This experience is consistent with other professions (medical and non-medical) <sup>(8)</sup>.
- **Coordinated use of existing infrastructure and investment in new infrastructure would ensure equity of access to simulation**
  - All education providers have access to low fidelity simulation settings <sup>(A)</sup>
  - However, access to hi-tech simulation facilities is limited to some education providers <sup>(A)</sup>
  - Given many of the existing hi-tech facilities are under-utilised, improved partnerships between nursing and other health disciplines, and between tertiary institutions and health service providers, could go part way to improving access <sup>(8)</sup>
  - Even with improved utilisation of existing facilities, it is likely further investment will be required to establish comprehensive simulation opportunities for all Victorian nursing students <sup>(2) (8)</sup>
    - MedSim high-fidelity anaesthesia simulator - \$250,000 <sup>(73)</sup>
    - Laerdel SimMan medium fidelity cardiorespiratory simulator - \$85,000 <sup>(73)</sup>
    - Estimated equipment costs to establish a basic clinical skills lab \$70,000 with \$27,500 annually for consumables and replacement cost <sup>(8)</sup>
    - Laerdel Airway Management Trainer - \$27,000 <sup>(73)</sup>
    - Catheterisation Trainer - \$1,638 <sup>(8)</sup>
    - Laerdel Little Annie - \$1,250 <sup>(73)</sup>.

- **This, combined with a better use of existing clinical placements, could potentially enable a greater number of undergraduate enrolments**
  - The current use of clinical placements is inefficient <sup>(A)</sup>
  - No mechanism exists for matching need to available clinical placements <sup>(A)</sup>
  - Accessing clinical placements is further complicated as some educational institutions have preferred provider agreements with health services <sup>(A)</sup>
  - This effectively ‘locks out’ other education institutions and significantly impacts on their ability to find appropriate and timely placements <sup>(A)</sup>
  - By coordinating access to clinical placements across Victoria, the available capacity of health services would be better utilised <sup>(A)</sup>.
- **In addition, this would improve work readiness and change the type and level of support needed for entry level practitioners**
  - Whilst, the first 3-6 months post graduation is the ‘critical time’... <sup>(2) (14) (15) (59)</sup>
  - ...simulated learning could be used to address the shortfall in skill and confidence and may change the type and level of support required during the transition phase <sup>(8) (11)</sup>.

### Recommendation 3

Make it easier for people to enter, progress and re-enter the profession.

- **There are barriers to accessing, pursuing and completing undergraduate education**
  - Those choosing nursing face mixed views from the community about the value of pursuing nursing as a career <sup>(2) (56) (57)</sup>
  - There is confusion around the various methods of entry/re-entry with different entry requirements <sup>(36) (37) (38) (39) (40) (41) (42)</sup>
  - Requirements for entry/re-entry, for example recognition of prior learning and clinical accreditation issues, differ <sup>(36) (37) (38) (39) (40) (41) (42)</sup>
  - In addition there are substantial geographical and cost issues for the providers and students <sup>(34)</sup>
  - Regulatory (education sector and NBV) requirements inhibit responsiveness to individual student learning styles and capacity <sup>(A)</sup>
  - Commonwealth Government regulates the number of funded places <sup>(A)</sup>
  - Furthermore, several factors influence the students decision to ‘drop out’ of undergraduate education <sup>(34)</sup> including:
    - Unrealistic (TV sponsored expectations)
    - Academic and clinical workload
    - Inconsistent teaching both academic and clinical
    - Negative clinical placement and facilitator issues
    - Financial constraints
    - Child care issues and cost
    - Travelling challenges.

- **As a result, multiple pathways to registration as a nurse need to be offered and strengthened**
  - There is a diverse range of factors influencing why students choose nursing <sup>(47)</sup>
  - Generational expectations are changing <sup>(55)</sup>
  - There is a need to create opportunities that extend the pool from which nursing draws its students <sup>(A)</sup>
  - Something like a ‘skills escalator’ model of training (the UK experience) <sup>(68) (69) (70)</sup> creates an easier entry and exit system where:
    - There is a capacity to acknowledge skills that are acquired outside the formal academic framework
    - Provides a framework to build on previous learning
    - There is an opportunity for formalising continuous learning.
- **To support this cross sector linkages / articulation pathways are critical**
  - Cross sector linkages and pathways exist
    - In NSW, a cohort of year 11 students participated in the Certificate III, Community Services (Aged Care) and some have recently progressed to nurse registration <sup>(A)</sup>
  - However the opportunities to pursue different pathways are limited due to inconsistent and complex entry requirements <sup>(A)</sup>
  - This makes it difficult for people to understand the range of education options available <sup>(A)</sup>.
- **Maintaining direct entry into a nursing degree course enables the profession to attract high achieving students**
  - The university sector is vigorously competing for high achieving students <sup>(A)</sup>
  - Direct entry into a degree course ensures nursing is seen as an option for these students <sup>(A)</sup>
  - Attracting high achieving students is important for the profession as they are more likely to continue with post-graduate study/research <sup>(A)</sup>
  - Higher degrees/research outputs are critical for the ongoing development and credibility of the profession <sup>(A)</sup>.
- **Broader policy and legislative changes create an environment to address these needs**
  - Funding and policy reform is driving change in the tertiary education sector <sup>(65)</sup>
  - The legislative changes in 2003 enable degrees to be offered through the VET sector <sup>(66)</sup>
  - Changes to division 2 preparation will provide a new curriculum with potential for altered scope of practice <sup>(67)</sup>
  - The decision making framework is stimulating different ways of thinking about the nursing workforce and hence the preparation of nurses.

#### Recommendation 4

Use a standardised assessment to confirm nurses' readiness for registration.

- **Some graduates on registration do not possess the necessary clinical competence to be work ready**
  - Undergraduates report feeling sheltered as students and miss the opportunity to experience the realities of workload, responsibility and accountability <sup>(12) (14)</sup>
  - Lack of understanding of the reality of practice contributes to stress, increased dependence on others, fear, and anxiety when in the transition from student to practitioner <sup>(14)</sup>
  - Graduate knowledge and skill levels are below industry expectations <sup>(59)</sup>.
- **This places the nurse, patient and health service at risk**
  - Clinical reasoning – a pre-requisite for successful practice – is negatively influenced by self doubt and diminished self confidence <sup>(14) (43)</sup>
  - Critical thinking is reduced with high levels of anxiety <sup>(14) (44)</sup>
  - A large percentage of errors can be attributed to staff with less than 1 year's experience <sup>(45) (59)</sup>
    - Eg. Increases in medication error rates
  - Adverse events relating to graduate nurse practice are most frequent in the first 3 months <sup>(45) (59)</sup>.
- **The cost to health services to support under prepared graduates is unacceptable**
  - DHS provides funding to public hospitals participating in the Nurse Computer Match in recognition of the increased costs of supporting division 1 graduate nurses <sup>(76)</sup>
    - \$17 million in 2004-5
  - No funding is available for division 2 transition programs or to the private sector <sup>(A)</sup>
  - Supports in place include Graduate Nurse Coordinators, educators, preceptors, Clinical Support Nurses, Graduate Nurse Program Guidelines <sup>(15)</sup> and hospital web sites
  - Because of underperformance, health services place additional investment into their programs
    - E.g. additional medication competencies <sup>(A)</sup>
    - Supernumerary time/supervision requirements <sup>(A)</sup>
  - In addition, there is a range of indirect costs e.g. additional stress on other staff <sup>(A)</sup>.
- **A standardised assessment applied to all nurses seeking registration would support the achievement of an agreed standard**
  - All programs of nurse education strive to produce safe, effective entry level practitioners <sup>(25) (32)</sup>, however, there are different interpretations of 'entry level practitioner' and 'work readiness'
  - The aim of nursing regulation is to protect the public through safe nursing practice <sup>(25) (26)</sup>
  - Regulatory bodies accredit the curriculum and register the nurse to practice <sup>(26) (32) (33)</sup>
  - At registration NBV requires a declaration that the student is eligible to apply for registration <sup>(25) (26)</sup>

- Success in the assessment provides evidence that registration candidates from different education providers, with different experiences are able to deliver safe nursing care and operate as competent entry-level practitioners <sup>(27) (28)</sup>.
- **If associated with a capstone subject, it would consolidate undergraduate learning and facilitate work readiness**
  - A capstone subject integrates knowledge, concepts and skills associated with an entire sequence of study <sup>(27) (28) (31)</sup>
  - It requires demonstration of cognitive, affective and psychomotor learning <sup>(28)</sup>
  - It provides experience in the analysis, team building and problem solving that is expected of graduates in the professional workplace <sup>(27) (28)</sup>
  - It provides a final integrated experience for students and will aid in preparation for registration and professional practice <sup>(28) (31)</sup>.

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## Appendix 2: Process to ensure ownership and relevance of future recommendations

### Process to ensure ownership and relevance of future recommendations

A series of workshops were conducted to answer the high-level strategic question of what needed to change in order to better prepare nurses for the future.

#### Fact pack

To assist participants prepare for the workshops, DHS provided links to a number of documents that have information regarding some of the issues and points of view potentially impacting on nursing and health care. The fact pack included:

The Health Workforce Productivity Commission Issues Paper  
May 2005 <http://www.pc.gov.au/study/healthworkforce/issuespaper/healthworkforce.pdf>

Productivity Commission Study into the Health Workforce  
Victorian Government Submission  
July 2005

Click on the link entitled 'Productivity Commission Study into the Health Workforce' found at [www.dhs.vic.gov.au/pdpd/workforce/studies](http://www.dhs.vic.gov.au/pdpd/workforce/studies)

Nurses in Victoria: A Supply & Demand Analysis  
June 2004

Click on the link entitled 'Nurses in Victoria - A supply and demand analysis' found at [www.dhs.vic.gov.au/pdpd/workforce/studies](http://www.dhs.vic.gov.au/pdpd/workforce/studies)

Nelson report: Our Universities - Backing Australia's Future  
May 2003  
[http://www.backingaustraliasfuture.gov.au/policy\\_paper/policy\\_paper.pdf](http://www.backingaustraliasfuture.gov.au/policy_paper/policy_paper.pdf)

#### Workshop 1 – Develop the framework

##### 6 September 2005

Representatives from the various stakeholder groups associated with nursing in Victoria were invited to attend a one day workshop. Fifty-seven people attended the workshop.

The principle objective of this workshop was to agree a definition of success for nursing in the next 3-5 years. To equip participants for this task, time was spent exploring and developing a shared understanding of:

- The key external influences on nursing
- The profession's capability to respond to those influences; and
- The demands key stakeholders have of the Victorian health system.

#### Workshop 2 – Develop options for nursing education

##### 8 September 2005

The definition of success provided the context for a smaller group of the workshop participants (12) to identify and develop a number of strategic options for addressing the mismatch between supply and demand and to design models for the preparation of nurses.

## Collect evidence

Following the second workshop, the outputs of the two workshops were collated. This information was analysed and from this, four strategic options/recommendations were identified. Each strategic option/recommendation represented a direction nursing could pursue in order to move closer to its definition of success. A framework was then established for gathering the evidence required to support or refute the logic underpinning each strategic option/recommendation.

### Workshop 3 – Develop recommendations for nursing education

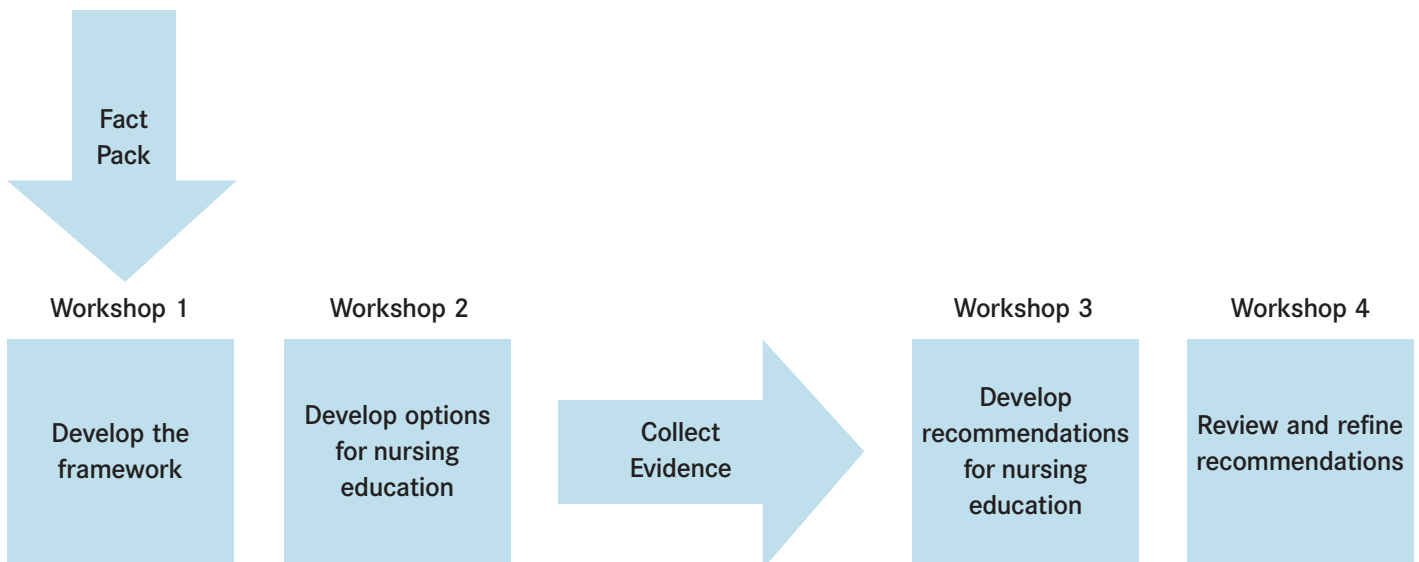
20 October 2005

The framework was presented back to the smaller group to test the validity of the argument for each recommendation. This session helped to identify gaps in the logic of inquiry and/or evidence collection process as well as sources for further evidence.

### Workshop 4 – Review and refine recommendations

28 October 2005

Each recommendation was presented to the broader group of stakeholders for evaluation, with a number of suggested changes. At the conclusion there was agreement that these were the key recommendations and with further refinement, should be adopted.



## Workshop Attendees

Surname	First Name	Organisation	Sector
Barrett	Ms Margaret	HSU	Industrial
Beadle	Ms Bronwyn	Maryborough District Health Service	Rural Health
Best	A/Prof Hanalore	Ballarat University	Higher Ed
Bethune	Ms Elizabeth	Deakin University	Higher Ed
Brown	Ms Vera	VUT	Higher Ed
Brownrigg	Ms Jan	ANF	Industrial
Bryce	Ms Julianne	Nurses Board of Victoria	Regulator
Campbell	Dr Michelle	ACU	Higher Ed
Carroll	Ms Bobbie	Royal Women's Hospital	Metro DONs
Carver	Mr Peter	Service & Workforce Planning - DHS	DHS
Clarke	Ms Anna	St. Vincent's & Mercy Private	Not for Profit
Clutterbuck	Ms Jill	ANF	Industrial
Coleman	Ms Sally	Nurse Policy Branch - DHS	DHS
Croke	Ms Liz	Mental Health Branch - DHS	DHS
Cross	Prof Wendy	Southern Health	NEWAC
Cuddihy	Ms Lucy	Barwon Health	Metro DONs
Donovan	Ms Sharon	Bayside Health	Metro DONs
Duke	Prof Maxine	Deakin University	Higher Ed
Edgecombe	Prof Gaye	RMIT	Higher Ed
Fraser-Adams	Ms Miranda	Nurse Policy Branch - DHS	DHS
French	Ms Jill	Monash University	Higher Ed
Gervasoni	Ms Debbie	Beaufort & Skipton Health Service	Small Rural Health Service
Gifford	Ms Leigh	Nathalia District Hospital	Small Rural Health Service
Gleeson	Ms Marcia	ANF	Industrial
Grigg	Dr Margaret	Mental Health Branch - DHS	DHS
Hague	Ms Ann	Colac Area Health	Rural Health
Heather	Ms Mandy	Bundoora Extended Care Northern Health	Sub-acute DONs
Kanitsaki	Prof Olga	RMIT University	Higher Ed
Koch	Dr Susan	RCNA - Vic Chapter	Professional
Koutoukidis	Ms Gabrielle	Nurses Board of Victoria	Regulator

■ Reference group members to November 2005

<b>Surname</b>	<b>First Name</b>	<b>Organisation</b>	<b>Sector</b>
Loader	Ms Janine	St. Vincent's & Mercy Private	Not for Profit
Maddock	Ms Heather	Wodonga Regional Health Service	Rural Health
McCann	A/Prof Terence	VUT: Metro RTO	Higher Ed
McGuillion	Mr Tony	Cabrini Healthcare	Not for Profit
McGuinness	Mr Bill	Latrobe University	Higher Ed
McIntyre	Ms Meredith	Monash University	Higher Ed
McLennan	Ms Jenifer	GippsTAFE	VET
McMilan	Ms Heather	HACSU	Industrial
Nankervis	Ms Katrina	Nurse Policy Branch – DHS	DHS
Nay	Prof Rhonda	Latrobe University	Higher Ed
Nelson	Prof Sioban	University of Melbourne	Higher Ed
Newsome	Ms Penny	Eastern Health	Metro DONs
Nightingale	Ms Karen	University of Melbourne	Higher Ed
Philpott	Ms Sue	VUT: Metro RTO	VET
Rathgeber	Mr Danny	Melbourne Health	Metro DONs
Saba	Ms Melanie	Nurses Board of Victoria	Regulator
Smith	Mr Mark	RDNS	Community
Smith	Dr Janine	Ballarat University	Higher Ed
Statz	Ms Erin	N3ET	National
Sykes	Ms Kim	Nurse Policy Branch – DHS	DHS
Thomas	Mr Stephen	Nurse Policy Branch – DHS	DHS
Thornton	Ms Sue	Mildura Base Hospital	Rural Health
Thorpe	Ms Margaret	Southport Community Nursing Home	NEWAC
Vintiadis	Ms Ann	ANF: Not for Profit RTO	VET
Webster	Ms Geraldine	Ballarat Health Service	Rural Health
Welch	Dr Anthony	RMIT	Higher Ed
Wellard	Prof Sally	Ballarat University	Higher Ed
Wilson	Ms Robyn	Care Training Australia: Private for Profit	VET
Wood	Ms Wendy	Peter MacCallum Cancer Institute	Metro DONs

