

Prepare Nurses for the Future
Submission to Extend Undergraduate Nurse
Clinical Placements: Work Group 2

Final Report

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Paid Employment Undergraduate Nurse Clinical Placement
Project 2006-2007

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1. Executive Summary

In order to improve workforce supply and ensure a sustainable health system, the 2005-06 Victorian State budget allocated funding over four years to support Victorian health services to meet forecast growth in undergraduate clinical placements.

The *Prepare Nurses for the Future (PNFF)* Project explored nursing-specific education and training issues and proposed the development of a mechanism to streamline coordination and allocation of clinical placements. In order to explore potential strategies that could increase overall undergraduate clinical training capacity into the future, Peter Mac undertook a Paid Employment Undergraduate Nurse Clinical Placement model, as a 12-month initiative, to be conducted in conjunction with Australian Catholic University (ACU), School of Nursing.

Four ACU students participated as paid employees of Peter Mac over 17 Fridays in Semester 2, 2006 and Semester 1, 2007 while simultaneously completing normal clinical placement requirements and assessments. Student employment is recognized under the Nurses Award. On completion of the project students were eligible for application of credit for 136 hours clinical placement.

Eight students were recommended by the University on the basis of academic standard, clinical placement reports and demonstrated motivation and enthusiasm, and four were selected by Peter Mac.

Evaluation of the project was conducted using predominantly pre and post placement surveys for both students and staff inclusive of Nurse Managers (NUM), Practice Development Nurses (PDN), and Ward nurses. In addition, following placement completion, a phone interview was conducted with the ACU Clinical Coordinator. Debriefing sessions, and general discussions with participants, also elicited useful information.

All students and 30 staff underwent preparatory or update programs or meetings.

The 4 student nurses completed all clinical placements requirements. Each student worked with a member of the allocated ward nursing staff identified as a buddy, and was supervised by the Practice Development Nurse or delegate. The project was managed by the Department of Nursing Education.

Three students (75%) completed the post-placement survey in 2006 and at program completion in 2007. Results were similar and both surveys indicated that students' expectations were met. Students were invited to identify how this project placement differed from the usual experience. At program completion two of the three students identified the main differences as: feeling more a part of the team, and being paid and working one day/week. Additionally at least one student identified a difference related to emphasis on gaining clinical experience through this placement. From a list of six skills, all three respondents (75%) agreed or strongly agreed that the project placement had assisted their development. The most significant learning experience identified by the students (n=3) was their development of specific clinical skills, while 2 students identified either engaging in or observing the communication between nurses and patients as important. One student stated that it was hard to choose (only) one learning experience.

The students (n=3) identified the buddy as providing the most appropriate level of support. All respondents (n=3) agreed that staff actively made them feel a part of the team. The 3 students believed that this model benefited the nursing staff or the organization because students could be useful, help out with routine work or be an extra number. However in discussions, staff did not support this view and believed the buddy role to be at times demanding particularly when students were assigned to higher acuity patients undergoing complex treatments. All students agreed that participation in the project significantly prepared them for future practice citing multiple examples of improvement related to technical/clinical skills and knowledge. While two students felt they had 'real work' experience, at least one identified that they had gained independence in practice, experienced being part of the team and "not just the student", and had felt less stressed about the need to look for work.

On program completion 21 of 29 disseminated staff surveys were returned (72%). Using the Student Skill List provided by ACU and incorporated into the evaluation, staff identified 143 occasions of supervision of the students performing a listed skill. In 82% (n=117) of the supervisions, staff considered that students were prepared, needing none or minimal additional training. Further, on 123 occasions staff rated students performing a skill as satisfactory, neutral or unsatisfactory. 89% (n=109) of these performances were deemed satisfactory, 10% deemed neutral (n=12) and only 1% (n=2) deemed unsatisfactory.

No issues or concerns were identified by 38% (n= 8) of staff, while another 33% (n=7) did not respond. Six staff (29%) did identify problems or concerns related to difficulties in providing students with continuity of patients and buddies. Thirteen staff (62%) identified the usual block as the preferred clinical placement model compared to the project model.

All staff (n=21) responded with comments regarding the benefits of the undergraduate employee and these were grouped into themes such as facilitating staff reflection/learning. Five staff (24%) preferred the pilot for reasons such as paid students appeared to have a more positive attitude or made a greater effort.

Ten staff (48%) indicated that their experience of this model did not differ from the usual block placement for students. Of this group three staff (14%) identified no real difference because student needs remained the same, the exception being that ward staff identified the student as part of the team. In contrast eight staff (38%) did feel there was a difference between the models. The most common difference cited by 5 staff (24%) was the failure of the one day/week project model to facilitate continuity in learning and communication with buddies.

The 4 students were allocated 22 buddies in the 8 days of the 2007 placement. Part timers averaged 73% in 2007 and 62% in the 2006 placement.

It is recommended that the future variations in undergraduate clinical placements consist of no less than two consecutive days/week. In the conduct of this project considerable funded and unfunded resources were utilised. Any increase in student clinical placements would require ongoing funding.

2. Background

The Peter Mac Nursing Service is responsive to the number and types of undergraduate clinical placement requests received from an average of 8 University campuses. Student clinical placement requests are in line with the University calendar for Semesters 1 and 2, including semester breaks (i.e. 30 of 52 weeks per year). Overall the type of placement requested is based on University curriculum requirements and/or students' chosen electives, and generally includes acute medical-surgical experience, palliative care, complex long-term care and community care.

Students of less than 8 in number per placement are commonly supported within existing hospital resources, while students of 8 or above are accompanied by a Clinical Nurse Educator provided by the University. University requests for medical-surgical experience and complex long-term care placements average 4 to 8 students per placement, however occasionally the number of placements is unspecified. The average number accepted is 4 which reflect the number of clinical ward areas which have historically met student placement requirements for acute medical-surgical experience. Students usually undertake a 1-6 week placement per semester of 5 days per week however since 2006 some block placements have extended to 7 weeks.

One of the major criticisms of current undergraduate nursing education programs in our experience is that graduates of such programs begin employment as Registered Nurses with the need for further socialisation to the industry and exposure to the realities of full time work. Local experience during the graduate nurse program selection process indicated that a significant number of undergraduate students undertake some employment during their Bachelor studies to support themselves (personal communication Michelle Rutherford, Coordinator, Graduate Nurse Program; 10th February, 2006). Therefore it is proposed that a limited-employment opportunity exists within the Health Care Sector, one that would be attractive to students, maintain student-free weekends, and assist in improving the 'work-ready' status of the students in terms of knowledge and confidence of patient care issues and working in a team.

In response to the Department of Human Services *Prepare Nurses for the Future Report –Phase 1 (December 2005)*, a project was proposed that aligns with initiatives identified as critical to nursing in meeting its vision i.e. Recommendation No 2 regarding more appropriate and timely clinical placements to increase clinical competence and undergraduate positions. This Project which involved restructuring of clinical experience to include a 4:1 university: employment model also aligned with the suggestion that tertiary institutions consider different clinical models.

Peter Mac has provided student clinical experience for students from the Australian Catholic University, St. Patrick Campus, Melbourne for several years and many Peter Mac graduate nurses are derived from this program. Prior relationships between institutions and current close proximity in geographical location would facilitate partnership in development of a pilot program of an undergraduate student employment model. Nursing Executive considered the potential of second/third year nurses in paid employment at student nurse wage.

Dr Michelle Campbell, Head of School, Australian Catholic University (ACU) School of Nursing, Melbourne, in preliminary discussions, recommended the concept of student employment within the Health Care System in a 4:1 model providing the employment meets University requirements for clinical experience and student supervision by a clinical educator or equivalent is guaranteed. Students who complete employment at Peter Mac would be eligible to apply for credit for clinical practicum hours. Following review of curriculum requirements and availability of students in 2006 and 2007, consensus was reached for a pilot project involving ACU and Peter Mac for the employment of four (4) students over two semesters in 2006/7. Student employment is recognized under the Nurses Award. On completion of each semester, students were eligible for application of credit for 72 hours clinical placement in 2006 and 72 hours in 2007. The latter was altered to 64 hours at the beginning of the 2007 semester to meet

minimum requirements.

Four ACU students were selected to participate as paid employees of Peter Mac on 17 Fridays distributed across Semester 2, 2006 and Semester 1, 2007 while simultaneously completing normal clinical placement requirements and assessments. The Clinical Coordinator, ACU, requested a mixture of shifts where possible and also requested that Peter Mac Nursing Service consider additional employment of the participating students during the summer break where possible. It was proposed that students negotiate with Peter Mac regarding summer employment but not as part of the University requirements. However conversion of ward EFT to student employed EFT over a major holiday period was not supported by Nurse Managers at this time.

3. Project Aim

To provide a strategy to extend undergraduate nurse clinical placements

4. Project Objectives

1. Development of relationship with a University through collaboration on an extended undergraduate clinical placement project
2. Demonstration of the viability of Undergraduate Nurse Clinical Placement Program that incorporates a 4 day University: 1 day/week paid work (Student wage) model in an acute setting for 17 weeks, meeting the clinical requirements for 2 subjects of the current undergraduate placement program.
3. Preparation, development and conduct and evaluation of the program
4. Preparation of a program report.

5. Methodology

The conduct of this clinical placement program included evaluation of key stakeholders including students, staff from the Peter Mac ward setting and the Clinical Coordinator, ACU. Predominantly pre and post placement surveys by both students and staff inclusive of Nurse Managers, Practice Development Nurses, and Ward nurses were used. In addition, following placement completion, a phone interview was conducted with the ACU Clinical Coordinator. Debriefing sessions, and general discussions with participants, also elicited valuable information.

Selection of Student Process

Eight (8) ACU second year students were invited by the University to apply for participation in the project. University recommendation was based on student academic standard, clinical placement reports and demonstrated motivation and enthusiasm.

Student Employee Position Description was made available (see appendix 1). Applications were forwarded to the Manager of the Peter Mac Education Centre. All applicants were interviewed by Peter Mac senior nursing staff and four were chosen.

Staff

Peter Mac nursing staff that were most likely to be involved directly with the project were provided with an Update Program (see appendix 2) including information on the DHS Prepare Nurses for the Future Project and rationale and Information Sheet (see appendix 3). Prior to the students commencing their placement, a pre-placement survey was administered to staff (see appendix 4). The four Ward Nurse Unit Managers distributed a total of fifty questionnaires to staff most likely to be rostered on Fridays with the student.

Completion and return of the survey indicated consent of the participants. The forms were collected by the Nurse Unit Manager and forwarded to the Project Manager.

A post placement questionnaire (see appendix 5) was disseminated to only those staff who had direct relationship with the students i.e. buddies as identified by the nursing roster, Nurse Managers and Practice Development Nurses.

Students

All four students were invited to an orientation day and given the student evaluation/pre placement questionnaire at the end of the day (see appendix 6). A post placement survey (see appendix 7) was distributed to the students on completion of Semester 2 placement, 2006. The survey was adjusted to gather more information for the final staff survey in 2007. Completion and return of the survey indicated consent of the participants.

University Staff

The University Coordinator participated in a phone interview.

Ethical Considerations

Participants provided with questionnaires were informed that participation was voluntary although forms invited them to self identify. Possible risks were minimal, as participants are able to refuse to answer any questions. As there were only 4 students, anonymity could not be guaranteed and this issue was discussed with students. All students agreed to participate. Students were advised that their employment would not be affected by participation in the project.

6. Findings

Students

The student orientation included employee mandated requirements so that the duration was 8 hours compared to standard 1.5 hours for a block placement.

Pre placement surveys completed by all 4 students indicated they were satisfied with the orientation program provided, and anticipated their knowledge and confidence would increase through the program. In addition they felt staff would be stimulated to role model good practice. Three students also predicted that ward staff would benefit from the placement because students could contribute as workers. The students also confirmed they were familiar with the allocated 'buddy' role.

The 4 student nurses completed all ACU clinical placements' requirements. Student attendance was 89% in 2006 and 100% in 2007. Where students were unable to attend they were allocated an additional shift. Each student worked with an allocated member of the ward nursing staff identified as the buddy, and was supervised by the Practice Development Nurse or delegate. In this work arrangement the student was allocated 2 patients of 6 patients assigned to the student/buddy team. Funding provided supernumerary support that enabled rearrangement of workload depending on the students' confidence, capability and the complexity of patient cases. During the 2006 placement, all four students spent at least one day in another area e.g. Operating Theatre. In 2007 students remained within their designated ward and took patients as assigned.

Three students (75%) completed the post-placement survey in 2006 and at program completion in 2007. Results were similar and both surveys indicated that students' expectations were met. Students were invited to identify how this project placement differed from the usual experience.

At program completion two of the three students identified the main differences as feeling more a part of the team or as working one day/week and being paid. One

respondent stated that without University Clinical Teacher involvement "it made (me) more accountable for (my) own learning". Another student highlighted as important, the positive impact of the Practice Development Nurse and Project Team's interest in tailoring the program to need e.g. one student accompanied the allocated buddy onto a night shift.

Additionally at least one student identified that this placement differed because in the ward there was a greater concentration on gaining clinical experience. Another indicated that they were being more responsive as "paid" person. In addition the 8-9 weeks/placement allowed time to become familiar with the environment and services.

From a list of six skills, all three respondents agreed or strongly agreed that the project placement had assisted development in Clinical skills, Communication, and Working in a team. In the areas of Time Management, Delegation and in Linking Theory to Practice, two students agreed or strongly agreed that the placements contributed to improving skills.

The most significant learning experience identified by the students (n=3) was their development of specific clinical skills, while 2 students also identified either engaging in or observing the communication between nurses and patients as important to their learning. One student stated that it was hard to choose (only) one learning experience.

All students (n=3) identified the buddy as providing the most appropriate level of support although at least one student also identified the PDN, ANUM, Project Manager and Graduate Nurse as acting in a supportive capacity. All respondents (n=3) agreed that staff actively made them feel a part of the team. The students (n=3) believed that this model would benefit nursing staff or the organization because students could be useful, or help out with routine work or be an extra number. Two students felt their fresh/happy face contributed positively, and one believed their presence increased the staff teaching role. At least one student identified that the project itself increased the hospital profile.

All students (n=3) agreed that participation in the project significantly prepared them for future practice citing multiple examples of improvement related to technical/clinical skills and knowledge. While two students felt they had 'real work' experience, at least one identified a gain of independence in practice, and being part of the team and "not just the student". Finally one student identified that there was less stress about looking for work and this contributed positively to their learning experience.

Staff

The Update Program was attended by 19 ward staff (7 Associate or Nurse Unit Managers (ANUM/NUMs) and 12 clinical staff) and 1 educator. Including attendance at meetings and updates, 30 staff participated in discussions regarding the project. Responsibility for student supervision rested with the practice Development Nurse (PDN) at the local level.

Fifty pre placement questionnaires were distributed to staff with a response rate of 66% (n=33). Results indicated staff satisfaction with the Update Program and highlighted that 73% (n=24) of staff had acted as a buddy or preceptor in the previous 12 months. In addition it was clear that staff understood the role expectations of the buddy such as offering support in the clinical environment, a role model responsible for facilitating student clinical involvement and movement towards independent level of safe practice understanding of hospital/ward systems and policies and procedures. Fourteen staff (42%) felt that through this placement model, students would be exposed to the reality of nursing, as well as increase their clinical knowledge, skills and critical thinking. In addition staff anticipated that their own participation would stimulate their reflection on practice issues, and promote role modelling. A further 9 staff (27%) felt that the project would create opportunity for recruitment. In addition 39% (n=13) believed the program would provide a recruitment opportunity for the organization. In discussions with the Project Team, staff expressed a positive attitude towards the pilot of this type of student clinical placement.

The first post-placement staff survey conducted in 2006 had an extremely poor response

rate. However on program completion 21 of 29 disseminated surveys were returned (72%). All respondents had engaged directly with students at ward level inclusive of Nurse Managers, Practice Development Nurses and buddies. Of the respondents, 71% (n=15) had more than 1 year's experience at Peter Mac.

Using the Student Skill List provided by ACU and incorporated into the evaluation, staff identified 143 occasions of supervision of the students performing a listed skill. On 82% (n=117) of the supervisions, staff considered that students were prepared, needing none or minimal additional training. Further, on 123 occasions staff rated students performing a skill as satisfactory, neutral or unsatisfactory. 89% (n=109) of these performances were deemed satisfactory, 10% deemed neutral (n=12) and only 1% (n=2) deemed unsatisfactory.

No issues or concerns were identified by 38% (n= 8) of staff, while another 33% (n=7) did not respond. Six staff (29%) did identify problems or concerns related to difficulties in providing students with continuity of patients, rostering with the same buddy, and limited student capacity for managing allocated patients due to their novice level or need for basic skills similar to Division 2 nurses. Despite being a paid employee it was felt that students required direct supervision almost constantly.

Thirteen staff (62%) identified the usual block as the preferred clinical placement model compared to the project model. Only 2 staff (10%) preferred the project model and one did not respond. However 24% (n=5) recognised that both models had advantages and disadvantages. The most commonly cited advantage to block placements, identified 15 times, and was related to the block placement's provision for continuity with patients, buddies, and clinical activities. Six comments alluded to student difficulty in retaining knowledge, rapport, and confidence when attending only one day/week. Other comments mentioned once, referred to student difficulty in readjusting to the ward setting when rostered one day per week.

In response to the comparison of paid and unpaid as options, staff answered similarly to the question about clinical placement models rather than the payment issue i.e. 52% (n=11) cited a preference for the unpaid student block model for the continuity it provided. Four respondents (19%) had no preference. No comments clarified the respondents' position on students being paid or unpaid.

All staff responded with comments regarding the benefits of the undergraduate employee and these were grouped into 6 themes. Nine (43%) staff identified that teaching students facilitates staff reflection/learning. Eight staff (38%) identified no difference in personal benefits whether the student was a paid employee or not, but 5 staff (24%) preferred the pilot for reasons such as paid students appeared to have a more positive attitude or made a greater effort. Four staff (19%) commented that the project led to a broadening of their awareness of undergraduate/graduate workforce issues and recruitment opportunities. Other comments made by 1 staff related to payment for student work, and another that the employee student was seen as a part of the work team.

Five themes were identified from comments made by 17 staff (81%) regarding ward/organisation benefits. Fifteen staff (72%) identified either familiarity with the work environment, the promotion of nursing, or recruitment potential as benefits. In addition four staff (19%) believed that paid students had a more positive attitude and were more accountable. Fourteen percent of respondents (n=3) commented that there was no benefit gained by the ward or organisation from this model. Three staff (14%) also indicated that funding support staff as part of the project better facilitated assistance or supervision of the students. Finally one staff viewed payment of the student as a way the organisation demonstrates that it values students. Four staff did not respond at all.

Ten staff (48%) indicated that their experience of this model did not differ from the usual block placement for students. Of this group three staff (14%) identified no real difference because student needs remained the same, the exception being that ward staff identified the student as part of the team. Three staff (14%) did not respond to this question. The remaining eight staff (38%) felt there was a difference between the models and their comments were grouped into five themes. The most common difference cited by 5 staff (24%) was the failure of the one day/week project model to facilitate continuity in

learning and communication with buddies. Three staff (14%) felt the student as employee still required high level on-the-job-training, prompting, and supervision in acute complex care areas and three staff also felt that assessments were easier under the block placement system. Again three staff believed that greater input at the local management level was required throughout this project (including reinforcement/negotiations regarding appropriate patient and buddy allocation especially when students had allocated patient responsibilities.) Finally one staff noted that the project model did not allow for a daily visitor from the University as the block system did.

Buddies

The 4 students were allocated 22 buddies in the 8 days of the 2007 placement. Sixteen (73%) were part time staff, ranging from 63% to 83% across the wards. More than half were also part time staff in 2006 (62%) with a range of 56% to 78% across the wards.

7. Discussion

From project commencement in mid 2006 the concept of employee student took time to embed into the practice setting with students seeking experience in other areas. The students' contribution as second year nurses in 2006 was seen by staff to be limited; consequently student reassignment to another area for one day was not seen as detrimental to their learning. In a debrief session students expressed concern at their lack of 'know how' in the early phase of their placement, compared to regular staff, and felt it was easy and safer to revert to supernumerary status. During the 2007 placement the work arrangements for patient assignment to students followed schedule although students again expressed an interest in visiting for a day in another area e.g. Home Care.

One student reported that technical skills improvement resulted from the strong emphasis and value it had at ward level.

During one group debrief session in 2007 the students discussed the PNFF project and their role in it. They indicated an interest in the bigger picture and their future. The students appeared confident of the value of their opinions. This provided opportunity to invite the students to speculate on their selection. All agreed that that they were high achievers with reasonably good academic results and clinical reports, but most significantly they identified themselves as *self reliant*. The students suggested that that this trait became important in this model as the University Clinical Teacher was not present daily to highlight their learning needs.

The students and project team explored methods of facilitating learning and agreed that the buddy predominantly focused the student learning experience around the assigned patient cases but when appropriate referred to the Skills List as well. Students indicated that the 2006 placement experience as a second year nurse was initially a little daunting. While rostered to a mix of shifts, late shifts predominated due to previous scheduling of other undergraduates and this proved to highlight the 'shift' reality of rostering requirements.

The Student Skill List provided by ACU was incorporated into the final evaluation. Of 143 occasions of supervision of a student, staff considered that on 82% (n=117) was prepared i.e. needing none or minimal additional training. Staff rated 123 of the student performances and hundred and nine (89%) of these performances were deemed satisfactory.

Students, both in discussion and in the post placement survey 2007, reported feeling no negativity from staff regarding their situation as a paid employee although two students admitted their initial fears.

Three students reported in the pre placement survey that their presence on the ward could "make the job easier" for the ward staff. This contrasted with two students statements regarding their initial sense of "being a fraud" i.e. taking money for work not done. The student survey several months later identified that all four students were more confident of their ability to contribute to the ward work using descriptions such as

“helped out”, “reduced the workload”, “minimised their patient load”, and “extra number”. In contrast six staff (29%) directly involved in buddying the students identified concerns related to the limited student capacity for managing allocated patients due to their novice level. Despite being a paid employee it was felt that students required direct supervision almost constantly. Such comments were reinforced by staff during a debriefing session where concerns about undergraduate placements in general were expressed. The main concern identified related to the ‘existing general assumption’ that students were well able to contribute to patient care when in reality they were an additional responsibility and the buddy was ultimately accountable for ‘student safe practice’ and ‘patient safety’.

The project model of paid student employed one day/week was seen by staff as somewhat problematic predominantly due to the lack of continuity it provided particularly with patients and buddies. This was in part influenced by the high rate of part time staff (overall 68% across the two placements) and the fixed Friday roster.

In the end of program survey thirteen staff (62%) identified the usual block as the preferred clinical placement model compared to the project model although four staff recognised that both models carried advantages and disadvantages. While surveys distributed to the students did not ask about a preferred model, the majority of their comments relating the project model were positive. However in conversation students did remark on the freedom and mobility associated with the supernumerary status of the usual block model. In addition students indicated that 2-3 consecutive days would better facilitate continuity and at least one confirmed this by requesting this change.

Overall staff expressed their commitment to student learning irrespective of the model used. However with current acuity of patients and complexity of treatments, staff also identified the need for dedicated support to organise and streamline student placements.

8. Limitations

A major limitation to this project involves the student recruitment process. University recommendation was based on student academic standard, clinical placement reports and demonstrated motivation and enthusiasm. Four of 8 recommended students were selected by Peter Mac.

The project involved a small sample of student participants so that the results are not generalisable although the experience for Peter Mac staff will serve to stimulate ongoing discussion and debate within the Nursing Service.

Anonymity could not be guaranteed with the small sample of students and staff and while this was discussed prior to survey distribution, the results may not be reliable.

Project funding facilitated additional support staff for the project however without reliability in staff numbers, mix and skill set the undergraduate placement experience may vary in quality. Resources for supervision are significant as this project is being conducted additional to previously scheduled undergraduate placements to the wards.

The impact of conversion of ward EFT from qualified Registered Nurse to Student is yet to be fully explored.

9. Conclusions

The project model of paid student employed one day/week was problematic predominantly due to the lack of continuity it provided particularly with patients and buddies. This was in part influenced by the high rate of part time staff and the fixed Friday roster. In the end of program survey thirteen staff (62%) identified the usual block as the preferred clinical placement model compared to the project model although a few recognised that both models carried advantages and disadvantages.

While surveys distributed to the students did not ask about a preferred model, the majority of their comments relating to the project model were positive. However in conversation students commented on the freedom associated with the supernumerary status of the usual block model. In addition students indicated that 2-3 consecutive days would better facilitate continuity and at least one confirmed this by requesting 2 consecutive days.

Facilitation of undergraduate clinical placements is critical to the future of nursing. While the results of this project are not generalisable, it is evident that students valued a well structured and supported clinical placement experience. At the same time staff articulated their commitment to student learning irrespective of the model used. However, with current acuity of patients and complexity of treatments, staff also identified the need for dedicated support for the organisation and streamlining of student placements. Despite student confidence in their capacity to 'ease the workload', staff in general do not view students as a pair of extra hands but as a responsibility in terms of their learning and in the need to ensure that together, patients are safely managed.

10. Appendices

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**Position Description****Business Unit: Nursing Services**

Job Title	Student Nurse
Grade/Classification	Student Nurse
Location	East Melbourne
Department	Nursing Services
Cost Centre	
Reporting To:	Direct: Nurse Unit Manager Indirect: Ward/Unit Associate Nurse Manager/ Practice Development Nurse
Main Purpose of Position	To provide high quality, individualized patient care under the supervision of a Division I Registered Nurse
Key Effectiveness Areas	<ul style="list-style-type: none"> • Management of the patient care continuum • Clinical Practice Education and Research • Professional Practice • Communication
No. of Direct Reports	
Decision Making Authority	This is a junior position with a moderate degree of autonomy.
Key Relationships	<p>Internal:</p> <p>Project Manager Associate Nurse Manager Practice Development Nurse Nurse Unit Manager, Wards, Operations Manager, Inpatient Services Short Course/Undergraduate Program Coordinator Nurse Manager, Department of Education Ambulatory and Inpatient staff</p> <p>External:</p> <p>University staff Community services such as RDNS Visiting Specialists</p>
Experience/Qualifications	<ul style="list-style-type: none"> • Undergraduate Nursing Student • Year II / III • Attending Australian Catholic University (ACU) • Meets ACU requirements for application • Attainment of appropriate competency level in prior clinical placements • Completion of manual handling training • Documented immunizations • Police check

Performance Objectives	Key Performance Indicators
<p>Management of the Patient care continuum</p> <ul style="list-style-type: none"> • Systematic assessment of the patient to identify health problems and develop individualized nursing plans of care • Review and revision of the plan of care in conjunction with the patient and health care team members • Systematic documentation of the patient's progress and plan for discharge, including referral to appropriate support services • Demonstrates critical thinking in assessment, intervention and evaluation of patient condition and plan of care • Provides safe and timely nursing interventions according to the plan of care under the supervision of a Division I Registered Nurse • Initiates referral to internal and external resources specific to patient requirements • Ensures patient confidentiality and advocacy 	<p>Management of the Patient care continuum</p> <ul style="list-style-type: none"> • Patient records demonstrate documented systematic assessment, plan of care and discharge plan • Supervising Division I Registered Nurse feedback demonstrates effective assessment skills and reflective practice • Communication with patient, family and team members demonstrates commitment to patient confidentiality and advocacy • Evidence of appropriate and timely referral to internal departments or external agencies as per individual patient requirements.
<p>Clinical Practice, Education and Research</p> <ul style="list-style-type: none"> • Systematically evaluates own practice and identifies areas of clinical practice and education that require improvement • Liaise directly with Practice Development Nurse to instigate professional education and training requirements • Participates in the evaluation of the program 	<p>Clinical Practice, Education and Research</p> <ul style="list-style-type: none"> • Records demonstrate 100% attendance at clinical program and orientation • Evaluation form completed pre and post placement per semester.
<p>Professional Practice</p> <ul style="list-style-type: none"> • Practices according to ANMC competency standards and organizational policy and procedures. • Demonstrates competency in emergency procedures, mandatory and ward/unit based competency requirements 	<p>Professional Practice</p> <ul style="list-style-type: none"> • Clinical appraisal demonstrates adherence to organizational and professional standards and procedures • 100% of mandatory competencies completed within specified time period following commencement
<p>Communication</p> <ul style="list-style-type: none"> • Demonstrates effective communication and conflict resolution skills with health care colleagues, patients and family members • Accesses and reads appropriate policies and procedures as directed 	<p>Communication</p> <ul style="list-style-type: none"> • Recognizes and responds appropriately to communication from patients, carers and team members • Responds promptly and appropriately to complaints or concerns • 100% of required policies read

Continuous Quality Improvement		
Infection Control Adheres to the principles of Infection Control in accordance with Peter Mac policies and procedures Occupational Health & Safety Takes all reasonable steps to ensure a safe environment. Understands emergency procedures and location of emergency equipment. Privacy Adheres to the Peter Mac privacy policy	<ul style="list-style-type: none"> Complies with Infection Control policies and procedures 100% of the time. Completes incident reports 100% of the time and responds appropriately to OH&S incidents. Capable of identifying emergency equipment in ward/unit Follows established procedures in regard to Occupational Health & Safety 	
Human Resource Management		
Human Resources Takes all reasonable steps to prevent bullying, discrimination and harassment in the workplace Performance Development & Review: Participates in and/or conducts annual performance development and review. Recruitment & Selection: Adheres to Peter Mac policy Performance Management Adheres to Peter Mac policy	<ul style="list-style-type: none"> Complies with Peter Mac policies to maintain a safe work place. Participates in interim and final clinical appraisal with Practice Development Nurse/Nurse Unit Manager during and on completion of placement. Follows established procedures Follows established procedure and guidelines 	
Proficiency Level	Criteria	
Independent	Practices in a safe, accurate, coordinated and effective manner with little need for guiding cues.	
Proficient	Practices in a safe, accurate, coordinated and effective manner with some need for guiding cues.	
Advanced Beginner	Practices in a safe, accurate and coordinated manner most of the time, with frequent cues required.	
Novice	Practices in a safe manner when continuous cues are given.	
Unsatisfactory	Unable to demonstrate safe practice, adequate knowledge base and/or appropriate professional behaviour.	
Values	Key Behaviours	Proficiency Level
Patients and their carers come first	Customer Service Orientation <ul style="list-style-type: none"> Provides a high standard of service and support to key stakeholders including patients and their families, internal and external customers Uses appropriate communication techniques to accurately determine needs of the customer Maintains positive, professional relationships Actively seeks feedback to better understand needs Follows up to ensure customer satisfaction 	Advanced Beginner
	Excellence <ul style="list-style-type: none"> Focused on delivering appropriate outcomes Sets appropriate goals/objectives that reflects high expectations for yourself and others Pushes yourself and others to achieve at high levels 	Advanced Beginner
	Communication <ul style="list-style-type: none"> Exchanges ideas by using suitable language Demonstrates a clear, concise, open manner appropriate for the audience Listens when others are communicating Uses approachable and open body language 	Advanced Beginner

Values	Key Behaviours	Proficiency Level
<p>We value our people and encourage teamwork through mutual respect and trust</p>	<p style="text-align: center;">Teamwork</p> <ul style="list-style-type: none"> • Contributes opinions, encourages others to contribute their opinions and builds on them • Involves others to achieve outcomes • Engages in collaborative practice with colleagues • Works to achieve common goals • Accepts responsibility for achieving shared goals 	<p style="text-align: center;">Advanced Beginner</p>
	<p style="text-align: center;">Establishes mutual respect and trust</p> <ul style="list-style-type: none"> • Communicates genuinely around topics of mutual interest • Builds trust through managing and delivering on expectations • Communicates to others that they are valued & important • Seeks to build rapport with people • Establishes contact regularly 	
<p>We strive for excellence supported by innovation, research and a learning culture</p>	<p style="text-align: center;">Excellence</p> <ul style="list-style-type: none"> • Focused on delivering appropriate outcomes • Sets appropriate goals/objectives that reflects high expectations for yourself and others • Strives to achieve at high levels 	<p style="text-align: center;">Advanced Beginner</p>
	<p style="text-align: center;">Innovation</p> <ul style="list-style-type: none"> • Embraces and contributes to new approaches dealing with work problems or opportunities 	<p style="text-align: center;">Advanced Beginner</p>
<p>We embrace the positive effects of change</p>	<p style="text-align: center;">Change</p> <ul style="list-style-type: none"> • Embraces and contributes to new approaches dealing with work problems or opportunities 	<p style="text-align: center;">Advanced Beginner</p>
<p>We insist on openness and accountability</p>	<p style="text-align: center;">Communication</p> <ul style="list-style-type: none"> • Exchanges ideas by using suitable language • Demonstrates a clear, concise, open manner appropriate for the audience • Listens when others are communicating • Demonstrates approachable and open body language 	<p style="text-align: center;">Advanced Beginner</p>
	<p style="text-align: center;">Problem Solving</p> <ul style="list-style-type: none"> • Identifies and analyses issues, problems and opportunities. • Develops appropriate solutions, makes use of available tools, demonstrates resourcefulness and takes effective action that is consistent with Peter Mac standards and values 	<p style="text-align: center;">Advanced Beginner</p>
<p>We adhere to the strongest ethical standards in both clinical practice and research</p>	<p style="text-align: center;">Ethics</p> <ul style="list-style-type: none"> • Adopts an ethics based approach to all aspects of their work • Ensures the highest moral standards are achieved in what we ought to do 	<p style="text-align: center;">Proficient</p>
<p style="text-align: center;">Signatures</p>		
<p style="text-align: center;">Department Head</p>		
<p style="text-align: center;">Practitioner</p>		
<p style="text-align: center;">CEO</p>		



Prepare Nurses for the Future

Undergraduate Clinical Placement Project

Paid Student Employment Model

Update Program for Ward Staff

1. Overview of undergraduate placement program
2. Overview of DHS Clinical Placement strategy
3. Paid employment model: project objectives
4. Selection process
5. Implications for staffing
6. Benefits of buddying/UG placements
7. Student objectives/responsibilities
8. Buddy responsibilities
9. Benefits of undergraduate nursing placements
10. Program Manager responsibilities
11. Student clinical appraisal (ANMC competency standards)

See attached Information sheet and ACU Student Skill List

Prepare Nurses for the Future
Undergraduate Clinical Placement Project
Paid Student Employment Model

***Re Bachelor of Nursing Skills Lists Australian Catholic University (ACU)
National - St Patrick's Campus***

Students of the ACU Bachelor of Nursing program are prepared to undertake the following activities/skills. As part of the project nursing students will undertake clinical placement as second year nurses in Semester 2, 2006 and continue as third year nurses in Semester 1, 2007. Students will be employed in wards 2,3,7 and 9 and at all times will perform duties under the supervision from a registered nurse.

Each student is expected to be able to carry out Year 1 activities/skills independently. In addition the student is expected to have a satisfactory knowledge of medical terminology and well developed communication skills. Lists of Year 2 and 3 activities/skills will identify tasks that require supervision and form part of the student's clinical placement appraisals.

The Practice Development Nurse will oversee completion of the student's appraisal tool following discussion with the buddies involved in the student's supervision.

Site and Ward specific orientation in 2006 includes the following:

- Review of Basic Life Support
- Occupational Health and Safety including hand washing, and cytotoxic waste and disposal precautions
- Emergencies Procedures
- Hospital Tour
- Overview of Cancer, Cancer Treatments and Nursing Management
- Medication administration competency

Prior to commencement in 2007 students will be required to complete

- Basic Life Support competency
- Cytotoxic Waste and Disposal competency
- Review of Emergencies Procedures
- Medication Administration competency

Bachelor of Nursing - Skills List Year 1

All students complete a Red Cross CPR course or equivalent.

- Universal precautions
- Open gloving
- Bed making, positioning, transferring patients
- Hygiene care
- No Lift Policy
- Lifting machines, slide sheets, belts etc
- Introduction to physical assessment
- Musculoskeletal assessment
- Skin assessment
- Abdominal assessment
- Vital signs and O2 sats

- Neurovascular observations
- Drug administration, oral, topical and supps
- Documentation, progress notes, FBC etc
- Wound assessment
- Aseptic technique and simple dressing
- Urinalysis, MSU
- Men's and women's health, TSE, BSE, PAP tests
- Stoma assessment and care
- Nasogastric tube and PEG care
- Bandaging
- Plaster cast care
- Aids to mobility

Bachelor of Nursing - Skills List Year 2

Semester 1 – NRSG 204: Nursing 3

- Oral, IM IV drug calculations
- Complex fluid balance charting
- IV therapy – priming lines, setting drip rates, care of the IV site
- IV infusion pumps: priming, setting parameters, basic troubleshooting
- Analgesic infusion (NB -not epidural): priming, recording, patient education
- Injections – SC, IM, IV, preparation and administration
- Wound management: removal of sutures/staples
- Wound management: wound drainage devices
- Venepuncture and pathology charting
- Neurological assessment

Semester 2 – NRSG 205: Nursing 4

- CPR review and practice
- IV drug calculation review: practice administration via bung, side arm, burette
- Cardiovascular assessment
- 12 lead ECG & ECG monitoring
- Oxygen therapy, nebuliser therapy, pulse oximetry
- Respiratory assessment
- Advanced IV therapy: PICC, CVAD, Implanted port
- Intercostal catheters and underwater seal drainage
- Peripheral vascular assessment
- Tracheostomy and artificial airway management

Bachelor of Nursing - Skills List Year 3

The Year 3 Skills List remains as for Year 2 but with the student undertaking activities to a greater depth. No new skills added.

*Prepared by Department of Nursing Education
on ACU advice to Peter MacCallum Cancer Centre*

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2006*

DHS Clinical Placements Strategy

DHS Paid Students Project Pre placement Survey (Peter Mac Nursing staff)

Unit: _____ Date: _____

1. Please indicate if you are a:
 - Division I Registered Nurse
 - Division II Registered Nurse

2. How long since your first year of registration as a Registered Nurse?
 - 1 – 2 years
 - 3 – 5 years
 - 6 – 10 years
 - > 10 years

3. How many years have you worked at Peter Mac?
 - Less than 1 year
 - 1 – 2 years
 - 3 – 5 years
 - 6 – 10 years
 - > 10 years

4. Have you been a buddy or preceptor for an undergraduate nursing student in the past 12 months?
 - Yes
 - No

5. If no, when was the last time you were in the buddy/preceptor role for an undergraduate nursing student?
 - 1- 2 years ago
 - 3 – 5 years ago
 - > 5 years ago
 - Other: _____

6. Have you attended the following internal study days? (Tick to indicate 'yes')

- Generic train the trainer
- Clinical support Workshop
- Preceptorship Workshop

7. Are you familiar with the following document?

Australian Nursing Council Inc. Competency Standards for the Registered Nurse

- Yes
- No

8. Please indicate the responsibilities that you believe should be undertaken by a buddy?

9. What do you believe are the benefits of the buddy role for undergraduate nursing students?

10. What do you believe are the benefits to you of providing undergraduate nursing student placements?

11. What do you believe are the benefits of providing undergraduate nursing student placements for the nursing profession?

12. What do you believe are the benefits of providing undergraduate nursing student placements for the organisation?

**DHS Paid Students Project
Post placement Survey (Peter Mac Nursing staff)**

As a buddy for the Paid Employment Clinical Placement Project, please complete the following

Name:(optional)

Unit:

Date:

1. How long since your first year of registration as a Registered Nurse?

- 1 – 2 years
- 3 – 5 years
- 6 – 10 years
- > 10 years

2. How many years have you worked at Peter Mac?

- Less than 1 year
- 1 – 2 years
- 3 – 5 years
- 6 – 10 years
- > 10 years

3. Rate your experience of how well you were informed about the project (circle)



4. Indicate (tick) which of the following activities you carried out as a buddy to the undergraduate student employed in your ward for this semester

Activities	Yes	No	Not applicable
Supporting the student			
Debriefing the student			
Supervising the student's clinical activities			
Assisting the student in understanding hospital routines /processes			
Other activity (please identify)			
Other activity (please identify)			

5. The following is a list, provided by the University, of activities that the student was educated to undertake

(a) Identify from the list, the activities that you supervised the student to perform (circle)

(b) Identify if the student was prepared (at university level) for this activity

(c) Rate how well the student performed this activity

SKILL LIST	Tick if you supervised	Tick if student prepared	Rating for performance by student		
			Satisfactory	Neutral	Unsatisfactory
Oral, IM IV drug calculations					
Complex Fluid Balance Charting					
IV Therapy: priming lines, setting drip rates, are of IV site					
IV infusion pumps: setting parameters, basic troubleshooting					
Analgesic infusion (not epidural): priming, recording, patient education					
Injections; SC, IM, IV, preparation & administration					
Wound management: removal of sutures/staples					
Wound management: wound drainage devices					
Venipuncture & pathology assessment charting					
Neurological assessment					
CPR review & practice					
IV drug calculation review: practice administration via bung, side are, burette					
Cardiovascular assessment					
12 lead ECG & ECG monitoring					
Oxygen therapy, nebulizer therapy, pulse oximetry					
Respiratory assessment					
Advanced IV therapy: PICC,CVAD, Implanted port					
Intercostal catheters & UWSD					
Peripheral vascular assessment					
Tracheostomy & artificial airway management					

6. Describe any issues/problems/concerns that arose this semester during the time you acted as buddy or during debriefing with the student

7. Comparing the usual block of one or two weeks for an undergraduate placement to this one day/week placement, please identify which is preferable (circle)

(a) Block placements

(b) One day/week placement over 5-10 weeks

And explain why

8. Comparing the usual block of one or two weeks for an unpaid undergraduate placement to this one day/week placement paid undergraduate placement, please identify which is preferable and explain why

9. What do you believe are the benefits to you of having provided an undergraduate nursing student placement as a paid employee in your ward?

10. What do you believe are the benefits for your ward or organisation of providing an undergraduate nursing student placement as a paid employee in your ward?

11. Has your experience of this paid employment model of an undergraduate nursing clinical placement differed from the standard clinical placement provided for students? Please circle one of these answers YES/NO.

If YES, please explain:

DHS Prepare Nurses for the Future

Paid Student Employment Project Pre placement survey (Undergraduate students)

Date: _____

1. What attracted you to a position on the Paid Nursing Students Project at Peter MacCallum?

2. What do you hope to achieve from your placement?

3. How do you think this project will differ from your usual clinical placements?

4. Did you receive adequate information regarding the project prior to the commencement of your placement at Peter MacCallum?
 - i. Yes No

If not, what further information would have been useful?

5. Do you feel adequately prepared to commence your placement here in a couple of weeks?

Yes No

If not, why?

6. Did you find the Orientation Day useful?

Yes No

7. Was the Orientation program outline-

Too Long Too Short Just right

8. How useful was the –

Tour -

Highly useful Moderately useful Minimally useful Not at all

General Intro Lecture-

Highly useful Moderately useful Minimally useful Not at all

Ward visit/Seek and Find-

Highly useful Moderately useful Minimally useful Not at all

9. Have you been supported by a buddy or preceptor in previous clinical placements?

Yes

No

10. Are you familiar with the following document?

Australian Nursing Council Inc. Competency Standards for the Registered Nurse

Yes

No

11. What do you believe are the responsibilities that should be undertaken by a buddy?

12. What do you believe are the benefits of the buddy role for undergraduate nursing students?

13. What do you believe are the benefits for nursing staff in providing undergraduate nursing student placements?

14. What do you believe are the benefits for the nursing profession in providing undergraduate nursing student placements?

DHS Prepare Nurses for the Future

**Paid Student Employment Project
Post placement survey (Undergraduate students)**

Date: _____

1. How has this project differed from your usual clinical placements?

2. This project assisted me to develop the following skills (Tick the most appropriate response)

Time Management Skills-

Strongly		Neither Agree/		Strongly
Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>

Communication Skills -

Strongly		Neither Agree/		Strongly
Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>

Clinical Skills-

Strongly		Neither Agree/		Strongly
Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>

Delegation Skills -

Strongly		Neither Agree/		Strongly
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Agree Agree Disagree Disagree Disagree

Working in a team-

Strongly Agree Agree Neither Agree/Disagree Disagree Disagree Strongly Disagree

Linking theory with practice-

Strongly Agree Agree Neither Agree/Disagree Disagree Disagree Strongly Disagree

3. What was your most significant learning experience/ event?

4. Of the following personnel, who provided the most appropriate level of support and supervision (please tick)

- Graduate Nurses
- Division 2 Nurses
- Allocated buddy Nurse/s (Division 1)
- Practice Development Nurse
- Associate Nurse Unit Managers
- Nurse Unit Managers
- Project Manager

5. Did the staff make you feel like you were part of the health care team?

- Yes
- No

6. What were the benefits of your participation in this project to the nursing staff and the organisation? If any.

7. Has participation in this project significantly prepared you for your future nursing practice?

- Yes
- No

Please explain:

DHS Prepare Nurses for the Future

**Paid Student Employment Project
Semi- structured Interview Questions (University Coordinator)**

Date: _____

1. How has this project differed from the usual clinical placements provided to students?

2. How did the participant's academic performance compare with that of their peers not participating in the project?

3. Has participation in this project prepared the students for future nursing practice?

- Yes
- No

Please explain:

4. Did the participants report feeling part of the Peter Mac team?

- Yes
- No

5. Were there significant administration issues arising?