

Prepare Nurses for the Future  
Submission to 'Expand clinical placement  
settings' Work Group 2

Final Report  
Of Key Activities

Peter MacCallum Cancer Centre  
Utilization of alternative settings for Undergraduate Nursing Clinical Placements  
July, 2007`

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# 1. Executive Summary

In 2004/2005, the Nursing Education Department reviewed the utilisation of Undergraduate Nursing clinical placements throughout the organisation and identified the need for a more streamlined process that makes optimum use of both the inpatient and ambulatory care settings. In particular, it was found that ambulatory care settings were underutilised, principally for students attending Community or Primary Health care placements with Peter Mac at Home (PM@H).

With an increase in requests for Community Health care placements received in 2005, for the 2006 calendar year, discussions with the Peter Mac @ Home Nurse Manager and staff resulted in a decision to increase clinical placements in this setting. However, as PM@H provides an acute and restricted service (six geographical locations serviced by six cars/staff), the ability to provide comprehensive placements for increasing numbers of students, that meet all clinical objectives is reduced by limiting placement to this one unit.

Therefore a decision was taken to expand the concept of 'community placement' to include alternative ambulatory settings such as the Apheresis service, Outpatient, Diagnostic Imaging and Radiotherapy Nursing Departments. The ability to increase the number of placements is due to the cooperation of all these departments and to negotiation with the University sector to broaden the scope of the placement.

Students participating in the project were those allocated to Community placement in Peter Mac @ Home for a period of two weeks or more from July 31<sup>st</sup>, 2006 (n=10).

Pre placement staff evaluations, training program and training program evaluation were developed to inform staff regarding the project, responsibilities of the major stakeholders and performance measures and to collect data on staff demographics, familiarity with the buddy role and staff perception on the benefits of undergraduate clinical placements. Training program evaluations were extremely favourable with 100% of participants indicating greater confidence in assisting with undergraduate clinical placements and greater awareness of the issues discussed in the training session. Post placement staff evaluations were utilised to acquire information regarding a change in understanding of community placement, activities carried out as a buddy, benefits of buddying, issues/concerns with the project and preference for clinical placement settings (one vs. several). Staff listed a number of buddy responsibilities and benefits of buddying and indicated an increased understanding of community placement and preference for a variety of clinical settings.

Pre and post placement student surveys provided information on student perception of community placement. All students (n=9) believed the placement met objectives set by the university, that the organisation, nursing profession, students and buddy nurses benefited from these undergraduate clinical placements and that buddy responsibilities were similar to those identified by staff.

## 2. Background

The Peter MacCallum Cancer Centre provides both inpatient and ambulatory care services to patients receiving treatment for cancer and cancer related diseases. Clinical placement is facilitated for undergraduate nurses in both these settings. The Nursing service is responsive to the number and types of clinical placement requests received from an average of 8 University campuses. Student clinical placement requests are in line with the University calendar for Semester 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 occasionally students' chosen electives, and includes acute med-surg experience, complex long-term care, community care and infrequently primary health care.

The utilization of Undergraduate Nursing clinical placements at Peter Mac has been reviewed in the past two years. The need for a streamlined process that makes optimum use of both the inpatient and ambulatory care settings was identified. In particular, nurses attending Community or Primary Health care placements with Peter Mac at Home (PM@H). Peter Mac @ Home provides comprehensive home based nursing care, supporting both inpatient and ambulatory care service delivery. Home based nursing interventions include patient assessment for problems or concerns related to cancer and cancer treatments, wound and central venous access device care, chemotherapy administration and symptom management. Care is provided predominantly to those patients residing within a 30 kilometre radius of the East Melbourne campus. In addition, nursing services are sourced from a vast range of providers to ensure continuity of care for those patients that reside outside the PM@H geographical boundary.

As PM@H provides an acute and restricted service (six geographical locations serviced by six cars/staff), the ability to provide comprehensive placements for increasing numbers of students, that provides optimum placement for both staff and student and meets all clinical objectives is reduced by limiting placement to this one unit.

In 2005, students were placed in Peter Mac @ Home for 18 clinical weeks (no. of students x no. of weeks placement). In 2006, this number has been increased to 40 clinical weeks to facilitate an increase in requests for community settings. This equates to an increase from 9 to 24 weeks over one semester (See Appendix 1). The ability to increase the number of placements has been in part due to negotiation with PM@H staff to increase the number of students by providing alternative settings during two or three week placements and partly due to negotiation with the University sector to broaden the scope of community placement to include alternative ambulatory care settings such as the Apheresis Unit, Outpatient, Diagnostic Imaging and Radiotherapy Nursing Departments.

With over 80% of the care provided in the ambulatory care setting, it is timely that greater emphasis is given to providing additional undergraduate clinical placements in this area.

## 3. Project Aim

- Expand clinical placement settings

## 4. Project Objectives

- To provide increased Undergraduate Nursing Clinical Placements to Peter Mac @ Home, incorporating other ambulatory care Units, keeping in line with University clinical objective requirements for Community Placement subjects.
- To demonstrate feasibility in successfully introducing student nurse placements to additional ambulatory care settings within an acute care facility
- To ascertain the satisfaction level of the stakeholders, particularly students and clinical staff with the program design and process.
- To examine issues of best fit between student objectives and allocated clinical placement.

## 5. Project Methodology

Students participating in the project were those allocated to Community placement in Peter Mac @ Home for a period of two weeks or more from July 31<sup>st</sup>, 2006 to December 24<sup>th</sup> 2006. Universities that met these criteria were Monash Peninsula, Latrobe Bundoora and Deakin University.

On commencement of placement, students were provided with an orientation package, individual student roster details and pre placement survey.

Stakeholders included students allocated to community placements from participating Universities, Undergraduate coordinators from participating Universities and staff in each of the ambulatory care areas utilised for placement (Peter Mac @ Home, Outpatients, Radiotherapy Nursing, Apheresis & Diagnostic Imaging).

To ensure staff understanding and participation, a training program was developed that included information on the Undergraduate Program, the DHS clinical placement strategy, project objectives, buddy/preceptor responsibilities, competency tools and summary evaluation of the previous years' program (See Appendix 2). Training sessions were evaluated to determine whether training session objectives were met and sessions were appropriately facilitated.

Pre placement staff and student surveys asked participants to respond to questions relating to clinical placement including their understanding of community placement, the ANMC competency standards and perception of the benefits of clinical placement to a variety of stakeholders. Additionally, staff were asked for information regarding their nursing/ambulatory care experience, familiarity with the buddy/preceptor role and relevant education/training for the role.

A student post placement evaluation tool contained standard evaluation tool questions (provided to all undergraduate students) with additional questions relating to community placement objectives and the use of alternative settings.

In the staff post placement survey respondents were again asked about their understanding of community placement, benefits of student placement and familiarity with the ANMC competency standards. Additionally staff responded to questions regarding activities undertaken when buddying a student, issues or concerns, preference for clinical settings (one clinical setting vs a variety) and how well informed they were regarding the project. All staff surveys were numbered to provide comparison of same staff responses. The training program included discussion regarding this process and all staff indicated agreement.

Discussion with Nurse Unit Managers and senior nursing staff in the ambulatory care areas utilised, elicited feedback on the perceived advantages and disadvantages of the project.

## 6. Findings

The findings were examined to determine/identify:

- stakeholder satisfaction with the project
- differences in staff perception of the buddy role pre and post placement
- whether placement in a variety of clinical settings aligned with community objectives set by the University.

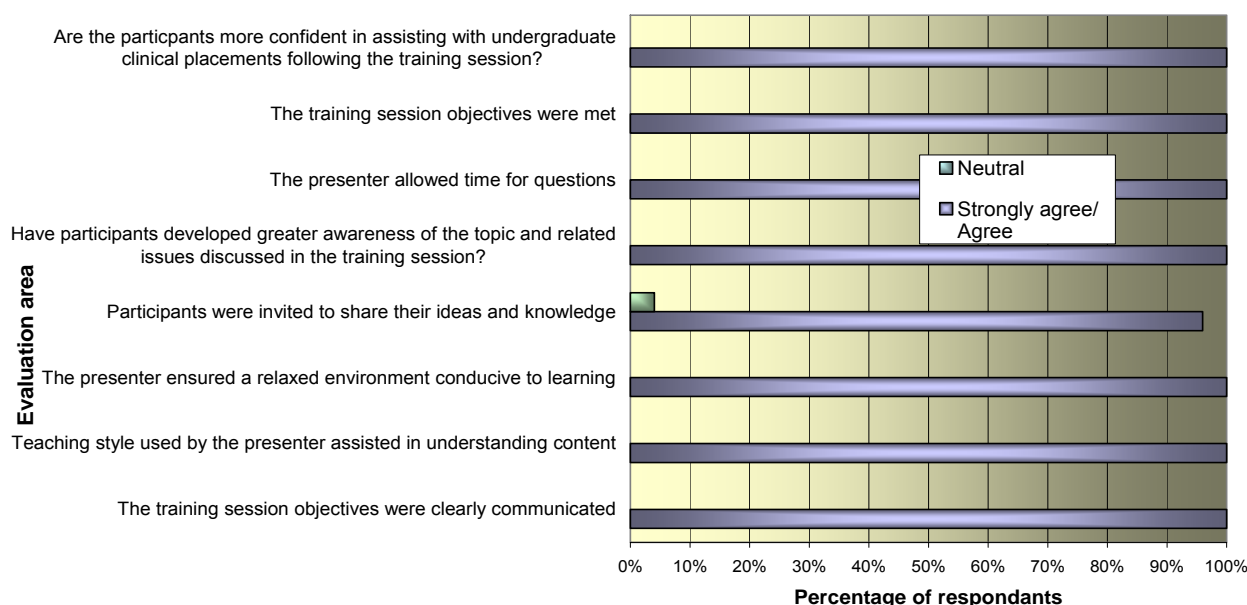
### **Staff responses:**

#### Staff Training:

Twenty six staff from the Ambulatory Care areas involved (Peter Mac @ Home, Outpatients, Apheresis, Diagnostic Imaging and Radiotherapy Nursing Departments) attended the training sessions held in July/August 2006 (See Appendix 2).

Sessions were evaluated against eight criteria. For ease of evaluation, scores of 4 and 5 on the evaluation tool were combined to indicate positive ratings. 100% (n = 26) of the Training session evaluation tools (See Appendix 3) were completed with all participants indicating greater confidence in assisting with undergraduate clinical placements, greater awareness of the issues discussed in the training session, that training session objectives were clearly communicated and met and that the presenter ensured a relaxed environment, allowed time for questions and demonstrated an appropriate teaching style (See Figure One).

**Figure One: Training session evaluation**



#### Staff surveys:

Fifty pre placement staff surveys (See Appendix 5) were distributed to staff with a return rate of 58% (n = 29). Surveys were numbered to compare same staff responses. Interestingly 28% (n = 8) of staff had never been a buddy or preceptor to students, only 35% (n = 10) had undertaken a buddy role in the previous twelve months and just over one third had attended preceptor education. Staff familiarity with the ANMC competency standards was 35% (n = 12) pre placement and 82% (n=18) post placement.

## 6. Findings (cont'd)

### Staff surveys (cont'd)

Staff understanding of community placement related to placement in areas other than inpatients, including ambulatory care, outpatients and the patients' home. A greater understanding was evidenced in staff post placement responses.

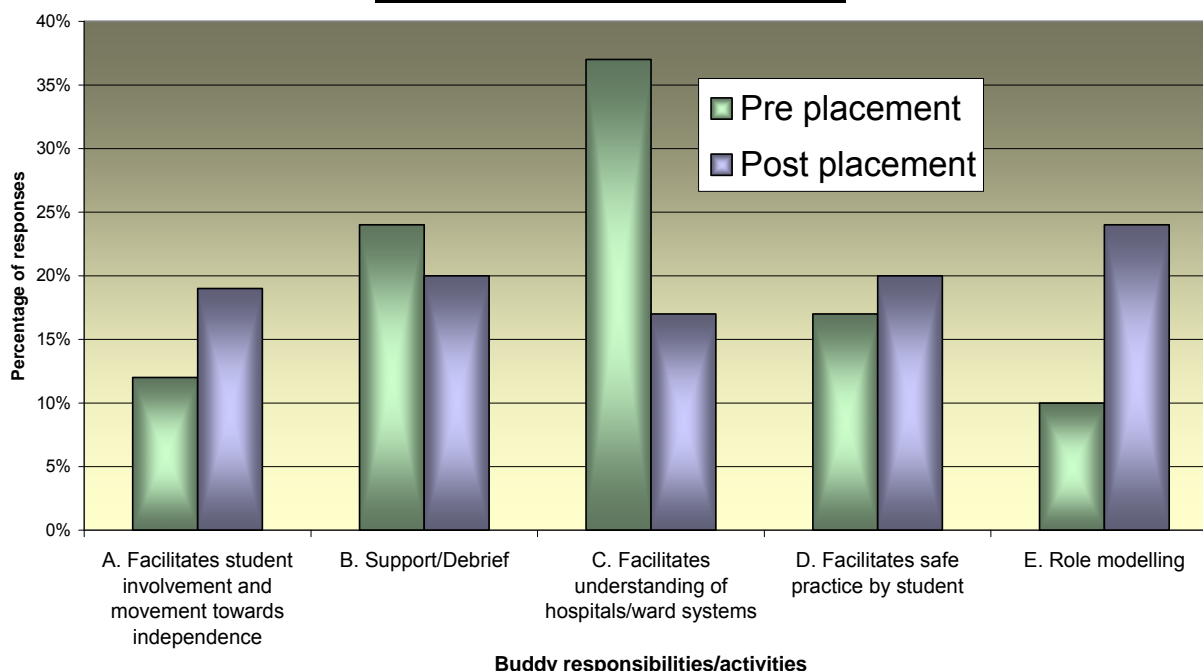
Post placement surveys (See Appendix 8) were distributed to 34 staff with a return rate of 67% (n =22). Of the staff completing the post placement survey, 50% (11) had attended the training sessions and indicated they were well informed about the project, 68% (15) had completed the pre placement survey and 64% (14) buddied with a student during the project.

In the pre placement survey staff were asked to identify the responsibilities of a buddy. Twenty two were listed. These were grouped into the following five themes:

- Facilitates student involvement and movement towards independence
- Support/Debrief
- Facilitates understanding of hospitals/ward systems
- Facilitates safe practice by the student and
- Role modelling

Staff indicated that their greatest responsibility as a buddy was to facilitate understanding of hospital/ward systems, yet the staff post placement survey identified that nurses in the buddy role carried out all five identified responsibilities (See Figure Two).

**Figure Two: Staff pre and post placement surveys:  
Buddy responsibilities and activities**



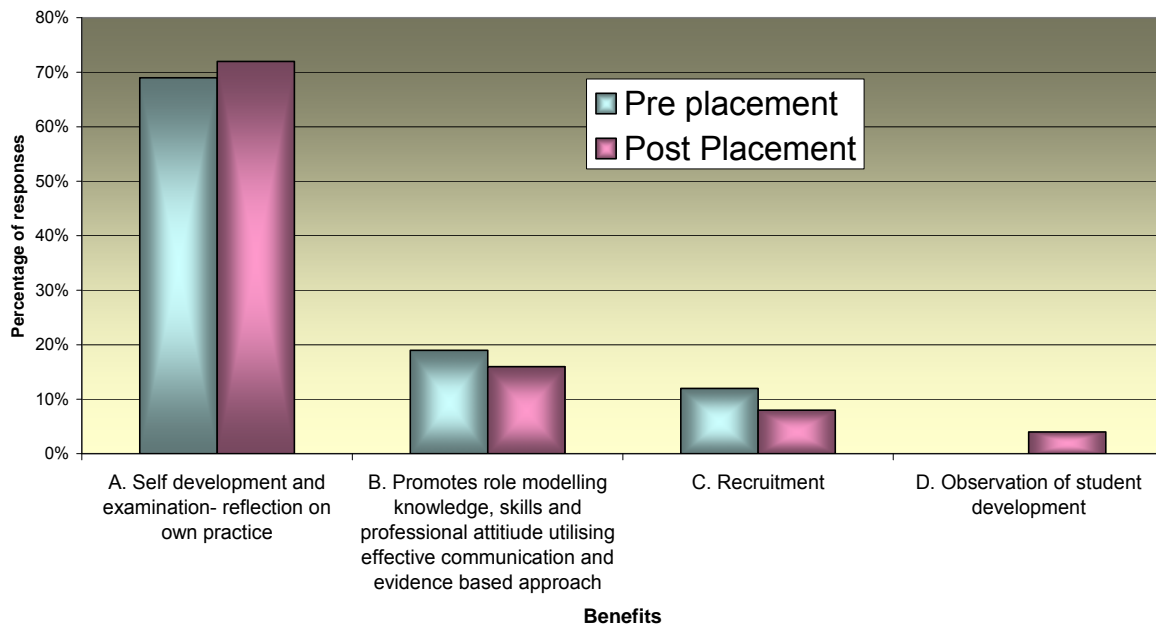
Similarly, staff identified a number of benefits of facilitating placement for undergraduate nursing students for key stakeholders (the buddy nurse, the organisation and the nursing profession). Again, these were grouped into themes.

## 6. Findings (cont'd)

### Staff surveys (cont'd)

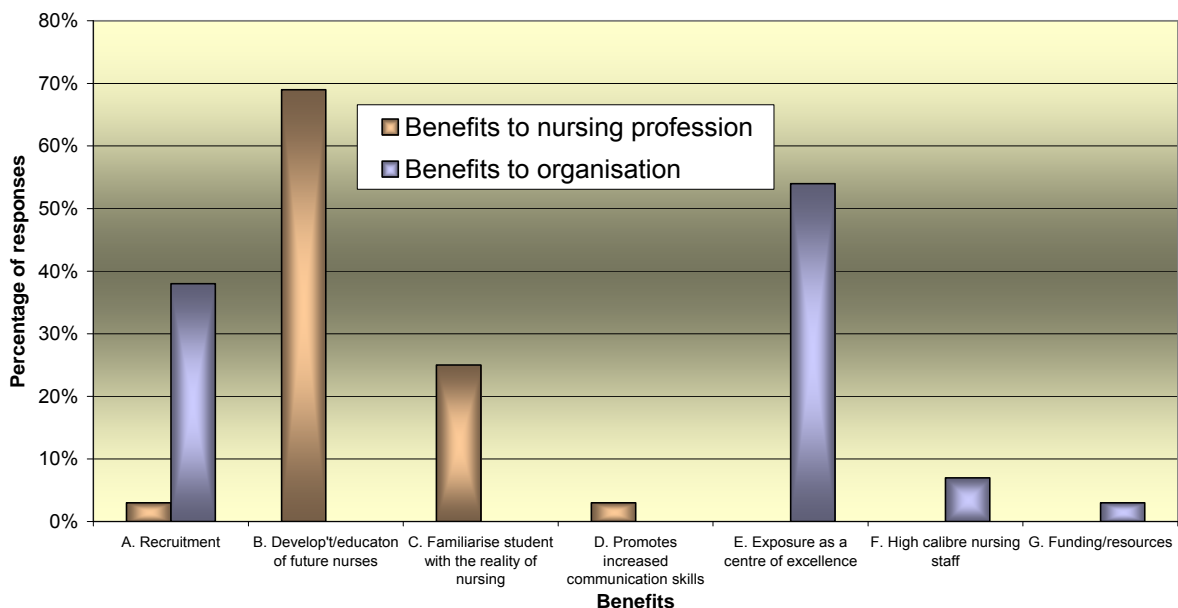
The most frequent response for the benefits for the buddy nurse was self development and examination (reflection on own practice). This question was asked in both the pre and post placement surveys with minimal change in response noted (See Figures Three).

**Figure Three: Staff pre and post placement surveys:  
Benefits to the nurse in buddying a student**



Staff responding to the Pre placement survey indicated that the benefit for the nursing profession was the development/education of future nurses and to familiarise students with the reality of nursing. The most frequent response in regard to benefits for the organisation were exposure of the organisation as a centre of excellence and recruitment (See Figure Four)

**Figure Four: Staff pre placement survey:  
Benefits to the organisation and the nursing profession**

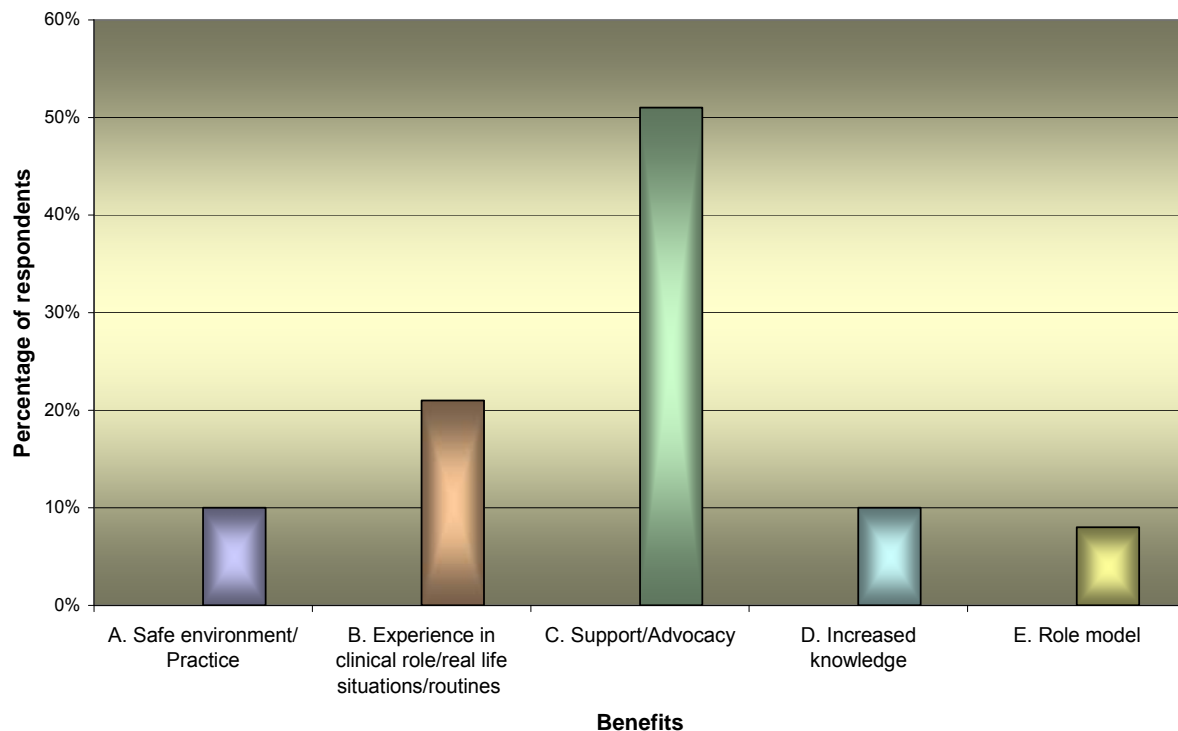


## 6. Findings (cont'd)

## Staff surveys (cont'd)

So too, staff identified benefits for the undergraduate student in being allocated a buddy nurse. By far, support and advocacy was the most common response in relation to benefit for students (See Figure Five)

**Figure Five: Staff pre placement survey:  
Benefits of buddy for undergraduate students**



Very few issues or concerns were identified by staff post placement. Two respondents indicated that students had no interest in /knowledge of oncology. One staff member believed some students were unwilling to learn to their full capability and another indicated there was a need for practice communicating with patients.

77% respondents (n=17) indicated that a variety of ambulatory care settings is preferable to one clinical setting for a number of reasons. 18% (n=4) did not respond to this question

Staff were asked if there was any education, training and information that they believe could have assisted in the buddy role. Three responses were noted: clear guidelines on student objectives/ expectations, decreased patient load to enable increased student facilitation and a Preceptorship/clinical support training program

## 6. Findings (cont'd)

### Discussion (staff surveys):

An important objective of the project was to ensure student objectives for community placement were met. For this to occur, both staff and students needed to broaden their definition and understanding of community placement to include not only where the patient care is provided, but also to the factors that impact on that care, such as, the promotion of health and well being, prevention of readmission, an understanding of primary, secondary and tertiary levels of care, management of the patient care journey, understanding of services and supports that are necessary to promote home based management of selected clients, awareness of the need for interdisciplinary interventions and an appreciation of continuity of care issues for different patient groups. A greater understanding was evidenced in staff post placement responses which included the pre placement responses of inpatients, outpatients and the patients home, but were expanded to incorporate; transition from inpatient to outpatient care, rehabilitation, health education/promotion, referrals and working with community agencies.

Staff indicated that a variety of ambulatory care settings rather than one clinical setting, provided the student with a broader view of the healthcare system and ambulatory care in particular, a greater understanding of the patient journey and nurses role, an increased understanding of the need for good discharge planning from the inpatient setting and an increased perspective on career opportunities.

The organisation currently offers generic undergraduate and graduate programs that do not focus on oncology as a specialty. Therefore, although two staff members expressed concern regarding the students' lack of interest/knowledge in oncology, there is no organisational expectation that they need this knowledge. Neither staff member making these comments attended the staff training for the project.

Further staff education requirements that might have assisted staff participating in the program, were identified as clarity of student objectives and need for a preceptorship program. Whilst the University provided broad objectives for the subject, all students were required to set their own objectives for the placement and this required significant assistance from staff. Given the poor enrolments into the in house Clinical support workshop, it is interesting to note that staff exposure to students through this project has stimulated the desire for this type of education and training.

Interviews were also conducted with Nurse Unit Managers/Associate Nurse Unit Managers of Peter Mac @ Home (PM@H), Outpatient, Apheresis, Diagnostic Imaging and Radiotherapy Nursing departments to obtain feedback on the project. Apheresis staff indicated that the speciality of their service limited the ability of the student to acquire additional clinical skills, but provided them with the opportunity to understand the complexity of treatment requirements for a specific group of patients and the potential patient acuity that may present in the ambulatory care setting. Diagnostic Imaging staff believed that a half day was insufficient time for the student to gain a real understanding of the nature of the work undertaken in the department, but believed it did provide some insight for students. PM@H, Radiotherapy Nursing and Outpatient staff felt that the opportunity for students to be placed in a variety of settings enabled the students to have a greater understanding of the links between all departments (ambulatory and inpatient) and to gain increased awareness of the multidisciplinary approach, teamwork and organisation required for the patient to have a seamless transition from one department to another.

## 6. Findings (cont'd)

### **Student responses:**

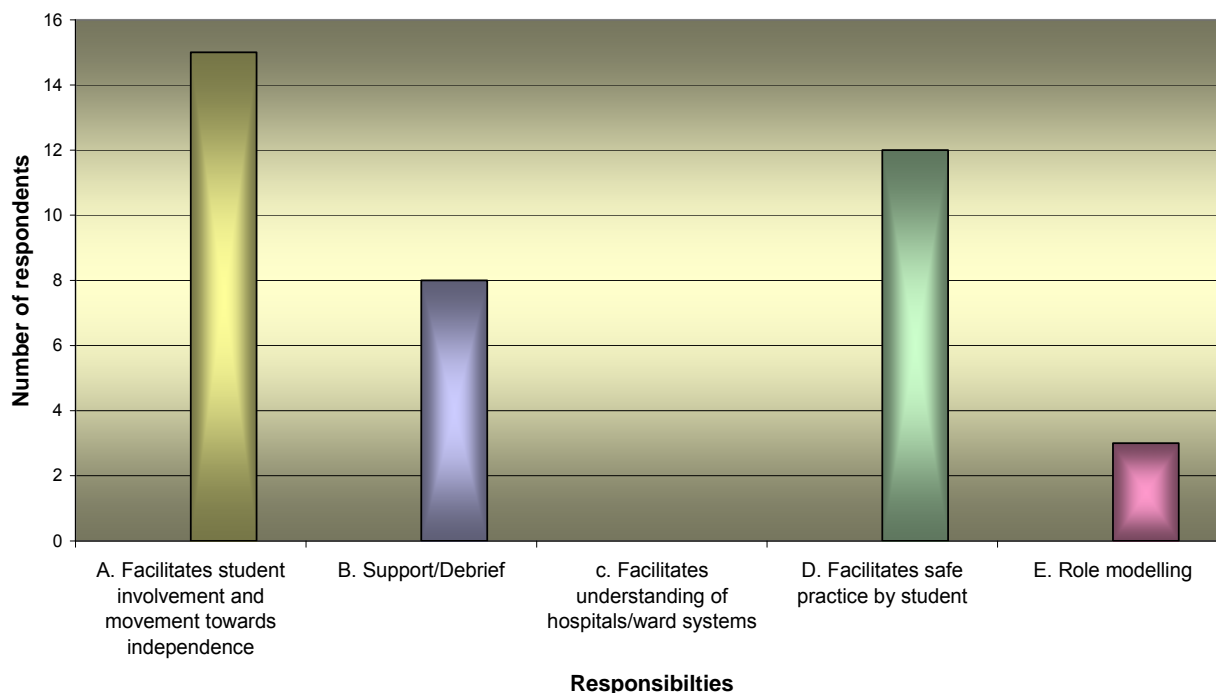
10 students participated in the project from three Universities: Monash Peninsula, Latrobe Bundoora and Deakin University. 10 pre placement surveys (See Appendix 6) were distributed and 8 returned (80%). Responses indicate that all students (8) had been supported by a buddy or preceptor in previous clinical placements and all were familiar with both ANCI and ANMC competency standards. The majority of students understood community placement as relating to nursing in the community or the home environment.

In the pre placement survey students were asked to identify what they believed the responsibilities of a buddy were. Thirty two were listed. Similar to the staff surveys, the responses were grouped into five themes:

- facilitates student involvement and movement towards independence
- support/debrief
- facilitates understanding of hospital/ward systems
- facilitates safe practice by the student and
- role modelling.

Unlike the staff responses, students did not indicate that providing an understanding of hospital/ward systems was a buddy responsibility. The majority of responses indicated that facilitating independence and safe practice were the main responsibilities of a buddy nurse, followed by a support/debrief role (See Figure Six).

**Figure Six: Student pre placement survey:  
Responsibilities of a buddy**



Students identified a number of benefits in being allocated a buddy or preceptor. Twenty one benefits were listed. These were grouped into the same themes utilised for the staff survey:

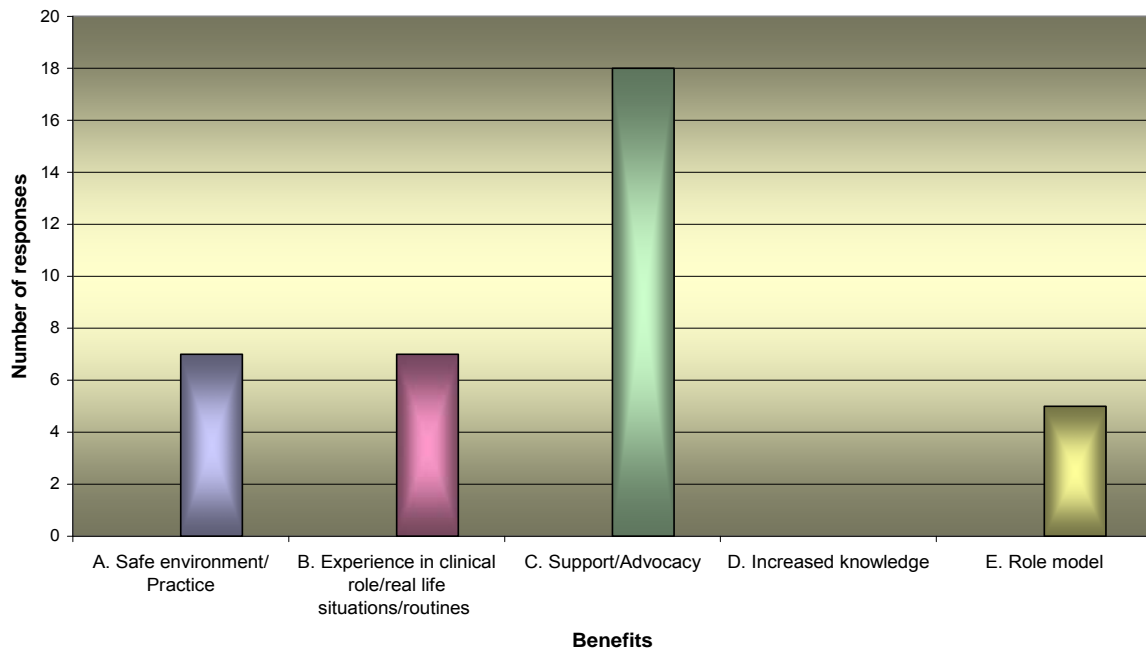
- safe environment/practice
- experience in clinical role/real life situations
- support/advocacy
- increased knowledge and
- role model.

## **6. Findings (cont'd)**

## Student surveys (cont'd)

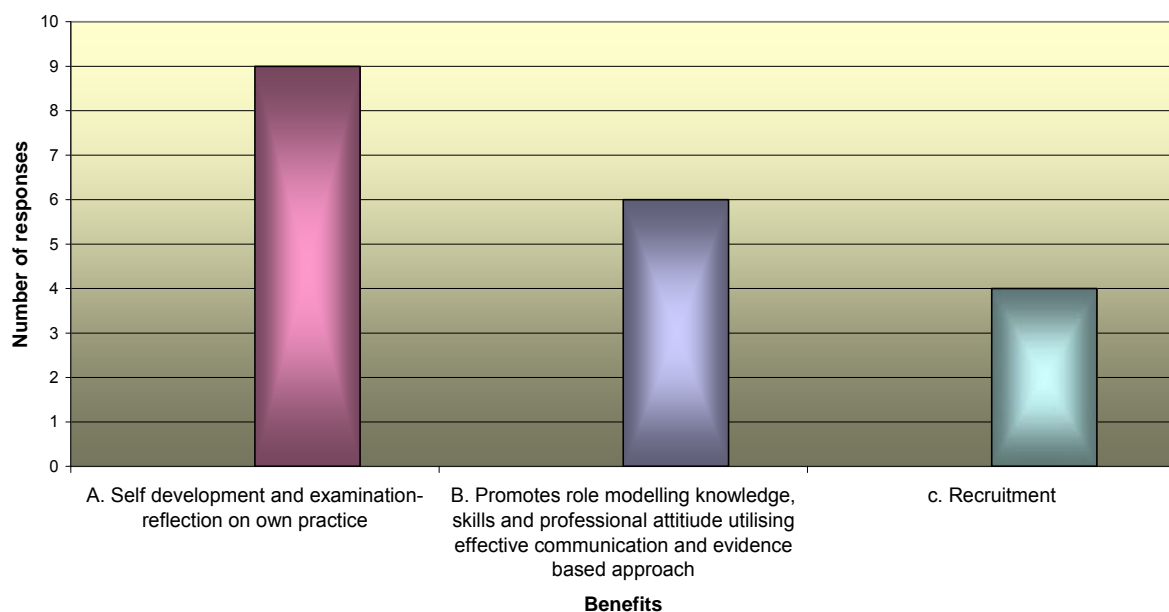
The greatest response was support/advocacy, which is consistent with the staff response to the same question, although no students ranked increased knowledge as a benefit.

**Figure Seven: Student pre placement survey:  
Benefits of buddy for undergraduate students**



Students identified a number of benefits for the buddy nurse in facilitating undergraduate placements. These were grouped into the same themes as the staff survey with similar responses noted, ie, students indicating that self development and examination was the greatest benefit for staff (See Figure Eight).

**Figure Eight: Student pre placement survey:  
Benefits for the nurse in buddying undergraduate students**

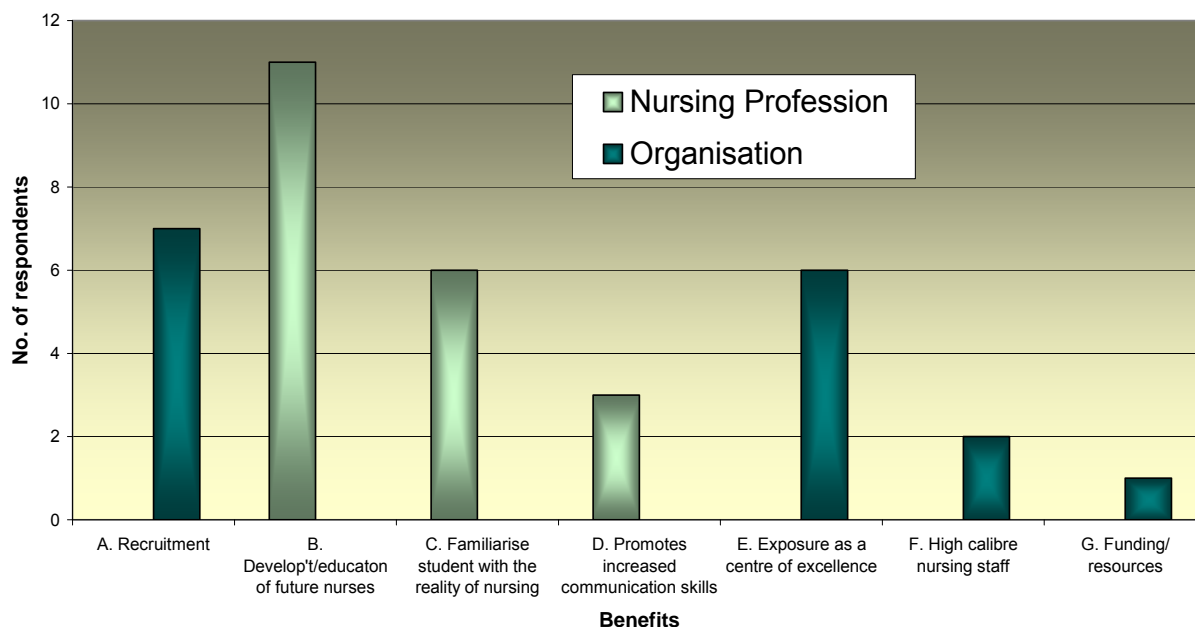


## 6. Findings (cont'd)

## Student surveys (cont'd)

Development and education of future nurses was identified as the greatest benefit for the nursing profession and exposure as a centre of excellence and recruitment as the greatest benefits for the organisation (See Figure Nine).

**Figure Nine: Student pre placement survey:  
Benefits to the organisation & the Nursing profession**



All 10 students were placed in all participating departments: Peter Mac @ Home, Outpatients, Apheresis, Diagnostic Imaging and Radiotherapy Nursing. 6 students were placed for 2 weeks each, 4 students undertook 3 week placements.

Of the 10 students handed a post placement evaluation, 9 returned the tool (90%).

All students received sufficient information regarding location of venue, contact person and roster. 89% (n=8) students received sufficient information regarding start time/meeting place, parking/public transport and preceptor name. All students indicated they were made to feel welcome and part of the team. Eight (89%) students indicated they received adequate information in regard to location of policy and procedure manuals and clinical equipment/stores. Seven (77%) students indicated they received adequate information in regard to location of emergency equipment.

Students identified that clinical support was adequate or more than adequate and that staff were always willing to share their knowledge and skills. All students indicated they enjoyed the placement and would return for further placement. Half of the students found the tour very useful or useful while one student rated it somewhat useful. Seven of the eight students attending the general introduction lecture found it very useful or useful.

Student understanding of community placement expanded in the post placement evaluation to include not only the location of patient care, but also the process of referral, liaison with other services, a bigger picture of healthcare, promotion of healthy living behaviours and prevention of illness.

All nine students believed the clinical placement aligned with their objectives for the subject. Comments included: "I was able to get a greater understanding of primary health care", "All my objectives were achieved"

## 6. Findings (cont'd)

### Student surveys (cont'd)

Eight (89%) of students believed the placement in alternative settings provided them with increased opportunity to achieve their learning objectives. Comments included: "All the services linked together", "It gave me a much greater understanding of how the different departments work together to improve patient outcomes and it also introduced me to areas of nursing I hadn't thought of before", "allows overview of inter-related departments with understanding of various interventions/procedures/treatments", "it helped establish the process from diagnosis to treatment and recovery", "enhanced experience, exposed to a wider range of patient care".

Students outlined a number of benefits of utilizing alternative settings for community placement including: "develop an understanding of the whole ... system, not just one section, increased knowledge and exposure" "allows introduction to many different fields of nursing", "show that the scope of healthcare and nursing is so much wider – gives a sense of the broader picture – how all the parts of a hospital and healthcare system work together, seeing how important communication is between disparate areas", "allows us to see the larger picture of a patients' care, facilitates future referrals, increased knowledge for self and patient reference".

Student suggestions for improvement in clinical placement: Visits to areas that are specialised limit the hands on experience, especially for 3<sup>rd</sup> year students, ensure staff are aware of objectives and clinical skills/abilities.

### Discussion (student surveys)

A comparison of the students in the project with other students on placement in PM@H alone or other areas of the hospital reveals little or no difference in relation to information received prior to placement, staff welcome, orientation and clinical support. However, the above feedback from students indicates that allocation to a variety of settings provides an opportunity for a greater understanding and appreciation for ambulatory care support requirements, the patient journey, the importance of the health care team and the role of the nurse.

Evaluations indicate that students believed the placement was beneficial and all believed their objectives were met.

## 7. Limitations

The small number of students involved in the project limits the generalizability of the project to other settings.

The themes decided upon in both the staff and student pre and post placement surveys are open to interpretation.

The Project was not able to be undertaken in the first semester of 2007 as all clinical placement requests for community are only of one week duration.

## 8. Conclusions

One of the most obvious benefits of the project was being able to provide clinical placement for a greater number of students. Additionally, the project enabled students to experience a number of settings which in turn made it possible for them to gain a broader view of the healthcare system and community placement, to understand the complexities of ambulatory care, to make links between the ambulatory care departments and most importantly to gain a greater insight into the patient journey. The variety of settings still enabled students to achieve their objectives for community placement, but limited their scope of practice for the short period of time they were placed in those areas where higher skills were required (Apheresis and Diagnostic Imaging). Certainly benefits to the staff have been an increased awareness of student requirements, reflection on their own practice and a broader understanding of 'community' to incorporate health promotion and illness prevention. As Undergraduate Program coordinator, the project outcomes will influence planning for future community placements.

## 9. Appendices

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**UNDERGRADUATE PLACEMENT TIMETABLE  
- PETER MAC @ HOME 2006**

**APPENDIX 1**

**UTILISATION OF ALTERNATIVE CLINICAL PLACEMENTS  
STAFF TRAINING PROGRAM**

**APPENDIX 2**



**APPENDIX 3**

**DHS Clinical Placements Strategy**  
**Utilization of alternative settings for Undergraduate Nursing Clinical Placements**  
**Training session Evaluation Sheet**

Unit: \_\_\_\_\_

RN Div I

RN Div II

Date: \_\_\_\_\_

**Please respond to the following statements, ranking from 1 to 5\*.**  
**\* 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree**

The training session objectives were clearly communicated

Teaching style used by the presenter assisted in understanding content

The presenter ensured a relaxed environment conducive to learning

Participants were invited to share their ideas and knowledge

I have developed a greater awareness of the topic and related issues discussed in the training session

The presenter allowed time for questions

The training session objectives were met

I am more confident in assisting with undergraduate clinical placements following the training session

Additional information that should be included:

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**DHS Clinical Placements Strategy**  
Utilization of alternative settings for Undergraduate Nursing Clinical Placements  
**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. How many years have you worked in the Ambulatory care setting?

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

5. Have you been a buddy or preceptor for an undergraduate nursing student in the past 12 months?

- Yes
- No

If yes, please indicate the subject undertaken by the student

- Acute nursing
- Palliative Care
- Community Nursing
- Primary Health Care

**DHS Clinical Placements Strategy**

**Utilization of alternative settings for Undergraduate Nursing Clinical Placements  
Pre placement survey (Peter Mac Nursing staff)**

6. 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: \_\_\_\_\_

7. Have you attended the following internal study days?

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

8. What is your understanding of 'community placement'?

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9. Are you familiar with the following documents?

Australian Nursing Council Inc. Competency Standards for the Registered Nurse

- Yes
- No

Australian Nursing and Midwifery Council National Competency Standards for the Registered Nurse

- Yes
- No



**DHS Clinical Placements Strategy**

Utilization of alternative settings for Undergraduate Nursing Clinical Placements  
**Pre placement survey (Undergraduate students)**

**Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Have you been supported by a buddy or preceptor in previous clinical placements?
  - a. Yes
  - b. No

2. What is your understanding of 'community placement'?

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3. Are you familiar with the following documents?

Australian Nursing Council Inc. Competency Standards for the Registered Nurse

- Yes  
 No

Australian Nursing and Midwifery Council National Competency Standards for the Registered Nurse

- Yes  
 No



**UNDERGRADUATE NURSING STUDENT PLACEMENTS 2006  
Project evaluation and post placement survey**

Please take a few minutes to complete the following evaluation tool. We will use the information generated to provide feedback to the clinical areas and to ensure that nursing students undertaking clinical placements at Peter Mac have the best possible clinical experience.

**Please tick the appropriate answer**

University: \_\_\_\_\_

Length of clinical placement

- 1 week                       2 weeks                       3 weeks                       4 weeks                       6 weeks

Area of placement:

- Ward 2                       Ward 3                       Ward 7                       Ward 9  
 Outpatients                       Peter Mac @ Home                       Diagnostic Imaging                       Apheresis  
 LL2 RT

Choice for clinical placement at Peter Mac

- Requested by student                       Decided by university

If request made by yourself, please state reason:

\_\_\_\_\_

**Orientation and welcome:**

Did you receive adequate information in preparation for placement at Peter Mac regarding

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Location of venue                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Start time & meeting place on first day      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contact person name & details                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parking & related expenses/ public transport | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of Preceptor (if applicable)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Roster (Week 1)                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Did the ward/department staff make you feel welcome & part of the team?

- Yes                       No

Did you receive adequate orientation at ward/department level in regard to:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Location of policy and procedure manuals  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location of emergency equipment and exits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location of clinical equipment and stores | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**UNDERGRADUATE NURSING STUDENT PLACEMENTS 2006**  
**Project evaluation and post placement survey**

Was the clinical support provided by the ward/unit staff during your placement

- Inadequate
- Adequate
- More than adequate

Did the staff encourage you to ask questions?

- Yes
- No

When you asked questions, did you feel the staff were willing to share their knowledge and skills?

- Always
- Most of the time
- Some of the time
- Occasionally

If you had the opportunity to complete another clinical placement at Peter Mac, would you?

- Yes
- No

Did you enjoy your clinical placement at Peter Mac?

- Yes
- No

Would you consider applying for the Graduate Nurse Program at Peter MacCallum Cancer Centre?

- Yes
- No

If No, why not?

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**UNDERGRADUATE NURSING STUDENT PLACEMENTS 2006**  
**Project evaluation and post placement survey**

Below is a list of 'buddy' responsibilities. Please tick (✓) those that you experienced in each of your placement areas.

	PM@H	Out/pts	LL2 RT	Apheresis	Diag Im
Welcomes student to the department					
Explains ward/unit routines/policies etc					
Acts as a clinical and professional role model					
Assists with social and professional integration					
Identifies learning needs					
Assists student in prioritising patient care					
Assists the student in linking theory to practice					
Fosters independence, critical thinking and confidence					
Evaluates students clinical abilities					
Assists with performance expectations					
Advocates for the student					
Provides continual feedback					
Encourages open communication					
Fosters creativity and evidence-based practice					
Encourages skill development					
Contributes to student clinical appraisal tool provided by University					

How useful was the –

**Tour**

- Very useful    Useful    Somewhat useful    Not useful at all

**General Intro Lecture-**

- Very useful    Useful    Somewhat useful    Not useful at all

**UNDERGRADUATE NURSING STUDENT PLACEMENTS 2006**  
**Project evaluation and post placement survey**

Do you believe your clinical placement aligned with your objectives for this subject?

Yes

No

Comments

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Do you believe placement in alternative settings (Outpatients, LL2 RT, Apheresis, Diagnostic Imaging) provided you with increased opportunity to achieve your learning objectives?

Yes

No

Why/why not?

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What do you believe are the benefits of utilizing alternative settings for community placement?

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How could we have improved your clinical placement experience?

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Any general comments?

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Please return to Tracey Taylor, Nursing Education. Thank you for your time.



**DHS Clinical Placements Strategy**

Utilization of alternative settings for Undergraduate Nursing Clinical Placements

**Post placement survey (Peter Mac Nursing staff)**

**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. What is your understanding of 'community placement'?

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4. Are you familiar with the following document?

Australian Nursing and Midwifery Council National Competency Standards for the Registered Nurse

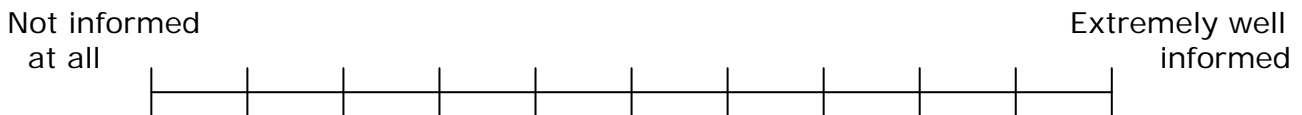
Yes  No

**DHS Clinical Placements Strategy**

Utilization of alternative settings for Undergraduate Nursing Clinical Placements

**Post placement survey (Peter Mac Nursing staff)**

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



6. Please indicate if you buddied with a student from July to December, 2007.

Yes  No

7. Indicate (tick) which of the following activities you carried out as a buddy to the undergraduate student placed in your ward/unit.

Activities	Yes	No	Not applicable
Facilitate student involvement and movement towards independence			
Support/Debrief			
Facilitate understanding of hospitals/ward systems			
Facilitate safe practice by student			
Role Modelling			
Other activity (please identify)			
Other activity (please identify)			

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

## DHS Clinical Placements Strategy

Utilization of alternative settings for Undergraduate Nursing Clinical Placements

### Post placement survey (Peter Mac Nursing staff)

9. Comparing the usual block for an undergraduate placement in **one** clinical setting (PM@H) to the ones that were undertaken from July to December, 2006, i.e. placement in a number of ambulatory care settings (PM@H, LL2 RT, Outpatient Dept, Apheresis & Diagnostic Imaging), please indicate which is preferable and why

- One clinical setting
- Variety of ambulatory care settings

And explain why

10. What do you believe are the benefits to you of having been a buddy for a nurse student placement in your department?

11. Please list any education / training / information that you believe could have assisted you in the buddy role

Gantt Chart.

	Conduct of Activity	2005		2006															
		Sept	Feb	April	June	July													
<b>Program Development</b>																			
	Discussion with Universities re utilisation of alternative settings for community placements																		
	Meetings with PM@H, Apheresis, O/pt NUM's to discuss option for alternative settings																		
	Development of Undergraduate Placement timetable for 2006																		
	Inservice for PM@H staff re proposed changes to student allocation																		
	Meeting with NUM Diagnostic Imaging to discuss student placements																		
<b>Training and Staff Support</b>																			
	Discussion of changes to undergraduate placement program with Education Staff																		
	Training sessions: PM@H, Apheresis, Diagnostic Imaging, Outpatient Ground floor & Outpatient LL2 R/T staff																		
	Tour and orientation for undergraduate students																		
	Student debriefing meetings																		
<b>Selection</b>																			
	Allocation of undergraduate student to 'buddy nurse'																		
<b>Data</b>																			
	Development of individual student placement timetables																		
	Development of staff pre placement survey																		
	Development of training program																		
	Development of student pre placement survey																		
	Modification to current student post placement evaluation tool to incorporate project issues																		
	Dissemination/collection of staff pre placement survey																		
	Dissemination/collection of student pre placement survey																		
	Collection of student post placement evaluation																		
	Collation of data																		
	Project Report																		

Short Course Coordinator

Gantt Chart.

APPENDIX 9

	Conduct of Activity	2006																
		Aug			Sept			Oct			Nov			Dec				
<b>Program Development</b>																		
	Discussion with Universities re utilisation of alternative settings for community placements																	
	Meetings with PM@H, Apheresis, O/pt NUM's to discuss option for alternative settings																	
	Development of Undergraduate Placement timetable for 2006																	
	Inservice for PM@H staff re proposed changes to student allocation																	
	Meeting with NUM Diagnostic Imaging to discuss student placements																	
<b>Training and Staff Support</b>																		
	Discussion of changes to undergraduate placement program with Education Staff																	
	Training sessions: PM@H, Apheresis, Diagnostic Imaging, Outpatient Ground floor & Outpatient LL2 R/T staff	█	█															
	Tour and orientation for undergraduate students	█		█	█	█	█		█	█	█		█	█	█			
	Student debriefing meetings	█		█	█	█	█		█	█	█		█	█	█			
<b>Selection</b>																		
	Allocation of undergraduate student to 'buddy nurse'		█	█	█	█		█	█			█	█					
<b>Data</b>																		
	Development of individual student placement timetables																	
	Development of staff pre placement survey																	
	Development of training program																	
	Development of student pre placement survey																	
	Modification to current student post placement evaluation tool to incorporate project issues																	
	Dissemination/collection of staff pre placement survey	█	█															
	Dissemination/collection of student pre placement survey	█		█	█	█	█		█	█	█		█	█	█			
	Collection of student post placement evaluation	█		█		█			█		█					█		
	Collation of data																█	
	Project Report (Interim)																█	

Short Course Coordinator

Name	Title	Organisation
Tracey Taylor	<b>Short Course/Undergraduate Program Coordinator Project Manager</b>	<b>Peter MacCallum Cancer Centre</b>
Denise Spencer	<b>Nurse Manager, Education Department</b>	
Darren Gray	<b>Nurse Unit Manager, Peter Mac @ Home</b>	
John Larcombe	<b>Associate Nurse Manager, Peter Mac @ Home</b>	
Steve Stewart	<b>Nurse Unit Manager, Outpatient Department</b>	
Nicole Sowter	<b>Associate Nurse Manager, Radiotherapy Nursing</b>	
June Paigan	<b>Acting Nurse Manager, Apheresis Service</b>	
Melissa Neal	<b>Nurse Manager, Diagnostic Imaging Department</b>	
Malcolm Elliott	<b>Clinical Course Convenor, School of Nursing</b>	<b>Deakin University</b>
Sandra Lucas	<b>Coordinator, Community Nursing Practice, School of Nursing &amp; Midwifery</b>	<b>Latrobe University, Bundoora</b>
Katrina Recoche	<b>Unit Coordinator Community Nursing</b>	<b>Monash University, Peninsula campus</b>

## UTILIZATION OF ALTERNATIVE SETTINGS FOR UNDERGRADUATE NURSING CLINICAL PLACEMENTS

FINAL BUDGET (One Semester)

APPENDIX 11

ITEM	COST (incl GST)
Orientation of Undergraduate Students x 5 clinical blocks x 1.5 hrs x \$35.88/hr	\$269.10
Indirect Clinical Supervision - \$35.88/hr (1.5 hrs/wk/student x 2 students) x 12 weeks	\$1420.84
Stationery and resources – student orientation pack, student rosters, program outlines, objectives - materials and preparation	\$216
Project Officer – Program Development and evaluation, preparation of report - \$38.00/hr x 90	\$3420
Registered Nurse Clinical Supervision Update Program: 26 Peter Mac Nursing staff x 2 hours program (includes Train the trainer program, resource folder, introductory sessions) = 2 hours x 26 x \$28/hr = \$1456 Project Officer training delivery 2 hrs x 5 departments (7 occasions) x \$38/hr = \$532 Program maintenance, staff support and feedback sessions. 57 staff x 1 hr x \$28/hr + Project officer x 1 hr x 57 staff x \$38/hr = \$3477	\$5465
Program profiling, maintenance and informal feedback from Nurse Unit Managers 15 hrs x \$35.88/hr	\$157.06 (DHS) \$434.96 (Peter Mac)
Staff time supporting an increase of student numbers from 9 to 24 clinical weeks over one semester. (38hrs/wk x 15 wks x \$28/hr)	\$15,960 (Peter Mac)
<b>TOTAL</b>	<b>\$27,342.96</b>
<b>DHS FUNDING</b>	<b>\$10,948.00</b>
<b>OTHER FUNDING (Peter Mac)</b>	<b>\$16,394.96</b>