'Building Capacity in Palliative Care Clinical Training'

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BETHESDA HOSPITAL
PRECEPTOR GUIDE
Contents

Project overview 3
Bethesda Hospital clinical placement student learning objectives 4
Course overview 5
   Master of Nursing Science (entry-to-practice) 5
   Notre Dame Bachelor of Nursing
Bethesda Hospital clinical placement units 6
   UWA 6
   Notre Dame 7
Palliative care curriculum content 9
   UWA 9
   Notre Dame 9
Clinical placement model 10
Key contacts 10
Preceptorship 11
Clinical performance appraisal of the nursing student 13
   UWA 13
   Notre Dame 14
Australian Nursing & Midwifery Accreditation Council’s Nursing Practice Decisions Guide 17
Nursing student clinical skills list 19
   UWA 19
   Notre Dame 22
References 30

Appendices: 31
   1. Preceptor checklist
**Preface**

This Preceptor Guide has been developed to provide information to Bethesda Hospital Registered Nurse Preceptors who may precept University of Western Australia (UWA) Master of Nursing Science (entry-to-practice) students and The University of Notre Dame Australia (Notre Dame) Bachelor of Nursing students during their clinical placements. The guide provides information on the nursing courses, nursing student scope of practice, clinical performance appraisal requirements & university support contacts available for Preceptors and nursing students. The University of Western Australia and The University of Notre Dame Australia would like to thank the Registered Nurses acting as Preceptors for their valued contribution to the professional development of our nursing students as future novice registered nurses.

**Project Overview**

The Faculty of Medicine, Dentistry & Health Sciences at the University of Western Australia, in collaboration with the School of Nursing and Midwifery at the University of Notre Dame Australia and Bethesda Hospital are working together to provide enhanced clinical training for health professional students in the area of palliative care.

‘Building Capacity in Palliative Care Clinical Training’ is a Health Workforce Australia funded project which seeks to provide nursing and medical students with the opportunity to learn about caring for people receiving palliative care at Bethesda Hospital and within the community palliative care service delivered by Bethesda Hospital.

Students attending a clinical placement at Bethesda Hospital will be supported by Bethesda Hospital staff, a Practitioner Scholar (Nursing) and a Palliative Care Physician, who will identify and facilitate interprofessional learning and practice opportunities. A ‘Learning Hub’ has been created adjacent to the palliative care unit to provide students and Bethesda Hospital staff with a dedicated learning and debriefing environment.

Project information & resources are available at the project website [www.uwa.edu.au/bcpct](http://www.uwa.edu.au/bcpct)

If you have any queries, or for further information about this project, please e-mail: pcct-sph@uwa.edu.au
Bethesda Hospital clinical placement student learning objectives
The following clinical learning objectives are specific to this clinical placement program & are derived from the PCC4U core module learning objectives:

- analyse the impact historical trends have on community perceptions about death, dying and bereavement in contemporary society;
- recognise how your own values and beliefs about death and dying affect your responses and interactions with people with life-limiting illnesses and their families;
- describe the core principles of palliative care;
- demonstrate the principles of effective communication when interacting with people with life-limiting illnesses and their families;
- identify sources of psychological, social and spiritual support for people with life-limiting illnesses and their families;
- describe the epidemiological and clinical features along the illness trajectories of specific life-limiting illnesses;
- explain the principles for assessing common symptoms and health problems associated with life-limiting illnesses;
- explain the principles for management of common symptoms and health problems associated with life-limiting illnesses;
- recognise the different responses and emotions of people living with life-limiting illnesses and their families;
- discuss strategies for facilitating collaborative decision-making on care goals with people with life-limiting illnesses and their families;
- identify interventions that will optimise physical, psychological and social function for people with life-limiting illnesses and their families;
- analyse the effect of care giving on the family networks of people with life-limiting illnesses.
UWA Master of Nursing Science (entry to practice) course overview
The Master of Nursing Science (entry-to-practice) course is a two year (4.5 semesters) graduate-entry Master’s degree, leading to eligibility to register with the Nurses & Midwives Board of Australia. The course is designed for those who have a bachelor’s degree in any area, who wish to undertake further education to become a registered nurse. The course is accredited by the Nursing & Midwifery Board of Australia (NMBA).

This course has been developed in partnership with Sir Charles Gardiner Hospital (SCGH) and adopts a dedicated primary clinical placement model, where possible students will undertake most of their adult placements at SCGH. The clinical placements commence in the first semester of study providing early exposure and learning in the clinical environment and the opportunity to link theory to practice. Students undertake 896 hours of clinical placement in a variety of clinical settings including acute care, critical care, mental health, paediatrics, rural health and international placements. The theoretical course content includes the scientific basis of nursing, the human context of nursing, the public health context of nursing, the profession of nursing & the evidence base of nursing.

The UWA Master of Nursing Science course handbook can be viewed at http://courses.handbooks.uwa.edu.au/courses/c9/91510

Notre Dame Bachelor of Nursing course overview
The Bachelor of Nursing course is a 3 year (6 semesters) comprehensive university program, including specialist nursing studies, behavioral and health sciences, professional development and the compulsory core curriculum units. The Bachelor of Nursing has been designed to prepare students as beginning practitioners to be registered to work in a variety of hospital and health care settings. The course provides a basis for future self-development and will enable students to continue to develop in all fields of health delivery.

The course has four broad study streams:
- Behavioural Science
- Health Science
- Nursing Care: Theory & Practice
- Personal & Professional Development

The course uses a problem solving and evidence based practice approach in teaching. Theoretical and practical components are integrated. Students undertake 13 weeks clinical placement per year in a variety of hospital, community and health care settings. The course is accredited by the Nurses & Midwives Board of Australia (NMBA). The University of Notre Dame Student Clinical Handbook can be viewed in full at http://www.nd.edu.au/downloads/fremantle/student_clinical_handbook_2012.pdf
Bethesda Hospital clinical placement units for UWA nursing students

Students in the Master of Nursing Science course will complete a total of 896 clinical placement hours spread across seven Nursing Practice units. A summary of the three clinical placement units where students will attend Bethesda Hospital can be found below:

**NURS8822 Nursing Practice 2**
This unit builds on the knowledge and skills gained in Nursing Practice 1 and Clinical Nursing Skills 1 and complements Clinical Nursing Skills 2, by introducing students to the dimensions of medical/surgical nursing of individuals across the life-span. The clinical placement consists of a 10 day clinical placement undertaken over a two week period.
The major focus for the clinical placement component of this unit is the integration of the principles of medical/surgical nursing, clinical decision making, and more complex nursing interventions. On completion of the unit it is expected that students, while providing therapeutic interventions, are able to incorporate the collection of health assessment data and adjust care accordingly for 2-3 patients.

**NURS8823 Nursing Practice 3**
This unit builds on the skills and knowledge gained in Nursing Practice 1 & 2 and Clinical Nursing Skills 1 & 2. The unit will introduce students to the dimensions of nursing individuals with complex health care needs.

The focus of the clinical placement component of this unit is the integration of the principles for holistic nursing, clinical decision making and more complex and advanced nursing interventions applied within a critical care or other specialty setting. The clinical placement consists of a 10 day placement in a specialty area (such as palliative care, intensive care unit, emergency department, operating theatres, and high dependency units) undertaken over a two week period. On completion of the unit it is expected that students would be able to manage the care of patients, practicing within their scope of practice, according to the dynamics of their designated clinical setting, with the supervision, guidance & assistance of their Preceptor.

**NURS8820 Clinical Nursing Practicum**
This unit seeks to prepare students for their transition from nursing student to professional practice as a beginning registered nurse. Students will further consolidate and apply the knowledge and skills they have acquired throughout the course and demonstrate competence in each of the ANMC national competency standards for the registered nurse.

Topics of focus within this unit include palliative care practice, interprofessional practice, transition from student to registered nurse & preceptorship.

The clinical placement consists of two interprofessional practice clinical placement experiences & a four week final practicum, either of which may be undertaken at Bethesda Hospital. The student should be able to provide therapeutic interventions & appropriately manage the care of a full patient load (dependent upon the setting) independently with minimal supervision & guidance from their Preceptor.
Bethesda Hospital clinical placement units for Notre Dame nursing students

Students in the Bachelor of Nursing course will complete a total of 1240 clinical placement hours. These clinical placement hours are spread across 6 semesters.

NSP 201

The third of the Nursing Practice Units changes the focus of nursing care to that of the individual within the hospital setting requiring secondary care. Students will be provided with the opportunity to apply their classroom learning in the areas of medical nursing. To prepare students 2 hours of lecture content are provided. Students are guided in their learning by both work place mentors and a university clinical supervisor. Student assessment for this unit is through the completion of the Clinical Practicum Assessment Tool (CPAT) and both a pre and post reflective paper. A total of 240 clinical hours is required, this occurs over a variety of nursing shifts throughout the week to provide a reality of practice to the nursing profession.

At the completion of this unit, a student will:

- Identify their own learning objectives for the practicum context they will be undertaking;
- Describe and demonstrate the strategies they will utilise to meet their learning objectives for the practicum they are undertaking;
- Self appraise how well they have been able to achieve their learning objectives during their clinical practicum experience;
- Demonstrate competency in each of the 45 ANMAC competency elements of the core competency standards as described by the ANMAC National Competency Standards for Registered Nurses (RNs) http://www.anmc.org.au;
- Be able to utilise the Nurses and Midwives Board of Australia Scope of Practice when implementing a nursing intervention.

NSP302

The final of the Nursing Practice Units provides students with the opportunity to consolidate their learning in a chosen specialty. These areas include medical, surgical, paediatrics, maternity, peri operative, mental health and palliative care. To prepare students 2 hours of lecture content are provided. Students are guided in their learning by both work place mentors and a university clinical supervisor. Student assessment for this unit is through the completion of the Clinical Practicum Assessment Tool (CPAT) and both a pre and post reflective paper. A total of 160 clinical hours is required, this occurs over a variety of nursing shifts throughout the week to provide a reality of practice to the nursing profession.

At the completion of this unit, a student will:

- Identify their own learning objectives for the practicum context they will be undertaking;
- Describe and demonstrate the strategies they will utilise to meet their learning objectives for the practicum they are undertaking;
- Self appraise how well they have been able to achieve their learning objectives during their clinical practicum experience;
- Demonstrate competency in each of the 45 ANMAC competency elements of the core competency standards as described by the ANMAC National Competency Standards for Registered Nurses (RNs) http://www.anmc.org.au;
- Be able to utilise the Nurses and Midwives Board of Australia Scope of Practice when implementing a nursing intervention.
Palliative care curriculum content

UWA-

- Semester 2
  - Introduction to palliative care
  - Differentiate between palliative care & end of life care
- Semester 3
  - Care of the dying
  - Death & dying in indigenous culture
  - Death & dying in critical care environments
- Semester 4 (adapted from PCC4U)
  - Symptom control
  - Pain management
  - Palliative approach
  - Advanced health care directives
  - Loss & grief

Notre Dame-

NUR100 NURSING COMMUNICATIONS
Palliative Care Module
The student will:

1. Demonstrate an understanding of the principles of effective communication when caring for people with life limiting illnesses and their families.
2. Demonstrate an awareness of the standards for providing quality palliative care for people with life limiting illness and their families.

Semester 2
NSP 102.1 Clinical Practicum 2 (Palliative care)
Objectives
The student will be able to:

- Utilise the NBWA: scope of Nursing Practice when implementing a nursing intervention.
- Demonstrate an understanding of the basic principles and concepts of palliative nursing, including but not restricted to:
  - A palliative approach
  - Holistic care
  - Communication
- Demonstrate an understanding of the needs, responses and wishes of an individual with a life limiting illness.
Clinical placement model

Students will be supervised & assessed by a dedicated Preceptor or team of Preceptors. Preceptors will be experienced competent registered nurses nominated from within the clinical placement settings to provide students with support, teaching and sharing of clinical expertise. Preceptors will also be responsible for facilitating achievement of student learning objectives, implementing strategies for identified knowledge or skill deficits and contributing to the student’s clinical performance appraisal tool (CPAT).

The project has a dedicated nursing position to support both nursing students and Preceptors during clinical placements.

- Nursing- Practitioner Scholar (Nursing) Assistant Professor Karen Tambree

There will be a UWA contact person available at all times (either on site or via mobile) students are on clinical placement.

Key contacts

<table>
<thead>
<tr>
<th>UWA clinical support person</th>
<th>Contact details</th>
</tr>
</thead>
</table>
| **Practitioner Scholar (Nursing) & Clinical Project Coordinator** | Assistant Professor Karen Tambree  
karen.tambree@uwa.edu.au  
Pager 022  
6488 1308 |
| **UWA Nursing Practice Unit Coordinator & Project Co-CI** | Assistant Professor Olivia Hill  
olivia.hill@uwa.edu.au  
6488 7141 |
| **UWA medical student placement coordinator** | Associate Professor David Thorne  
david.thorne@uwa.edu.au  
9224 0274 (RPH)  
93353130 (Message service) |
| **Notre Dame Clinical Coordinator** | Kylie Russell  
kylie.russell@nd.edu.au  
9433 0183 |
| After business hours or when UWA clinical support person is not contactable | Mobile: 0414 540 021 |
| After business hours or when Notre Dame clinical support person is not contactable | Mobile: 0452 549 438 |
Preceptorship

A Preceptor is a competent registered nurse who teaches, counsels, inspires, serves as a role model and supports professional growth of the novice nursing student.

As part of the clinical placement model students will be supervised on a 1:1 basis by a dedicated preceptor or team of preceptors.

Preceptors will be responsible for the following;

- providing students with a ward/unit orientation;
- supporting, teaching and sharing of clinical expertise;
- facilitating achievement of student clinical learning objectives, and implementing strategies for identified knowledge or skill deficits;
- contributing to the student’s clinical performance appraisal tool (CPAT).

Figure 1: The multifaceted role of the Preceptor

The Preceptor should work with the student to facilitate the achievement of clinical learning objectives and psychomotor skill development. Establishing a positive relationship with the student within a climate of experiential learning will best facilitate the student's professional development.

Preceptors should be aware of the principles of adult learning:

- Learning is an individual experience;
- Adults learn in different ways, through different preferred mediums (e.g. visual, practical, theoretical);
- The learning experience should make sense to the student;
- Learning occurs best in situations that tolerate differences and are characterised by trust and respect.

Students will learn through observation of their Preceptor's practice, discussion and analysis of clinical situations with the multidisciplinary team, and assisting the Preceptor to undertake patient care procedures. **Students must practice under the direction of a Registered Nurse at all times.** Students are only permitted to practice skills they have undertaken the theoretical & practical learning within the university setting. Students are responsible for informing the Preceptor of their practice limitations. It is the student's responsibility to check the hospital/health service policies and procedures prior to undertaking specific care activities.
Clinical performance appraisal of the nursing student

The Preceptor will base their appraisal on direct observation of student performance and discussion with the student, other clinical staff having contact with the student, and the Practitioner Scholar (Nursing). Feedback may also be obtained from patients and significant others for whom the student has provided care. The clinical performance appraisal is to be completed by the end of clinical placement.

The Practitioner Scholar (Nursing) should be notified if the Preceptor experiences any concerns regarding the clinical performance appraisal of a student. The Practitioner Scholar (Nursing) will liaise with the appropriate university contact regarding student performance issues.

UWA CPAT

The rating scale, as illustrated in the table below, will be used to indicate the level of clinical performance achieved by the student. Competency standards are described within four domains. A rating is to be applied to each competency element based on the student’s achievement of the performance criteria.

Whilst each university has a slightly differently formatted tool the underpinning principles of assessment are the same. Please refer to the grading scale below:

<table>
<thead>
<tr>
<th>SCALE</th>
<th>PROFESSIONAL STANDARD</th>
<th>QUALITY OF PERFORMANCE</th>
<th>ASSISTANCE REQUIRED</th>
</tr>
</thead>
</table>
| Competent (C) (=Independent) | • Safe and Accurate  
  • Consistently achieves the intended purpose  
  • Consistently performs in an appropriate manner | • Proficient, coordinated, confident  
  • Efficient use of resources and energy  
  • Performs within an excellent time period | • Without supporting cues |
| Competent with Supervision (CS) | • Safe and Accurate  
  • Consistently achieves the intended purpose  
  • Consistently performs in an appropriate manner | • Efficient, coordinated confident  
  • Moderately excessive expenditure of energy  
  • Performs within a reasonable time period | • Occasional supportive cues |
| Dependent (D) (Requires Development) | • Unsafe  
  • Unable to demonstrate intended behaviour | • Unable to demonstrate procedure or behaviour  
  • Lacks confidence, coordination | • Requires procedure to be completed by Preceptor/Practitioner Scholar |

Adapted from Bondy (1983)

Students who achieve a D rating (requires development) in the clinical performance appraisal will be deemed to have failed the clinical placement.

If you have any queries regarding the completion of the CPAT please discuss with the Practitioner Scholar (Nursing).

Please refer to Appendix 3 to review a completed UWA CPAT sample.
Notre Dame CPAT

The CPAT requires students to demonstrate how they have met the Australian and Nursing Midwifery Council (ANMAC) competencies of the Registered Nurse. The ANMAC competencies are the descriptions of a professional RN – regardless of which field they may be practicing in.

**Summative report**

In order to pass the rotation the student must achieve a ‘C’ or ‘CS’ in all ten (10) competency units indicating that the student is competent in all four ANMAC domains. If the student is assessed as ‘NC’ an explanatory comment that outlines and supports the outcome must be provided.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Unit / Elements</th>
<th>C (Pass)</th>
<th>CS</th>
<th>NC (Fail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Practice</td>
<td>Competency Unit 1 – 3 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Competency Unit 2 – 7 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Thinking and Analysis</td>
<td>Competency Unit 3 – 5 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Competency Unit 4 – 4 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision and Coordination of Care</td>
<td>Competency Unit 5 – 3 elements</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Competency Unit 6 – 4 elements</td>
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<tr>
<td></td>
<td>Competency Unit 7 – 8 elements</td>
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<tr>
<td></td>
<td>Competency Unit 8 – 2 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative and Therapeutic Practice</td>
<td>Competency Unit 9 – 5 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Competency Unit 10 – 4 elements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total number of ‘C’, ‘CS’, ‘NC’</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The total of ‘C’, ‘CS’ or ‘NC’ is entered into each column and tallied at the bottom of the column. Initials are not to be entered into these columns.
- One ‘NC’ equates to a ‘Fail’ for the rotation.
- This is completed at the end of the placement. The mentor/clinical supervisor documents an overall comment.
- This must be completed by a registered nurse.

**Mentor Comment (RN/RM)**

Mentor Name/Signature/Registration:  
Date:

Please circle recommended outcome  
Competent (Pass)  Not Competent (Fail)
### Notre Dame Clinical Supervisor / CELO Comment

<table>
<thead>
<tr>
<th>Notre Dame Clinical Supervisor / CELO name/Signature/Registration:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Please circle **recommended** outcome

<table>
<thead>
<tr>
<th>Competent (Pass)</th>
<th>Not Competent (Fail)</th>
</tr>
</thead>
</table>

**Additional comment by NSP unit coordinator (if required):**

<table>
<thead>
<tr>
<th>NSP Unit Coordinator Name/Signature/Registration number:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Student Signature:**

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

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**Formative Assessments**

This assessment should occur mid way through the clinical placement. This should involve the student and their mentor/clinical supervisor discussing and determining any areas of knowledge, skill or practice that requires further development. This is not a learning contract, instead a guide for the student to follow for the remaining prac time to continue to develop their skills. If the mentor or clinical supervisor believes that the student is at risk of receiving a ‘NC’ for an element a Learning contract must be commenced. This allows the student to set objectives and strategies to meet the criteria for a pass.

At the conclusion of each Domain section there is space provided for the Mentor and/or Clinical Supervisor to add this documentation. It is not essential for those students that pass the placement for this to be completed, however it will provide the student with additional feedback on their progress.

**For students who do not pass the placement this section must be completed if the fail relates to this specific domain.**

### Formative Assessment Comments (RN/RM) (as required mid practicum)

<table>
<thead>
<tr>
<th>Assessors Signature (RN/RM):</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Initials:</th>
</tr>
</thead>
</table>

### Final Summative Assessment Comments (RN/RM) (a comment must be documented if any “NC” recorded.)

<table>
<thead>
<tr>
<th>Assessors Signature (RN/RM):</th>
<th>Date:</th>
</tr>
</thead>
</table>

| Student Initials: |
**Exemplars**

Students are required under each Domain to enter exemplars of their practice to demonstrate that they meet the ANMAC competencies of the Registered Nurse.

- A description of an event / action / nursing intervention in which the student participated. This can be signed by any member of staff to confirm their participation.
- It is to include reflections on practice and how this demonstrates the ANMAC competency elements.
- Examples of practice may meet multiply competency elements from more than one domain. Students are to write the elements numbers next to each exemplar.
- Each element should be linked to more than one exemplar to demonstrate competence.
- Students are to demonstrate critical thinking, not just write out a task list of what they did.
Nursing Practice Decisions Guide

[NOTE: the order in which these issues are considered may vary according to context]

Identify client need/benefit
- Has there been a comprehensive assessment by a registered nurse to establish the client’s needs/ or their need for improved access to care?
- Has there been appropriate consultation with the client/their family/significant others?
- Is the activity in the client’s best interests?

Yes to all

No to all

Reflect on scope of practice and nursing practice standards
- Is this activity within the current, contemporary scope of nursing practice?
- Have legislative requirements (e.g., specific qualification needed) been met?
- If authorisation by a regulatory authority is needed to perform the activity, does the person have it or can it be obtained before the activity is performed?
- Will performance comply with nursing practice standards/ evidence?
- If other health professionals should assist, supervise or perform the activity, are they available?

Yes to all

No to all

Consider context of practice/organisational support
- Is this activity/practice supported by the organisation?
- If organisational authorisation is needed, does the person have it or can it be obtained before performing the activity?
- Is the skill mix in the organisation adequate for the level of support/supervision needed to safely perform the activity?
- Have potential risks been identified and strategies to avoid or minimise them been identified and implemented?
- Is there a system for ongoing education and maintenance of competence in place?
- If this is a new practice:
  - Are there processes in place for maintaining performance into the future?
  - Have relevant parties been involved in planning for implementation?

Yes to all

No to all

Select appropriate, competent person to perform the activity
- Have the roles and responsibilities of registered and enrolled nurses and non-nurses been considered?
- Does the person who is to perform the activity have the knowledge, skill, authority and ability (capacity) to do so autonomously or with education, support and supervision?
- Is the required level of education, supervision/support available?
- Have all factors associated with delegation been considered?
- Is the person confident and do they understand their accountability and reporting responsibilities in performing the activity?

Yes to all

No to all

Yes to all

No to all

YES TO ALL

ACTION
- Proceed to:
  - perform the activity OR
  - delegate to a competent person
  - document the decision and the actions

EVALUATE

Document and evaluate and, if change still desired, commence process again

NO TO ANY

ACTION
- Consult/seek advice (e.g., NUM, DON other health professional) OR
- Refer/collaborate OR
- Plan to enable integration/practice change if appropriate (including developing/ implementing policies, gaining qualifications as needed)

Yes to all

No to all

context

Page 17 of 31
The Nursing Practice Decisions Guide aims to guide clinical decision making that demonstrates accountability in your role as a registered nurse. Education, experience and competent practice are the foundations of safe clinical practice. The Nursing Practice Decisions Guide provides structure for consideration of these aspects within a risk management framework.

The clinical placements offered to the nursing students aim to develop their education, experience and practice competency. As a Registered Nurse would apply this algorithm to their practice, the nursing students are educated to consider the application of the Nursing Practice Decisions Guide to their beginning practice. In turn, the Preceptor working with the nursing student should consider the application of the Nursing Practice Decisions Guide when supervising and/or delegating patient care to the nursing student.

The Preceptor must ask:

- Has the student undertaken sufficient education and preparation to perform this activity?
- Am I confident the student is able to achieve a beneficial outcome for the patient?
- Have the student and I considered any potential hazards and developed strategies to avoid them?
- Have I considered the consequences of my decision to allow the student to proceed?

If the answer to any of these questions is NO; the Preceptor should discuss this with the student, work with the student to develop strategies to overcome these practice barriers, and consult the Practitioner Scholar (Nursing) as required.

When delegating care procedures to the nursing student in the clinical placement setting, the Preceptor must consider the relevant education, experience and competence of the individual student. The Preceptor should also refer to the clinical skills list on the following page and confirm with the student that they have undertaken the theoretical and clinical skills laboratory practice of the skill in question.

UWA Nursing student clinical skills list
The following table details the clinical skills that students are able to participate in at differing stages of their course progression. This list is not exhaustive. Any queries should be directed to the Practitioner Scholar (Nursing).

<table>
<thead>
<tr>
<th>Clinical skill</th>
<th>NURS 8822 UWA</th>
<th>NURS 8823 UWA</th>
<th>NURS 8820 UWA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT ASSESSMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient interviewing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical assessment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Vital sign assessment (T, P, R, BP, oxygen saturation)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Full neurological observations (FNO)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Neurovascular observations (NVO)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pain assessment &amp; management</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patient care analgesia monitoring (vital sign assessment only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidural monitoring (vital sign, dermatome &amp; bromage assessment only)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pre &amp; post procedural care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental Health Status Examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrocardiogram (ECG)</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Care of an arterial line</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>ACTIVITIES OF DAILY LIVING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting patients to reposition &amp; mobilise</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Assisting patients with hygiene (bed making, bath, shower, oral care, grooming, toileting)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Application &amp; removal of anti-embolism stockings</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>DOCUMENTATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progress note entry</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Routine documentation (e.g. fluid balance chart, vital signs chart, BGL record, admission/discharge documentation, assessment documentation)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Provide handover</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Care plan development &amp; revision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Quality improvement activities (including clinical audits)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clinical skill</td>
<td>NURS 8822 UWA</td>
<td>NURS 8823 UWA</td>
<td>NURS 8820 UWA</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>NUTRITION &amp; HYDRATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose measurement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral feeding <em>(excluding dysphagic patents)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral feeding of a dysphagic patient</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nasogastric tube insertion &amp; management</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Enteral feeding &amp; tube management</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Intravenous hydration therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Management of central venous catheters (CVC/PICC)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Infant feeding</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>ELIMINATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen collection (fecal, urine, sputum)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Bladder scanning</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Insertion &amp; management of intermittent or in-dwelling catheter</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Application &amp; management of a uridine</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Bladder wash-out</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Drainage of colostomy/ileostomy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Stoma care</td>
<td>✓</td>
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<tr>
<td><strong>WOUND CARE</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Simple wound dressing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Complex wound dressing <em>(includes wound debridement, packing wounds, stump bandaging)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Removal of sutures &amp; staples</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Management &amp; removal of wound drains</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clinical skill</td>
<td>NURS 8822 UWA</td>
<td>NURS 8823 UWA</td>
<td>NURS 8820 UWA</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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<tr>
<td><strong>MEDICATION MANAGEMENT</strong></td>
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<td></td>
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<tr>
<td>Administration of oral medications</td>
<td>✓</td>
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</tr>
<tr>
<td>Administration of topical, inhalant, rectal, vaginal, subcutaneous, intramuscular and intravenous medications <em>(excluding immunisations)</em></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Administration of schedule 8 medications <em>(excluding via intravenous route)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Administering oxygen therapy via nasal cannula or mask</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td><strong>RESPIRATORY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring oxygen therapy via nasal cannula or mask</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Insertion &amp; suctioning of oral &amp; nasal airways</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Apnea Monitor</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Management &amp; removal of intercostals catheters <em>(ICC)</em></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Tracheostomy care &amp; suctioning</td>
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<tr>
<td>Caring for a patient with non-invasive positive pressure ventilation</td>
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<tr>
<td>Handwashing</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Admission of a patient</td>
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<tr>
<td>Discharge of a patient</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Standard &amp; additional precautions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Patient education</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>End of life care</td>
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<td>✓</td>
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<tr>
<td>Surgical scrub, gloving &amp; gowning</td>
<td></td>
<td>✓</td>
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</table>
Notre Dame Nursing student clinical skills list

**GENERAL STREAM**

**1ST YEAR SKILLS** (new curriculum)

- Simple Dressing and basic wound management
- Bed-making
- Vital signs: TPR, BP, O₂ Saturations
- Perform Blood Sugar levels
- Nasogastric, peg feeds via gravity and infusion pump
- Bottle feeding (infants)
- Urine testing
- Bed bathing/showering/clothing/shaving
- Toileting
- Meal assist
- Admission of new patients or residents
- Manual handling

**2ND YEAR SKILLS**

**SEMESTER 3**

- Insertion of IDC (male & female) with direct supervision of a RN (Male as per hospital policy and female)
- Insertion of nasogastric tube
- Pre and post operative nursing care
- Care of patients on a bladder washout
- General system physical assessment
- Understanding of pathophysiology of disease
- Formulation of care plans with regard to specific illness and disease
- Knowledge and understanding of different routes of medication
- Knowledge and understanding of nursing implications of care in relation to administration of medication
- Changing of patient controlled analgesia pumps / narcotic syringes
- Neurovascular observations
- Glasgow Coma Scale assessment
- Care of IV lines including:
  - Priming lines
  - Changing of IV fluid
  - Management of IV infusion pumps
  - Blood transfusion
SEMESTER 4

Holding Bay/Pre-op Bay

- Pre-operative checklist
- All necessary documents are available
- Providing support to the patient in this preoperative phase

Anaesthetics

- Preparation of the anaesthetic induction room and associated equipment
- Assistance with patient transfer and positioning – safety considerations
- Application of monitoring devices
- Assistance with induction, intubation, maintenance and emergence from anaesthesia
- Airway management, including:
  - Equipment required
  - LMA
  - Guedels Airway
  - Endotracheal tube
  - Laryngoscope
- Knowledge of:
  - general anaesthetics,
  - regional anaesthesia,
  - emergency drugs

Instrument Nurse

- Correct scrub technique
- Correct gowning and gloving technique
- Correct draping of instrument trolley
- Correct draping of a patient undergoing surgery
- Asepsis and aseptic technique
- Preparation and maintenance of a sterile field
- Maintain accuracy of the surgical count
- Basic instrumentation – general and endoscopic
- Anticipation of surgical events and associated requirements
- Application of the surgical dressing and wound drainage devices

Circulating Nurse

- Correct count procedure
- Patient safety
- Patient positioning
- Team Time Out
- Maintain accuracy of the surgical count
- Provision of sterile supplies
- Intraoperative documentation
- Assists surgical team throughout procedure
- Postoperative transfer and handover to the recovery room nurse

Recovery Room/Post Anaesthetic Care Unit
- Accepting patient into the unit
- Maintenance of the patient’s airway, breathing and circulation
- Connecting monitoring equipment
- Pain control
- Relief from nausea and vomiting
- Assessment of the wound site
- Handover to ward nurse

**General**
- Advanced Wound Management
  - Establishment, maintenance and alteration to wound care management plans
  - Stoma, urostomy and colostomy care
- Pressure ulcer assessment and management
- Care and removal of various drainage systems, shortening of corrugated drain (under direct supervision)
- Removal of sutures and staples

**3rd YEAR SKILLS**

**SEMESTER 5**

- An awareness of professional relationships with other members of the Mental Health Team
- Strategies to address issues of challenging behaviours e.g., client aggression
- Formulation of care plan specific to mental health.
- Active participation in areas related to client education
- Participates appropriately during group sessions
- An understanding of pharmacological interventions used commonly amongst mental health clients
- An understanding of the role of the nurse in drug administration in a mental health setting
- Routine nursing care of clients who are suffering from withdrawal
- Awareness of the nurses' responsibility in caring for clients who are suicidal
- A practical understanding of the Mental Health Act as deemed appropriate for 3rd year nursing students
- Understanding of National Standards of Mental Health Services (NSMHS) when planning care for mentally ill clients
- Understanding of mental health assessment, using those forms which are used routinely, in the clinical area to which the student is attached
- Understanding of common psychiatric diagnoses
- An awareness of Community Treatment Orders
**SEMESTER 6**

- Focused systems physical assessment
- Monitoring and maintenance of patients’ airways
  MAY include artificial airways
- Monitoring and maintenance of respiratory function
- Monitoring and maintenance of haemodynamic stability
- Integrated care of critically ill patient
- Psychosocial care of patient, family and significant others

**Maternity placement**

- Support pregnant woman in labour with a midwife present
  (massage back, hand holding etc)
- Simple dressing and basic wound management
- Bed-making
- Vital signs of mother TPR, BP (correct position for pregnant woman), \( O_2 \) Saturations
- Assist mother in showering (after Caesarean Section)
- Assist mother in bed bath
- Assist mother to change baby nappy
- Assist mother to prepare for baby bath
- Correctly hold and carry neonate
- Vital signs of the newborn Temp, Apex beat, Respirations
- Measure head circumference of neonate
- Measure length of neonate
- Weigh neonate
- Vital signs of child TPR, BP, \( O_2 \) Saturations
- Assist child in toileting
- Assist child in showering
- Assist with feeding child/infant
CONVERSION PROGRAM EN TO RN

SEMESTER 1 (EN TO RN)

- Simple Dressing and basic wound management
- Bed-making
- Vital signs: TPR, BP, O₂ Saturations
- Perform Blood Sugar levels
- Nasogastric, peg feeds via gravity and infusion pump
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- Urine testing
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- Knowledge and understanding of different routes of medication
- Knowledge and understanding of nursing implications of care in relation to administration of medication
- Changing of patient controlled analgesia pumps / narcotic syringes
- Neurovascular observations
- Glasgow Coma Scale assessment
- Care of IV lines including:
  - Priming lines
  - Changing of IV fluid
  - Management of IV infusion pumps
  - Blood transfusion

SEMESTER 2 (EN TO RN)

- Support pregnant woman in labour with a midwife present (massage back, hand holding etc)
- Simple dressing and basic wound management
- Bed-making
- Vital signs of mother TPR, BP (correct position for pregnant woman), O₂ Saturations
- Assist mother in showering (after Caesarean Section)
- Assist mother in bed bath
- Assist mother to change baby nappy
• Assist mother to prepare for baby bath
• Correctly hold and carry neonate
• Vital signs of the newborn Temp, Apex beat, Respirations
• Measure head circumference of neonate
• Measure length of neonate
• Weigh neonate
• Vital signs of child TPR, BP, O₂ Saturations
• Assist child in toileting
• Assist child in showering
• Assist with feeding child/infant

Theatres

Holding Bay/Pre-op Bay
• Pre-operative checklist
• All necessary documents are available
• Providing support to the patient in this preoperative phase

Anaesthetics
• Preparation of the anaesthetic induction room and associated equipment
• Assistance with patient transfer and positioning – safety considerations
• Application of monitoring devices
• Assistance with induction, intubation, maintenance and emergence from anaesthesia
• Airway management, including: Equipment required
  o LMA
  o Guedels Airway
  o Endotracheal tube
  o Laryngoscope
Knowledge of:
  o general anaesthetics,
  o regional anaesthesia,
  o emergency drugs

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• Correct gowning and gloving technique
• Correct draping of instrument trolley
• Correct draping of a patient undergoing surgery
• Asepsis and aseptic technique
• Preparation and maintenance of a sterile field
• Maintain accuracy of the surgical count
• Basic instrumentation – general and endoscopic
• Anticipation of surgical events and associated requirements
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Circulating Nurse
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- Patient positioning
- Team Time Out
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- Relief from nausea and vomiting
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- Handover to ward nurse

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  - Stoma, urostomy and colostomy care
- Pressure ulcer assessment and management
- Care and removal of various drainage systems, shortening of corrugated drain (under direct supervision)
- Removal of sutures and staples

SEMESTER 3 (EN TO RN)
- An awareness of professional relationships with other members of the Mental Health Team
- Strategies to address issues of challenging behaviours e.g., client aggression
- Formulation of care plan specific to mental health.
- Active participation in areas related to client education
- Participates appropriately during group sessions
- An understanding of pharmacological interventions used commonly amongst mental health clients
- An understanding of the role of the nurse in drug administration in a mental health setting
- Routine nursing care of clients who are suffering from withdrawal
- Awareness of the nurses’ responsibility in caring for clients who are suicidal
- A practical understanding of the Mental Health Act as deemed appropriate for 3rd year nursing students
• Understanding of National Standards of Mental Health Services (NSMHS) when planning care for mentally ill clients
• Understanding of mental health assessment, using those forms which are used routinely, in the clinical area to which the student is attached
• Understanding of common psychiatric diagnoses
• An awareness of Community Treatment Orders

**SEMESTER 4 (EN TO RN)**

• Focused systems physical assessment
• Monitoring and maintenance of patients’ airways
  MAY include artificial airways
• Monitoring and maintenance of respiratory function
• Monitoring and maintenance of haemodynamic stability
• Integrated care of critically ill patient
• Psychosocial care of patient, family and significant others
References


Nursing & Midwives Board of Western Australia. Guidelines for Preceptor and Preceptorship in Western Australian Nursing/midwifery. Perth: NMBWA; 2009.

### APPENDIX 1
### PRECEPTOR CHECKLIST

<table>
<thead>
<tr>
<th>Student Orientation at the Start of the Rotation</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide student with an orientation to the layout of the ward/clinic</td>
<td></td>
</tr>
<tr>
<td>Provide the student with an overview of the specialty area and patient characteristics of the ward/clinic</td>
<td></td>
</tr>
<tr>
<td>Introduce the student to other staff members</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to the telephone, computer and other ward/clinic based communication systems (i.e. communication books/ward diary)</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to the ward/clinic handover approach, handover documentation and its uses</td>
<td></td>
</tr>
<tr>
<td>Discuss clinical learning objectives with the student for the rotation</td>
<td></td>
</tr>
<tr>
<td>Discuss the process for student assessment during the rotation</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to emergency procedures including fire equipment and exits</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to equipment areas (including personal protective equipment)</td>
<td></td>
</tr>
<tr>
<td>Orientate the student to nursing documentation</td>
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</table>

<table>
<thead>
<tr>
<th>Mid Way through the Rotation</th>
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<tbody>
<tr>
<td>Discuss learning experiences of the student to date</td>
<td></td>
</tr>
<tr>
<td>Revisit the clinical learning objectives with the student</td>
<td></td>
</tr>
<tr>
<td>Provide feedback (both positive &amp; constructive) to the student on their performance</td>
<td></td>
</tr>
<tr>
<td>Discuss any concerns you may have with the UWA clinical support team</td>
<td></td>
</tr>
<tr>
<td>Complete formative clinical performance appraisal tool (for 4 week Clinical Nursing Practicum only)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>End of the Rotation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss learning experiences of the student</td>
<td></td>
</tr>
<tr>
<td>Complete the Clinical Performance Appraisal Tool (CPAT)</td>
<td></td>
</tr>
<tr>
<td>Evaluate achievement of clinical learning objectives of the rotation with the student</td>
<td></td>
</tr>
<tr>
<td>Provide any feedback (both positive &amp; constructive) to the student on their performance</td>
<td></td>
</tr>
<tr>
<td>Receive feedback on your performance as a Preceptor</td>
<td></td>
</tr>
<tr>
<td>Discuss any concerns you may have with the UWA clinical support team</td>
<td></td>
</tr>
</tbody>
</table>