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WELCOME

Welcome to NSP.

We look forward to working alongside you as we together prepare you for the exciting world of nursing practice.

This manual is designed to assist you with your orientation to the NSP unit. It includes general information on our clinical practicum program, our clinical placements team, the differences between the role of the CELO and supervisor, assessment criteria for clinical practicum, what is a learning contract, and a list of our policies, guidelines, skill list and year level objectives. The final section outlines our Emeritus Professor Doreen McCarthy Mentor award.

We hope that you find the information in this manual to be helpful to you. Please remember to refer to your unit outline and any messages posted to you via email and Blackboard for any changes as they occur.

If you have any queries at anytime please do not hesitate to contact a member of the clinical team, as outlined on page seven.

Clinical Placements Team

January 2012
PROGRAMS

The **Bachelor of Nursing** program is for students with no previous qualifications in nursing. This comprehensive 3 year full time program provides students with the qualifications necessary for registration as a Registered Nurse.

The **Bachelor of Nursing Enrolled Nursing Conversion** recognises the relevant prior educational achievements of the Enrolled Nurse and offers a two year formal curriculum containing the subjects required for nursing registration on completion of the program. Students undertake a combination of units from the three year program plus units tailored specifically for the EN to RN student.

The **Diploma of Enrolled Nursing** (Broome campus only) provides students with the qualifications for registration with the Nurses Board as an Enrolled Nurse. This 18 month program meets the requirements of the VET (Vocational Education Training) sector.

**Changes for 2012 Curriculum**

Students commencing in July 2012 will commence the newly accredited Bachelor of Nursing (on page 5). For students enrolled in the Bachelor of Nursing prior to July 2012 you will continue with your current program for 2012 (on page 6).
### 2012 Bachelor of Nursing - Fremantle Campus Course Planner

#### First Year

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Title</th>
<th>Pre-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH100</td>
<td>Human Anatomy and Physiology 1 (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>NS100</td>
<td>Essential Nursing Care (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>PS100.3</td>
<td>Developmental Psychology (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>NP100</td>
<td>Health Communications, Research &amp; Informatics (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>NHP100</td>
<td>Public Health &amp; Health Promotion (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>NSP101</td>
<td>Clinical Practicum 1 (25)</td>
<td>NH100; NS100</td>
</tr>
<tr>
<td>NH101</td>
<td>Human Anatomy and Physiology 2 (25)</td>
<td>NH100</td>
</tr>
<tr>
<td>NH105</td>
<td>Principles of Pathophysiology and Pharmacology (25)</td>
<td>NH100; NS100</td>
</tr>
<tr>
<td>NB101</td>
<td>Social and Cultural Diversity in Nursing (25)</td>
<td>NS100; NPD100</td>
</tr>
<tr>
<td>PH101</td>
<td>Introduction to Philosophy (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>NHP101</td>
<td>Primary Nursing Care (25)</td>
<td>NHP100</td>
</tr>
<tr>
<td>NSP102</td>
<td>Clinical Practicum 2 (25)</td>
<td>NSP101; NH101</td>
</tr>
</tbody>
</table>

#### Second Year

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Title</th>
<th>Pre-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH207</td>
<td>Pathophysiology and Pharmacology 1 (25)</td>
<td>NSP102; NH105</td>
</tr>
<tr>
<td>NS200</td>
<td>Advanced Nursing Care (Medical) (25)</td>
<td>NSP102</td>
</tr>
<tr>
<td>NS207</td>
<td>Health Assessment in Nursing (25)</td>
<td>NSP102</td>
</tr>
<tr>
<td>NH205</td>
<td>Mental Health 1 (25)</td>
<td>NHP101; NSP102</td>
</tr>
<tr>
<td>NHP200</td>
<td>Paediatrics and Adolescent Health (25)</td>
<td>NSP102</td>
</tr>
<tr>
<td>NSP201</td>
<td>Clinical Practicum 3 (25)</td>
<td>NSP102; NS200</td>
</tr>
<tr>
<td>NH208</td>
<td>Pathophysiology and Pharmacology 2 (25)</td>
<td>NH207</td>
</tr>
<tr>
<td>NS208</td>
<td>Advanced Nursing Care (Perioperative Nursing Care) (25)</td>
<td>NSP201</td>
</tr>
<tr>
<td>NHP201</td>
<td>Chronic Care (25)</td>
<td>PS100.3, NSP102</td>
</tr>
<tr>
<td>ET100</td>
<td>Ethics (25)</td>
<td>N/A</td>
</tr>
<tr>
<td>NH206</td>
<td>Mental Health 2 (25)</td>
<td>NHP101; NH205</td>
</tr>
<tr>
<td>NSP202</td>
<td>Clinical Practicum 4 (25)</td>
<td>NSP201; NS208; NH206</td>
</tr>
</tbody>
</table>

#### Third Year

<table>
<thead>
<tr>
<th>Unit Code</th>
<th>Unit Title</th>
<th>Pre-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH300</td>
<td>Clinical Reasoning, Judgement &amp; Management of Care (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>NPD300</td>
<td>Professional Practice &amp; Leadership in Nursing 1 (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>NS307</td>
<td>Complex Nursing Care (Critical Care) (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>NHP300</td>
<td>Indigenous Health (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>TH101</td>
<td>Introduction to Theology (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>NSP301</td>
<td>Clinical Practicum 5 (25)</td>
<td>N307; NSP202</td>
</tr>
<tr>
<td>NHP301</td>
<td>Rural Health (25)</td>
<td>All 2nd year units; NHP300</td>
</tr>
<tr>
<td>NPD308</td>
<td>Professional Practice and Leadership in Nursing 2 (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>NPD307</td>
<td>Research Methods and Health Informatics (25)</td>
<td>All 2nd year units</td>
</tr>
<tr>
<td>NSP302</td>
<td>Clinical Practicum 6 (25)</td>
<td>NSP301; One elective from Group A</td>
</tr>
</tbody>
</table>

**Electives (choose 1 from each group) 25 Credit Points each**

<table>
<thead>
<tr>
<th>Group A: Clinical</th>
<th>Group B: Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSE303</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>NSE304</td>
<td>Maternal Care</td>
</tr>
<tr>
<td>NSE305</td>
<td>Advanced Mental Health</td>
</tr>
</tbody>
</table>

*No Core Units can be studied in Winter Term and the final semester of the 3 year degree.*

*All components of the course must be passed in order to complete the program of study. Graduates are eligible to apply to AHPRA for general registration as a Registered Nurse Division 1*
### First Year

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit Code</strong></td>
<td><strong>Unit Title</strong></td>
</tr>
<tr>
<td>NH100</td>
<td>Introduction to the Human Body I</td>
</tr>
<tr>
<td>NB100</td>
<td>The Sociology of Health and Illness</td>
</tr>
<tr>
<td>PS100.3</td>
<td>Developmental Psychology</td>
</tr>
<tr>
<td>NUR100</td>
<td>Nursing Communications</td>
</tr>
<tr>
<td>NS100</td>
<td>An Introduction to Nursing</td>
</tr>
<tr>
<td>NSP101</td>
<td>Clinical Practicum 1</td>
</tr>
<tr>
<td>NH101</td>
<td>Introduction to the Human Body II</td>
</tr>
<tr>
<td>NH104</td>
<td>Introduction to Microbiology and Epidemiology</td>
</tr>
<tr>
<td>NPD101</td>
<td>Legal Issues in Nursing Care</td>
</tr>
<tr>
<td>NS102</td>
<td>Histories and Theories of Nursing</td>
</tr>
<tr>
<td>NS105</td>
<td>Maternal and Child Health Nursing</td>
</tr>
<tr>
<td>NSP102</td>
<td>Clinical Practicum 2</td>
</tr>
</tbody>
</table>

### Second Year

<table>
<thead>
<tr>
<th>Semester 3</th>
<th>Semester 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit Code</strong></td>
<td><strong>Unit Title</strong></td>
</tr>
<tr>
<td>NH200</td>
<td>Understanding the Disease Process</td>
</tr>
<tr>
<td>NH204</td>
<td>Comprehensive Nursing Care</td>
</tr>
<tr>
<td>NH203</td>
<td>Clinical Pharmacology for Nurses</td>
</tr>
<tr>
<td>ET100</td>
<td>Ethics *</td>
</tr>
<tr>
<td>NS200</td>
<td>Nursing Care I</td>
</tr>
<tr>
<td>NSP201</td>
<td>Clinical Practicum 3</td>
</tr>
<tr>
<td>NS206</td>
<td>Nursing Aspects of Community Care</td>
</tr>
<tr>
<td>NPD201</td>
<td>Ethical Issues in Nursing Care</td>
</tr>
<tr>
<td>NS203</td>
<td>Nursing Care II</td>
</tr>
<tr>
<td>NS204</td>
<td>Perioperative Nursing Care</td>
</tr>
<tr>
<td>NSP202</td>
<td>Clinical Practicum 4</td>
</tr>
</tbody>
</table>

### Third Year

<table>
<thead>
<tr>
<th>Semester 5</th>
<th>Semester 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit Code</strong></td>
<td><strong>Unit Title</strong></td>
</tr>
<tr>
<td>NB300</td>
<td>Counselling Skills for Nursing</td>
</tr>
<tr>
<td>TH101</td>
<td>Introduction to Theology **</td>
</tr>
<tr>
<td>PH100</td>
<td>Introduction to Philosophy **</td>
</tr>
<tr>
<td>NPD301</td>
<td>Role of the Professional Nurse</td>
</tr>
<tr>
<td>NS301</td>
<td>Contemporary Nursing Care in Mental Health</td>
</tr>
<tr>
<td>NSP301</td>
<td>Clinical Practicum 5</td>
</tr>
<tr>
<td>NPD303</td>
<td>Introduction to Research Methods in Clinical Nursing</td>
</tr>
<tr>
<td>NS306</td>
<td>Aboriginal Health</td>
</tr>
<tr>
<td>NPD304</td>
<td>Leadership and Management in the Nursing Profession</td>
</tr>
<tr>
<td>NS303</td>
<td>Nursing of the Critically ill</td>
</tr>
<tr>
<td>NSP302</td>
<td>Clinical Practicum 6</td>
</tr>
</tbody>
</table>

**No Core Units can be studied in Winter Term and the final semester of the 3 year degree. Core units can be studied prior to the time indicated on the planner and in Summer Term.**
CLINICAL PLACEMENTS TEAM

The Clinical Placements Team primary role is the placement and management of students on clinical practicum. When contacting the clinical placements team for non clinical issues please contact the Administration Officers. For clinical issues please contact your unit lecturer. If not listed as a work day please contact Ella Patterson who will redirect your call to the appropriate person.

Clinical Staff

<table>
<thead>
<tr>
<th>Staff</th>
<th>Position</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kylie Russell</td>
<td>Clinical Coordinator</td>
<td><a href="mailto:Kylie.russell@nd.edu.au">Kylie.russell@nd.edu.au</a> 08 9433 0183</td>
</tr>
<tr>
<td></td>
<td>Unit Lecturer NSP 3rd year units (Monday, Tuesday, Wednesday)</td>
<td></td>
</tr>
<tr>
<td>Janet Cooke</td>
<td>Clinical Placements Officer</td>
<td><a href="mailto:Janet.cooke@nd.edu.au">Janet.cooke@nd.edu.au</a> 08 9433 0284</td>
</tr>
<tr>
<td></td>
<td>Unit Lecturer NSP 1st year units (Monday, Wednesday &amp; Thursday)</td>
<td></td>
</tr>
<tr>
<td>Corinne Kusel</td>
<td>Clinical Placements Officer</td>
<td><a href="mailto:Corinne.Kusel@nd.edu.au">Corinne.Kusel@nd.edu.au</a> 08 9433 0111</td>
</tr>
<tr>
<td></td>
<td>Unit Lecturer NSP 2nd year units (Wednesday &amp; Friday)</td>
<td></td>
</tr>
</tbody>
</table>

Administrative Staff

<table>
<thead>
<tr>
<th>Staff</th>
<th>Position</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wendy Mrsa</td>
<td>Clinical Administration Officer (Monday, alt Tuesday's, Wednesday)</td>
<td><a href="mailto:wendy.mrsa@nd.edu.au">wendy.mrsa@nd.edu.au</a> 9433 0292</td>
</tr>
<tr>
<td>Ella Patterson</td>
<td>Clinical Administration Officer (Monday to Friday)</td>
<td><a href="mailto:ella.patterson@nd.edu.au">ella.patterson@nd.edu.au</a> 9433 0260</td>
</tr>
</tbody>
</table>

FAX (08) 94330227

IF UNSURE OF WHOM TO CALL PLEASE DIRECT YOUR CALL TO THE CLINICAL ADMINISTRATION OFFICER ON 9433 0260 WHO WILL REDIRECT YOUR CALL

AFTER HOURS EMERGENCY CONTACT DURING CLINICAL PRACTICUM
(Mon-Fri: 5pm-8:30am, plus Saturday & Sunday)

Mobile: 0452549438
**CLINICAL PRACTICUM**

Throughout your nursing degree you are required to attend clinical practicum to develop the knowledge, skills and attitude of a registered nurse. Throughout the program you will attend a minimum of 31 weeks of clinical practicum, some 1240 hours.

The clinical practicum that you are allocated each semester relates to the units of study you have completed. Once you have passed your exams you will leave the university to attend your clinical practicum before the commencement of the following semester.

**Semester 1:** May, June, July  
**Semester 2:** October, November, December  
**Make-up:** January & February

To support you in the clinical practicum environment you are allocated a university clinical supervisor/CELO (Clinical Education Liaison Officer) who will meet with you weekly. Whilst in the clinical area you will be allocated a nurse to work with who will guide you through your practice.

To assess you for clinical practicum a number of pieces of assessment are utilised, these are outlined later in this manual.

**PREREQUISITES FOR ATTENDENCE (including semester 1 prac pack)**

To attend clinical practicum students must pass the prerequisites units as outlined in your unit outline. Students must be well and able to perform all nursing duties (please refer to medical clearance). Prior to placement in semester one all students must complete (as per the NSP unit outlines):

- Immunisation requirements
- Criminal clearance screenings
- Completion/signed Confidentially Statement
- Completion/signed Nursing Clinical Practicum Policy
- Hand Hygiene Self Directed Learning Package – yearly update
- Senior First Aid, with current Basic Life Support – yearly update
- Completion of Manual Handling program – yearly update

Pre Prac packs are required by week 6 to enable the clinical placements team to finalise placements with facilities.
A failure to hand in your completed pack by the due date will result in your placement being cancelled. This may result in a Fail for the unit. Detailed information is provided to students to enable the successful completion of the pack on time. Please refer to your unit outline, enrolment information, orientation session and your NSP101 lecture in week one.

INFORMATION PROVIDED TO YOU REGARDING YOUR PRAC PACK

<table>
<thead>
<tr>
<th>Week</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week six</td>
<td>Practicum Pack Due</td>
</tr>
<tr>
<td>Week four</td>
<td>7 hr Seminars Day - Prac Pack Date Reminder</td>
</tr>
<tr>
<td>Week three</td>
<td>Email reminder to all students by Admin staff</td>
</tr>
<tr>
<td>Week two</td>
<td>Q &amp; A optional session regarding prac pack issues</td>
</tr>
<tr>
<td>Semester commences - Week one</td>
<td>Lecture reminder in NSP 101 &amp; blackboard reminder announcement</td>
</tr>
<tr>
<td>Orientation Day</td>
<td>Verbal reminder of importance and due date</td>
</tr>
<tr>
<td>Enrolment Day</td>
<td>Given Prac Pack, &amp; verbal reminder of importance &amp; due date</td>
</tr>
<tr>
<td>Interview</td>
<td>Information pamphlet</td>
</tr>
<tr>
<td>Semester commences</td>
<td>Lecture reminder in NSP 101 &amp; blackboard reminder announcement</td>
</tr>
</tbody>
</table>

Students in semester two must ensure that all multi dose vaccinations have been completed and details submitted to the Clinical Placements Team (Hepatitis A and B). If this is not received students will be unable to attend practicum.

Students commencing 2nd and 3rd year must also complete an annual update of their Basic Life Support training, Hand Hygiene and Manual Handling. This information will be forwarded to students at the time by the Clinical Placements Team.

Students who do not meet these prerequisite requirements are unable to attend clinical practicum, and a grade of FN- Failure to complete, will be awarded.
MEDICAL CLEARANCE

Prior to commencing your Bachelor of Nursing program you are required to declare any medical condition that could impact on your clinical practicum. **It is essential that if during the program there is a change in your medical status you must inform your NSP unit controller.** A failure to do so may result in your inability to attend clinical practicum. The Clinical Placements Team will require a medical clearance for any student that has been unwell (requiring hospitalisation or an extended period away from the university) or suffered an injury. Please note a medical clearance to attend practicum during pregnancy is also required. Students who require support due to an injury/illness/health concern must inform the clinical placements team as soon as possible so that we can ensure the medical clearances required are obtained and practicum can be organised according to your/the university's/medical clearance requirements.

Students who attend clinical practicum with an illness/condition and do not inform the Clinical Placements Team place themselves and their patients at risk. Not only may this impact on your ability to complete the practicum, and care for your patients safely, you may also risk further injury/illness to yourself that has not been declared and recorded for insurance purposes. **Students cannot attend practicum whilst wearing any type of splint or support structure that does not meet Infection control and OS&H requirements. You must discuss the aid with a member of the clinical placements team for confirmation of ability to attend practicum.**

SICK LEAVE/ABSENCE DURING PRAC

If you are required to take days off during your clinical prac, you will need to obtain supporting documentation and attach to your CPAT. This may be a medical certificate, certificate from a treating health professional, chemist certificate or a statutory declaration. Students who are sent home for illness/urgent matter (e.g. picking a sick child up from school) can ask their supervisor to provide an email to the clinical placements team to clarify the illness/need to leave.

Students are allocated a maximum of two sick days per semester clinical practicum time; any further time taken will result in a grade allocation of 'In Progress' until the hours are completed the following semester.

The time sheet in your CPAT must clearly state time taken off, and these hours will not to be counted in your practicum hours. Students must make up all hours of clinical not completed per the unit outline requirements. These can be completed on the following prac or during make up prac (page 13).
CLINICAL ROTATIONS

At the conclusion of each academic semester students are allocated clinical practicum in accordance with the requirements of the NSP unit you are enrolled in. The placement types and hours are outlined in the ‘CLINICAL PRACTICUM PROGRAM 2012’ on page 12.

A 10 week period is available for placement and within this a number of rotations are planned. It is essential that students ensure they are available to attend any of these rotations.

Clinical Rotations Table 2012

<table>
<thead>
<tr>
<th>NSP 101 AGED CARE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>• Students complete one rotation</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>• Aged Care facility</td>
</tr>
<tr>
<td></td>
<td>• The rotation is five weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSP 102 COMMUNITY/REHABILITATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>• Students complete two rotations</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>• One rotation in community</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>• One rotation in rehabilitation</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>• Each rotation is for two weeks</td>
</tr>
<tr>
<td>Rotation 5</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NSP 201 MEDICAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>• Students complete two rotations</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>• Acute Medical Area</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>• Each rotation is for three weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSP 202 THEATRES/SURGICAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>• Students complete two rotations</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>• One in the surgical areas</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>• One in the peri operative area</td>
</tr>
<tr>
<td></td>
<td>• Each rotation is for three weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSP 301 MENTAL HEALTH/SURGICAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>• Students complete two rotations</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>• One rotation in mental health</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>• One rotation in surgical</td>
</tr>
<tr>
<td></td>
<td>• Each rotation is for three weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSP 302 CRITICAL CARE/ACUTE CARE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>• Students complete two rotations</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>• One in the critical care area</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>• One in a general acute area</td>
</tr>
<tr>
<td></td>
<td>• Each rotation is for 2 weeks</td>
</tr>
</tbody>
</table>
### Clinical Practicum Program 2012

<table>
<thead>
<tr>
<th>Semester</th>
<th>Min Hrs</th>
<th>Types of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Semester 1 - NSP 101</strong> (EN Conversion excluded)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged Care</td>
<td>200 = 5 weeks</td>
<td>Aged Care Facilities</td>
</tr>
<tr>
<td><strong>Semester 2 - NSP 102</strong> (EN conversion excluded)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>80 = 2 weeks</td>
<td>Orthopaedic, Stroke, Spinal, Disability Services etc</td>
</tr>
<tr>
<td>Community</td>
<td>80 = 2 weeks</td>
<td>Child Health Clinics, School Nurse Clinics, Hospital based Outpatient Services, Nurse Practitioners or Clinical Nurse Consultants, Community health Agencies, Industrial Health clinics, Medical Centres, Silver Chain</td>
</tr>
<tr>
<td><strong>Semester 3 - NSP 201</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Medical</td>
<td>240 = 6 weeks</td>
<td>General Medical wards</td>
</tr>
<tr>
<td><strong>Semester 4 - NSP 202</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peri-operative</td>
<td>120 = 3 weeks</td>
<td>Operating room/Procedure Units</td>
</tr>
<tr>
<td>Gen Surgical</td>
<td>120 = 3 weeks</td>
<td>General Surgical or Paediatric Wards, Day Surgical Units</td>
</tr>
<tr>
<td><strong>Semester 5 - NSP 301</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>120 = 3 weeks</td>
<td>Acute Mental Health Units, Community Mental Health Agencies, Forensic Units</td>
</tr>
<tr>
<td>Gen Surgical</td>
<td>120 = 3 weeks</td>
<td>General Surgical or Paediatric Wards Day Surgical Units</td>
</tr>
<tr>
<td><strong>Semester 6 - NSP 302</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical or Acute Care</td>
<td>80 = 2 weeks</td>
<td>Recovery room, CCU, ICU, ED, Acute surgical/medical or specialty</td>
</tr>
<tr>
<td>General Medical or Surgical</td>
<td>80 = 2 weeks</td>
<td>Any Area</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td>1240</td>
<td></td>
</tr>
</tbody>
</table>

Please be aware this table outlines a combination of students enrolled in different degree pathways. These are the practicums for 2012 and will change for 1st year students entering into second year 2013.
LEAVE OF ABSENCE

There is no leave of absence request process.

Please be aware that there is limited time to attend practicum and that if you do not attend you will not pass the unit. This may prevent you from progressing to the following semester. This may result in your course duration being extended.

Students will be allocated a practicum within the dates allocated per the university calendar. If you are unable to attend your practicum you are able to post a request to swap on Blackboard, please refer to page 16.

If you are unable to attend your practicum this will be cancelled and you will be required to organise a meeting with your unit controller. If available you will be given another practicum, however this will be dependent on what placements remain available. Please be aware this may be some distance from your place of residence. If no other practicums are available you will need to attend practicum during the ‘Make Up’ period in January/February of each year. These placements are only at Fremantle Hospital and Health Service.

MAKE UP TIME

Students may be required to attend ‘make up’ practicum in the January/February holidays. This is for special circumstances as approved by the Dean and/or Clinical Coordinator. Please be aware that this may result in your NSP unit having a grade of ‘In Progress’ on your academic transcript until the practicum is completed. These practicums are currently completed only at Fremantle Hospital and Health Service. You will be notified of your placement details by email at the completion of semester 2 practicum in late December.

COUNTRY PRACTICUM

The opportunity exists for students to attend their clinical practicum within the regional areas of Western Australia. Country Request Forms are available on Blackboard at the commencement of each semester and need to be forwarded in to the Clinical Placements Reception.

The clinical Placements Team will coordinate with student’s for appropriate accommodation; the University will contribute towards this. Where nursing accommodation is available on-site
the University will pay this. Costs associated for accommodation at private facilities will be partially funded by the University. Please discuss this with a member of the clinical placements team. Students are also able to seek funds to assist with transport from CUCRH (Combined Universities Centre for Regional Health). This information will be forwarded to individual students upon placement. Please note this funding is not available for international students, and students may receive funding for one trip per year.

Students who are enrolled in a Core Unit during the semester must ensure that they are in Perth to complete the requirements of this unit. LOA are not generally approved for unit lectures and/or exams.

Students are not to contact regional sites to organise their own placements. These are managed by centralised teams and not the individual hospitals. All placements are coordinated by the Clinical Placements Team.

In third year limited placements will be available with the Royal Flying Doctor Service, due to the popularity of this placement; applications will be considered based on:

- Previous regional placements
- Membership to regional student associations, e.g. Sphinifex

 Students on learning contracts will not be eligible to attend

Please be aware students studying nursing in Broome have first priority for placements in the North West area. Students are not to contact the Broome Campus for placements.

INTERSTATE AND INTERNATIONAL PLACEMENTS

Students wishing to have a clinical placement outside of Western Australia must organise a meeting with the Clinical Coordinator. There are very limited opportunities for interstate placements. These placements must be organised by the student in conjunction with the Clinical Coordinator. Students are responsible for all transport and accommodation costs. It takes many months to organise a placement and therefore one semester notification is required.

The Nurses Board of Australia allows nursing students to complete an international placement when organised by the University only. Individual placements cannot be accepted. Presently Notre Dame provides opportunities for students in their second year of study to attend Vietnam or Tanzania. Details of these trips are forwarded to students at the commencement of their second year of study by the Clinical Coordinator.
CORE UNITS and PRACTICUM

Students enrolled in a core unit during the semester may be allocated clinical practicum during the last two weeks of your core unit semester. Nursing students are able during these two weeks to alter their timetable to attend lectures and tutorials. It is advised that if you are required to give an in-class presentation that you do this in the first 8 weeks, prior to your nursing exams and clinical practicum.

Students are able to swap shifts if necessary to attend their core unit lectures and exams. Students are not to apply to attend clinical in the regional areas during core unit lectures or exams.

Nursing students are not able to enrol in winter term as this clashes with the clinical practicum placements.

PLACEMENTS

Placements are organised by the Clinical Placements Team. The IT program SONIA is utilised to ensure a fair allocation of the places available. Students are able to access SONIA to find your placement allocation, details related to the organisation and messages from you clinical supervisor instructing meeting places, how to obtain rosters etc.

SONIA places students so that all students approximately have the same travel time to practicum. This is determined by your postcode address submitted to the university. *It is therefore important that you ensure your address is current. For country residents living in the city, please ensure you provide your city address as your main address.*

Students found to have changed their address prior to the practicum allocation in order to receive a hospital close to that post code will be identified and referred to the University Registrar for disciplinary action, this may involve removal from the University.

Further information can be found on Blackboard and the Clinical Practicum Web Page:
http://www.nd.edu.au/fremantle/schools/nursing/clinical_prac.shtml
SWAPPING CLINICAL PLACEMENTS

After placements are completed on SONIA students will have the opportunity to post on Blackboard a message if they would like to swap their placement. Both students must email the Clinical reception who will seek approval from your NSP unit lecturer; you will then be notified if the swap has been approved. Consideration is based on:

- Students must be enrolled in the same NSP unit
- Student cannot be on a learning contract, management plan
- Students requiring special consideration, e.g. due to health conditions that has required specific requests to organisations for the placement, cannot request a change of placement.

Students who do not meet the criteria would be advised not to organise a swap as denial may cause embarrassment.
SONIA Instructions for students

The Sonia application provides a portal for facilities (called Sites) to access information about professional experience placements in the School of Nursing. The SONIA web site allows sites to:

- Maintain contact details for the site ensuring that the School of Nursing has up to date information about the site.
- View up to date information about student placements planned for their Site throughout the year.

**IMPORTANT:** Please note that SONIA has a time limit of 5 MINUTES after which time you will be automatically logged out and you will need to log back in to continue.

Brief instructions for using the SONIA web site are provided below...

<table>
<thead>
<tr>
<th>Logging In</th>
<th>To access SONIA open the Notre Dame web page, click on Web Portals and then SONIA On-Line:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To log in to SONIA, click on the Drop down box and choose <strong>School of Nursing Fremantle</strong>. This will take you to the login page where you should enter your University <strong>User ID (student number)</strong> and <strong>Password (Nd Date of Birth : DDMMYYYY)</strong>. Then click the <strong>Log in</strong> button below. This will take you to the School Home page.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior to Sonia allocating your placement</th>
<th>It is recommended that all students check that their details are correct before the final placements are allocated.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sonia allocates according to postcodes, so if your details are in correct or have not been updated your placement may not be suitable.</td>
</tr>
</tbody>
</table>

| View placement allocated | To view your allocated placement click on **My Home**, from there follow the links to view your all placement details. Please make sure you scroll down the whole page to view all details. |

<table>
<thead>
<tr>
<th>Logging out</th>
<th>When you have finished using SONIA please log out of the web site by clicking <strong>Log Out</strong> link located (next to your name) on the left hand side of the screen.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>IMPORTANT:</strong> Please note that SONIA has a time limit of 5 MINUTES after which time you will be automatically logged out, and will need to log back in to continue.</td>
</tr>
</tbody>
</table>
CLINICAL SUPERVISOR VS CELO ROLE

The Notre Dame Undergraduate Nursing students are supervised by two different supervisor roles, these being the Clinical Supervisor and the CELO.

CLINICAL SUPERVISORS

Clinical Supervisors hold a short term contract with the University of Notre Dame. These contracts are for the length of the clinical practicum rotation.

CELO – Clinical Education Liaison Officer

CELO positions are created between the University of Notre Dame and the facility. CELOS are often members of staff who within their job description include the role of CELO for the University of Notre Dame Undergraduate Nursing Students.

ROLE OF THE CLINICAL SUPERVISOR AND CELO

The role of the Clinical Supervisor and CELO is to:

- Visit/communicate with students
- Assist and complete documentation in the CPAT
- Recommend Pass/Fail of Pre and Post Clinical Practicum Reflective Papers
- Recommend Pass/Fail of Clinical Practicum

STUDENT/FACILITY VISITS

- Every effort should be made to visit each student directly once per week
- If direct contact cannot be made then phone or email is acceptable

CPAT DOCUMENTATION

Clinical Supervisors and CELOS are to ensure that students CPATs are completed as per the University requirements. This includes:

- Ensuring exemplars are of an appropriate standard for the year level of the student
- Providing assistance and feedback where students are struggling to complete the CPAT to an appropriate standard
- Providing assistance to nursing staff seeking assistance with the CPAT
- Completing the front page of the CPAT and assessment grade with recommended Pass or Fail sign off

This is discussed in further detail on page 23
**REFLECTIVE PAPERS**

Clinical supervisors and CELOs are responsible for marking your reflective papers.

- For students on their first practical placement, in the clinical block, reading and recommending a ‘Pass’ or ‘Fail’ on the document ‘NSP (clinical practicum) Reflective papers and objectives Pre practicum assessment rubric’ (on page 37).
- For students on their final practical placement, in the clinical block, reading and recommending a ‘Pass’ or ‘Fail’ on the document ‘NSP (clinical practicum) Reflective Papers and Objectives, Post practicum assessment rubric’ (on page 38).

**ROLE OF THE MENTOR**

The role of the mentor will depend on the way the organisation places students within the work environment. Students may work the same roster as one allocated staff member or you may work with multiple staff.

**WHAT IS MENTORSHIP?**

Mentorship can be divided into two types, primary and secondary.

*Primary mentorships* are those that are between a single mentor and mentee and the relationship is enduring and bonded in friendship.

*Secondary mentors* are of a shorter duration, to help the mentee through a particular stage or cycle in their career development, they are less intense and less comprehensive.

It is this secondary level of mentorship that students on their clinical practicum are provided with.
**Mentors support Mentees**

- The mentor challenges the mentee to develop new skills and realise their own strengths.
- Mentors seek to bring out excellence without demanding perfection.
- They act as a role model through their own continual professional development and encourage open communication that allows the mentee to discuss issues.
- They ensure that the mentee has a real life approach and understanding of how the workplace works.

These functions can be described as the ability to “inspire, to support, and to invest” (Bhagia & Tinsley, 2000, p.2).

- An inspirer identifies the mentee’s potential and encourages the mentee to realise these.
- A supporter can provide both practical and emotional support. Practical support is through the teaching of technical skills whilst the emotional support is through reducing stress and providing a sense of belonging to the team. This psychosocial support aids the mentee to enhance their sense of competence, effectiveness and identity as a health professional.
- An investor encourages the mentee to draw on their abilities and places trust in them by providing work opportunities.

It is important that while taking on this role that the mentor does not solve the mentee’s problems and thereby reduce the challenges that they face in order to develop their confidence and career.

The mentor also acts as an advocate for the mentee, when others question their level of experience to complete a task the mentor can provide reassurance of the mentee’s capabilities. This should not imply that the mentor will comprise their own position and responsibilities to the organisation. Instead when and where appropriate they act as a referee of their abilities and performance.
**Mentee attributes (our students)**

Mentee characteristics are alike to that of the mentor, they have a keen commitment to their job and profession, they display loyalty to the organisation and their mentor and they possess personal attributes of honesty, sincerity and empathy. They have a commitment to learn, they believe that a mentor will provide them with a support mechanism to work towards achieving their professional goals and aspirations.

(Bhagia & Tinsley, 2000; Fawcett, 2002; Hill & Boone, 2002; Johnson, 2002; Smith, McAllister & Crawford, 2001; Watson, 1999).

**Completion of the CPAT**

Mentors are asked to contribute to the students CPAT.

Mentors (for only one shift or the entire placement) can sign any element that you have demonstrated through your signed exemplars and practice. If your Mentor believes that further practice is required this information will be fed back to you. Once you have outlined further exemplars and these are sufficient then you will be signed as achieved.

Page 11 of the CPAT is the final 'sign off'. When a mentor signs this they are stating that the entries in the CPAT are appropriate and that all of the elements have been signed as achieved by an RN. It is not a requirement that this individual has worked the entire practicum with you.
NSP UNIT OUTLINE AND ASSESSMENT CRITERIA

- Lecture Format
- CPAT
- Reflective papers

LECTURE FORMAT

NSP101 & NSP102

- **NSP 101** unit lecture comprises of:
  - Week one – compulsory one hour lecture attendance to review unit outline, pre-practicum essential requirements and assessments.
  - Week four – compulsory seven hour lecture attendance to discuss assessment documentation, scope of nursing practice, context of nursing practicum and student learning opportunities.

- **NSP 102** unit lecture comprise of:
  - Week one – compulsory one hour lecture attendance to briefly review unit outline in relation to the practicum context and reflect on previous semester’s clinical experience.
  - Week five – compulsory three hour lecture attendance to discuss the practicum context with regard to the student learning opportunities and review assessment documentation.

NSP 201 and beyond

- The NSP unit lectures comprise of two hours of contact.
  - Week one: This includes a two hour lecture to reflect on the previous semesters clinical experiences, and to address the unit outline contents for the current semester.

Attendance to lectures is compulsory. An attendance role will be taken during the course of the sessions. Students who are unable to attend must complete a LOA form with SoNM reception. Students unable to attend due to illness must submit evidence within 3 days (as per page 10 requirements). Students not attending will be required to complete a makeup activity as allocated by the unit coordinator.
CPAT

- The CPAT is your evidence of attending clinical practicum.
- The CPAT requires you to demonstrate how you meet the Australian and Nursing Midwifery Accreditation 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.
- Every practicum requires its own CPAT – if you are going to two or more places (e.g. surgical ward then theatre) then you require two CPATs. Staff from one facility / department cannot be expected to ‘sign off’ or complete a CPAT which relates to an area that they have had nothing to do with.

FRONT PAGE

Please ensure that you enter in your name, student number, practice facility and dates. Your mentor and supervisor will complete the remainder of the fields.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Facility:</td>
<td>Clinical Area:</td>
</tr>
<tr>
<td>Dates of Practicum:</td>
<td>Total Hours of Practicum:</td>
</tr>
<tr>
<td>Mentor Name/s:</td>
<td>Contact Details:</td>
</tr>
<tr>
<td>Notre Dame Clinical Supervisor:</td>
<td>Contact Details:</td>
</tr>
</tbody>
</table>

TYPE OF CLINICAL EXPERIENCE

Students may have more than one experience signed for a clinical placement. For example a student placed in Mental Health which includes community visits or working with the outpatient groups can have both the ‘Mental Health’ and ‘Community’ experience signed. A student placed on a Paediatric medical ward may have both ‘Medical’ and ‘Paediatric’ signed. A student attending a Maternity placement may have ‘Paediatric’ and ‘Surgical’ signed. **This is to be signed by the clinical supervisor/CELO only.**

<table>
<thead>
<tr>
<th>Type of Clinical Experience</th>
<th>Notre Dame Clinical Supervisor signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aged Care</td>
<td></td>
</tr>
<tr>
<td>2. Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>3. Community</td>
<td></td>
</tr>
<tr>
<td>4. Acute Medical</td>
<td></td>
</tr>
<tr>
<td>5. Mental Health</td>
<td></td>
</tr>
<tr>
<td>6. Perioperative</td>
<td></td>
</tr>
<tr>
<td>7. Acute Surgical</td>
<td></td>
</tr>
<tr>
<td>8. Acute Care</td>
<td></td>
</tr>
<tr>
<td>9. Elective (S6):__</td>
<td></td>
</tr>
</tbody>
</table>
RESPONSIBILITIES:
The Student must:

- Complete all allocated hours of clinical practicum. A student who is absent from clinical placement will need to make up the hours. Students can negotiate to work extra shifts with the clinical supervisor's authority. Students should not work more than seven consecutive shifts, and must have a nine-hour break between shifts. Students asking to work more than 40 hrs per week must have approval from a member of the clinical placements team. **Students cannot make shifts up outside of their allocated practicum dates.**

- Be available for all shifts. It is anticipated that the student will be rostered on the same shifts as their mentor or as allocated by the facility. **Students can only change shifts for exceptional circumstances** (e.g. core unit attendance); **the NSP unit controller must approve this.**

- Notify the university supervisor of their roster two weeks in advance. If you do not inform your supervisor/CELO of your roster you may not receive a visit.

- Contact their clinical supervisor and the practice facility at the earliest opportunity prior to the commencement of allocated shift to inform them of all absenteeism related to illness.

- Notify their clinical supervisor and the practice facility at the earliest opportunity prior to the commencement of next allocated shift of 'return to clinical status'.

- Adjust their timesheet to reflect absenteeism/sick leave (**False entries of hours can result in a Fail of clinical practicum. This will be determined by the Clinical Coordinator**).

- Not count any absenteeism hours. If you do not attend practicum you do not accrue hours.

- Not use your lecture hours to account for sick time or any time that you are absent from practicum. These hours are added to your total by the clinical placements staff only and not by supervisors/CELO’s, mentors or students.

- Have available as a resource for mentors and other staff, copies of the Unit outline, ANMAC guidelines for Registered Nurses, CPAT and 'School of Nursing and Midwifery, Nursing Practice Orientation Manual for Mentors’ booklet at all times while on practicum.
**PLACEMENT OBJECTIVES**

You are required to document your placement objectives for your practicum in your pre-reflective paper and your CPAT. Your CPAT entry allows your mentor to have easy access to your objectives for the placement. The following table is printed within the CPAT. These objectives are to be completed prior to meeting your clinical supervisor/CELO in week one. You may choose to write these on another piece of paper if you are unsure if they are appropriate or correctly worded.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Domain</th>
<th>Resources/Strategy</th>
<th>Evidence</th>
<th>Evaluation Criteria</th>
<th>Completed</th>
</tr>
</thead>
</table>

The table on the following page is an example of completed objectives.
OBJECTIVES FOR CLINICAL PLACEMENT

You may enter more than one objective for each domain; however you must have a minimum of one for each domain.

Objective Headings

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Domain:</th>
<th>Resources/Strategy</th>
<th>Evidence</th>
<th>Evaluation Criteria</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this clinical placement I will be able to identify the different scopes of practice of care providers within this surgical ward setting (e.g. nursing assistants, enrolled nurses, registered nurses)</td>
<td>Professional Practice</td>
<td>I will utilise ward staff to discuss their role and scope of practice. Before seeking assistance from a staff member I will ensure that it is within their scope to complete the task with me as a student nurse. I will confirm this information with my mentor/SDN/CN.</td>
<td>I will ensure that I complete tasks with suitable trained staff only. When unsure I will seek assistance from my mentor/SDN/CN/clinical supervisor.</td>
<td>My examples documented in my CPAT will provide evidence of my understanding of the different scope of practice by staff within the surgical ward setting.</td>
<td>Signed and dated by mentor, clinical supervisor or CELO</td>
</tr>
<tr>
<td>Objective</td>
<td>Domain</td>
<td>Resources/Strategy</td>
<td>Evidence</td>
<td>Evaluation Criteria</td>
<td>Completed</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
<td>--------------------</td>
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<td>---------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>By the end of this clinical placement I will be able to competently care for a surgical patient with supervision from my mentor/RN.</td>
<td>Critical Thinking and Analysis</td>
<td>I will utilise a time management chart to ensure that I attend to all of my patients care in a timely manner. I will refer to the patients nursing care plan for the planned care for this patient. I will update the patient’s nursing care plan as required, as discussed with my mentor. I will utilise ward resources for information regarding the patient’s surgery and the specific pre and post operative care they will require. I will refer to the patient’s medical notes and orders to ensure changes of care are implemented, as discussed with my mentor.</td>
<td>I will implement the correct pre/post operative nursing care for my patients as required for their specific surgery. I will discuss this care with my mentor and check the policy/procedure manual to ensure that it is correct. I will observe my mentor when the care may be outside of my scope so that I can learn for future opportunities. I will discuss my patients with my mentor so that I can reflect and think critically of the care that I am providing.</td>
<td>My examples documented in my CPAT will provide evidence of my understanding of the care of the surgical patient. This will also be confirmed by the nursing staff that I have worked with whilst on practicum by verbal and written feedback in my CPAT</td>
<td>Nursing staff signature</td>
</tr>
<tr>
<td>By the end of this clinical placement I will be able to competently manage a patient load of 3 patients within the surgical ward.</td>
<td>Provision and Coordination of Care</td>
<td>I will utilise a time management chart. I will liaise with my mentor on each shift for strategies to manage my time effectively. I will seek feedback on my time management plan throughout the shift so that I can continue to learn and implement new strategies throughout my practicum as required.</td>
<td>I will be allocated up to three patients per shift. I will implement competent nursing care for my patients per their nursing care plans. I will effectively reassess and adjust my time management plan as required due to patient status changes or a change in allocation</td>
<td>This will be confirmed by the nursing staff that I have worked with whilst on practicum by verbal and written feedback in my CPAT.</td>
<td>Nursing staff signature</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Domain</strong></td>
<td><strong>Resources/Strategy</strong></td>
<td><strong>Evidence</strong></td>
<td><strong>Evaluation Criteria</strong></td>
<td><strong>Completed</strong></td>
</tr>
<tr>
<td>---------------</td>
<td>------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>By the end of this clinical placement I will be able to effectively handover my patient load of patients to the next shift of staff</td>
<td>Collaborative and Therapeutic Practice</td>
<td>I will read the hospital policy for patient handover. I will discuss with my mentor the process for patient handover (verbal, taped, which information is to be mentioned). I will seek feedback from staff receiving my handover – was my information clear, concise, relevant. I will implement feedback and strategies to improve as discussed with my mentor.</td>
<td>I will provide patient handover to the next shift of nursing staff per the hospital policy and unit expectations in a clear, concise and timely manner. The information will be correct and passed on in a confidential setting.</td>
<td>This will be confirmed by the nursing staff that I have worked with whilst on practicum by verbal and written feedback in my CPAT.</td>
<td>Nursing staff signature</td>
</tr>
</tbody>
</table>
ASSESSMENT

SUMMATIVE REPORT

In order to pass the rotation you must achieve a ‘C’ or ‘CS’ in all ten (10) competency units indicating that you are competent in all four ANMAC domains. If you are assessed as ‘NC’ an explanatory comment that outlines and supports that outcome will be provided. *Your mentor or supervisor must complete the below table.*

<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>
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<td>Competency Unit 2 – 7 elements</td>
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<td>Critical Thinking and Analysis</td>
<td>Competency Unit 3 – 5 elements</td>
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<td>Competency Unit 4 – 4 elements</td>
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<tr>
<td>Provision and Coordination of Care</td>
<td>Competency Unit 5 – 3 elements</td>
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<td>Competency Unit 6 – 4 elements</td>
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<td>Competency Unit 7 – 8 elements</td>
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<td>Competency Unit 8 – 2 elements</td>
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<tr>
<td>Collaborative and Therapeutic Practice</td>
<td>Competency Unit 9 – 5 elements</td>
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<td></td>
<td>Competency Unit 10 – 4 elements</td>
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- 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.
- **The Mentor is required to**: document an overall comment on the students performance whilst on clinical practicum, sign, date and circle if the student is recommended as a ‘Pass’ or ‘Not Pass’.
- **The Clinical Supervisor/CELO is required to**: document an overall comment on the student’s performance whilst on clinical practicum, sign, date and circle if the student is recommended as a ‘Pass’ or ‘Not Pass’.
- **The student is required to**: sign and date.
FORMATIVE AND SUMMATIVE ASSESSMENTS

At the conclusion of each Domain section there is space provided for the Mentor and/or Clinical Supervisor/CELO to add further documentation to the CPAT. It is not essential for this to be completed.

<table>
<thead>
<tr>
<th>Mentor Comment (RN/RM)</th>
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<th>Competent (Pass)</th>
<th>Not Competent (Fail)</th>
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<tr>
<th>Notre Dame Clinical Supervisor / CELO Comment</th>
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<tr>
<th>Notre Dame Clinical Supervisor / CELO name/Signature/Registration:</th>
<th>Date:</th>
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<th>Competent (Pass)</th>
<th>Not Competent (Fail)</th>
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<th>Additional comment by unit coordinator (if required):</th>
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<tr>
<th>Unit Coordinator Name/Signature/Registration number:</th>
<th>Date:</th>
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<tr>
<th>Student Signature:</th>
<th>Date:</th>
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*Formative Assessment:* This assessment should occur mid way through the clinical placement. This should involve the student and the mentor/clinical supervisor/CELO 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 practicum time to continue to develop their skills. If the mentor or clinical supervisor/CELO believes that the student is at risk of receiving a ‘NC’ for an element a Learning contract must be commenced. This allows you to set objectives and strategies to meet the criteria for a pass.

*Summative Assessment:* This is completed at the end of the placement. The mentor/supervisor documents an overall comment related to the domain of practice. This section must be completed if the student is allocated an ‘NC’.
EXEMPLARS

To achieve a pass for your placement you need to provide evidence to your mentor that you have met the criteria to practice as a registered nurse. In order to achieve this you are required to enter exemplars for each domain/element of practice.

What is an exemplar?

- A description of an event / action / nursing intervention in which you participated.
- It is to include reflections on practice and how this demonstrates the ANMAC competency elements.
- This can be signed by any member of staff to confirm your participation.
- Examples of practice may meet multiple 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.
- Each Domain should be full of exemplars.

EXAMPLES OF EXEMPLARS

- Today I had the opportunity to administer some IVABs on the general ward. I consulted the medication chart for the type and amount. I then checked my mims to see what the drug was for and any complications that my patient might encounter. I then checked the drugs handbook for the solution type and the amount to mix. I drew up the antibiotics as charted under the supervision of my mentor and admitted the medication through the IV pump – following the six rights.
- Whilst working in theatre it is important to remember our surgical conscience which can be described as an individual’s professional honesty and moral system, which doesn’t allow compromise in standards of practice. This means if I breach a aseptic technique I must report the incident for the safety of the patient, by doing this we fulfil domain 1 and both competency units because we are practising in accordance with legislations affecting nursing practise and healthcare within a professional and ethical framework.
- While working with the anaesthetic tech I was able to gain knowledge in what to do with a patient who had malignant hyperthermia (MH) because the tech had worked on a case the week before. She told me all about the policies and procedures. Because MH is a true peri operative emergency it was good to gain the knowledge about what drugs can trigger it like succinylcholine and inhaled anaesthetic agents. I was able to learn about the clinical features of MH which are very clear manifestations of sudden raise in C02 level, raise in body temp, arrhythmias, tachycardia, hyperaemia, and acidosis. I also leant about the treatment and where it was stored in case of an emergency – dantrolene sodium. Jane explained about how to mix and draw the drug and how it is important to have enough people to do this. I found the information she showed me from the Australian and New Zealand Malignant Hyperthermia Association guidelines really helpful because now if I was faced with that situation I would know what to do, but I also know what clinical indications I should be looking out for in patients to try and catch a MH emergency early.
- In radiology the procedures are sterile. During the procedure the radiologist may ask for an item or medication which was not on the setup. When this occurred I would give the
radiologist the item he needed in a sterile manner, that is opening the package and
dropping the item onto the sterile field from a safe height, not touching the sterile field
and standing away from the field. This is so I would not contaminate the sterile field and
minimise the risk of infection to the patient.

- Today I admitted a patient to the ward. I was polite and always thought to maintain the
dignity and respect of the patient. When friends came to visit the patient I would ask if it
was ok for me to continue with the questions. If not I would come back when the friends
left. In doing so I quickly built up a good rapport and an appropriate student nurse –
patient relationship. In doing so she trusted me enough to tell me about her past medical
history and her non-compliance with her epilepsy treatment. I further investigated the
matter asking her of her last fit. I then told my mentor and the patient’s doctor about the
issue. He then gave me orders in regards to her treatment which I complied with as well
as telling my mentor and handing that information over to the next shift and writing in
the patients notes.

- Out of interest I discussed with the nurses on my shift the advantages and disadvantages
of recycling/reusing clinical resources like scissors that are single use only. To me I feel it
is a waste to use one pair of scissors or a small portion of an expensive dressing and
discard the entire package. Although the quality of the scissors comprises their safety for
more than one use, I still feel that such resources should be reusable or at least recyclable.
The cost of recycling is indeed much higher than purchasing disposal equipment. But I
suppose the question is, do we protect and preserve our environment or provide ignorant
but safer health care. I’m sure the latter seems much more appealing, but is it possible to
find a balance between environment friendly and safe health care?

- One of the mothers in labour ward had to be administered IVAB’s throughout her labour,
this was because she had Strep B. The midwife asked me if I could administer IVAB’s and
I informed her it was within my SONP and that I had experience in administering
antibiotics. I noticed that the antibiotic was to be given over 5-10 mins therefore I made
sure my patient was comfortable and was not experiencing a contraction. I also told her
very slowly and calmly so that she understood the procedure so it did not cause her any
more undue stress. I informed her of what I was doing and then administered the
antibiotic slowly between contractions through her IV cannula – following the 6 rights
and supervised.
FILE NOTES

At the end of the CPAT two printed pages are available for File Notes. This is to be completed by the Clinical Supervisor/CELO. Clinical Supervisors/CELO’s may wish to enter discussion points held with a student regarding clinical, behavioural or professional feedback. This is to notify the student of a concern that does not warrant a learning contract. For example, the student arriving late, poor exemplars or inappropriate behaviour. This is a warning that if there is not an improvement then this may progress to a learning contract.

Therefore for your CPAT:

- Complete top half of front cover.
- Write your objectives for the placement.
- Review student responsibilities and the Scope of Nursing Practice.
- Fill in time sheet (meal breaks do not count). If your facility does not normally roster 8 hour shifts then discuss this with your supervisor as to how you can make up this time. You must have completed a minimum of 1240 hours by the end of 3rd year in order to complete your degree.
- Start writing your reflective exemplars during week one. Do not leave it until the last minute – the staff you need to sign your examples will have forgotten / gone on holidays / left / gone on sick leave etc!
- Your book MUST be full. Many elements will have been repeated through your exemplars – this is all extra evidence of your practice which is a good thing.
- Each Domain of practice must be completed with exemplars. One exemplar may meet multiple elements. Document it under the main domain of practice discussed.
- Carers, ENs and RNs / RM may sign your exemplars – they are vouching for your story.
- Only RNs / RM may sign the summative assessment boxes as only registered staff can assess registration requirements.

Submitting CPATs

- If you have more than one placement you submit all of your documentation at the end.
- We require all of your CPAT’s and your two reflective papers with completed marking rubric.
- Please supply a photocopy of your CPAT time sheet, front page and final assessment.
- All of these items are to be put into the Assignment Box that is in the nursing reception. This box is cleared daily at 4 pm, anything that is handed in after this time will be received the next business day.
- You must attach an assignment coversheet. No responsibility will be taken for lost CPAT’s that do not have an assignment coversheet.
- Please ensure that items are secured together in a plastic sleeve so that they do not come apart in the Assignment Box.
REFLECTIVE PAPERS

All students on clinical practicum must complete a pre and post reflective paper. No matter how many different placements you may have during your practicum block you are only required to complete one pre and one post. You should discuss all of your practicums in each of these reflective papers. Your objectives that you have documented in your CPAT are used here again to guide you through your paper.

WHAT IS A REFLECTIVE PAPER?

A reflective paper is your opportunity to outline for your supervisor/CELO your personal insight into your practicum. It gives you the opportunity to document how you feel about clinical practicum. The reader should be able to understand your perceptions about clinical practicum. It should highlight your feelings, your experiences, and your personal journey of growth. It outlines how different experiences shaped your practicum and the impact of these on you as a person and a health professional.

Your reflective paper should be based on:

Affective: emotions, behaviour aimed at producing a desired outcome
Behavioural: our actions or inactions in response to the environment that we are in
Cognitive: logically thoughts and processes

What does this all mean?

For your pre practicum paper

A describe feelings about going to practicum
B describe things you expect to do during practicum
C describe things you expect to learn on practicum

For your post practicum paper

A describe feelings about the practicum now that it is over
B describe what you did during practicum (was this what you expected?)
C describe what you learnt during practicum (was this what you expected?)

WHAT TO DO

The Pre practicum paper is to be completed before practicum. You must have this ready to show to your clinical supervisor/CELO on your first meeting with them.

- Your Supervisor / CELO will complete the ‘pre practicum assessment rubric’. You need to attach this rubric cube to the reflective paper. These are available from Blackboard.
- Your Supervisor / CELO will notify you if you have not passed this component of the assessment. You will have the opportunity to resubmit your paper to your clinical supervisor/CELO. If your second attempt does not pass this information will be forwarded to your unit controller to manage.
The Post practicum paper is to be completed before the end of the last week of practicum. You should be ready to show this to your supervisor / CELO before their final visit.

- Your Supervisor / CELO will complete the 'post practicum assessment rubric'. You need to attach this rubric cube to the reflective paper. These are available from Blackboard.
- Your Supervisor / CELO will notify you if you have not passed this component of the assessment. You will have the opportunity to resubmit your paper to your clinical supervisor/CELO. If your second attempt does not pass this information will be forwarded to your unit controller to manage.

REQUIREMENTS

- Approximately 500 – 1000 words in length (please add in word count on front page).
- Professionally presented i.e. not handwritten.
- **Subheadings for each of your Domains of Practice Objectives.**
- Please remember there are only two papers required per semester. If you are going to more than one placement you only require one pre and one post practicum paper. These papers must address all the practicum components. Thus a supervisor / CELO may only be required to 'mark' either the pre or the post practicum paper for a particular student. The supervisor / CELO will ascertain this during the first contact with a student.
- The reflective papers with attached completed assessment rubrics will be handed in to the School of Nursing and Midwifery by students with their CPATs within two days of practicum completion. The assessment result will be recorded.
- It is the student’s responsibility to ensure that you hand in a marking rubric to your supervisor/CELO with your reflective paper to ensure that it is marked.
PRE PRACTICUM REFLECTIVE PAPER EXAMPLE

ABC
My practicum is fast approaching and I am feeling (Affective)....
During these two clinical placements I hope to be able to practice/assist/support (Behavioural)...
For these clinical placements I hope I will be able to identify/recognise (Cognitive)...

Professional Practice
Professional Practice involves understanding and practicing within the legal, professional and ethical framework of nursing care. My personal goal for my community health placement for this domain is that by the end of the first week I will be able to work with patients from different cultures and be sensitive to their needs. This will be demonstrated by being able to discuss the different cultural needs in the community. For my paediatric placement I hope that by the end of the second week I will be able to understand the legal implications when caring for a young child in the hospital environment. This will be demonstrated by adhering to the hospital policies and protocols.

Critical Thinking and Analysis
Critical thinking and analysis is about practising within an evidenced based framework and participating in ongoing professional development of self and others. For this domain my goal is.....

Provision and Coordination of Care
This domain of provision and coordination of care entails being able to conduct a comprehensive and systematic nursing assessment combined with planning and providing holistic nursing care and the evaluation of expected health outcomes. For this practicum I will.....

Collaborative and Therapeutic Practice
Collaborative and therapeutic practice involves establishing and maintaining therapeutic relationships with individuals and within the interdisciplinary health team. My objective for this practicum.....
NSP (clinical practicum) Reflective Papers and Objectives

*Pre practicum assessment rubric*

Student name: 

Student ID number: 

Practicum location(s) / specialty(s): 

Clinical practicum unit code 

Clinical supervisor / CELO name: 

### Pre prac Reflective paper

<table>
<thead>
<tr>
<th>objectives</th>
<th>Fail</th>
<th>Pass</th>
<th>1st attempt result</th>
<th>2nd attempt result</th>
</tr>
</thead>
</table>
| Inclusion of ABC reflection process in paper | Does not contain:  
- Affective  
- Behavioural  
- Cognitive reflections | Contains:  
- Affective  
- Behavioural  
- Cognitive reflections | | |
| Inclusion of Pre prac objectives |  
- Less than four objectives  
- Not related to the four ANMAC competency domains  
- Not: SMART (specific, measurable, achievable, realistic, timely) |  
- Four objectives  
- One objective per ANMAC competency domain  
- SMART (specific, measurable, achievable, realistic, timely) | | |
| Strategies the student will utilize to meet their learning objectives for the practicum | Does not clearly articulate how the learning objectives will be demonstrated | Clearly articulates how the learning objectives will be demonstrated | | |
| Grammatically correct, 500 -1000 word limit with appropriate subheadings for domains of practice |  
- Poor Grammar  
- Less than 500 words  
- Inappropriate presentation |  
- Appropriate Grammar  
- 500-1000 words  
- Appropriate presentation | | |

**Pass / Fail** (Clinical supervisor / CELO to circle)

Clinical supervisor / CELO signature: 

Date: 

---

**Affective:** emotions, behaviour aimed at producing a desired outcome

**Behavioural:** our actions or inactions in response to the environment that we are in

**Cognitive:** logically thoughts and processes

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<tr>
<td>A</td>
<td>describe feelings about going to prac</td>
</tr>
<tr>
<td>B</td>
<td>describe things you expect to do during prac</td>
</tr>
<tr>
<td>C</td>
<td>describe things you expect to learn on prac</td>
</tr>
</tbody>
</table>

Author: Julie Dally  
Revised: Kylie Russell  
Date: September 2010  
Version: 3
NSP (clinical practicum) Reflective Papers and Objectives

Post practicum assessment rubric

Student name: ____________________________________________
Student ID number: ________________________________________
Practicum location(s) / specialty(s): ____________________________
Clinical practicum unit code: ________________________________
Clinical supervisor / CELO name: ______________________________

Post prac Reflective paper

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<th>Pass</th>
<th>1st attempt result</th>
<th>2nd attempt result</th>
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<td>Contains: • Affective • Behavioural • Cognitive reflections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self appraisal of how learning objectives were achieved during the practicum</td>
<td>Does not clearly articulate how learning objectives were met / or challenges to meeting objectives</td>
<td>Clearly articulates how learning objectives were met / or challenges to meeting objectives</td>
<td></td>
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<tr>
<td>Grammatically correct, 500-1000 word limit with appropriate subheadings for</td>
<td>• Poor Grammar • Less than 500 words • Inappropriate presentation</td>
<td>• Appropriate Grammar • 500-1000 words • Appropriate presentation</td>
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<td>domains of practice</td>
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**Pass / fail** (Clinical supervisor / CELO to circle)

**Clinical supervisor / CELO signature:** ____________________________

**Date:** ____________________________

**Affective:** emotions, behaviour aimed at producing a desired outcome

**Behavioural:** our actions or inactions in response to the environment that we are in

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<td>describe what you did during prac (was this what you expected?)</td>
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<tr>
<td>B</td>
<td>describe things you expect to learn on prac</td>
<td>describe what you learnt during prac (was this what you expected?)</td>
</tr>
</tbody>
</table>

Author: Julie Daily
Revised: Kylie Russell
Date: September 2010
Version: 3
LEARNING CONTRACTS
The School of Nursing and Midwifery utilises Learning Contacts for undergraduate nurses that are struggling to practice at a satisfactory level. The learning contract will be enacted when a student is at risk of failing their clinical practicum placement. The contract supplies a timeline of objectives and strategies to provide an opportunity to focus on the identified areas and to complete the practicum successfully.

The area of concern may be clinical, behavioural or professional practice or a failure to adhere to any of the University and School of Nursing and Midwifery Policies.

The learning contract will clearly state any concerns and how these will be addressed. This will include both the expectations and how these will be demonstrated and assessed as achieved. Both you and the supervisor should discuss strategies that you both agree will support you, with your style of learning.

Address:

1. What are the concerns?

2. What are the expectations for your level of student?

3. What needs to be learnt to achieve these expectations.

4. How will this be learnt (journal articles, video’s, policy/procedure manuals, observation of skill/task, simulated training, case studies, encouraged to ask more questions, reflection).

5. How will this be assessed (observation, case study, staff feedback, checklist).

If you are unsure of how to review your current level of practice complete a SWOT analysis together, i.e.:

✓ **Strengths** (in current practice)

✓ **Weaknesses** (as outlined in the learning contract)

✓ **Opportunities** (to learn and improve)

✓ **Threats** (what concerns/scares the student that they won’t or don’t know how to achieve)

Both parties are required to sign the contract and send a copy to the university (by post or fax). Please ensure that you have a copy to follow. It is important that regular meetings are organised to ensure that the contract is facilitating your needs. Any adjustments needed, can then be documented.

Your mentor or the staff development nurse may also need to be involved in the process.

When you achieve the objectives outlined in the learning contract this can be signed by both parties and forwarded to the School of Nursing and Midwifery.

Student’s who fail do not continue the practicum placement once a decision to allocate a grade of fail. The clinical team will organise with you to attend the university to determine the next course of action.
Students failing practicum may:

- Be allocated to a similar specialty in another hospital to give you an opportunity to meet the requirements of the CPAT and contract in a new environment.
- Discontinue all practicum and be required to re-enrol for the next semester.
- Be terminated from the Bachelor of Nursing program.

**IMMEDIATE WITHDRAWAL FROM THE CLINICAL SETTING**

Any student that acts in an unsafe manner will/is to be reported to the clinical team immediately and to be withdrawn from the clinical practicum environment. Further discussion at the university with the Clinical Coordinator will determine the next appropriate course of action.

*This may include:*

- Inadequate knowledge base to practice safely – this includes near miss events.
- Unprofessional practice – not adhering to hospital policies, legislation or the ANMAC competencies and code of conduct and ethics.
- Inappropriate behaviour – including abandonment of patients by leaving the ward area, inappropriate use of language or aggressive behaviour.
STARTING PRACTICUM, WHAT NOW?

MAKE SURE YOU HAVE

- Checked SONIA for your placement allocation and start date.
- Contacted the facility, if required, to confirm ward/unit, start date and meeting point.
- Do you require a uniform – mental health and some community placements require neat civilian clothing – this will be stated on SONIA.
- If you are going on a regional prac, have you confirmed your accommodation details with the clinical administration staff.

WEEK PRIOR

- Write your objectives in your CPAT.
- Complete your pre-reflection paper with attached marking matrix ready for submission to your clinical supervisor in week one.

DAY ONE

Depending on the facility you are attending there may be a number of students commencing or just yourself. Check SONIA for your orientation details. Larger organisations will ask you to meet at a central point on the Monday morning for an orientation program. Other smaller sites may direct you to your ward/unit where the staff will provide an orientation during the course of your shift.

Please ensure that you arrive early as you may find parking difficult, and locating specific wards and rooms can be difficult in an unknown place, particularly for the larger hospitals.

ON THE WARD/UNIT

It is important that you arrive to commence your shift at least 10 minutes early so that you can find a place to put your bag away, find a handover sheet (if required), and ready yourself for the start of the day. Many wards/units will commence with a patient handover, these commence at the start of the shift, not 10 minutes later, so please be ready and waiting. Ensure that you introduce yourself to the shift coordinator. You may find that you work all of your shifts with the same nurse, or are allocated each day by the shift coordinator to the most appropriate person.
**Handover** – this may be taped, or nurses may verbally handover the patients status and care. Different areas and health care facilities you will find have slightly different approaches to delivering handover. Use these differences as an opportunity to learn about the models. When discussing a patient with another team member, medical practitioner or allied health think about the ISOBAR tool that you have learnt:

<table>
<thead>
<tr>
<th>IDENTIFY</th>
<th>Introduce yourself and your patient</th>
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</thead>
<tbody>
<tr>
<td>SITUATION</td>
<td>Briefly state the problem/s</td>
</tr>
<tr>
<td>OBSERVATIONS</td>
<td>Recent vital signs and assessment</td>
</tr>
<tr>
<td>BACKGROUND</td>
<td>Pertinent information related to the patient</td>
</tr>
<tr>
<td>AGREED PLAN</td>
<td>What needs to happen? Assessment of the situation</td>
</tr>
<tr>
<td>READ BACK</td>
<td>Clarify and check for shared understanding. Who is responsible for what and by when.</td>
</tr>
</tbody>
</table>

(Porteous, Stewart-Wynne, Connolly & Crommelin, 2009).

**Patient Allocation** – Dependent on the type of placement you are on, different models of patient allocation can be expected. Within general ward settings either ‘Team Nursing’ or ‘Patient Allocation’ are the most common utilised. Team nursing involves a group of nurses working together with an allocated group of patients to deliver care, whilst patient allocation involves one nurse with often 4-6 patients to care for.

**Start/Finnish and Meal Breaks** – Please ensure that you are courteous to those that you work with. By arriving to your shift 10 minutes early it assists the team to commence handover on time. By starting late, other staff are required to work back to care for patients, or may be delayed in attending their meal breaks. Finishing early, whilst you may believe it is fair considering you are not getting paid, it can be a sign of disrespect for the work, and the effort staff have made to provide you with a learning environment. Please also remember this when attending meal breaks. Remember you need every hour to meet your 1240 graduation requirements.

**Active Learning** – as a student it is important that you view all of your time on practicum as an opportunity to learn. Completing a task once does not equal competence or expert; therefore it is essential that every opportunity be accepted as consolidation of your knowledge and skill base. Learning through practice provides an opportunity for you to link your university theory. Remember not every situation is the same, and every time you repeat the same skill/task it is a different context that requires critical thinking of application of the skill to suit the current situation. A BP is never a simple BP. Remember to reflect on practice.
On placements that are quiet or very specialised you may find yourself feeling that your learning opportunities are limited. This is never the case. There is always a lot to learn, look at communication skills, documentation, the health care/team structure, multidisciplinary communication, patient planning, etc.

Refer to your Nursing Practice required text: *The Clinical Placement by Tracey Levett-Jones and Sharon Bourgeois for further information, ideas, tips and tactics for learning and clinical practicum.*

**Things you need to make sure you are aware of are** -

- Location of Health Care Agency Policy and Procedures Manuals.
- Intranet resources, what is available, can you access patient results & procedure manuals.
- Emergency protocols - fire, evacuations procedures, resuscitation, personnel threat, external emergency.
- Security ID protocol to access clinical domains and computer; and privacy & confidentiality issues.

**Personal Safety**

It is important whilst on clinical practicum that you take all appropriate measures to ensure your own safety. During clinical you will be working different shifts across the weeks. When leaving a facility after dark it is important that you walk with someone out of the facility for your safety. Staff leave the ward areas together to facilitate this. Please do not leave early, wait for your colleagues and leave together.

If you choose to ride a bike or walk to your placement, you need to realise that it may be dark walking to or from the facility, what measures will you take to ensure your safety?

If on your placement you are required to leave the facility (e.g. Community placement) it is important that you travel in the facilities vehicle. It is not appropriate for you to follow in your own car. If you do, the University does not cover you for any Legal Claim for an accident. If this occurs please contact a member of the Clinical Placements Team immediately so that we can assist.
**ORIENTATION SEEK AND FIND**

If you are not provided with an orientation booklet it is useful to undertake the following seek and find checklist to ensure you are aware of your work area.

<table>
<thead>
<tr>
<th>Who is the:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical Nurse Manager</td>
<td></td>
</tr>
<tr>
<td>• Staff Development Nurse</td>
<td></td>
</tr>
<tr>
<td>• Mentor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward Phone Number</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Paging System – number to call</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What to say when you answer the phone</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How do you transfer a call</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Number</th>
<th></th>
</tr>
</thead>
</table>

| Locate hospital phone numbers       |                     |
| (internal line directory)           |                     |

<table>
<thead>
<tr>
<th>Shift times AM/PM/ND</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where is handover held/handover sheets</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where are patient notes located?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff toilets/lockers (Id code)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of policy and procedures</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where is the emergency equipment located</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Buzzer/number to call</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fire (blanket, hose)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Resus trolley</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identify equipment in patients rooms</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Oxygen</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suction</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gaedal airway</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bed controls</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Buzzer</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TV/radio</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identify equipment in the Dirty/pan room</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How to use pan flusher</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Urinalysis tests</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identify equipment in the treatment room</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pumps</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dressings</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IV trolley</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identify equipment in the kitchen</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Water jugs/ice</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Meals</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identify equipment in the store room</th>
<th></th>
</tr>
</thead>
</table>
LAST WEEK OF PRAC

- Submit your final reflective paper to your clinical supervisor with an attached marking matrix (if final prac placement).
- Ensure your CPAT is full of exemplars, elements signed, mentor has signed and your clinical supervisor has signed.

ON COMPLETION OF PRAC

- Within two working days submit your CPAT, reflective papers with attached marking matrix and photocopies to Clinical Reception.
- If you attended practicum in the country ensure you have completed your survey for reimbursement of partial travel costs.
- Please complete the post practicum survey on Blackboard.

HELP, WHO TO TALK TO?

Depending on what it is that you need help with will determine who you should talk to.

Clinical

- Your first point of contact is the nursing staff that you are working with. If you are unsure of how to complete a task, assess a patient, complete documentation, communicate/liaise with an individual discuss this with your RN about developing objectives/strategies.
- If you have concerns regarding your placement please contact your supervisor or a member of the Clinical Placements Team.

Clinical Incident

If you have been involved or witnessed patient care that you feel you would like to discuss with a member of staff please do not hesitate to contact a member of the Clinical Placements Team. It is important that as members of the health profession that we develop strategies to deal with death, dying and other clinical events that impact on our own perceptions of the health care system, the world we live in and our own sense of being. Many work places will provide debrief sessions for staff after a traumatic incident, however many students feel more comfortable talking to a member of the university staff one-on-one, so please remember our door is always open.
Personal

Depending on the privacy/personal nature of concern you may wish to discuss this with the RN, your clinical supervisor/CELO or a member of the Clinical Placements Team. It is important that if personal issues are impacting on your ability to function and think clearly whilst on practicum that you discuss this so that we can put a plan in place to support you.

Bullying

If you feel at any stage that communication between yourself and a member of staff or any individual is of a bullying nature please notify a member of the Clinical Placements Team.

Notre Dame also provides a counselling service for all students. Please feel free to contact the Student Life Office on 9433 0580
CLINICAL PRACTICUM POLICIES AND GUIDELINES

There are a number of policies and guidelines within the University of Notre Dame and other organisations that impact on students professional practice and behaviour in the clinical environment. The following documents are to be used by students and staff in determining the appropriate practice and behaviour of students. These include, but are not limited to:

Australian Health Practitioner Regulation Agency (AHPRA)

The role of AHPRA is to:

- support the National Boards in their primary role of protecting the public
- manage the registration processes for health practitioners and students around Australia
- has offices in each State and Territory where the public can make notifications about a registered health practitioner or student
- on behalf of the Boards, manages investigations into the professional conduct, performance or health of registered health practitioners, except in NSW where this is undertaken by the Health Professional Councils Authority and the Health Care Complaints Commission
- on behalf of the National Boards, publishes national registers of practitioners so important information about the registration of individual health practitioners is available to the public
- works with the Health Complaints Commissions in each State and Territory to make sure the appropriate organisation investigates community concerns about individual, registered health practitioners
- supports the Boards in the development of registration standards, and codes and guidelines
- provides advice to Ministerial Council about the administration of the national registration and accreditation scheme


For further information visit: http://www.ahpra.gov.au/

Nurses and Midwives Board of Australia

- National Competency Standards for the Registered Nurse
- Code of Professional Conduct for Nurses
- Code of Ethics for Nurses
- Decision Making Framework


The University of Notre Dame, School of Nursing and Midwifery (Fremantle)

- Policy: Nursing Clinical Practicum
- Policy: Confidentiality
- Policy: Immunisation
- Policy: Medication Administration
- Policy: Misconduct in Clinical Practice
- Interstate and Overseas Clinical Practicum
- Accident and Incident reporting Process, Flowchart

These documents are attached
POLICY: SCOPE OF NURSING PRACTICE FOR STUDENTS

All Notre Dame nursing students should be guided by the principles of Nurses and Midwives Board of Australia, when considering implementing nursing interventions.

Notre Dame nursing students should only undertake nursing activities that they are educationally prepared for; competent to undertake; legally entitled to perform and which they are willing to be accountable.
IT IS ESSENTIAL THAT YOU UNDERSTAND THE SCOPE OF NURSING PRACTICE BEFORE ATTENDING CLINICAL PRACTICUM


Please also refer to the unit objectives for each practicum and skill list (pages 70) for further information
Clinical practicum forms a fundamental part of the University of Notre Dame, Australia (Notre Dame) nursing programs. Students are required to sign the student declaration acknowledging that they have read and understood the following policy.

**Clinical Placement Scheduling**
The timing of a student's practicum during allocated timetabled practicum period is dependent on the timing and length of placements allocated by agencies to the School of Nursing and Midwifery. This may result in students having their practicum split between different time periods. **Students must not book holidays or other commitments** until after the final practicum allocation list is released. **Students may be required to travel considerable distances within the metropolitan area to a clinical practice agency and are responsible for organising their own transport.**

**Rural, Regional and Remote Placements**
There is the opportunity for students to undertake their practicum in a regional area. Students who have done this in the past have found this a rich and rewarding experience. Notre Dame will provide payment for reasonable accommodation, but students will incur costs for living. Payment towards travel can be claimed from the Combined Universities Centre for Rural health (CURCH). These details will be forwarded to students. Regional placements details are provided to students in the first week of each semester via Blackboard the related NSP unit.

**Dress requirements**
Students will be expected to wear their uniform in most health agencies, the exception may be when you are on a Community Practicum or working in a Mental Health agency. The uniform consists of specific Notre Dame top and trousers, Notre Dame School of Nursing and Midwifery name badge and black or brown closed toe shoes. Lanyards, for student ID and criminal screening clearance card, can no longer be worn, these must be pinned or students may purchase a retractable card holder. Broome campus uniform consists of the specific Notre Dame top and blue trousers or long shorts and black closed toe shoes.
The Notre Dame nursing uniform tops and trousers are available through the School of Nursing. Students will be informed of the process at the commencement of semester. Students who do not have the full uniform will not be able to attend practicum. Broome campus uniforms are purchased locally.

Name badges are also available from the Co-op bookshop. The name badges must be paid in full when ordering. Broome badges are available through the Broome School of Nursing and Midwifery.

While on practicum students must present themselves in a neat and professional manner, which includes hair tied back, clean nails and minimal jewellery according to local hospital/facility policy and the World Health Organisation Bare Below the Elbow Policy.

**Employment while on practicum**

Nursing students will be required to work rostered and rotating shifts while on practicum. **This means that they must be available to work any shift (including night shift) across the seven days of the week.** The agency with whom they are placed for the practicum will roster the student to work the same shifts as their mentor or to shifts where there is the most support and supervision for the student. Students must give their clinical placement requirements priority over part-time and/or casual employment. Students may continue to work part-time or casually, as long as it does not impact on their rostered clinical placement shifts.

**Clinical Practicum Attendance**

Bachelor of Nursing students are required to complete a minimum of 1240 hours of clinical hours during their course. Bachelor of Nursing students undertaking the conversion program complete 880 hours. Enrolled nursing students (Broome campus only) are required to complete a minimum of 600 hours during their course. These hours are divided up between semesters with each student completing 160-240 hrs per practicum depending on the particular unit of study.

A student who is absent from clinical placement will need to make up the hours. A medical certificate is required if the student is absent for more than one shift.

**Vaccinations/Immunisations**

All nursing students are required to be vaccinated against key vaccine preventable diseases (VPDs) before attending clinical practicum. The current schedule of requirements is based on Department of Health immunisation requirements and will be provided by SoNM (School of Nursing and Midwifery) Clinical Placement Team.

Students who do not submit the necessary documentation will not be able to attend clinical practicum.
Health Record
On entry into the program all students must complete a health status questionnaire. Students may be required to provide a medical certificate deeming them physically and mentally fit to complete the requirements of clinical practicum during their course of study.

Criminal Clearance
All nursing students are required to complete a Working with Children, a National Police Screening Certificate and a Department of Health Criminal clearance before attending practicum. Details of the application process will be provided by the SoNM Clinical Placement Team.

Other Requirements
All students must have a Current Senior First Certificate for the duration of the program; this requires annual recertification of the Basic life support component. Students must also maintain the Manual Handling certificate of completion and Hand Hygiene certificate. Evidence of completion must be forwarded to the Clinical Placements Team at the commencement of each academic year. Programs will be available on the Fremantle and Broome campus, with details forwarded to students. Students must also sign a confidentiality statement prior to attending practicum.

Student Signature and Declaration

“I declare that I have read and will abide by the above policy during my clinical placements.”
Signed:_________________________ Date:_____________________

Reviewed by: Kylie Russell
Date: November 2011
Guide for Costs (these prices are correct at the time of printing)

It is a mandatory requirement that you have a **current** Senior First Aid Certificate

<table>
<thead>
<tr>
<th>Organisation’s available for Senior First Aid</th>
<th>Cost</th>
<th>Duration</th>
<th>To book: contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venues:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armadale, Claremont</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bassendean, Belmont</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booragoon, Claremont, Fremantle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gosnells, Joondalup, Kalamunda, Mandurah</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osborne Park, Perth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockingham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Red Cross</td>
<td>$150 –</td>
<td>15 hours</td>
<td>1300367428, <a href="http://www.redcross.org.au">www.redcross.org.au</a></td>
</tr>
<tr>
<td>Venues:</td>
<td>$165</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beaconsfield, Cloverdale, East Perth, Heathridge, Joondalup, Mandurah</td>
<td></td>
<td></td>
<td>on-line course available with one day practical</td>
</tr>
<tr>
<td>Venues:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balga, Bayswater, Fremantle, Inglewood, Kwinana, Mt. Claremont</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Certificate Costs

<table>
<thead>
<tr>
<th>Certificate</th>
<th>Cost</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Police Clearance</td>
<td>$53.70</td>
<td>Application forms are available at participating <strong>Australia Post</strong> outlets. You can complete the form before lodgement, but do not sign the form as your signature must be witnessed by an Australia Post Officer.</td>
</tr>
<tr>
<td>Department of Health Criminal Screening</td>
<td>$5.50</td>
<td></td>
</tr>
<tr>
<td>Working with Children Check</td>
<td>$50.00</td>
<td>Application forms available at participating <strong>Australia Post</strong> outlets.</td>
</tr>
<tr>
<td>Manual handling Certificate</td>
<td>$50.00</td>
<td>Apply at Notre Dame</td>
</tr>
<tr>
<td>Hand Hygiene Certificate</td>
<td>No cost</td>
<td>Apply on-line hha.org.au</td>
</tr>
</tbody>
</table>
SCHOOL OF NURSING AND MIDWIFERY

CONFIDENTIALITY STATEMENT FOR UNDERGRADUATE NURSES

I, ______________________________, hereby agree to maintain complete confidentiality whilst I am a nursing student at the University of Notre Dame Australia.

This means I am aware that it is inappropriate to discuss any details of specific cases to which I am exposed during my practicum, amongst people outside of the Notre Dame community.

It is, however, appropriate to discuss specific cases with my colleagues, for example, university staff, and nursing students providing patient anonymity is maintained as appropriate, and this is being discussed as a learning opportunity.

When writing reports for the university I will use fictitious names.

Should I want to discuss my workplace experiences outside of the Notre Dame community, I am aware I can do so provided I speak in broad general terms and refrain from stating identifying names and do not use identifying characteristics.

At no time will I discuss clinical practicum on social networking sites, as these sites cannot guarantee confidentiality.

Signed: ______________________________
Print Name: ______________________________
Date: ______________________________

Reviewed by: Kyle Russell
Date: November 2011
SCHOOL OF NURSING AND MIDWIFERY

POLICY: IMMUNISATION FOR UNDERGRADUATE NURSES

PURPOSE

The purpose of this document is to describe the immunisation requirements for nursing students at The University of Notre Dame, Australia (Fremantle).

DEFINITIONS

Nursing students refers to all students enrolled in the Bachelor of Nursing or Bachelor of Nursing Enrolled Nurse Conversion at Notre Dame.

Clinical practicum refers to any place where health care or health services are provided to patients/clients.

Blood-borne Virus (BBV) refers to Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), Hepatitis C virus (HCV) and other new or emerging viruses that are transmissible by blood or body fluids.

INTRODUCTION

Nursing students may be exposed to vaccine-preventable diseases (VPDs) during their clinical practicum. This exposure may lead to infection and transmission of VPDs to other non-immune patients, staff or nursing students. Infection control precautions with the addition of immunisations help to prevent the transmission of VPDs between patients, staff and nursing students. It is a unit pre-requisite that all nursing students present their current immunisation status to the School of Nursing and Midwifery prior to attending their first clinical practicum. Students must be fully immunised against key VPDs as per Notre Dame’s immunisation requirements and these are based on the Department of Health Operational Directive (OD 0049/07).

Responsibility of Nursing Students

Nursing students must submit evidence of immunisation status (by a date as specified by Notre Dame) prior to attending their first clinical practicum. Failure to adhere to this may result in the student not being able to attend practicum and a failure to complete (FN) will be recorded for the student.
Nursing students must advise Notre Dame if they remain non-immune through failure to seroconvert, have medical conditions to vaccines or conscientiously object.

It is the responsibility of the Nursing Student who receives a positive blood result for a BBV to advise the Clinical Coordinator. The student must obtain counselling and ongoing clinical advice regarding their potential infectiousness.

**Responsibility of Notre Dame**

Immunisation requirements will be sent to the nursing students with the University Offer of Acceptance.

Notre Dame University will ensure that the immunisation data base is kept secure and confidential.

Information regarding a student’s immunisation status may be communicated to a Health Care Facility who requests this.

Notre Dame University may advise a Health Care Facility about any Nursing students who remain non-immune through failure to seroconvert, have medical conditions to vaccines or those who conscientiously object.

Notre Dame will ensure that a student who has a positive result for any BBV will be referred to receive appropriate counselling and guidance from the Infection Diseases Department, Department of Health W.A.

**Administration of vaccines**

Immunisations and serology testing can be obtained from the Travel Doctor Fremantle, Corner of South and Solomon St, Fremantle (9336 6630). It is strongly advised that students attend this facility. General Practitioners may not be current with Department of Health requirements.

**Proof of Vaccination**

A vaccination record is proof of record and a photocopy of the original will be kept by Notre Dame University.

Recent serology tests can also be produced to ascertain immune status.

**Immunisation Requirements**

The current schedule of requirements is based on Department of Health, Health Care Worker Immunisation Protocol (2007). Any changes to the Department of Health Protocol (2007) will have an immediate effect on this Policy.

**Schedule of Requirements**
<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Screening/Vaccination Requirements</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>Vaccination (Adacel/Boostrix)</td>
<td>Vaccination record</td>
</tr>
<tr>
<td>Measles-Mumps-Rubella (MMR)</td>
<td>Serology</td>
<td>Serological evidence or evidence of 2 doses of vaccine 1 month apart.</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>Serology</td>
<td>Serological evidence or evidence of 2 doses 1 month apart.</td>
</tr>
</tbody>
</table>
| Hepatitis B                       | Vaccination                        | Evidence of commencement of the vaccination course.  
                                   |                                                   | *Final serology results required prior to commencement of semester 2 practicum.* |
| Hepatitis A                       | Vaccination                        | Evidence of commencement of the vaccination course.  
                                   |                                                   | *Evidence of 2\textsuperscript{nd} dose required prior to commencement of semester 2 practicum.* |
| Influenza                         | Vaccination recommended            | Nil                                                |
| Tuberculosis                      | Mantoux or Quantiferon Screening.  | Results of screening test.                         |
| MRSA                              | Swab Screening may be required for specific health agencies. | Nil. If requested, results to be forwarded directly to the health care facility. |
| Tetanus                           | Vaccination strongly recommended if out of date by more than 10 years. | Vaccination record                                 |
References


Practicum Prerequisites Flow Chart for Nursing Students 2012

Submit photocopies of all of the below documents to the Clinical Placements Team by the due date

**Partial completion will not be accepted**

- Commence Immunisation Schedule (see Appendix A & B)
- Book for Senior First Aid Certificate (see Appendix C)
- Book for Manual Handling Course
- Apply for DOH Criminal Screening (allow 3 weeks)
  - Apply for Working with Children’s Check (allow 3 weeks)
- Complete on-line Hand Hygiene Certificate
- Sign Confidentiality Statement
- Nursing Clinical Prac Policy
- Complete Student Health Record
- Bring photocopies of all completed documents to the Clinical Placements team by **due date**

As soon as possible prior to commencing semester 1

Date: October 2010
Created: J. Cooke
Authorised: K. Russell
Reviewed: December 2011
Version 2
Please note: This flow chart is to be used only as a time frame indicator for students. Vaccines are to be given as per the Department of Health guidelines.

As soon as possible prior to commencing semester one:
- Make an appointment with TRAVEL DR
- Find previous vaccination documentation

At first Appointment:
- MANTOUX TEST
- Dr to sight previous vaccination documentation to determine serology testing

POSITIVE serology results or VACCINATION DOCUMENTATION provided: Proceed with vaccinations required as per list

NO Immunity/No vaccination documentation

Vaccinations:
- MMR
- Varicella
- Adacel/Boostrix
- 1st dose Hepatitis A
- 1st dose Hepatitis B

4 - 8 weeks
- 2nd dose Hep B
- 2nd dose varicella
- 2nd dose MMR

4 - 8 weeks
- 2nd dose Hep A

2 - 3 months
- 2nd dose Hep A
- 3rd dose Hep B

Prior to semester 2 prac
- Serology Hep B
- Evidence of 2nd dose Hep A

Can attend prac on sighting of vaccination evidence or +ve serology results and must complete and sight other practicum pre requisites
**Vaccine Requirements**

**MANTOUX TEST**
Tuberculosis (Mantoux testing or Quantiferon screening results required for all students)

- The test must be done before or 4 weeks after the administration of live vaccines. (MMR or Varicella)
- If no live vaccine given; Proceed with testing. Read skin test at 48 to 72 hours
- If unsure or unable to provide documentation; Need serology to confirm status, followed by vaccination if indicated.

**MMR**
Measles, Mumps and Rubella (Live vaccine)

- Require documented evidence of 2 previous doses or serology to prove immunity.
- If unvaccinated or serology shows no immunity, a set of 2 vaccines 4 to 8 weeks apart is required.
- If unsure or unable to provide documentation; Need serology followed by vaccination if indicated.

**VARICELLA**
(Live vaccine)

- Require documented evidence of 2 doses of vaccine or serology to prove immunity.
- If unsure or unable to provide documentation; Require vaccination with Adacel or Boostrix.

**ADACEL / BOOSTRIX**

- Require documented evidence of tetanus, diphtheria and pertussis (whooping cough) vaccine in the past 10 years.
- If Tetanus/Diphtheria only vaccine (ADT) given; Vaccination with Adacel or Boostrix (which contains whooping cough) is required.

**HEPATITIS A**

- Require documented proof of receiving 2 vaccines or serology as proof of immunity.
- If never vaccinated, require 2 doses over 6 months. If 1 dose given previously at any time, need only 1 booster dose.
- If unsure or unable to provide documentation; Need serology to confirm immunity followed by vaccination if indicated.

**HEPATITIS B**

- Require serology to confirm immune status.
- Intradermal Hepatitis B course available for non responders.
- If vaccination incomplete; require booster dose(s) plus serology.

**INFLUENZA**

Optional but recommended

**MRSA**
MRSA screening only required for students that have worked in a hospital or residential care institution outside WA in the last 12mths.
**General Guide for Cost of Vaccinations** (these are current at the time of printing)

Vaccination requirements depend on past vaccination history. Therefore, obtaining past vaccination records is important.

<table>
<thead>
<tr>
<th>Disease / Vaccine</th>
<th>Schedule</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mantoux Test for TB.</td>
<td>Reading done 48 to 72 hours after test.</td>
<td>$25.00 - $36.00</td>
</tr>
<tr>
<td>(Give before live vaccines or 1 month after)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella</td>
<td>If not immune then 2 vaccines required</td>
<td>$40.00</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>If not immune then 2 vaccines required</td>
<td>$72.00 each</td>
</tr>
<tr>
<td>Tetanus, Diptheria &amp; Pertussis. Vaccine called Adacel or Boostrix</td>
<td>Must have completed childhood schedule first.</td>
<td>$42.00</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 vaccines 6-12mths apart</td>
<td>$79.00 each</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 vaccines over 6 months</td>
<td>$40.00 each</td>
</tr>
<tr>
<td>- Hepatitis A &amp; B (combined vaccine called Twinrix)</td>
<td>3 vaccines over 6mths.</td>
<td>$79.00 each</td>
</tr>
<tr>
<td>- Intradermal Hepatitis B for non responders</td>
<td>3 doses over 1 month.</td>
<td>$40.00 each</td>
</tr>
<tr>
<td>Flu Vaccine (Optional)</td>
<td>yearly</td>
<td>$22.00</td>
</tr>
</tbody>
</table>
SCHOOL OF NURSING AND MIDWIFERY

POLICY: MEDICATION ADMINISTRATION FOR UNDERGRADUATE NURSES

This policy ensures that all undergraduate nursing students from the University of Notre Dame, Australia (Notre Dame) and all student mentors are informed of their legal obligations related to medication administration by student Registered Nurses whilst on clinical practicum.

Student nurses from Notre Dame MAY NOT be involved in the administration of medication until they have completed the third semester of their academic program. Students must not assist in the delivery of medications until this time, including the dispensing of medications from Medication Assistant Aids (e.g. a Dossett box).

All student nurses must be supervised by a Registered Nurse OR Registered Midwife (RN/RM) at all times when handling a medication during preparation, administration and if applicable disposal of.

Notre Dame Nursing students, who have completed the 3rd semester, are able to check drugs from the locked drug cupboard (including schedule eights) provided they are doing so with a Registered Nurse or Registered Midwife. They are also allowed to sign drug registers. When they have participated in the checking and counting of the controlled drug they must participate in administration of the controlled substance.

Students are not permitted to administer a medication they are not familiar with. In this case students must notify the RN and seek further clarification of the drug from the Mims or hospital/facility pharmacy manual.

Students are encouraged to carry pocket-sized calculators with them into clinical practice settings. All students are expected to use calculators to check their manual computations.

Student nurses are taught to initial or sign medication charts after administering medications. Students from Notre Dame are NOT to sign medication charts before drug administration.
Students from Notre Dame cannot administer medications they have not prepared. Students have been instructed that they must politely decline if asked.

Students are not permitted to take medication orders over the telephone, nor should they be counted as the second staff member (RN) to receive the verbal drug order. This means student nurses cannot administer drugs or check drugs that are ordered over the telephone.

Students are not permitted to give medications to patients without completing the following essential steps in patient medication administration. Checking the six R’s:

- Right patient
- Right drug
- Right dose
- Right route
- Right time
- Right documentation

STUDENT NURSES FROM NOTRE DAME CANNOT ADMINISTER MEDICATIONS UNTIL THEY REACH THE END OF THEIR 3RD ACADEMIC SEMESTER.

At that time students will be able to administer drugs via the following routes:

- Oral
- Per rectum
- Inhalants
- Subcutaneous injection
- Intramuscular injection
- Sub-lingual
- Per vagina
- Eye drops
- Transdermal
- Intravenous (medication as per specific agency policy for a Level 1.1 Registered Nurse, no chemotherapy, opioids and no cardiac drugs)

Students are taught not to re-cap needles, however, because they may come across situations where recapping is required they have all been taught a one-handed technique.

Reference

Reviewed by Kylie Russell
Date: November 2011
SCHOOL OF NURSING AND MIDWIFERY

POLICY: MISCONDUCT IN CLINICAL PRACTICE - UNDERGRADUATE NURSING

The University of Notre Dame, Australia (Notre Dame) General Regulations relating to Discipline (Chapter VIII) applies to all nursing students when engaged on clinical practice. The definitions of misconduct in 8.1 are to be interpreted so as to include conduct which occurs at Clinical Practice Placement venues and involves persons or property associated with the Clinical Practice.

In addition to the definitions of misconduct in the University General Regulations, the definition is deemed to include:

1. Causing physical and or emotional harm to patients, staff members of Notre Dame and/or placement or colleagues (examples include but are not limited to):
   a. giving wrong medications
   b. not adhering to hospital policy
   c. physical abuse of patients and walking out of clinical area
   d. inappropriate behaviour

The following procedure is designed to work in tandem with the University General Regulations to govern those situations of misconduct arising in Clinical Practice.

In the Context of Clinical Practice:

1. When a situation of misconduct occurs in a clinical placement, the student involved shall inform the Notre Dame Clinical Supervisor or Clinical Education Liaison Officer (CELO) as soon as practicable of the nature of the misconduct. Failure to do so may be considered a further act of misconduct.
2. The Notre Dame Nursing Practice year coordinator, in conjunction with the clinical supervisor/CELO will discuss the matter with the student and either commence a clinical learning contract and/or notify the Clinical Coordinator and Dean SoNM.
3. If further investigation is required the student may be asked to leave the clinical area by the Clinical Coordinator or Dean until the investigation is completed.

4. A written account from the student with 24 hours may be requested.

5. Acts of misconduct by students engaged in clinical placement may also be notified to the Clinical Coordinator or Dean by the facility directly. When this occurs in circumstances that the student has not advised the University, the Clinical Coordinator and/or Dean may ask the student to provide a written account of the event within 24 hours.

6. A written statement detailing the misconduct from appropriate staff at the clinical placement will also be requested as soon as practicable.

7. The Clinical Coordinator and/or Dean will meet with the student within 7 days to discuss the incident.

8. On the basis of the meeting with the student and the written statements provided to the School and any communications with the staff at the Health Agency, the Clinical Coordinator and/or Dean will determine the appropriate course of action to pursue, in accordance with University General Regulations.

9. Appeals to this decision are made directly to the Dean.
SCHOOL OF NURSING AND MIDWIFERY

POLICY: INTERSTATE & OVERSEAS CLINICAL PRACTICUM FOR UNDERGRADUATE NURSES

Students may complete a component of the Clinical Practicum Program for the Bachelor of Nursing program at an interstate or international facility (as coordinated by the university).

Students are required to inform the NSP unit controller of their preferred practicum site. Due to the organisation required for these placements, a minimum of 3 months notification is required.

The School of Nursing and Midwifery Clinical Practicum Coordinator is responsible for:

1. Identifying student suitability for interstate or overseas placement. This will be based on:
   - Reason for student request.
   - The knowledge and experience that the student identifies will contribute to the development of their praxis.
   - Previous academic and clinical results.
2. Liaising with the agency organisation to arrange the placement.
3. Ensuring that the clinical area is appropriate for:
   - Student learning needs.
   - Clinical supervision.
   - Competency assessment.
4. Ongoing contact with the agency to ensure appropriate information is provided as required. This may include:
   - Clinical practicum contract or agreement.
   - Practicum information booklet.
   - Clinical Practicum Assessment Tool (CPAT).
   - Accident and Incident forms.
   - Student clinical pre-requisite status.
5. Facilitating Notre Dame insurance cover (indemnity and accident)
6. Assessing general suitability of students living and accommodation situation while on practicum.
7. Maintaining availability and contact with the student and placement agency while the student is on practicum:
   - Weekly email and/or phone contact throughout the placement by the Clinical Coordinator or allocated staff member.
   - Receipt and marking of reflective papers via email or post and CPAT on return to Perth.

The student is responsible for:

1. Written Expression of Interest (EOI) detailing:
   - Agency site and practicum facilitator contact details.
   - Reason for student request.
   - The knowledge and experience that the student anticipates the placement will contribute to the development of their praxis.

2. Organisation of own travel, insurance, accommodation and living arrangements, passport, visa and vaccination requirements.

3. Financial cost of travel, insurance, accommodation and living expenses, passport, visa and vaccination requirements.

4. Completing practicum requirements as detailed in the associated NSP UNIT outline.

5. Adherence to all Notre Dame Regulations and School of Nursing and Midwifery regulations, policies and procedures while on practicum.

6. Maintaining contact with Clinical Practicum Coordinator (or delegate) while on practicum.

7. Completion of Notre Dame Indemnity form if required.
Please ensure you contact your clinical supervisor/CELO or a member of the Clinical Placements Team immediately.

**STAFF/STUDENT ACCIDENT OR INJURY**

COMPLETE: “CCI School Accident Report” form held by Senior Administration Officer – School of Nursing

Does the person require/or received treatment?

- Yes
  - SUBMIT: “School Accident Report form” and CCI Claim form (first part completed by student) to Finance Dept. Finance Dept complete second part of form and lodge report for claim number

- No
  - “CCI School Accident Report” is forwarded to the SoN Senior Administration Officer for filing

Person to claim Medicare benefit and then submit receipts to school who forward to Finance Dept for reimbursement of any gap.
OBJECTIVES FOR CLINICAL PRACTICUM

The following is a general list of objectives. These are a guideline of the level of practice for each semester. Local policy and SONP must always be adhered to.

There are three variations in the Bachelor of Nursing Program that impact on clinical practicum objectives:
- RN program
- Palliative Care Major program
- EN conversion to RN program

Bachelor of Nursing Program – General Stream, 3 Year Program

1ST YEAR OBJECTIVES (new curriculum)

AGED CARE

The student will be able to:
- Demonstrate the skills and knowledge necessary to assess plan, diagnose, implement and evaluate the essential care requirements for a group of patients
- Demonstrate an understanding of the important role that essential nursing care plays in promoting optimal patient outcomes.

COMMUNITY PLACEMENT

The student will be able to demonstrate:
- An understanding of community health practice.
- An understanding of the role of nursing in the wider community, including, but not restricted to:
  - General practice
  - School
  - Infant and child health
  - Occupational health

REHABILITATION PLACEMENT

The student will be able to:
- Demonstrate the skills and knowledge necessary to assess plan, diagnose, implement and evaluate the essential care requirements for a group of patients
- Demonstrate an understanding of the important role that essential nursing care plays in promoting optimal patient outcomes.
2nd YEAR OBJECTIVES

ACUTE MEDICAL/SURGICAL PLACEMENT

The student will be able to:

• Demonstrate understanding of the principles of assessing, planning and implementing the care requirements for patients.
• Co-ordinate and prioritise care for up to six (3-6) patients.

PERIOPERATIVE

The student will be able to:

• Demonstrate an understanding of the basic principles and concepts of perioperative nursing.
• Demonstrate an understanding of the responsibilities of the perioperative nurse in achieving optimal patient outcomes.
3rd YEAR OBJECTIVES

CRITICAL CARE PLACEMENT

The student will be able to:

- Demonstrate understanding of the principles of assessing, planning and implementing the care requirements for an acutely ill patient.

- Co-ordinate and prioritise care for allocated acutely ill patient(s).

- Apply theoretical knowledge gained throughout their course to the assessment, planning, implementation of nursing interventions within the context of their assigned work area.

MENTAL HEALTH PLACEMENT

The student will be able to:

- Demonstrate an awareness of the ethical issues in caring for mental health consumers.

- Utilise the National Standards of Mental Health Services (NSMHS) when assessing, planning and implementing the care requirements for allocated patients/clients.

- Demonstrate an understanding of the pharmacological interventions and the role of the nurse in drug administration when caring for allocated patients/clients.

- Demonstrate an understanding and the application of the Mental Health Act when providing care to Mental Health patients/clients.
Objectives for All Years (Palliative Care Major)

**Practicum unit NSP102.2: 1st Year Objectives**

The student will be able to:

- 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.

**Practicum unit NSP 201.2: 2nd Year Objectives**

Students will be able to:

- Implement a nursing intervention with an awareness of the standards for providing quality palliative care for people with life limiting illness and their families.
- Demonstrate an understanding of the needs, responses and wishes of an individual with a life limiting illness.
- Demonstrate an understanding of the principles of assessing, planning, implementing and evaluating the care requirements of a patient with a life limiting illness and their families.
- Demonstrate awareness of the need for a thorough symptom assessment and of prioritising care.

**Practicum unit NSP302.3: 3rd Year Objectives**

The student will be able to:

- Implement a nursing intervention with an awareness of the standards for providing quality palliative care for people with life limiting illness and their families.
- Demonstrate an understanding of the pharmacological interventions and the role of the nurse in drug administration when caring for a palliative patient.
- Demonstrate the importance of excellent communication skills when dealing with patients, their families and the interdisciplinary team.
- Demonstrate an understanding of the role of palliative care in a variety of settings, including but not restricted to:
  - Inpatient palliative unit
  - Aged care facility
  - Hospital ward setting
  - Community palliative care

REVISED: Annie Das
Date: September 2010
**En Nurse Conversion 2 Year Program Objectives**

**1ST YEAR EN TO RN OBJECTIVES**

**ACUTE MEDICAL/SURGICAL PLACEMENT**

The student will be able to:

- Demonstrate understanding of the principles of assessing, planning and implementing the care requirements for patients.
- Co-ordinate and prioritise care for up to six (3-6) patients.

**PERIOPERATIVE**

The student will be able to:

- Demonstrate an understanding of the basic principles and concepts of perioperative nursing.
- Demonstrate an understanding of the responsibilities of the perioperative nurse in achieving optimal patient outcomes.

**COMMUNITY PLACEMENT**

The student will be able to demonstrate:

- An understanding of community health practice.
- An understanding of the role of nursing in the wider community, including, but not restricted to:
  - General practice
  - School
  - Infant and child health
  - Occupational health

**MATERNAL / CHILD HEALTH PLACEMENT**

The student will be able to:

- Understanding of principles and concepts of caring for women and children, including, but not restricted to:
  - Care of women during pregnancy and childbirth.
  - Care of children through all stages of childhood in the hospital and community setting.
2NO YEAR EN TO RN OBJECTIVES

CRITICAL CARE PLACEMENT

The student will be able to:

- Demonstrate understanding of the principles of assessing, planning and implementing the care requirements for an acutely ill patient.
- Co-ordinate and prioritise care for allocated acutely ill patient(s).
- Apply theoretical knowledge gained throughout their course to the assessment, planning, implementation of nursing interventions within the context of their assigned work area.

MENTAL HEALTH PLACEMENT

The student will be able to:

- Demonstrate an awareness of the ethical issues in caring for mental health consumers.
- Utilise the National Standards of Mental Health Services (NSMHS) when assessing, planning and implementing the care requirements for allocated patients/clients.
- Demonstrate an understanding of the pharmacological interventions and the role of the nurse in drug administration when caring for allocated patients/clients.
- Demonstrate an understanding and the application of the Mental Health Act when providing care to Mental Health patients/clients.
UNDERGRADUATE NURSES SKILLS LIST

The following skills lists are a guide, students should only undertake a nursing activity that you are educationally prepared for; competent to undertake; legally entitled to perform and for which you are willing to be accountable.
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), 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
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
- Bottle feeding (infants)
- Urine testing
- Bed bathing/showering/clothing/shaving
- Toileting
- Meal assist
- Admission of new patients or residents
- Manual handling
- 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 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

Instrument Nurse

• Correct scrub technique
• Correct gowning and gloving technique
• Correct draping of instrument trolley
• Correct draping of a patient undergoing surgery
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- Correct count procedure
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Recovery Room/Post Anaesthetic Care Unit

- Accepting patient into the unit
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- 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

**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
EMERITUS PROFESSOR DOREEN MCCARTHY
MENTOR AWARD

The University of Notre Dame Australia wishes to recognise the contribution that our mentors and health agency partners make to our nursing program.

The process to formally acknowledge our mentors through this award will be as follows:

1. Nominations will be collected from nursing students at the conclusion of the practicum.

2. A committee set up by the School of Nursing and Midwifery will select a short list from the mentors of each year group. Members of this committee will be by invitation and will include representatives of our staff, advisory board and College of health colleagues.

3. From the short lists one mentor of each year group will be chosen and all three will be invited to the Awards Night in December.

4. Emeritus Professor Dean McCarthy will announce the overall winner and present the award.
CALL FOR NOMINATIONS

From
Nursing Students of the University of Notre Dame Australia

The University of Notre Dame Australia wishes to recognise the contribution that our mentors and health agency partners make to our nursing program.

Students are invited to nominate mentors for Professor Doreen McCarthy Mentor Award. Students must complete selection criteria over page for nomination to be considered.

Professor Doreen McCarthy was the founding Head of School for the School of Nursing and Midwifery following a very distinguished Nursing career spanning almost 50 years.

The Professor Doreen McCarthy Mentor Award is a prestigious honour for the successful Mentor.

Mentor
Health Agency
Signed (Mentor)

(SoN can seek consent to nominator if mentor not able to sign)

Nominating Student
Year Group
Signed (Student)
Date

Please return completed nominations to:
Doreen McCarthy Mentor Award Selection Committee
School of Nursing and Midwifery
The University of Notre Dame Australia
19 Mouat Street (PO Box 1225)
Fremantle WA 6959
The Selection Panel will look for descriptions or specific examples of how the nominee demonstrates the abilities, actions and behaviours which this award seeks to recognise.

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<tr>
<th>1. Embodies exceptional leadership qualities and shows a commitment to professionalism in all aspects of patient care, as a nurse and as a mentor.</th>
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- Exemplifies the importance and relevance of theoretical knowledge to effective clinical practice.

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- Communicates effectively to transfer knowledge and skills

<table>
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<th>3. Communicates effectively to transfer knowledge and skills</th>
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- The Care Factor: Demonstrates a willingness to go the extra mile in interactions with patients, staff and students.

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Thank you for taking the time to nominate your mentor for the Professor Doreen McCarthy Mentor Award. Your nomination recognises the commitment that they have made to achieving excellence in teaching and the advancement of the nursing profession.
References


