Submission by the Australian Nursing and Midwifery Federation

Ahpra Board Accreditation Committee public consultation on the draft guidance on embedding good practice in clinical placements, simulation-based learning, and virtual care in student health practitioner education

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Australian Nursing & Midwifery Federation

Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: **anmffederal@anmf.org.au**
W: **www.anmf.org.au**

Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 326,000 nurses, midwives, and carers across the country.

Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural, and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF appreciates the opportunity to provide feedback to the Australian Health Practitioner Regulation Agency (Ahpra) Boards Accreditation Committee for the public consultation on the draft guidance on embedding good practice in clinical placements, simulation-based learning, and virtual care in student health practitioner education.

Embedding good practice in nursing and midwifery clinical placements, simulation-based learning, and virtual care is essential and provides benefits for the student, the supervisor, the workplace and most importantly, for the person for whom they provide care.

The benefits of good practice in clinical placements, simulation and virtual care include:

- Safety – good practice ensures that students develop the necessary skills and capabilities in a safe environment before they interact with real people requiring health care. This reduces the risk of errors and ensures safe practice.
- Quality of care – by emphasizing good practice, students learn evidence-based techniques and protocols, which ultimately contribute to the delivery of high-quality care.
- Professional development - clinical placements and simulation-based learning provide opportunities for students to develop practical skill, critical thinking, decision-making, and communication skills essential for their professional development as nurses and midwives.
- Socialisation – good practice ensures that students are able to be socialised to the clinical environment and are identified as student learners, an important part of the team, and future health practitioners.
- Ethical standards - exposure to good practice instills ethical principles and values in students, helping them understand the importance of person-centred care, respect for diversity, and confidentiality.
- Adaptability - in the fast-paced and rapidly evolving healthcare landscape, students need to adapt to new technologies and care delivery models. By incorporating virtual care into education, students become proficient in utilising telehealth platforms and other digital tools, preparing them for future practice.
- Interdisciplinary collaboration - good practice emphasizes teamwork and collaboration among health practitioners. Clinical placements and simulation-based learning provide opportunities for students to work alongside other health practitioners, fostering interdisciplinary collaboration skills.
- Continuity of care - through effective clinical placements and simulation-based learning, students learn to provide continuity of care across different settings, ensuring seamless transitions of care for people between various healthcare services.

- Evidence-based practice - by integrating evidence-based practice into education, students learn to critically evaluate research findings and incorporate them into their clinical decision-making process, thereby improving health outcomes.
- Professional accountability **-** emphasizing good practice instills a sense of professional accountability in students, encouraging them to take responsibility for their actions and continuously strive for excellence in their practice.

Embedding good practice in nursing and midwifery education ensures that students are well-prepared, competent, and compassionate health practitioners who can deliver safe, high-quality care to diverse populations.

In the interests of person-centred care, the ANMF supports the use of the term 'person' or 'people' rather than 'patient', 'client' or 'consumer' throughout the draft guidance. These terms can be used to refer to both a person receiving healthcare services and a person who has used or may use a healthcare service in all contexts of practice, not just the acute care setting. The term patient infers a passive, 'sick' role. People do not necessarily see themselves as 'patient's'. In all contexts of practice, a person-centred approach and language is essential. Person-centred language puts people first and respects the dignity, worth, qualities and strengths of every individual.[1]

The ANMF offers the following feedback in response to the consultation questions.

Initial questions

Question A

Are you completing this submission on behalf of an organisation or as an individual?

√ Organisation

Name of organisation: Australian Nursing and Midwifery Organisation

Contact email:

□ Myself

Contact email: fedsec@anmf.org.au

Question B

If you are completing this submission as an individual, are you:

□ A registered health practitioner?

Profession:

□ A member of the public?

□ Other:

Question C

Would you like your submission to be published?

√ Yes, publish my submission with my name/organisation name

□ Yes, publish my submission without my name/organisation name

□ No, do not publish my submission.

Consultation questions

1. Do you have any comments on the good practice statements in the guidance?

Please add your comments to the following table and add a new row for each good practice statement you have a comment for.

Guidance	**Good practice statement**	**Comments or suggestions**
Clinical placements	1.Variety	Students are firstly, adults, and benefit from choice and control over their clinical placements. This may include location or setting, but also includes the choice to provide honest feedback about the quality of placement they are receiving, with genuine opportunities for alternatives where possible. Students benefit from experiencing working with a variety of clinical practitioners in addition to diverse practice settings, diverse range of health presentations, and diverse locations.
Clinical placements	4.Preparation	Preparation for clinical placement should address work health and safety issues including psychosocial support training, manual handling, workplace violence information, and preparation on dealing with bullying and harassment. Preparation should include simulation-based experience and virtual care.

Clinical placements	6.Learning activities	Additional dot points could be added: Are provided with opportunities to participate in clinical placement learning activities that: • Allow them to follow the person through their care to enhance understanding of the journey. • Assist them with clinical reasoning and clinical decision-making.
Clinical placements	9. Clinical assessment	The ANMF suggests this statement is expanded to include consistency across clinical assessors, particularly in professions where clinical assessors have no consistent assessment methods or validated assessment instruments.
Clinical placements	12.Quality assurance	The guidance includes value statements that refer to what clinical placements 'should' look like which doesn't necessarily equate to the quality of clinical placements. An example of this is, '*attend placements where the training facilities, clinical assessor training programs and clinical assessors are quality assured, where relevant*'. It is unclear what this means. How are clinical assessors' quality assured and against what quality assurance framework? The quality of clinical assessors varies considerably and there is no consistency between education providers.

		Another example of this is, '*support the same student throughout an entire clinical placement where possible*'. Although this guidance could benefit nursing and midwifery students, its feasibility may be unattainable without robust, streamlined frameworks that extend across both education providers and health services to facilitate this level of designated student support. The research underpinning this guidance is based on the undergraduate paramedicine student/intern model. While the benefits may be applicable to nursing, and midwifery, the research does not consider significant differences, such as the variations between public and private providers, which impact students, graduates, and educators.
Clinical placements	13.Best practice clinical learning environment frameworks	It would be useful to provide additional information in the guidance about best practice clinical learning environment (BPCLE) frameworks. This point should address the importance of continuity of practice to the quality of the placement. It is essential that students spend 2-3 days per week at the same healthcare facility. Placing them in different locations each day results in excessive time in orientation instead of valuable learning. Placements must be directly linked to theory, subjects and skills associated with the

		students' progress through their undergraduate program. The student must have passed the theory and be deemed competent in any associated skills to ensure continuity of theoretical learning and provide opportunities to enhance their skills safely under clinical supervision.
Clinical placements	New point	It would be useful to include additional points in this section that indicate that student learning from clinical placements is likely to be maximised when students: 14. participate in placements in positive practice environments that have: safe staffing levels; physical, psychological and cultural safety; autonomous and collaborative practice; shared governance and decision-making; research and innovation; and transformational leadership.[2] 15. are taught and given the opportunity to reflect on non-tangible skills such as establishing and managing personal boundaries.
Clinical placement supervisors	1.Training	In addition to the included statement, clinical placement supervisors should be offered permanent employment, to ensure the personal and professional investment made in their clinical supervision skills are ongoing and well-used. This will also enable them to offer continuity and reflection to students.

		Clinical supervisors should be given opportunities to learn ongoing reflective practice techniques in addition to pedagogical training throughout their career.
Clinical placement supervisors	4.Demonstrate willingness and ability to support students	Clinical facilitators should be taught management and leadership strategies as they are often expected to provide effective feedback. This kind of human misconduct management is not an innate skill and providing clinical corrections poorly can lead to withdrawal from the profession. The second dot point could be expanded to: • showing respect, patience, kindness and understanding towards students as both a current learner and as a future health practitioner.
Clinical placement supervisors	New point	It would be useful to include an additional point in this section that indicates that to support student learning clinical placement supervisors should: • be orientated to each cohort of students and provided with details of their clinical learning objectives and expected outcomes.
Cultural safety in clinical placements	1. Cultural safety training	Both students and clinical placement supervisors should receive cultural safety training and support before clinical placement. Training also needs to encompass cultural safety in virtual models of care to

		ensure the development of culturally informed virtual health education meets the needs of Aboriginal and Torres Strait Islander peoples, fostering equitable access and promoting positive health outcomes.
Simulation-based learning	Context	Simulation-based learning is an important adjunct to but should not be seen as a replacement for clinical placement.
Virtual care	New point	It would be useful to include additional points in this section that indicate that virtual care learning experiences demonstrate good practice when: 5. they align to the profession's best practice guidance 6. are used to enhance clinical reasoning, clinical decision-making and to provide students with a variety of experiences. Although virtual models of care have become more prevalent, significant barriers remain, particularly in regional and remote locations with limited access to affordable technology, an absence of long-term policies for virtual/telehealth funding which pose financial hurdles. These factors must be considered when developing an evidence-based, standardised, and phased curriculum. The ANMF is supportive of the proposed education, notably emerging studies have

		emphasised the significance of adequately preparing the workforce to engage in virtual health safely and appropriately. The rapid adoption of virtual care has highlighted knowledge deficiencies and the importance of the individual's capacity required to successfully use virtual care technologies. A further consideration could include social determinants of health. Students need to be cognisant of the correlation between access and equity in healthcare, and factors that can pose significant limitations and influence a person's health literacy, potentially leading to missed care.[3] Additionally, the guidance should account for the varying state and territory legislation regarding privacy, data protection, and workplace surveillance acts.

2. Are there any other evidence-based good practice statements that should be included in the guidance?

When referring to the meaning of 'good practice' the language in the strategy/approach used should be person-centred not patient-centred. The strategy/approach should also include the term affordable. Affordability in clinical placements for nurses and midwives is not only a matter of financial accessibility but is also crucial for fostering a skilled, diverse and well-prepared workforce that can deliver high-quality care.

As a result of the Universities Accord and the lobbying and advocacy of national nursing and midwifery peak organisations, from July 2025 the Australian Government will establish a new Commonwealth Prac Payment (CPP) for students to help them manage the costs associated with undertaking a mandatory placement as part of a higher education course in nursing, midwifery, teaching, and social work. This includes nursing in vocational and training (VET) courses. Commencing July next year, eligible students will be able to access $319.50 per week (benchmarked to the single Austudy rate) while they are undertaking a placement. The payment will be means tested to target students who need it most. The ANMF is concerned that the process of means testing is not efficient, fair or in the interests of the most disadvantaged. One of the great strengths of universal benefits is that it is simple and economical to administer and operate. This is the opposite of means testing which requires costly IT systems and bureaucracy. Large numbers of people miss out on benefits as they don't know about them, they don't realise they are eligible, or they are reluctant to claim them. For higher education students, the Government will work with the higher education sector to introduce this new assistance payment, to be delivered through eligible higher education providers. For VET students, the Government will administer the payment through the Department of Employment and Workplace Relations (DEWR). The context section of the guidance on embedding good practice in clinical placements should provide information about student payment for mandatory clinical placement.

As this is a guideline, there is no onus on education providers to ensure any of what is recommended occurs and that clinical supervisors are adequately skilled and trained for the role. Many clinical supervisors receive little to no training and are frequently employed on casual contracts without any consistent work. Education providers often use whoever is willing and able to take on the role. There is no budget for clinical supervisor training and if individual nurses and midwives want to undertake training or preparation, they are required to do this in their own time. Most clinical supervisors work in isolation without any real professional support from the education provider.[4]

While acknowledging that the guidance is to be applied across a number of professions Boards, there should be language used that is similar to that used in the Code of conduct for nurses, Principle 5: Teaching, supervising and assessing:

- Create opportunities for students to learn, as well as benefit from oversight and feedback
- Reflect on the ability, competence, and learning needs of each student who they teach
- Avoid conflicts of interest that may impair objectivity or interfere with learning outcomes or experience
- Be honest, fair, constructive, objective without bias, and not put people at risk of harm by inaccurate and inadequate assessment
- Provide accurate and justifiable information promptly and include all relevant information when writing reports.

Clinical supervisors should be encouraged to stay in clinical supervisory roles through active recruitment and retention campaigns and should be encouraged to identify and mentor future clinical supervisor leaders in their areas of practice.

Clinical supervisors should be trained in trauma-informed care practices, offering psychological protection and resilience strategies to students who are typically practitioners with the lowest levels of practiced resiliency and experience, while still seeing, providing care to, and experiencing traumatic events.

The guidance should also focus on ensuring that system issues are addressed to create a positive practice environment for student clinical placement. A constant focus on the responsibility of the individual student or clinical supervisor can diminish the importance of addressing underlying system issues.

3. What information could the committee provide that would help National Scheme entities implement the guidance?

Funded by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and the Council of Deans of Nursing and Midwifery (CDNM) and owned by Health Education Services Australia (HESA), the educational subsidiary of ANMAC, the Australian National Placement Evaluation Centre (NPEC) currently collects evaluations of degree level nursing and midwifery clinical placements, with plans to collect evaluations from Diploma of Nursing (Enrolled Nurse) students and other health professions in the future. Pre-registration nursing and midwifery students'

placement experiences vary across Australia with both positive and less than optimal experience outcomes. In line with recent reviews of education it is essential that there is a nationally consistent approach to understanding and measuring the quality of clinical placements.

Education providers can register, designate a staff member(s) to distribute surveys and gain access to evaluation outcomes. Researchers can apply to access the national data set for research purposes. There are currently 36 education providers and 1862 healthcare facilities registered with the centre. NPECs aim is to measure and enhance the quality of nursing and midwifery clinical placements through rigorous evaluation and quality improvement processes. There is a Placement Evaluation Tool for nursing students, for midwifery students and for supervisors.

NPEC also provide educational resources which include: clinical facilitation skills and principles; the Australian Nursing Standards Assessment Tool (ANSAT); clinical skills development; support for supervisors; and a national clinical supervision competency resource.

4. Do you have any general comments or feedback about the guidance?

Clinical placements need more flexibility, with part-time options explored. Block placements present barriers for many students especially in relation to existing part-time work, childcare and other care arrangements. This is a gender equity issue as the care sector is 90% female with informal caring responsibilities predominantly falling to women. Continuity of practice and the quality of placement can be maintained when a student attends placement 2-3 days a week for several months rather than 6-8 weeks full-time. Every attempt needs to be made to provide clinical placements close to students' homes, including rural students and Aboriginal and Torres Strait Islander students.

Formal clinical (reflective) supervision should be embedded in student's clinical placement. This is a formal structured professional arrangement between a supervisor and one or more supervisees/students through a purposeful regular meeting that facilitates critical reflections on the work/placement issues brought by, in this case, the student. It aims to develop reflective practice and professional skills through increased awareness and understanding of the complex human and ethical issues that arise in the workplace/clinical placement.[5] Research shows clinical

(reflective) supervision can also contribute to a positive practice environment and improve recruitment and retention.[6 7]

Clinical supervisors should be permanently employed by the education provider so they can offer continuity to students and can invest both personally and professionally in the ongoing quality of their clinical supervision. Clinical supervisors should be given opportunities to learn ongoing reflective practice techniques and pedagogical training throughout their career.

Effective preceptor training should be embedded in nursing and midwifery education to ensure that those directly involved in the day-to-day education of students are exposed to pedagogical training and that practitioners are modelling best practice, using current evidence and are offering ongoing education to this effect.

Conclusion

Thank you for this opportunity to provide feedback to the Accreditation Committee for the public consultation on the draft guidance on embedding good practice in clinical placements, simulation-based learning, and virtual care in student health practitioner education. Embedding good practice in nursing and midwifery clinical education is essential for producing competent, ethical and skilled health practitioners who can provide high-quality health and aged care. Drawing on the best available evidence, this guidance will assist in the development of accreditation standards, ensure consistency across regulated health professions, and encourage education providers to improve the delivery and quality of clinical placements, simulation-based learning and virtual care.

References

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