

Response from the Australian Nursing Federation (ANF) to the Edith Cowan University Use of Simulated Learning Environments in Nursing Curricula Project

1. Funding for infrastructure development and implementation for simulation is being made available. How do you think it might be best spent?

Background to issue

The National Review of Nursing Education (NRNE) (2002) *Our Duty of Care* Report¹ highlighted the essential need for clinical experience in nursing and midwifery educational preparation. The Review considered that resource constraints around clinical placements were putting at risk the quality of nursing undergraduate programs and noted the inequity between funding arrangements for medicine and nursing, in which nursing receives much less per student per year for clinical placement activities. The Review thus made a recommendation (Recommendation 24) that additional funds be devoted to supporting the clinical experience component of undergraduate education for nurses.

The National Nursing and Nursing Education Taskforce (N³ET) carried forward Recommendation 24 from the NRNE in its 2006 report *Commonwealth funding for clinical practicum: A report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia.*² This report noted that a strategic approach needed to be developed to "the allocation of clinical placements that ensures both equity and access for students, quality educational outcomes and innovation through collaborative partnerships". It further noted that "an agreed methodology will account for and apportion the costs and benefits of clinical practicum for all stakeholders and industry partners, so that a sustainable approach to clinical practicum can be established".

Funding for Simulated Learning Environments

In light of the above commentary the ANF has welcomed initiatives of recent times which have provided an improved funding base for clinical experience. The ANF cautions however, that funding for clinical experience should not be channeled into simulated learning environments (SLE) to the disadvantage of clinical placement funding.

Based on anecdotal evidence from Schools of Nursing and Midwifery across the country regarding difficulties in not receiving funds for nursing and midwifery students that had been granted to the university there obviously needs to be a transparent process for ensuring that clinical experience funding reaches its intended recipient/s, is used for the stated purpose, and that there is a similarly transparent acquittal process.

Due to the enormous cost of equipping SLE it makes economic sense to build laboratories that can be utilised by all students of health sciences. However, there must be equal sharing of these resources and not the current situation of some disciplines being given priority to use the facilities. The funding must therefore be directed to making sure that the facilities are large enough and well equipped enough, to meet the needs of large student numbers, and all disciplines requiring such experiences.

2. Do you see any opportunities for your organisation to partner with a university to participate in a simulated learning program?

While the Federal Office of the ANF is unlikely to partner with any particular university in a simulated learning program, the ANF State and Territory Branches could be in a position to do so. This is particularly the case where the ANF Branch has Registered Training Organisation (RTO) status. ANF Branches in Victoria, South Australia, and Tasmania are RTOs.

3. Any further comments?

The ANF wishes to highlight the following critical points in relation to clinical experience and simulated learning for nurses and midwives:

Clinical experience defined

Clinical practicum is described in the National Nursing and Nursing Education Taskforce (N³ET) report, 2006, as "a range of activities including observation of clinicians at work, direct patient care (caseload management) under supervision, case studies, simulated and laboratory sessions, discussion groups and tutorials, reflective journaling, research and data collection from records". As can be seen from this description, simulation is only one element of clinical practicum as defined by N³ET.

More recently, the Australian Nursing and Midwifery Council (ANMC) has developed the National Accreditation Standards for courses leading to registration and enrolment as a nurse or midwife, in consultation with the profession. The Standard relating to registered nurses, issued in 2009, acknowledges the importance of simulated experience in the broader context of professional experience, but did not include simulation in the definition of clinical placement (defined as 'professional experience placement'), as follows:

Professional experience placement is the component of nurse education that allows students to put theoretical knowledge into practice within the consumer care environment ... It includes, but is not limited to, the hospital setting, and may include general practice, remote and rural health clinics, and community care environments. It excludes simulation.⁴

The ANMC Standard referred to also specifies that the course provider for an undergraduate nursing program must be able to demonstrate that "total professional experience placement hours amount to no less than 800 hours." This Standard preserves the integrity of the clinical placement time so that other experiences, for example, simulated learning, become additional experience rather than replacing clinical placement.

The ANF endorses this position that when simulation is included in a student's professional experience it must be complementary and in addition to clinical placements in practice areas. The student can learn technically correct ways of doing things in a simulated environment but needs the practice area for learning and applying individualised communication skills, clinical judgement and intervention.

ANF policy on nursing education

The ANF policy statement titled *Nursing education: registered nurse* ⁶ includes the following pertinent points relating to clinical placements:

Adequate clinical education must be provided to students so they can acquire the clinical experience necessary to meet the competency standards. Staffing levels and skills mix in health and aged care settings providing clinical placement for students must be adequate to optimise the learning experience.

Clinical placements for registered nurse education, either undergraduate or post graduate, require active and positive collaboration between the health and education sectors and sufficient resources to assist education providers and facilities in which clinical education occurs to deliver a quality learning experience.

Formal mechanisms to support dialogue, interaction and the development of collaborative arrangements between the health and education sectors should continue to be developed and strengthened. The development of professorial units or similar arrangements which combine academic and practice based education and research are supported.

The ANF is supportive of the establishment of SLEs for students of nursing and midwifery programs. It is imperative that these environments are not relied on as the primary clinical experience. That is, education providers and health and aged care service providers must continue to explore new and innovative areas for clinical placements, and as noted above, work should continue on developing clinical/professorial development units (however titled) which foster a nexus between academe and the practice setting.

Quality of clinical placements

The ANF considers that the most critical feature of clinical learning for all health disciplines is its quality. In particular, when nursing and midwifery students experience well managed clinical placements in a positive learning environment, they are more likely to want to stay in the health workforce.

Governments therefore have a prime responsibility to ensure that the elements required to achieve quality clinical experience for nursing and midwifery students are in place and include the following:

Appropriately facilitated and funded placements

- Accountability of both education providers and health services and acceptance of responsibility by students, health services and education providers
- Development of clinical schools in health services so that the infrastructure to support quality facilitated clinical learning is available
- Equal access to SLE by all health professional students.

The ANF welcomes the opportunity to contribute to the *Use of SLE in Nursing Curricula* Project and looks forward to receiving findings from the project.

References:

- 1. National Review of Nursing Education. (2002). *National Review of Nursing Education 2002: Our Duty of Care*. Canberra. Department of Education, Science and Training. Chapter 7.
- National Nursing & Nursing Education Taskforce. (2006). Commonwealth funding for clinical practicum: A report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia. Available at: http://www.nnnet.gov.au/downloads/rec24_clinicalpracticum.pdf
- 3. Ibid. p. 8.
- Australian Nursing and Midwifery Council (2009). Registered Nurses. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia- with Evidence Guide. p. 4. Available at: http://www.anmc.org.au/userfiles/file/ANMC_Registered_Nurse(1).pdf
- 5. Ibid. p. 11.
- 6. Australian Nursing Federation. Policy Statement *Nursing education: registered nurse.* Reviewed and re-endorsed May 2007. Available at: http://www.anf.org.au.

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